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HSRC Investigation into Research Methodology
Research report series

1. Norval, A.J. 1984. *'n Teoretiese studie van die metodologie van kruiskulturele houdingsmeting.*
2. Joubert, Dian. 1986. *Waardev: Navorsing, metodologie en teorie.*
3. Mouton, Johann (ed.) 1986. *Social science, society and power/Sosiale wetenskap, maatskappy en mag.*
4. Mauer, K.F. and Retief, A.I. (eds.) 1987. *Psychology in context: Cross-cultural research trends in South Africa.*
5. Van Straaten, Z. (ed.) 1987. *Ideological beliefs in the social sciences.*
6. Retief, Alexis. 1988. *Method and theory in cross-cultural psychological assessment.*
7. Kruger, Dreyer. 1988. *The problem of interpretation in psychotherapy*

**The problem of interpretation
in psychotherapy**

An exploratory study



Dreyer Kruger

**Pretoria
Human Sciences Research Council**

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ISBN 0 7969 0651 3

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First published 1988

Printed and published by the HSRC

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SERIES PREFACE

In human sciences research we strive to increase our understanding of man: to discover and interpret the meanings and symbols of social life, to explore the causes which underlie human behaviour and ultimately to contribute towards the solution of social problems. Knowledge, and particularly social knowledge, is essential in combatting ignorance, prejudice and dogmatism. Stated differently, the primary aim of research in the human sciences is the acquisition of objective, reliable and valid knowledge of all facets of human existence.

The rationale for conducting research on methodological issues in the human sciences is to be found in the emphasis which is placed upon the scientific nature of research. The aim of research methodology, therefore, is to identify methods and strategies by means of which the scientific character and credibility of the human sciences may be enhanced.

In accordance with the above aims, the specific objectives of the HSRC Investigation into Research Methodology* are:

- to increase awareness in the South African research community of the importance of methodology in the research process;
- to encourage and initiate research on issues related to methodology in order to increase the level of proficiency in this field in South Africa;
- to publish reports, monographs and collected papers on research methodology.

In pursuing these objectives a Research reports series has been introduced. This series contains reports on research conducted by the Division for Research Methodology of the Institute for Research Development (HSRC), proceedings of relevant seminars and conferences as well as final reports on research supported by the Investigation into Research Methodology.

Johann Mouton
Co-ordinator

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AUTHOR'S PREFACE

Having been involved in psychotherapy both as a teacher and a part-time therapist I have been intrigued by the problem of interpretation for quite a long period.

Obviously a better understanding of interpretation will have implications for what we do as therapists but there are other possible implications as well. My involvement with phenomenological psychology and research has made it clear to me that research in this mode is much closer to psychotherapy than to psychometric or laboratory research and thus a better understanding of interpretation should also benefit phenomenological-psychological research.

During the preliminary discussions with psychotherapists it became clear to me that there is a widespread misconception concerning the nature of interpretation in psychotherapy, namely that it is limited to what a therapist actually says to a client. However, the science (or art) of interpretation, i.e. psychological interpretation is first of all and centrally concerned with understanding and the question of what, if anything, one actually says to the client is a second, albeit important, consideration.

ACKNOWLEDGEMENTS

In the first place I have to express my sincere appreciation to the Main Committee of the HSRC Investigation into Research Methodology for financially supporting this project. However, I take full responsibility for the findings and the views expressed which should not be ascribed to the Council. I also thank Rhodes University for a contribution to typing and duplicating expenses.

In the second place I would like to thank Prof. Graham Saayman who encouraged his colleagues in the Psychology Department at U.C.T. to participate, Jeffrey Cumes who did the same at Wits and Charles Malcolm who assisted me in a similar way at Tara.

Most importantly I want to thank the therapists who participated by sending in interpretations in one or more cases. Perhaps it is important to make a comment here. Although I did not make a study of the differences between those who participated and those who did not, my impression is that those who did, faced up to a demanding challenge and for the most part, invested a considerable amount of time and energy in responding.

I wish to thank the following for submission of interpretations: Carole Abramovitz, Rod Anderson, Lynne Bradley, Roger Brooke, Fiona Cargill, Dr. Cyril Couve, Dr Jeffrey Cumes, Nicola Eales, Tony Frank, M. Kuhn, Ann Levett, Dr. C. Kotze, J.E. Houston MacMillan, Fathima Moosa, Prof. Eleanor Nash, Christine Reinecke, Dave Ruthenberg, Prof. Graham Saayman, Ian Schochet, Stanley Singer, Annette Swart, Dr. Chris Stones, Gerald Stonestreet, Prof. Gill Straker, Leslie Swartz, Sally Swartz, Peter Thompson and Leslie Todres. In one of two cases I could not decipher the name of the person who submitted an interpretation and apologise for being unable to mention the names.

A special word of thanks to those who in addition submitted cases for interpretation and/or in vivo interpretations namely Carole Abramovitz, Roger Brooke, Fiona Cargill, Prof. Eleanor Nash and Dr. Chris Stones. I thank Gavin Ivey for his helpful summary of the views of Paul Ricoeur and Jurgen Habermas regarding the problem of interpretation in relation to Freud. I am also thankful to Pamela MacKenzie and Heather Kew who typed drafts of the manuscript.

CHAPTER I

GENERAL INTRODUCTION AND REVIEW OF LITERATURE

My quest is to come to grips with the problem of interpretation. There is no way in which research in the usual sense of the term as used in psychology, can come up with an answer. In other words, there is no empirical research that can tell us what interpretation is. Interpretation is not something like a fact out there that can be discovered like Bartholomew Diaz discovered the Cape of Storms. My reading showed me that it is not a set of rules that can be learned or taught, but that it is a standard component of ordinary human interaction and discourse. I also gathered that it is something that is somehow embedded in our very humanness and that understanding is inseparable from human speech and language. It seems furthermore, that although the project of understanding is central to the psychotherapeutic enterprise, psychotherapists and psychologists have not been prominent in the articulation of interpretation and its problems, but that the main unravellers have been theologians, philologists and philosophers. The articulation of the art or science (or logic) of interpretation is called hermeneutics, so our first step must be to come to grips with this movement of thought which has a history going back to Plato and Aristotle, but whose more modern birth or rebirth may perhaps be dated from the late 18th century and early 19th century in the work of the German theologian Friedrich Schleiermacher.

Before embarking upon a review of the literature of hermeneutics, I must make it clear that the problem of interpretation in psychology is inevitable. First of all, no matter how sophisticated the statistical methods we use, e.g. in factor analysis or the analysis of variance, at some stage or other, we actually have to name the factors and indicate what they mean. We have to say what the differences between various distributions mean in terms of human functioning. We can, of course, if we are developing, let us say, a programme for the selection of people for admission to various jobs or to specialized forms of training simply disregard the meaning and limit ourselves to scores and cut-off points. However, the very word 'science' means systematized knowledge and obviously, if we do this, we don't actually know what it is that we are doing and we are practising a technology rather than a science.

A new method of research has been developed on the basis of phenomenological philosophy at Duquesne University. Duquesne University has taken great strides in restoring to psychology the dignity of experience and has shown us that much of psychology consists of information concerning phenomena which are not well known in the first place, but are only studied to the extent that it is possible to operationalize the so-called variables. To this phenomenology objects, in the first place, in that there is no proof whatsoever, and it is even a bad assumption to think so, that the human being can be understood in terms of variables anyway. Throughout a long career in psychology, I have never solved the problem of how to combine variables in order to have a complete, if composite picture of the fully functioning individual. I believe that this problem can never be solved because it rests on false premises. To speak of interacting cognitive, emotional and conative variables is simply an artificial way of denying to ourselves what we don't actually understand the functioning individual, but can only identify certain factors which somehow relate to his functioning. This is one of the reasons why I am a phenomenologist. Phenomenological psychology does not start with any assumptions concerning the analysis into elements of the Gestalt that we call human existence; rather it starts with the salient question of how the world is present to us. In other words, we must study human phenomena and then understand how the human world is constituted. This may or may not lead us to a comprehensive paradigm for psychology, but at least what we achieve along these lines will not rest on assumptions borrowed without sufficient warrant from the methodologies built up in the natural sciences and based upon mathematics. One of the

sallent lessons that I learned from both psychotherapy and my study of hermeneutics, is that the human being is essentially a historical creature and if we obviate the historical dimension from human life, we will not be able to understand him.

According to Palmer (1969, p. 13) the Greek word *hermeios* refers to the priest at the Delphic oracle and is derived from Hermes, the messenger of the Gods. Hermeneutics means, in the first place, a message. One often hears the expression - there is a message in it somewhere - when somebody says something and it strikes one that the hearer did not get the full impact of what was being said. Moreover, when I was studying dreams of amagqira in the Eastern Cape, it also struck me that the dreams I was told seemed like messages to the dreamers. The amagqira, in my questioning, all made it clear that the dreams "come from" the ancestors. Robert Schweitzer's thesis (1983) has given us a complete explication of the role of the ancestors in the dream understanding of the amagqira as well as Zionist prophets, and it seems clear that in these dreams, the dream as message is highlighted.

To return to Hermes: as messenger of the Gods, Hermes was associated with the function of transmitting what is beyond human intelligence into a form that human intelligence can grasp. This basic meaning is still present in the hermeneutics of Bultmann who, in his demythologizing of the New Testament uses a hermeneutics of faith to indicate how the Biblical message is to be understood in our time. Martin Heidegger exclusively connects philosophy as hermeneutics with Hermes. The message which Hermes brings has to be laid out (*auslegen*); it becomes an *Auslegung* of that which has already been said by the poets who are nearest to "God" (for Heidegger "Being itself"). Thus in much of his later work (e.g. *Unterwegs zur Sprache*) Heidegger tries to show how the human world is first called into presence by the saying of the poets. This shows how central language is in Heidegger's hermeneutics and helps us understand why he persistently entomologizes Greek and German words and excavates them to liberate the resonance of their saying into its earliest meanings.

According to Palmer (p. 13) this process of mediating or message bringing is implicit in all three meaning directions of hermeneutics. The first is expression in words, i.e. to say; the second is to explain, and the third is to translate. These then are the three different meanings of the word to interpret.

Saying

The first basic direction of hermeneuein as to say is, I think, very important for psychology and especially for psychotherapy. The way the thing is said, e.g. neutrally, assertively, emotionally, defensively, etc., surely cannot be bypassed when one is doing psychotherapy. By substituting the word 'expression' for 'saying', we come nearer to interpretation. It is not what is written down on paper in the text which can be read in an indifferent manner, it is the way it is read aloud. Literature derives much of its dynamism from the power of the spoken word. We really get to grips with a poem when a competent artist recites it aloud. Written language lacks the primordial expressiveness of the spoken word. We may then conclude with Palmer (p. 17) that even a silent reading of a literary text is a disguised form of oral interpretation. The principles of understanding at work in good oral interpretation also apply to literary interpretation as a whole. The implications of this for interpretation in psychotherapy is obvious. Let us suppose the client says I have never loved anyone. The way the therapist reflects this by, for instance, emphasising either you, never, loved or anyone constitutes an interpretation.

The power of the word is also important in understanding Christian religion. Obviously we cannot understand the Bible in the same way as people understood it, let us say, in the Middle Ages. The Bible is not information; it is a message or proclamation and is meant to be read aloud and meant to be heard. The reality of the Bible is of a different order from that of natural scientific truth. It is to be understood as a story, a happening that has to be heard. It transpires, then that human sciences like literature and theology, and, in some ways, psychology are, unlike the natural sciences, as disciplines oriented towards history and the historical content. We therefore need a different interpretation of process for human sciences than for the natural sciences.

Hermeneuein as explaining:

In this regard, Palmer says

Interpretation as explanation emphasises the discursive aspect of understanding; it points to the explanatory rather than expressive dimensions of interpretation. Words, after all, do not merely say something (though saying is a primary

movement of interpretation); they explain something, rationalize it, make it clear. One may express a situation without explaining it, merely expressing it, is interpretation, but explaining it is also a form of interpretation.

This may cause some confusion in view of the very clear distinction Dilthey later made concerning the difference between understanding and explanation. At least this statement is well known in psychological circles (*Verstehen und Erklärung*). In Palmer's further exposition of the problem, he is saying that explanation should be seen within the context of a more basic interpretation. Interpretation occurs even in the way one turns towards an object, e.g. the way in which one reads a poem aloud. Explanation has to rely on the tools of objective analysis, but the selection of the relevant tool is already an interpretation in the task of understanding. It seems then that analysis is not the primary interpretation, but a derivative. Similarly, logic is of a derivative character but the derivative character of explanation or analysis is not so obvious but no less real.

Palmer (p. 23) illustrates an interesting use of the word *hermeneuein* in the New Testament, Luke 24, vs 25-27 where Jesus, now resurrected, appears:

And he said to them, 'Oh foolish men and slow of heart to believe all that the prophets have spoken! Was it not necessary that the Christ should suffer these things and enter into his glory?' And beginning with Moses and all the prophets he interpreted to them in all the scriptures the things concerning himself.

It seems that Christ first appeals to the rational understanding and then he opens up the meaning of the text by placing it in the context of his suffering and then placing that suffering in the context of prophecies of the Old Testament. For Palmer, this suggests that the meaning is a matter of context. The explanatory procedure provides the arena for understanding. An event is only meaningful within a specific context.

This is a point that we have to keep in mind in connection with dream interpretation, for instance, can we interpret a dream if we know nothing about the context of the dreamer? The foregoing would tend to suggest that we can't, but one should not be dogmatic about this question and in fact, perhaps ask

oneself rather how much of the context is to be known before a dream can be meaningfully interpreted without a personal acquaintance or a therapeutic relationship between dreamer and dream interpreter. Perhaps the dream establishes its own context. We may say that an object does not have significance outside of a relationship with someone and that the relationship determines the significance. We cannot therefore speak of an object apart from a preceding subject? The question then arises – does it make sense to speak of meaning and significance apart from preceding subjects? In phenomenological language, can we make any sense of the world except in terms of the sense of the world as it is for us? Is "blind" interpretation possible?

Palmer comes to the conclusion (p. 24) that explanatory interpretation makes us aware that explanation is contextual and horizontal. It has to be made within a horizon of already granted meanings and intentions. We may call this area of assumed understanding a "pre-understanding". Thus one may ask what pre-understanding is necessary in order to understand a dream, for instance.

Hermeneuein as translation

In this regard, Palmer says that translation is a special form of the basic process of interpretation. When one tries to translate a text from one language to another, it is not a simple matter of finding adequate words which mean the same in both languages. Translation makes us aware of the way the words actually shape our world, in fact we may be said to see by the world. Language shapes our perceptions. The act of translation, therefore, is not a simple mechanical matter of finding synonyms, as the ridiculous products of translation machines make only too clear, because the translator actually has to mediate between two different worlds of language. Through translation then, we become conscious of the clash of our own world with that of another. The language barrier is made visible in this way, but it is also operative in non-translation work. Words which are obscure have to be restated, i.e. they have to be understood better through their restatements. The teacher may have to state the classic works in more modern language; the psychologist may have to try and restate the confused obscure discourse of the client, especially if he is psychotic, into a more adequate language.

DEFINITIONS OF HERMENEUTICS

Palmer (pp. 33-45) gives us 6 modern definitions, namely hermeneutics as

1. the theory of Biblical Exegesis;
2. general philological methodology;
3. the science of all linguistic understanding;
4. the methodological foundations of the *Geisteswissenschaften*;
5. phenomenology of existence and of existential understanding;
6. the systems of interpretation, both recollective and iconoclastic used by man to reach the meaning behind myths and symbols.

Since only the last three definitions seem to me to have direct relevance for psychology and psychotherapy, I will restrict myself to a brief discussion of these three.

1. Hermeneutics as the methodological foundation for the *Geisteswissenschaften*

This definition we owe especially to Wilhelm Dilthey. We will look at Dilthey more closely, but for the moment, we have to recall that in 1894 he published a book on his ideas concerning a descriptive and analytic psychology. He spoke of a psychology that explains (*Erklärung*) and a psychology that describes (*Beschreiben*). The explanatory psychology tries to build up its contents from elements - this is the method of Titchener - however, a *Verstehende* or understanding psychology starts with a whole. It is holistic and tries to explicate, thus moving from the whole to its constituents.

It seems then that Dilthey thought that psychology and other *Geisteswissenschaften*, use as methods operations fundamentally distinct from the quantifying scientific grasp of the natural world. In the *Geisteswissenschaften* in the act of historical understanding, what we need is a personal knowledge of what it means to be human.

2. Hermeneutics as the phenomenology of *Dassein* and of existential understanding

For Heidegger, hermeneutics does not refer to the science or rules of text interpretation, nor does it refer to a methodology

for the *Geisteswissenschaften*, but to his explication of human existence as such. For Heidegger, understanding and interpretation are foundational modes of being human. His explication of Dasein is a hermeneutic; his investigation was hermeneutical in content as well as in method. Heidegger will be discussed in more detail later on.

3. Hermeneutics as a system of interpretation : recovery of meaning vs iconoclasm

For Ricoeur, hermeneutics is the theory of rules that govern an exegesis, that is to say an interpretation of a particular text. For Ricoeur's differentiation between a hermeneutics of faith vs suspicion: see below. The word text should not be taken literally - the client telling us a dream or recalling his experience or talking about his tensions, provides us with a text.

SCHLEIERMACHER AS THE FATHER OF MODERN HERMENEUTICS

In the time of Schleiermacher, hermeneutics existed as the art of understanding in a plurality of specialized fields. In other words, there was no general hermeneutics but only specialized sets of hermeneutics. His aim was to frame a general hermeneutics as the art of understanding. For Schleiermacher then, understanding is in its essence the same whether we are talking about law, religion or literature. However, all these texts are in language and Schleiermacher thought that if the principle of all understanding of language were formulated these would comprise a general hermeneutics. Such a hermeneutics could serve as the basis and core of all "special" hermeneutics.

For Schleiermacher, hermeneutics was the art of understanding rather than of explaining. This was in contradiction to earlier theories where explanation had constituted a large part of the general hermeneutical theory. For Schleiermacher, the situation of understanding was one of a dialogical relationship. Within the context of dialogue the hermeneutics first of all must distinguish between speaking and understanding. This was a fundamental distinction to form the basis for the system of hermeneutics. For Schleiermacher moreover, the act of understanding was the starting point for hermeneutics. Hermeneutics were no longer to be devoted to clarifying the varying practical problems in interpreting different kinds of texts but by taking the act of understanding as the starting

point, hermeneutics becomes, for Schleiermacher, the art or science of understanding. For Schleiermacher looking from within the dialogical relationship, there is first a speaker who utters a sentence and a hearer who understands the meaning he is trying to express. Palmer says

The hearer receives a mere series of words, and suddenly through some mysterious process can divine their meaning (Op. cit., p. 86).

Hermeneutics then is the art of hearing and understanding through a mysterious divinatory process.

As regards this last series of statements, one may from the point of view of Heidegger, find this rather artificial. Surely, if one is in a dialogical relationship with someone else, one already shares a certain understanding. Perhaps this is a statement which we should see in the light of Schleiermacher's time. He lived after all in the *Aufklärung* and rationalism as well as Cartesian dualism, formed part of the general philosophical *Zeitgeist*. Perhaps this is why Gadamer subsequently accused him of a bad metaphysics.

For Schleiermacher then, understanding involved the re-experiencing of the mental process of the author of a text. The hearer has to penetrate to the structure of the sentence and the thought. He conceived interpretation as consisting of two interacting moments; the "grammatical" and the "psychological". An important principle for this is the hermeneutical circle.

Let us ponder this for a moment. Why distinguish between the grammatical and the psychological? It is easy to see that two sentences containing more or less the same word but constructed differently convey different nuances of meaning. It is not difficult to see this in the following example:

I see Peter regularly and Peter is regularly seen by me.

The second statement is obviously more formal, passive and distantiated than the first one.

For Schleiermacher then there are two interacting moments and this leads us to the hermeneutical circle which remains a key concept up to the present day. One of his early statements was that hermeneutics is to be understood in precisely the same way

that a child grasps the meaning of a new word. It is the structure of the sentence and the context of meanings which are guides for the child in order to grasp this new word and of the systems of interpretation for general hermeneutics. We often explain words to our children by using them in a sentence. Even when adults talk to each other and ask the meaning of a word, they ask for a sentence.

The hermeneutical circle

We understand something by comparing it to something we already know. The circle as a whole defines the individual parts; and the parts together form a circle. Meaning thus comes to stand within a circle and this is the "hermeneutical circle". 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. This means that logic cannot fully account for the workings of understanding. We have to take a kind of leap into the circle and we come to understand the whole and the parts together. Therefore, for Schleiermacher, understanding was based on both comparison and intuition, or as he called it, definition. Perhaps this also answers the question of pre-understanding. Since communication is a dialogical undertaking, there is already an area of shared meaning between the speaker and the listener.

Grammatical interpretation and psychological interpretation

Palmer (p. 88) states that in Schleiermacher's later thinking, there was an increasing tendency to separate language from thought. This goes back to his distinction between grammatical and technical or psychological interpretation. According to him, the former locates the assertion according to objective and general laws whilst psychological interpretations focus on what the subject does as an individual. This means that the psychological interpretation seeks the individuality of the author or speaker and for this a certain congeniality with the author is required. This leads to the goal of hermeneutics being the reconstruction of the mental experience of the author. Schleiermacher did not, however, mean that this reexperiencing must be some sort of psychoanalysis, unearthing the motives of the author, but that understanding is an art of reconstructing the thinking of another person. The objective thus is not to understand the author or speaker in the fuller sense of the word, rather it is to gain the fullest access to the text or to what has been said.

Another feature of Schleiermacher's thoughts was that he pointed to the psychological revelation of individuality as expressed in the particular style of writing and speaking.

Palmer shows (p. 91-94) that Schleiermacher gradually moved from a language-centered to a subjectivity-centered hermeneutic and this made him vulnerable to the accusation of psychologism. In his earlier thinking, he had held a position closer to present conceptions in which language is held to be central rather than an interest in getting to the "subjectivity" of the author. Schleiermacher had then held, as some theorists hold now, that an individual's thinking and his whole being is essentially determined through language in which an understanding of the self and world is given.

In evaluating the significance of Schleiermacher's project of a general hermeneutics, Palmer has high regard for his contribution as marking a turning point in history. In the hands of Schleiermacher, hermeneutics ceases to be a series of specialized disciplines, but rather it becomes the art of understanding any utterance in language. Schleiermacher's hermeneutics was of a dialogical nature which is still the dominant idea today. According to Palmer, however, he did not realize the creative implications of the dialogical nature of discourse but was blinded by his desire for laws and systematic coherences. In trying to develop a scientific hermeneutics, Schleiermacher looked towards objective understanding, as Dilthey did after him. However, Dilthey and those who followed on him saw that the universals in understanding that Schleiermacher saw in scientific terms could better be seen in historical terms. Thus Schleiermacher's contribution was to assert the legitimacy of a general art of understanding prior to any special part of interpretation. As regards the critique of Schleiermacher's psychologizing tendency, this refers to the effort to go behind the utterance to its author's intentions and mental processes. Whilst this is criticized by contemporary authors, it must be remembered that the psychotherapist must understand the unintended meanings that surface in the dialogue between himself and the client. Without this, psychotherapeutic interpretation would be powerless and would be restricted to a somewhat sterile restatement of what the client actually says. Even then by emphasizing certain words we still indirectly do a certain amount of interpretation, therefore so-called client-centred psychotherapy cannot be regarded as being outside the sphere of interpretation. Schleiermacher also contributed an important idea, namely his assertion that the

interpretative problem is inseparable from the art of understanding in the hearer. This helps us to go beyond the illusion that a text or utterance possesses an independent, real meaning, separable from the event of understanding as such. It may be assumed that we have privileged access to the meaning of the text outside of time and history and these naive assumptions are being questioned. As we shall see later, even the history that unfolds depends on the nature of the dialogue that is available to speaker and hearer. I am referring specifically to psychotherapy here.

Generally speaking, Schleiermacher as well as Dilthey are criticized for psychologizing tendencies. In fact, the earlier Schleiermacher was more immersed in language and his psychologizing and objectivizing come from a later date. Still, as psychotherapists and psychologists we must question whether the move into language is to be accepted without any reservations. In contemporary psychology, Piaget would seem to indicate that some thinking takes place before language development whereas the behaviourist would see what we call thought as being entirely within language, described by Skinner as the "verbal community". However, even if we accept the hermeneutic move towards language we still have to keep in mind that not everything is given in language but only comes to language. This stems from Ricoeur (1974, p. 262) who warns against

a disastrous retreat into a philosophy of language which would lose its anthropological basis. Hermeneutical philosophy must not only heed this warning, but also accept it. The very fact that linguisticity should be subordinated to historical experience and to aesthetic experience is sufficient warning that language is only the locus for the articulation of an experience which supports it, and that everything, consequently, does not arrive in language, but only comes to language.

DILTHEY'S CONTRIBUTION TO HERMENEUTICS AS FOUNDATION OF THE *GEISTESWISSENSCHAFTEN*

Dilthey, who wrote a biography of Schleiermacher was the first one to take up Schleiermacher's project of a general hermeneutics after a long interval in which various aspects of the problem occupied the attention of great minds in different fields. For instance, Carl Wilhelm von Humboldt tackled various problems in philology but neither he nor any of the other great

workers, including historians like Leopold von Ranke, turned their minds towards a general hermeneutics. Dilthey saw in hermeneutics a foundation for the humanities and social sciences which are all those disciplines which interpret expressions of life, whether these be gestures, historical actions, codified law, art works or literature. He reacted sharply to the tendency in human studies at the time to simply take on the norms and ways of thinking of the natural sciences and apply them to the study of man. We must remember that this was the time of Helmholtz, Wundt and Ebbinghaus amongst others, and that all these men strongly tended towards the natural scientific form of explanation. Whilst he thus refused to use the empiricist materialistic tradition to gain an access to human studies, he also rejected the idealist tradition. His studies under Leopold von Ranke (the great historian) indicated to him that concrete experience and not speculation must be the only admissible starting point for *Geisteswissenschaftliche* theory. For him, concrete historical lived experience was likewise the starting and ending point for the human sciences. We cannot go behind life itself to a realm of ideas. He might have been influenced, not only by the romanticists, but also by the *Lebensphilosophen*. However, he was influenced by Anglo-French empirical realism and German idealism as well. His attempt to forge an epistemological foundation for the Human Sciences was an attempt to combine the streams from two fundamentally conflicting views of the proper way to study man.

In order to understand Dilthey's hermeneutics, Palmer (p. 99) suggests that we must understand first of all his view of history, and second his orientation in *Lebensphilosophie*. Dilthey's project is the rejection of the reductionist and mechanistic perspectives of 19th century natural science. He wanted to find an approach adequate to the fullness of phenomena and thus it may even be called a phenomenological approach. He rejected any kind of metaphysical basis for describing how we understand a humanly created phenomenon. His problem was to specify what kind of knowledge and what kind of understanding is specifically appropriate to interpreting human phenomena. The basic question was, according to Palmer (p. 100):

What is the nature of the act of understanding which is the basis for all study of man. In short, he sees the problem not in metaphysical but in epistemological terms.

In contradistinction to Kant's *Critique of pure reason* Dilthey resolved to write a critique of historical reason. He thought

that we could not come to know ourselves through introspection but only through history. This means that the problem of understanding man is to recover a consciousness of the historicity of our own existence which we lose in the static categories of science. We experience life, not in terms of the operation of forces, but in complex individual moments of meaning and of direct experience of life as a totality and in a loving grasp of the particular. The object of the Human Sciences cannot be to import extrinsic categories from the natural sciences but should rather develop intrinsic ones derived from life itself. In the philosophies of Locke, Hume and Kant knowing is restricted to the cognitive faculty in separation from feeling or will. This is still the general ground for rationalism and for research in the natural sciences (by rationalism I mean rationalistic thinking). For the psychologist this is extremely important. Pure objective thinking is by no means the only mode of revealing for the psychotherapist - hopefully the empirical part of this research will throw some light on the question. Dilthey called for a return to life, but not life seen in biologicistic terms, but rather life as seen in terms of meaning. Human experience is life known from within. Dilthey set himself off against Hegel even while following him in asserting that life is historical, i.e. life is a historical reality. However, history is not an absolute goal or manifestation of absolute spirit as Hegel would have it, but an expression of life.

Dilthey contended that the human studies had to forge new models for the interpretation of human phenomena. This is, of course, exactly what psychology has not done. This is true for nearly all of psychology except for psychoanalysis and its variants and even Freud tried to rescientize his magnificent insights in studying human phenomena directly.

Dilthey follows Schleiermacher in looking upon hermeneutics as a dialogical phenomenon. According to him human studies have something available to them which is unavailable in the natural sciences, namely the possibility of understanding the experience of another person through a mysterious process of mental transfer. One can, of course, in the light of our present knowledge, question this mental transfer if we think of the *Einfühlung* developed by Theodore Lipps and Sullivan's struggles with the concept of empathy. The later works of Heidegger and especially the work of Medard Boss in psychology, has made it clear to us that it is not a question of mental transfer as such but that man already shares a world with the other, and that the understanding flows from this precondition of human being and

not the other way around. However, Dilthey, following Schleiermacher sees this transposition as reconstruction and re-experiencing of another person's inner world. However, he makes it clear that we do not get to this other inner world through introspection, but through understanding, i.e. through understanding the expressions of life or stated differently, deciphering the imprint of man on phenomena.

The difference between human studies and natural science, then, lies in the context within which the perceived object is understood. Natural science and human studies may refer to the same object, e.g. a church. However, what we (as human scientists) see in the church totally differs from what natural science will see in it. Natural science will see stone, cement, and physical structures, whereas human studies will see in the church an institution, a guardian of spirituality, and will see in the very architecture the nature of that spirituality. The key word again and again is understanding. Scientists explain nature, human studies understand expressions of life. We value the particular for its own sake and we linger lovingly in the understanding of the phenomenon in its individuality. This is not only so in the arts, but in psychotherapy in particular.

According to Palmer, Dilthey's hermeneutical formula was of a threefold nature consisting of experience, expression and understanding.

Experience

An *Erlebnis* or lived experience is defined as a unit held together by a common meaning. Dilthey says:

That which in the stream of time forms the unity in the present because it has a unitary meaning is the smallest entity which we can designate as an experience. Going further, one may call each encompassing unity of parts of life bound together through a common meaning for the course of life an "experience" – even when the several parts are separated from each other by interrupting events.

It is true that a meaningful experience of a painting may involve many encounters, but it still remains a unitary experience. If we look at the work of the Duquesne School, we will see that they do not ask for an experience to be isolated in space and time. They will ask for a situation and the subject in explicating

this situation will bring in his historical experience of this situation (Glorgi, 1985). We can, of course, reflect on an experience; treat it as an object. However, it is no longer an experience as such then because now we are turning our experience into an object. In the spontaneous flow of experience this does not happen and experience can never be looked upon as an object out there which is there for human consciousness. Rather experience is an act and not an object.

The descriptive analysis of this elusive realm prior to reflexive thought must be the foundation for both the human studies and natural sciences, but it is particularly important for the former. The natural scientist need only consult his experience up to the point when he can start using his measuring instruments. For the human sciences experience must go further. It is exactly this realm of prereflexive consciousness that is staked out by Husserl and Heidegger as the terrain of their phenomenology. Experience does not point to some mere suggestive reality because experience is exactly the reality which is there for me before experience becomes reflected upon and thus something out there for a subjective consciousness. Experience is prior to the subject/object dichotomy.

Another fruitful emphasis is on the temporality of experience as given in the context of relationships. Experience always encompasses the three ecstasies (as Heidegger called them) of time, in its unity of meaning and its tendency to reach out towards both past and future as it takes place in the present.

It should further be understood, according to Dilthey, that it is not that temporality is imposed reflexively by consciousness but temporality is implicit in experience itself as it is given to us. It is a fact of the greatest importance to Dilthey that experience is intrinsically temporal (and this means historical in the deepest sense of the word) and therefore the understanding of experience must also be a commensurately temporal or historical category of thought.

Expression

The original word used by Dilthey was *Ausdruck*. Perhaps we should keep this in mind because expression tends to be linked with feeling and this is not what Dilthey had in mind. If we think of the work of Van den Berg (1968), we will realize that a Gothic cathedral, non-Euclidian mathematics, Darwin's theory of evolution (Van den Berg, 1984), and the construction of the

atom bomb are all expressions of life. This we may concede even if we do not agree with Van den Berg that man essentially changes. Human studies must necessarily focus on expressions of life. Therefore, they are intrinsically hermeneutical. Dilthey is very definite that

Everything in which the spirit of man has objectified itself falls in the area of the Geisteswissenschaften. Their circumference is as wide as understanding and understanding has its true object in the objectification of life itself.

Understanding

Understanding for Dilthey does not refer to understanding a rational conception such as a mathematical problem. The term is reserved for a situation in which the mind of one grasps the mind of the other person. It is not a purely cognitive operation. For Dilthey, understanding takes place through a combined activity of all the mental powers at our disposal. I would like to support the statement very strongly. When one is really with another person, when one has a feeling that true understanding has been achieved, then words, concepts and theories may even damage this being together - in other words, abrogate understanding. Much of understanding takes place, not through words which make everything rationally clear, but through allusions, metaphors and other figures of speech and even through silence. Perhaps the deepest understanding is sometimes conveyed to another person by being silent.

Dilthey's historicity

According to Palmer (p. 116) historicity or *Geschichtlichkeit* means two things. Firstly, that man understands himself, not through introspection, but through objectifications in life. History then must tell us what man is.

Secondly, man's nature is not a fixed essence - man is not in all his objectifying simply reflecting what he really is. Rather man is the being who is always becoming - who is a *nicht-festgestellte Tier* as Nietzsche puts it. Again we must refer to the work of J H van den Berg in that there is no fixed human nature but only a human condition. Van den Berg's (1959, 1961, 1968) work has shown us how man has changed as a bodily being, a social being and a spiritual being since the Middle Ages. Man never escapes from history - he is what he is in and

through history. *The type man dissolves in the melting pot of history* is a famous dictum of Dilthey's.

Dilthey's use of the hermeneutical circle

Here Dilthey follows Schleiermacher in that he sees the whole as receiving its definition from the parts and reciprocally that the parts can only be understood in reference to a whole. The crucial term is meaning. Meaning is what we grasp in the understanding of the essential reciprocal interaction of the whole and the parts. As Ricoeur has also put it: *the sentence furnishes a clear example of the interaction of the whole and the parts*. For Ricoeur the sentence and not the word is the locus of meaning. Also the context of the situation has to be taken into account. To take a crude example: the words 'I love you' said at a cocktail party and the same words said in a concentration camp could never have the same meaning. Literature provides us with many illustrations of the importance of context. Meaning is immanent in the texture of life, i.e. in our participation in lived experience.

Dilthey and psychology

Dilthey was very interested in psychology and for a long period of his career hoped that psychology would turn out to be the basic discipline for the Human Sciences. He was disappointed in this expectation and later on changed his mind. Perhaps his encounter with Ebbinghaus helped him to give up the idea that psychology should take up such an important position. In fact, I hardly see how one can, even now, plead for psychology to be basic to the other Human Sciences. His important treatise of 1894 entitled *Ideen über eine beschreibende und zergliedernde Psychologie* put forward his main ideas on the subject. In this work Dilthey distinguished description from strictly causal explanation. Such explanation orders phenomena into a determined causal order by means of a limited number of simple elements. This causal order is not actually experienced but simply taken over from natural scientific thinking. Psychologists were therefore, propounding innumerable hypotheses (they still do) so that a war of all against all prevailed in psychology. The great error of this explanatory psychology according to Dilthey, was its premature haste to provide a systematically predictive account of the mind's operation. Psychology dispensed with a proper understanding of experience and instead hurried to the construction of theoretical models. To transpose this into contemporary terms, psychology

looks at certain phenomena only long enough in order to operationalize the concepts. This scientific procedure forces the complexity of experience into hypothetical models.

Rickman (1979) who edited some selected writings of Dilthey says about the *ideas about a descriptive and analytical psychology*, that much of the work of Dilthey would be outdated to a contemporary reader. Dilthey often referred to older non-contemporary psychologists such as Hartley, Herbart, Spencer and Taine. For this he was criticized by Ebbinghaus and I will come to Ebbinghaus later. Yet some of Dilthey's points are still worth making according to Rickman. Some of these are:

1. A psychology which establishes causal law for mental life is premature and speculative. It is also of no value or very little value to the other disciplines which inquire into human nature like history or sociology.
2. We need patient, careful and searching descriptions and analyses of mental processes. This is not a recommendation to study behaviour by means of introspection, but rather to examine the structure of languages, myths, legal codes, novels and autobiographies because these manifest the working of the human mind in all its complexity.

We note in parentheses that Wundt may not necessarily have followed Dilthey's advice but in his *Volkerpsychologie* he did use biography as well as anthropology in order to understand psychological processes of a linguistic nature.

3. If we study these processes patiently, we will find that there are common typical ways in which the human mind functions, that there are acquired structures which are superimposed on inborn structural features and that mental structure forms a unity which affects individual human experiences.
4. Description can serve as a preliminary stage of explanation just as description of an experiment often precedes its explanation in terms of the laws of physics. However, description in the human studies must be more than this because we are at home in the world of the mind and we experience the connections ourselves - connections which in natural sciences must be hypothetically constructed.

Ebbinghaus' critique of Dilthey's psychology

Ebbinghaus, in an article published in 1894, responded to Dilthey's *Ideen* as if it constituted an indictment of all forms of psychology. He pronounced them a mixture of vague generalities interspersed with astonishing trivialities. Ebbinghaus even doubted whether Dilthey's work qualified as psychology at all since most of the examples were not drawn from what Ebbinghaus regarded as "psychology proper" but from literature, philosophy and personal experience. R Ermarth (1978) comments that Ebbinghaus was basing his objection on precisely the direction which Dilthey was at pains to revise. Ebbinghaus further accused Dilthey of being ignorant of the major innovations in psychology during the last 50 years (that is up to 1894) in that the Herbartian procedures which Dilthey deplored had long been surpassed in newer psychologies. Ebbinghaus even tried to distantiate himself from a dependence on strictly scientific methods and described natural science as the way to emancipate knowledge from anthropomorphism.

I think that Ebbinghaus' critique showed a total misapprehension of what Dilthey was on about. It seems most incredible that Ebbinghaus suggested that psychology was not dependent upon natural scientific methods in that he himself was one of those who had introduced it to psychology. His studies of memory will always serve as a paradigmatic example of how psychology excluded the most essential dimension of being human, namely the historical dimension, in order to introduce quantitative methods. Other German psychologists followed Ebbinghaus in rejecting Dilthey's proposals for psychology. One of them, Theodor Elsenhans indicated that a pure description which attempts to do away with hypotheses and explanatory procedures is impossible in any science worthy of the name. This is merely one of the many scientific objections that can be made to Dilthey's project. Obviously this is almost purely a case of name calling, because since Dilthey's project does not resemble natural science, therefore it cannot be "science".

In evaluating Dilthey's contribution to hermeneutics, Palmer (p. 121) indicates that starting in the shadow of Schleiermacher's psychologism, Dilthey gradually came to conceive of interpretation as focussed on the expression of lived experience without reference to the author of such experience. Thus hermeneutics and not psychology had to become the foundation of human studies. This means that Dilthey focussed, in the problem of interpretation, on an object which had a fixed,

enduring objective status. Thus human studies could envisage the possibility of objectively valid knowledge since the object was relatively unchanging in itself. Secondly, Dilthey made a contribution in clearly calling for historical rather than scientific modes of understanding. Life could only be understood through reference to life itself in its historicity and temporality.

Palmer further comments that much has changed in hermeneutics since Dilthey. According to him Dilthey did not fully succeed in extricating himself from the scientism and objectivism of the historical school which he had undertaken to transcend, rather we see more clearly today that the quest for "objectively valid knowledge" was itself a reflection of 19th century positivistic ideas wholly contrary to the historicity of our self-understanding. Yet by renewing the project of a general hermeneutic and significantly advancing it, Dilthey will have a major position in the history of hermeneutics for a long time to come. His influence on Heidegger and through him on Gadamer and later hermeneuticists is unmistakable.

THE HERMENEUTICS OF MARTIN HEIDEGGER

Because I have been deeply influenced by Heidegger, both in my theorizing and practice of psychological research and psychotherapy I will look rather closely at what possible implications Heidegger has for understanding in psychology and psychotherapy. Heidegger saw hermeneutics in the horizon of finding an historically oriented theory of method for the *Geisteswissenschaften*.

This, however, was not the way in which Heidegger actually used the word hermeneutics; in his work this word is embedded in the context of his larger quest for a more fundamental ontology. He used the term hermeneutics in his project for the understanding of Being (*Sein*). Apart from his debt to Dilthey and Nietzsche, Heidegger acknowledged his great debt to Husserl. Heidegger's project in *Being and Time* is unthinkable without the conceptual tools afforded to him by Edmund Husserl. Phenomenology had opened up the realm of the preconceptual apprehending of phenomenon. However, this new realm had quite a different significance for Heidegger than for Husserl. Husserl essentially remained committed to his search for valid intersubjective knowledge. He saw phenomenology as a project by which he

could bring into view the function of consciousness as transcendental subjectivity. Heidegger's phenomenology which may be called hermeneutic phenomenology differs from Husserl's phenomenology in which consciousness remains a central concept. The facticity of being is for Heidegger a much more fundamental matter than consciousness; thus Heidegger hardly mentions consciousness in any of his works and moves rather to discourse – a trend which becomes very pronounced in the works following on *Being and Time*. Heideggerian phenomenology being hermeneutic must use description but cannot stay with description. The phenomena which are achieved by description have to be hermeneutically opened up. His project in *Being and Time* therefore, is a hermeneutic of Dasein. Whereas Dilthey had already turned to historicity or *Geschichtlichkeit*, Heidegger's work is through and through a creative recovery of the past in the form of interpretation. For Heidegger, phenomenology need not mean a laying open of consciousness. For him it was more important to see phenomenology as a means of disclosure of being in its facticity and historicity. Early in *Being and Time*, Heidegger describes the phenomenon as that which shows itself from itself from the way it is in itself. He derives his meaning from looking carefully at the full meanings of the Greek terms *phainesthai* and *logos* and in his definition one is struck by the fact that there is a certain reversal of direction. Instead of having a subject see an object he describes the phenomenon as showing itself to us. This way of putting his basic stance has important implications for hermeneutics.

For Heidegger, the phenomenology of Dasein is hermeneutics. The meaning of descriptions thus becomes interpretation. In other words, when we obtain descriptions of phenomena we rely on the self-understanding of our subjects, i.e. our subjects already have some pre-articulate comprehension of being. The hermeneutic task then is to make these disclosures and subject it to further interpretation in the sense of what is being said and also what is not being said. For Heidegger, this is so because understanding is, together with discourse (*Rede*) and facticity or *Geworfenheit*, one of the basic dimensions of human existence. It means that the human being is a self-understanding, self-interpreting being. Obviously, it would be unwise for the human sciences to disregard this statement which, if true, means that we do not simply start with a set of pure facts; we already always understand, we already have some self-understanding. In *Being and Time* then, hermeneutics become an ontology of understanding and interpretation, and such understanding always precedes any scientific understanding.

In Schleiermacher, understanding was grounded in his philosophical affirmation of the identity of inner realities. For Dilthey, understanding referred to that deeper level of comprehension involved in grasping a painting, a poem or a fact; as an expression of inner reality and ultimately of life itself. However, Heidegger broke with this tradition although he remained within the hermeneutic circle established by Schleiermacher and Dilthey. For Heidegger, understanding is the power to grasp one's own possibilities for being within the context of the life world.

This gives understanding an ontologically fundamental and prior status. Secondly, this means that understanding always relates to the future. It has a projective character. We have said that understanding relates to one's possibilities within a situation. Such situatedness of all human experience is, for Heidegger, another fundamental existentiality of being human, namely that of *Befindlichkeit*. If we understand *Befindlichkeit* correctly it means that man is always in some way attuned to the world, the individual always finds himself situated in some non-neutral way in the world into which he has been born and is and has been living. Understanding is thus not separable from mood nor is it imaginable without world. We must not misunderstand Heidegger's turn to language. For Heidegger, meaningfulness is something deeper than the logical system of language. It is embedded in the world as a rational whole (*Bewandtnisganzheit*). However words may shape or formulate meanings, they always point back to the world and, as Ricoeur has also said, we must remember that meaning does not simply consist of language but that meanings only *come* to language. Moreover, the world as it is present to us is always a meaningful structure. Meaningfulness is not something that man gives to an object, it is what an object gives to man through supplying the ontological possibility of words and language. Thus, understanding is seen as embedded in this context as *Auslegung*, i.e. rendering explicit our understanding of what is there. It is the poet who through his saying clearly calls different worlds and things into presence.

It is also important that we look at Heidegger's concept of pre-understanding. For him interpretation can never be presuppositionless, it can never be the grasping of something given in advance. It is further important to remember that the prestructuredness of understanding is not simply a property of consciousness over against an already given world. Prestructure

rather rests in the context of the world which already contains a subject and object.

The hermeneutical problem cannot be seen apart from human existence so that hermeneutics for Heidegger is a fundamental theory of how understanding emerges in human existence.

X Heidegger's conception of the truth has important implications for psychology. Concurrently with this, his idea of the relationship between subjectivity and objectivity also, obviously, has important implications for psychology. In *Being and Time* already, Heidegger had shown how Dasein is inconceivable without the world and how the world is inconceivable without Dasein. Neither of these terms can be defined in isolation from the other. In this manner, the Cartesian subject/object dichotomy is overcome. This brings us to the question of the human subject who after the middle ages took the place of God as arbiter of the truth. This starts with Descartes but the seeds of that have been traced by Heidegger back to Plato. In *Platons Lehre von der Wahrheit* Heidegger shows how Plato's allegory of the cave already shows the truth as unconcealment but the conception of correspondence (the so called "ratio") came to predominate over this more dynamic way of looking at truth. With this view of thinking and truth as correspondence, the whole western metaphysical tradition is influenced in terms of absolutizing the idea. For Descartes the truth was to be found in clear and distinct ideas. The earlier conception of truth as unconcealment or disclosure (*Entbergung*) is lost. This means that thinking aimed at truth is not grounded in existence but in an idea. The idea is a static entity and not a dynamic one as is the case with existence and unconcealment. This then reinforces our conceptualization of everything that we want to study in terms of subjects and objects. In my view this has been more or less fatal for much of psychology. However, the status of the subject still has to be confronted. The world becomes for the human being a *Gegenstand* (Heidegger, 1977), that which he puts over against himself. He then dictates to this object of *Gegenstand* that its reality is measurable because it cannot be doubted that all material objects are characterised as in the first place, extension. Reality then becomes that which is measurable because we have clear distinct ideas that it is extension. Hence the contorted, rather helpless procedures that psychology has pulled out in trying to understand emotions, typical human behaviour and human relations by casting around for ways to measure it. Part of Heidegger's project is to undermine what he calls *Subjektivität* which is a broader term

than subjectivity. Man recognises in subjectism no goal or meaning that is not grounded in his own rational certainty and he is therefore lost in the circle of his projected world. None of man's activity can be seen as a response to God or being since everything is grounded in man. Apart from undermining the sacredness of the things, i.e. desacralizing the world, this project ultimately leads to a loss of significance, a world denuded of meaning. Much of Freud's work has tended to take this lack of meaning further and further into the intimate human sphere while Jung's work has done much to restore its meanings. No doubt this sort of metaphysics, or rather this very strong tradition in western metaphysics leads us straight to the problem of technology and the undermining of ecology.

Heidegger's undermining of the western tradition of *Subjektivität* and thus of the narrower term of subjectivity is an important question for psychology. Psychology has persistently tried to study some sort of isolated individual who, having such and such characteristics, then tends to relate to other people and the world. This however, is totally opposed to the way in which Heidegger conceives human Dasein. If the human being neither is, nor can ever be, a self-enclosed, ongoing entity then obviously we will have to revise our conception of the ego, the self, identity, etc. We come to recognise the western emphasis on the autonomous person (surely a very worthy conception) as a cultural product brought about by a particular western tradition. Whilst I have great sympathy for this tradition, this does not mean that we can ground it in the conception of the privatized and isolated human subject who stands over against the world as a subject seeing the rest of the world as objects. Rather the ongoing value (and the word value must be underlined) of autonomy should be grounded in some other way. Since the human being is not a constant isolated subject, but is always grounded in a situation, since the human being has no fixed identity but can change, and since the human being is grounded not only in the *Befindlichkeit* but also in understanding, it must mean that there is not just one story that can be told about the human being. We can, in other words, construct alternative historical narratives. In such a view then the concept of personality loses its substantiality and definitive contours. We may even go so far as to say that our lives are the stories we tell ourselves and others. Thus our understanding is not only rooted in history, it is itself historical. This opens the way for me to look at psychotherapy and psychological-phenomenological research in terms of stories or narrative constructions.

PAUL RICOEUR

According to this philosopher, hermeneutics refers to an interpretation of a particular text or other written or spoken material susceptible of being considered a text. Thus the interpretation of a dream is very obviously an exercise in hermeneutics and the dream reported is regarded as a text which is opaque to its author. For Ricoeur then, hermeneutics is the process of deciphering which goes from manifest content and meaning to latent or hidden meanings. He distinguishes between univocal and equivocal symbols or meanings. Very few symbols, which are unequivocal, exist, for instance the symbols in symbolic logic, whilst a very large part of language is given over to symbols which are not univocal; these may be multi-vocal or ambiguous.

Ricoeur proposes that there are two very different syndromes of hermeneutics in our times, namely the hermeneutics of faith and the hermeneutics of suspicion. The work of Bultmann on demythologizing the New Testament is a great example of the former: the aim of demythologizing is not to test the Bible by means of rational, logical or natural scientific thinking, but rather to indicate how the Bible and more particularly the New Testament still speaks to us in our society which differs very radically from the societies in which Christianity originated and in which it developed. He deals lovingly with the symbol in order to recover these meanings. On the other hand, there is a demystifying hermeneutic which destroys the symbol as the representation of reality. He mentions Marx, Nietzsche and Freud as the three great demystifiers in our culture. Ricoeur further says that there can be no universal canons for Exegesis but only separate and opposed theories concerning the rules of interpretation. Whilst the demythologizers and other hermeneutics of faith treat the symbol or text as a window to a reality the demystifiers treat the same symbols as a false reality that must be shattered. Ricoeur's main work is on the great demystifier, Sigmund Freud, but he himself applies a hermeneutics of faith to the work of Freud for he recovers and interprets Freud's significance anew for our present historical moment (Thompson, 1981).

This surely must give us cause to think. First of all Ricoeur says that the two forms are incompatible and then he applies a hermeneutics of faith to the demystifying hermeneutics of Freud. A second consideration here is that most psychologists will ask themselves whether they are actually practising one or

the other type of hermeneutics. Many will probably come up with the answer that they must practise both because the client can both be trusted to lead us to the truth but the client can also resist and "transfer" and may lead us away from the truth. In spite of doubting we still have to listen.

We will have to discuss the work of Ricoeur in greater detail because of the way in which he interpreted psychoanalysis as a hermeneutic discipline; more especially the limits he puts on hermeneutics in psychoanalysis, his "anti-phenomenology stance" in regard to Freud's metapsychology and his remarkable defence of the latter. Because Jürgen Habermas also looks upon psychoanalysis as "mixed discourse", some reference to his work will be made as well.

One point, which is not without irony, must be made and that is that generally speaking, the phenomenological philosophers, including those of the existential persuasion, generally do not look benevolently on the efforts of phenomenological psychologists, psychiatrists and psychotherapists. Either they do not mention them at all or mention them only sufficiently to dismiss them.

Thus De Waelels (1972), in his work on schizophrenia (based on the work of Lacan, who based himself on Freud, who took the autobiography of Schreber as his paradigm case for his understanding of schizophrenia) mentions Kraepelin and Josef Berze, but of the existential-phenomenological or anthropological psychiatrists, he mentions only Binswanger whom he dismisses mainly because he makes delusion (wrongly translated from the French "Le Delir" as delirium) the central symptom, and because he does not provide a developmental theory. De Waelels does not even mention Erwin Straus, E von Gebattel, Karl Jaspers or Medard Boss. On the other hand, he mentions with somewhat more approval, Josef Berze (born 1866) who was a member of the Heidelberg School of Psychiatry, but is no longer well known even in Germany. He quotes approvingly from the work of Leopold Szondi whose ideas have hardly been taken seriously by any but a very small segment of psychiatrists and psychologists.

De Waelels based his attempt to develop a phenomenological developmental theory of schizophrenia on the work of Lacan and Freud. De Waelels will be discussed in a bit more detail later on. Ricoeur similarly bases himself on Freud. Both seem to take highly controversial Freudian notions such as instincts,

libido, wish, psychic apparatus, dreamwork, regression and defence "mechanisms" as if they were well established facts or principles of psychology.

According to Ihde, Ricoeur may be situated as follows within the phenomenological movement;

If existential phenomenology broke the bounds of Husserl's transcendental idealism in its application of phenomenological procedures to the problems of the lived body, inter-subjectivity, and human freedom, Ricoeur's phenomenology opens the way for a second breaking of the bounds under the sign of hermeneutics. Ricoeur begins to shift from a perceptual phenomenological model to linguistic phenomenology (Ihde, 1971, p. 7)

Ricoeur's view of man reveals his acceptance of Freud's basic assumptions:

As a man of desires I go forth in disguise ... language itself is from the outset and for most part distorted: it means something other than what it says, it has a double-meaning, it is equivocal. The dream and its analogues are thus set within a range of language, that presents itself as a locus of complex significance where another meaning is both given and hidden in an immediate meaning. Let us call this region of double-meaning 'symbol' ... (Ricoeur, 1978, p. 7).

According to Don Ihde, Ricoeur wishes to recover from Freud a non-reflective, non-phenomenological hermeneutics and thus ultimately build a radicalised new phenomenology. Most phenomenologists reject Freud's metapsychology as scientifically unsound whilst retaining his basic insights into the meaning of symptoms, dreams, etc., as well as supporting the tenor of his psychotherapeutic procedures.

There does not seem to be any credible way in which the "forces" of Freud's metapsychology can be reconciled to the meanings of symptoms, dreams, etc. Ricoeur, in fact, does not try to do this, but rather to circumvent the opposition by supposing that there is a "correlative unity" (whatever that might mean). It is exactly this opposition within a unity which defines psychoanalysis for him, as a "mixed discourse" with a "semantics of desire" as its subject matter. Desire is basically understood as dynamics or energetics or even hydraulics, but is articulated only in a semantics: hence the *viccisitudes* of

instincts can be attained only in the vicissitudes of meaning. At this stage one may well ask how he comes to the conclusion that desire which is articulated only in semantics, that is in language, can be considered to be a force "in itself" which may then act as, or at least like, a cause. The problem is not overcome by stating that the unconscious (apparently seen here as some dynamic substantiality) *is not fundamentally language but only a drive towards language. The quantitative is mute, the non-spoken and the non-speaking, the unnameable at the root of speech* (Idhe, p. 157). This sounds like Freud's conception of the Id. This is a justification for the use of energy language in psychoanalysis - it may be further justified by saying that

if desire is the unnameable, it is turned from the very outset towards language; it wishes to be expressed; it is in potency to speech. What makes desire the limit concept and the frontier between the organic and the psychological is the fact that desire is both non-spoken and the wish-to-speak, the unnameable and the potency to speak (Quoted in Idhe, p. 157).

Ricoeur is trying to show that the language of energetics is not dispensible or inappropriate because the reality of desire and its frustrations cannot be fully portrayed in a language that moves only amongst meanings.

It seems to me that Ricoeur is saying that what happens in psychotherapy embraces more than can be stated in ordinary meaningful language, e.g. dreaming of being chased by a bull might mean fear of being "sexually" overwhelmed or violated. Very often the patient's body language has to be read, and for this the language of energetics is no help whatsoever, but rather a handicap. Thus it may readily be conceded that our bodies are involved in psychotherapy - but we must understand this in terms of a living, even knowing body. The tensions, facial expressions, handshake, blushing, weeping, laughing, etc., of the client is all part of a "knowing" expression, living body which is totally different from the body of physiology and Helmholtzian energy conceptions.

According to both Habermas and Ricoeur, psychoanalysis cannot be a hermeneutic procedure allied to the historico-hermeneutic disciplines. Both Ricoeur and Habermas think that classifying psychoanalysis in this way would be erroneous because

we would overlook the very features of interpretation that are grasped only when the investigatory procedure is joined

to the method of treatment. The meaning of the symptom and of the dream are so difficult to decipher, because of the interposed distortion mechanisms between the manifest and the hidden meaning – the mechanisms Freud listed under the term 'dreamwork' (1981, p. 256).

In passing, we may again note the use of terms like "distortion mechanisms", "manifest and hidden meanings" of the dream and "dreamwork" – all terms with which many non-Freudians would take serious issue, no matter whether they have been influenced by phenomenology or not. Wittgenstein too, has indicated that he opposes Freud for disregarding the many qualities of the dream and for his reductive emphasis. This is an important objection which could easily be shared by existential phenomenologists, namely that when we come to things human including the dream, we should first of all look at the qualities and not try to quantify the discourse.

Ricoeur further contends that Freud's mixing of the textual concept of "translation" with a mechanical concept of force, is necessitated by the fact of resistance. In this regard he says

it is this notion of resistance that prevents us from identifying the investigatory procedure with a simple interpretation, with an entirely intellectual understanding of the meaning of symptoms. Interpretation, seen as translation or deciphering, the substitution of an intelligible meaning for an absurd one, is only the intellectual segment of analytic procedure (1981, p. 157–258).

Why interpretation is here said to be purely intellectual exercise, I find hard to understand. Whether that is supposed to be the case in psychoanalysis may well be true, but whether it is so in practice, I do not know. What I do know for certain is that it does not, in my experience, characterise interpretation in the sort of non-Freudian or not strictly Freudian interpretations that I am familiar with, both in my own work and in that of others. However, we will look to the data of the empirical part of this investigation to get some indication as to whether interpretation is a purely intellectual exercise.

Although Ricoeur is very aware of the shortcomings of Freud's metapsychology he

wants to defend with equal vigour the complimentary thesis, which holds that we must always start from the Freudian system in spite of its faults, even – I would venture to say –

because of its deficiencies ... the economic model, in particular, preserves something essential, which a theorising introduced from outside the system is always in danger of losing sight of, namely, that man's alienation from himself is such that mental functioning does actually resemble the functioning of a thing. This simulation keeps psychoanalysis from constituting itself as (a) ... hermeneutics ... and requires that psychoanalysis include in the process of self-understanding operations that were originally reserved for the natural sciences (1981, p. 261).

There is a paradox here: If I understand myself as a thing, I immediately realise that I cannot possibly understand myself as a thing. Any interpretation of this kind can only be correct provided that it is immediately apparent that it is absolutely wrong.

In general, I do not see that Ricoeur's argument justifies Freud's metapsychology. Habermas talks about intentions that operate like causes, but then it is absolutely clear that he is not talking about causes at all, and if, as both Habermas and Ricoeur say, it is causal narratives that Freud constructs, it still does not mean that this is a causal account. Surely it is better to use metaphors which are closer to the everyday experience of therapist and client both in the therapeutic situation and in ordinary life than to use the physical metaphors generated by Freud in his metapsychology. Even if it be conceded that Ricoeur is right in saying that man's alienation from himself is such that his functioning actually does resemble the functioning of a thing, it still is not clear that we should evoke causes to add to the self-deception which is operative in the life of the client. Schafer (1983) who is a well-known and reputable psychoanalyst rigorously rejects Freud's deterministic, metapsychological language and tries to help the patient arrive at an action language instead. The fact that the person says I feel so and so because (a), (b) or (c) caused me to feel so and so simply does not mean that the client is actually functioning like a thing but rather means that he is deceiving himself about his true motives. Although the therapist may accept that the client genuinely believes that what he says at the moment is true for him, the therapist must also accept at the same time that the client will be able to overcome such self-deception. The fact that clients use causal language to, in a sense, justify themselves, does not mean that the therapist should accept such a reality scheme which is based on the fact that we all grow up in a society in which natural science is a final court of appeal and the norm for rational discourse.

What Ricoeur overlooks is the possibility of man's changing nature - at the very least the changing cultural history or the changing culture of Western man. The question may be posed whether there always had been an unconscious in the sense that Freud discovered it, or whether it was only discovered in the 19th century because it perhaps did not exist in the preceding centuries.

Looking on the Freudian unconscious as an alter-ego (or even anti-ego) Van den Berg (1963) traces its roots to the 18th century and shows how it became manifest in the closing decades of the 19th century. In a later work, Van den Berg (1979) also tries to show that the unconscious as Freud got to know it, now no longer exists because life has changed so radically from what it was in Freud's time.

Perhaps Ricoeur is grappling and is defending Freud's physicalism because there is some way in which the neurosis (which is also open to being influenced by the spirit of the times as well as the nature of social intercourse) has been determined. But perhaps it should really be called sociosis. This should be seen against the background of the alienating social, political and economic system. Then, however, the language of social intercourse, of dehumanising but "personalised" propoganda, advertising and disguised or open political coercion, rather than the language of physical forces should be used.

In his metapsychology but not in his case studies, Freud practises an intellectual ascetism. The rich contexts, so masterfully described in his life historical narratives is absent in his metapsychology. In his case studies we see his concern with life as lived, in his metapsychology the human person's place has been taken by a "mental apparatus", a psychic personality that can be dissected into its constituents. Similarly, in his developmental psychology the libido is the dynamism - the life force that lives the child's life.

ALPHONSE DE WAEHLENS

Existential-phenomenological philosophers like Ricoeur, De Waehlens and critical philosophers like Marcuse and Habermas turned to Freud rather than to Jung or other psychologies and other existential-phenomenological psychiatrists and psychologists. Why?

One reason may be, especially in the case of the critical philosophies of Marcuse and Habermas, whom I regard as akin to existential phenomenology, that Freud's conceptions are always groping towards materialistic-scientific "causes" which can be translated back into the dialectic materialistic conceptions of Marx. Marx's reaction to the publication of Darwin's *Origins of Species* may be recalled. For Marx, the Darwinian conception of man as being entirely encompassed in biology and emerging from the most primitive forms of life, which itself came about from non-living matter through some cosmic accident, was fascinating and confirmed his view that consciousness is derived from material conditions and not vice-versa. At Marx's burial F Engels alleged that Marx had discovered the law of the evolution of human history just as Darwin had discovered it in organic nature (Van den Berg, 1984, p. 156).

A second reason is provided by De Waelels himself (Vergote, 1982) who proposed that:

the task of philosophy is to comprehend, by contact with human experience and with its history, the rationality that man progressively and interminably institutes in his very existence, in his sensitivity, in his relations with others, in his reflection on himself, on things and their transformation, in the process of his community life, in political activity, in contemplation or aesthetic creation and finally in religious faith.

Whether this accurately reflects the task of philosophy, is not for me to judge or even to discuss. I would ask myself whether psychology should construct itself in such a way that it can provide rational explanations. Psychology, before and after its break with philosophy, has in fact been guided by this underlying striving, namely to provide a rational, objective explanation of human existence. As we shall see rationality was for Freud a higher court of appeal than experience. Nevertheless, the success of both psychology and psychoanalysis remains uncertain and (these) have no paradigmatic triumphs to their credit.

Vergote shows that the thrust of the book *Schizophrenia* by De Waelels is towards this particular perspective thus viewing psychosis as a failure to reach the rationality which the human person is called to achieve. De Waelels sees the call of psychosis as being located in the failure of the subject to constitute himself as a person within the symbolic order. This psychotic non-constitution can then be seen as the *shore*

opposite to the constitution of human being, the shore of its catastrophic drift. Several authors have pointed to the failure of phenomenological psychology or existential psychoanalysis to establish a genetic phenomenology. The problem is that phenomenology, being based upon the explication of human experience has so far failed to elucidate early lived structures to a significant extent although it is possible to do this by looking through the eyes of the significant others. (Will such an account be conclusive, it may be argued?) The masterful work of Boss and Binswanger are great examples of descriptions of actual neurotic and schizophrenic experiences but it fails to elucidate and find the enigmatic point of departure.

Psychoanalysis promises to find this point of departure in the vicissitudes of the libido working itself out with its surrounding objects, i.e. within the family. Phenomenological psychology can only grasp human phenomena historically by elucidating the lived meanings of experiences. It can elucidate motives as lived but cannot provide an account in terms of causes or energies. Existential phenomenological philosophers go to Freud whose concept of *Trieb* (pulsion or drive, somewhat misleadingly translated by Strachey as instinct) provides for them a double-faceted reality which is organic as well as psychic and which provides them with conceptions of both force and signification. Having accepted this, the psychical can be seen to be in part causally determined because it roots itself in man's biological being. Insofar as this introduces Freud's libido economics which can only be inferred by its effects, we leave living human experience in favour of hypothetical structures. Causes in this sense eludes to the sort of comprehension associated with meaning.

The existential-phenomenological philosopher then gives up the idea that it is possible to construct a complete archaeology from experience and turns instead to psychoanalysis which, according to Vergote, provides us with *a massive archaeology which remains imperceptible to the phenomenologist and which makes him keenly aware of the power of absence in the constitution of presence.* I must point out, however, that Freud's archaeology is very shaky. First of all, it was pointed out by Adler that Freud's sexual and developmental theories are a *Hysteron-protheron* (Van den Berg, 1979) which means that having studied neurotics, Freud then constructs a developmental psychology which fits the constructions he has already made concerning the genesis of neurosis. Secondly, it should be pointed out that in writing *Totem and Taboo*, Freud read the views of leading cultural

anthropologists but did not confront the texts directly concerned. He showed no interest in the myths and stories themselves, i.e. in how those human beings constructed their own realities.

Vergote goes on to say (p. 13) that

the exploration of the prehistoric archaeology of the human existence ... makes it (philosophy) understand once and for all why its secret passion to recuperate all significance within an absolute knowing is an illusionary nostalgia.

I readily agree with this because there is no way of ever getting to know what our experience was like before we were able to reflect upon it. My objection to the preceding statement is that we do not need Freud's metapsychology to come to this conclusion. According to Vergote, psychoanalysis shows us the eternal limit of comprehension. In my view, the objection to, psychoanalysis is that it then goes on to elaborate this eternal limit as a cause in the natural scientific sense.

Vergote (p. 15) shows that there are limits to phenomenological comprehension, but indicates at the same time that there are limits of psychoanalytic explanation too. In my thinking, however, the limits of the explanatory power of Freud's metapsychology and of Lacan's resymbolization of Freud's metapsychology, has not been sufficiently taken into account by philosophers like Ricoeur and De Waelelens.

Vergote (p. 17), drawing on the work of De Waelelens and Lacan, shows how the psychotic finds himself beneath the sway of the great signifying realities that the language of humanity brings to him and indicates further that it is *precisely within these fundamental references that psychotics, due to collapse, no longer situate themselves*. Phenomenological psychology, thinking in terms of presence, of body, and temporality can elucidate the deconstruction of the capacity of schizophrenics to situate themselves rationally. However, a hermeneutic phenomenology has not, so far given an account of how the collapse is produced in the first place, as we have already seen. It can only describe an absence.

But it is here that mystery and paradox dwell. All natural scientific thinking is a drive to the destruction of mystery, paradox and ambiguity. It follows that within the natural scientific and even within the rational tradition there can be no

understanding of any of these because by its very nature, rationalistic and natural scientific thinking excludes and destroys mystery, paradox and ambiguity wherever it comes across it.

The question is whether the mystery should be accepted, allowed to remain and be lived with. We have seen in the work of Lacan that the signifier always refers to a signified, but somehow we never reach the signified but instead find the signifier always showing itself as part of a system of signifiers. Thus, signifiers point to other signifiers and the metaphor that the human being lives is never fully comprehended. In his book *Psychological Life: From Science to Metaphor*, Romanyshyn has also shown how psychological reality is a metaphorical reality. Why can't the philosopher and the psychologist live without penetrating the mystery or transcending the limits? Is there not a certain grasping in the sense of reconciliation, a certain understanding of one's life if one faces the fact that, in the last analysis, it is incomprehensibly mysterious?

Instead of inserting the highly artificial construction of Freud's metapsychology at the limits of existential-hermeneutic understanding, should we not rather find a way of languaging the mystery? In this regard, perhaps we can turn to metaphor and paradox. In his article on *Schizophrenia: Anthropological Considerations*, Van den Berg (1982, p. 162) looks at the four contradictions which experience with schizophrenics forces us to face. These include the contradiction that schizophrenia seems to be an organically based disease, but it can also be understood as a psycho-genetically determined state, it is incurable, but it is also curable; the schizophrenic constitutes a flowing transition between himself and the normal person and it is a discontinuous state. The fourth riddle is that schizophrenia is a question of form vs a question of content. Looking at these contradictions, Van den Berg looks at the nature of human existence itself. Biologically he sees the human being as hardly possible and definitely superfluous. Psychologically we are a decoration, a work of art. If we did not exist no sensible soul would ever have invented us. The human being is a reed that thinks (Pascal). If we want to speak of schizophrenia as a defect then this lies in the nature of the thinking reed itself. No culture can ever fully supply the need of all its members.

Schizophrenia may be the malady of the person who cannot chew and digest the fare offered by the everyday life of his culture.

The schizophrenic will always be a stranger to us but at the same time will always remain akin to us. The schizophrenic is both stranger and fellow man, he can share our life and he cannot share our life, he can be cured, and he cannot and thus presents us with a clear limit to rational-scientific understanding, a limit which confronts us with a paradox.

FREUD AND JUNG: CONFLICTING HERMENEUTICS

Life cannot be relived but it can be retold. This is the thought with which Steele (1982, p. 372) ends his book title. For me this is the crux of the whole hermeneutic enterprise in psychotherapy and psychology. The reality of our lives is the stories that we tell ourselves and others about our history. We do not have one story, but many possible ones. The life story is not a document of actual events of a life, but a reconstruction based on the events. Romanyshyn (1986) describes the case history in psychotherapy as a creative process consisting of the moments of landscaping, figuring and storying experience.

Steele sets out to show that both Freud and Jung were hermeneutic theorists but they constructed two very different hermeneutics. There are some points of agreement between them, for instance, on the reality of the unconscious. They agreed that there was a difference between conscious and unconscious ways of thinking. Both also agreed that conscious thought is tied to language, is causal, and that in the development of consciousness, there is a development of thought from subjective modes of representation towards communal objective science systems. It was in their concepts of the unconscious modes of thought that they differed (p. 240). For Freud, of course, the unconscious was regulated by primary process functioning under the rule of the pleasure principle. On the other hand, the ego being more conscious, revolved around the reality principle. Because the sexual instincts, can, according to Freud, be satisfied auto-erotically, they retain their primary process functioning longer and are more resistant to the demands of the reality principle.

Jung on the other hand, thought that the unconscious was not only ontogenetically prior to consciousness, but also a phylogenetic precursor of genetic thinking. The unconscious is not a simple dialectic between life and death instincts as it is for Freud, but is characterised by mythical and poetical forms of genetic thinking. It is generated by the mental activity found

in dreams, myths, fantasies and plays. For Jung, the poet is the master of this type of thinking and the madman is its victim.

As is well known, Freud's understanding of neurosis started out with a trauma theory, went to the seduction theory and eventually rooted itself in the Oedipus complex. In the first two cases, he tried to root his causal account in an actual event. The discovery of the Oedipus complex in Freud's self-analysis was a break with his efforts to find a realistic cause. Freud, with his background in the science and the ideology of the Helmholtz school of medicine, also initially tried to ground his theory in neurology. This attempt was made in his *Project for a Scientific Psychology* but was given up and he never published it. Through giving up this project and through the discovery of the Oedipus complex, Freud gave up the materialistic dream, the goal of which is to present psychical processes as quantitative states of specifiable material particles. It is quite interesting that certain neurologically oriented psychologists tried in the 1950's and 60's to revise this dream that Freud gave up in 1896. By giving up the dream of securely rooting psychoanalysis in physicalistic physiology and neurology, Freud took the inevitable step of becoming a hermeneutic theorist. However, he never entirely broke with the scientific mode of thinking. In his therapy, Freud remained thoroughly hermeneutic but he can perhaps be described as a linear hermeneuticist. Far from being able to build psychoanalysis into a science which requires prediction and control, Freud searched for the basic givens of the dream, the symptom, etc., by means of interpretation. By interpretation he tries to arrive at the point of departure. However, his argument was always retro-linear instead of linear in the ordinary scientific sense where the antecedent causes were sought out and predictions made and tested by arranging certain causes and then finding out what effects followed. Thus in his work on dreams, Freud would interpret the dream and find a wish at the beginning. The wish would then be retrospectively introduced as the cause of the dream. Freud never ceased to look for the point of departure. Having given up both the trauma and the seduction theories, he simply had to go further and further back. First of all, he had to write an account of childhood development. However, this account was not derived from the study of children, but from the retrospective accounts given by his neurotic patients. We have already noted critiques of his developmental theory by Adler and Van den Berg. In other words, Freud found certain sexual perversities in his neurotic patients and then described the child as polymorph perverse,

which means that he inserted this into the child's history to give an explanation of his findings in the case of adult neurotics.

We have already seen that the philosophers Habermas and Ricoeur tend to think that Freud's psychology cannot be entirely hermeneutic because causes play a role. The fact is, however, that Freud did not construct a causal account in the natural scientific sense, but wrote narratives in which he found a cause. In other words, he used fictional techniques using the material of the case study in order to arrive at a point of departure. This certainly can be called a causal narrative, but it can by no means be called a causal account. Freud emphasised interpretation and in fact said that the "facts" of psychoanalysis are unearthed by interpretation. This can simply not amount to a causal account, and therefore we need not, like Ricoeur, accept his metapsychology as some sort of causality of fate indicating something about the human condition that cannot be disclosed by a hermeneutic approach. Similarly Steele (1982, p. 147) shows us Freud's conception of primary process as a fiction to explain our origins. In the end, however, Freud could not stay, even in his "project" within the confines of natural science. Even into the "project" he introduced qualitative considerations where he should have restricted himself to purely quantitative ones. For me this is an important point and goes for all therapies. We should, therefore, rather distrust that part of Freud's work which grew out of his scientific pretensions and stay close to his interpretations and his narrative constructions. What he did construct was a history of psychic reality which is a special kind of narrative and which Schafer (1978, p. 181) has called the psychoanalytic life history. Although Freud looked upon psychoanalysis as a form of archaeology, psychoanalysis does not, in fact, excavate, it *illuminates* (Steele, p. 165).

In the time when he still gave his allegiance to Freud, Jung wrote an article in which he stated that psychoanalytic terms are not clearly defined scientific concepts but clever coinages from Freud's rich vocabulary. Secondly, he said that in order to make psychoanalytic interpretations, the practitioner must possess psychological sensitivity which cannot be taken for granted in either physicians or psychologists. For Jung, the art of interpretation is something more akin to the ability of the poet to think divergently in flights of ideas and not convergently in logically linked causal chains. Another hermeneutic point was made by Jung towards the end of his life in which he says that diagnosis helps the doctor but for the patient the crucial thing is the story (p. 178).

How come that there is such a difference of understanding and interpretation between Freud and Jung? The picture I get after reading Steele's book is of two lonely, courageous and gifted visionaries reaching out towards each other and failing to establish a true dialogue with each other because neither of them could tolerate a diminution of their respective views in which they had such great investments. For Steele, the difference between Freud and Jung is grounded in their respective life histories and their views of reality. The psychological climate in which Freud grew up was totally different from that of Jung. Freud's family was Jewish and Jews were discriminated against in the Austro-Hungarian Empire, a conservative state with Roman Catholicism as a dominant church. One of the important stories that Freud tells is the one that his father told him, namely, how he was told to get off the pavement and how his hat was taken off and thrown into the street. When Freud asked his father what he did, his father simply said that he went and picked up his hat. For the proud Freud, this account was totally unsatisfactory and he identified very strongly with the Semitic hero, Haniball, who came close to overthrowing the Roman Empire. Thus one of the first realities in Freud's life was the social reality, and from this he constructed a history of himself as opposing dominant trends, as being in conflict with the establishment of his time, as being forced to fight through to truth on his own and with hardly any assistance from anyone else. Research into actual life events does not entirely confirm this heroic story; from a very early stage of the development of his theory he received fairly favourable reviews of his books in leading German psychiatric journals; but nonetheless, that is the way Freud sets himself off against his contemporaries and that is what gives psychoanalysis its peculiar flavour. His own account of the history of psychoanalysis written well before the end of his life, is an account of his continual struggle against misunderstanding and rejection. Although he was deeply influenced by the materialistic thinking of the Helmholtz school of medicine as represented by his teacher, Ernst Brücke, and although he never gave up his view that psychoanalysis was a natural science, he went far beyond the confines of natural scientific accounts. However, for Freud, reason rather than experience was the final authority (p. 323). Freud could never accept transpersonal phenomena. Where he was given an account of such experiences, he ascribed it to an infantile oceanic feeling. Jung on the other hand, did not disagree about the oceanic feeling but he declined to believe that it was infantile, and although he believed that this was not under the ego's control, he was

prepared to accept revelation as a form of knowledge and as necessary for psychological insight. It is not difficult to see why Freud's account rather than Jung's should be acceptable to many people - we live in a culture which highly values reason and causality and therefore do not realise that these are just one type of scheme of interpretation. Since psychoanalysis is based on narrative structures it is highly inappropriate to try and test these by means of experimental methods such as is done in many textbooks on psychology.

There is one point of divergence between Freud and Jung which is of great importance. Although Freud found it hard to confine himself to the natural scientific frame of reference for understanding what he found in psychoanalysis, there is another aspect of scientific rationality with which he never broke. This was his reductive emphasis. Freud was a hermeneuticist of suspicion and the tricks that consciousness plays on us, he traced back to the infantile wish for pleasure. For him, the symbol always pointed downwards towards the wishful, the materialistic and the selfish. Jung, however, saw a dual significance in everything psychic. The symbol for Jung was both retrospective as well as prospective, individual and collective. One does not do justice to a fantasy or dream if one traces it back simply to the sexual problem in its narrower sense. No word or symbol is ever entirely new, but the individual, in seeking to find expression for the problem, invests both words and symbols with personal significance. For Jung, the libido do not have the materialistic significance that it had for Freud - libido for Jung was simply the transformative power that human beings had - human beings and cultures transform themselves by transferring their interests from one thing to another. To illustrate the difference between the two men: Freud believed that behind Aknathon's creation of monotheistic religion, there lay a hatred of his father. Jung on the other hand believed that Aknathon was a profoundly creative man and that the founding of a religion could not be reduced to a father complex (p. 253).

If social reality, i.e. socially validated reality was the conerstone and touchstone of Freud's work, supplemented by his belief in science as the only valid approach to reality, for Jung his encounter with the psychic was the true reality. It is well known that Jung had visions from an early age. In fact he had three secrets in his youth. The first was a dream that he had at the age of four of entering an underground vault and seeing a huge tree trunk of a curious composition sitting upon a throne - Jung thought that that was the man-eater. He associated the

dream with death and burial, an impression he got from a prayer that Jesus ate the dead in order to protect them from Satan. This was a religious experience of deep significance. In his tenth year, Jung carved a little mannikin and wrote his favourite sayings on scraps of paper and with great ceremony gave them to the mannikin to read. Later on he found that there were sacred stones and this reminded him of his boyhood ritual. This convinced him that there are archaic components which have entered the individual psyche without any direct line of tradition (p. 18). His third secret was the fantasy of God defecating on Basle's cathedral.

Jung always had a low opinion of conventional religion and wanted instead to have direct religious experiences. Later on in his life he saw his project as helping man overcome his pre-occupation with materialistic science as the only key to reality and wanted to restore to man his spiritual heritage. For Jung then, the primary reality was psychic. In fact, Jung hardly saw people as people, but rather treated people as psychic entities (p. 341). For Jung the final court of appeal was not reason, as was the case in Freud, but rather experience and for Jung experience was the psyche rather than being "of-the-world" as it is for phenomenology. Jung was also much more openly hermeneuticist in his outlook than Freud. Freud did not confront the text so much as he constructed causal narratives, using fictional techniques. Jung on the other hand, was not interested in life histories, and his historical accounts are much more meagre than Freud's. His method was amplification rather than association. Freud asked for associations which always took his clients further and further back. Jung asked for amplification which he supplemented by means of his vast reading in mythology, Gnostic philosophy and alchemy. He could amplify his clients' accounts by using this vast knowledge to draw parallels and show historical synchronicities. Through this he could introduce the client's narrative into a vast symbolic universe.

There is also another clear difference between Freud and Jung. Freud was strong on life histories and narratives. Jung was strong on texts. Jung really confronted his texts in order to interpret the writings of alchemists and the myths understanding the contemporary individual. Freud on the other hand, did not. The project of *Totem and Taboo* is seriously flawed because Freud used only the writings of anthropologists and did not confront the texts which showed how these ancient cultures saw their own history and circumstances. Freud did this in the

interests of finding confirmation for his theories. Because he could not find the sources of the Oedipus complex in actual life events, he pushed it further and further back into the ontological heritage of mankind. Thus, at the beginning he found the primal father and the murder of the primal father giving rise to the brotherhood ridden by guilt and warding off the guilt by means of rituals and prohibiting any form of incest. However, Jung himself tended to slip into natural scientific thinking in that he tried to lodge the archetypes in the grey matter. He spoke of an inherited brain structure predisposing individuals to reproduce similar fantasy motives etc. Steele calls this Jung's alchemical error. The alchemists projected psychic realities into matter and Jung made the same error by projecting the archetypes into the brain.

The unconscious was an important structure for both Freud and Jung and, as we have seen, both of them sought it, in the final instance, in physiological structures. Freud carried this on further and longer than Jung; for Jung it was just a passing phase. Steele quotes two French psychologists, Laplanche and Leclaire who say that we are all born into cultures and that the origin of the unconscious must be sought in the processes that introduces the subject into a symbolic universe. This point of view is disputable depending upon our conception of the unconscious. This point of view would not hold water if we regard the unconscious as an "anti-ego". According to Van den Berg, the Freudian unconscious is typically an "anti-ego" and this he traces rather to the deregulation of society that started in the 18th century. In a symbolic universe, as long as the rules are clear cut and life is undivided (see his *Leven in Meervoud*) there would be no unconscious life in the Freudian sense.

Just as Jungian theory cannot really be fitted into the confines of natural science, similarly Freud's pretensions to be a biological theorist do not stand up to a close study of his work. What he did was to smuggle cultural and psychic considerations and presuppositions into biology. This we can see, especially in Freud's view of femininity. He has moved far from biology when man's fears of castration are seen as evidence for the existence of feminine masochism. He thus does not provide a biological scenario for the observed differences between the sexes but rather a quasi-biological one. Steele comments (p. 337) that culture's power is in its invisibility, its ability to create the illusion that what humans do within culture is natural. Jung too, was tainted by the ideology of his culture. He was very much opposed to women's emancipation because he

thought that the logos role was male and the eros role was female. His theory of the anima may have owed much to the women who played such a large role in his life, not his wife Emma in the first place, but rather Antonia Wolff. Although the discovery of the anima in the male was one of Jung's great achievements, he never mentioned the role that Antonia Wolff may have played in his life and does not even mention her in his autobiography. Steele says that her effect on his autobiography was probably greater than that of any other person. He treats the story as a record of his own internal psychic development. This was part of Jung's concern for propagating his legend as a man dedicated to the exploration of the spirit. In fact, for me, there is something profoundly unsatisfactory about the psychologies of both Freud and Jung, namely the inadequate conceptualization of fellowman as Mitspieler in one's destiny. Freud degrades fellowman to a libido object while Jung overlooks fellowman entirely in his pre-occupation with the psyche. In Jung's case, one of his disciples Hans Trüb reacted against this very shortcoming of Jung's in a book called *Heilung aus der Begegnung*. For him Jung did not at all do justice to the fact that there is a world of fellowman out there and in fact that there is a social structure. Freud did look at social structure but in scientific terms and saw social structure as oppressive rather than facilitating - of course it can be both.

For Steele as for Schafer, psychoanalysis as well as analytic psychology is basically a hermeneutic enterprise. After reading Steele's book as well as that of Schafer, I see no reason why I should agree with Ricoeur who regards Freud's metapsychology as an indispensable part of a basic understanding of the human being insofar as we have to overcome the Cartesian cogito. In my view, neither Freud nor Jung adequately overcame Cartesian dualism and Freud may even serve as a paradigm case for the problems caused in psychology by dualism. I must further say that I think that it is a deficiency of the work of both Ricoeur and Habermas that they concentrate on Freud and leave out totally the great contribution Jung has made towards illuminating the side of human existence that Freud neglected by reducing it to infantile strivings. To look upon human existence as Ricoeur does, namely, as a semantics of desire, is not incorrect, but it is certainly incomplete. There is, as Jung has so clearly shown, much more to human existence than desire and certainly it is only through Freud's reductive emphasis that desire can be installed as the central dialectic and even the only dialectic which really gives us a basic grasp of human existence. A last remark: Freud's overall project tried to

situate the point of departure outside the symbolic order, i.e. outside culture and history in the remote prehistoric past. Such a project, placing itself outside history, is a shaky one.

CHAPTER 2

METHOD OF INVESTIGATION AND SUBJECTS

In order to achieve the overall aim of the research project which was to understand interpretation, the theoretical study of the literature was far from being enough. The aim was to also find out how South African therapists actually interpret and to see to what extent one may be able to come to a better understanding of interpretation in psychotherapy in practice. Perhaps it would be possible to deduce a style and a logic of interpretation by looking at the data thus obtained.

The empirical phase of the project consisted of two sections. In the first section material for interpretation had to be found and these had to be interpreted by a number of therapists. In the second section it was required that a number of therapists should actually report situations in which they had interpreted and their experience in doing so. This last phase was seen as the most demanding of all and four therapists responded.

It should be clearly understood that the subjects whose clinical material were interpreted were actually not the subjects of this research. Rather, the subjects of this research were the therapists who submitted interpretations. I am not so much concerned with the question as to whether they interpreted correctly, but whether in fact they grappled with the material available and then especially to try and see in what way they handled it.

OBTAINING MATERIAL FOR INTERPRETATION

The first step was to ask all therapists in Grahamstown and a few in Cape Town who were well known to me to supply material for interpretation. In this way the clinical data on Danny Lewis, John Jack, Margaret Andrews and Richard Berry were obtained.

The second step was to find as many therapists as possible who were able and willing to interpret at least one protocol each. Since interpretation is a much more demanding job than, for instance, filling in questionnaires, I resolved to make both written as well as personal contact with therapists who, in the opinion of those who knew them, would be both able and willing to make such an interpretation.

One consideration weighed quite heavily with me, namely that there is a qualitative difference between asking a therapist to fill in a questionnaire and asking him or her to interpret clinical data. In the first case, the information asked for does not really require the therapist to give something substantial of himself or herself. In the second case the therapist is faced first of all with a piece of pretty hard work, namely in the first place, to get to grips and study the material intensively in order to get a sound idea of what it signifies, and secondly to put himself out on a limb by risking a blind interpretation. It is easy to imagine how one sees oneself as being at risk in the eyes of a particular or generalised "other". Quite a number of therapists prefaced their interpretations with remarks to the effect that this was not the way to really do interpretations, that much more information (history, associations to dream material, etc.) was necessary. This clearly indicated that some therapists were more put off by the artificial nature of the situation than others, but whether they indicated that they wanted more information or not, their contributions could only be used if they actually risked an interpretation.

In Grahamstown, personal contact was no problem and five out of the eight therapists who were approached responded. In Cape Town I had the support of a senior professor at the University of Cape Town as well as two ex-students of Rhodes University. In this way, I got a number of names and addresses of therapists who in the opinion of my contacts were able and willing to co-operate. Prior to visiting Cape Town, I sent a letter to those whose names and addresses I already had (see Appendix A, item 1). I then waited for a response from them and if they did not

indicate that they were not prepared to co-operate I sent them a further letter (see Appendix A, item 2) containing additional particulars. However, in most cases I tried to deliver the second letter with the case study to them personally so that I could answer any additional questions. For this purpose I obviously had to go to Cape Town where I tried to actually visit as many subjects as possible and in cases where this was not possible I could at least easily establish telephonic contact with them. In the end, about 60 % of all those contacted in this way responded by submitting interpretations.

Thereafter a further letter was sent to selected therapists in Grahamstown and Cape Town who had already responded. This was the third step. The aim of this was to obtain *in vivo* interpretations and the instructions were as follows:

"Please describe a situation from your psychotherapeutic practice where an interpretation was given or happened. Give a brief description of the content that was involved as well as the background and/or context. Include your own feelings, thoughts, anxieties, etc., the nature of your contact with the client at the time as well as the reaction of the client to this at the time or later". (This letter appears as Item 3 of Appendix A).

Steps 1 and 2, but not Step 3 were then repeated in Johannesburg. In this city I had the support of a senior psychologist at the University of the Witwatersrand and a senior therapist at a prestigious institution who undertook to distribute the material for interpretation to selected therapists and to encourage them to send it back to me as soon as possible. In both cases I was able to talk to a number of therapists who had assembled at the respective venues. In the end I got quite a number of interpretations from Johannesburg but not as many as from Cape Town.

In Pretoria, I was unable to apply Steps 1 and 2 except in a few cases. However, only one therapist responded in a letter explaining that he was unable to comply because the project was incompatible with his style of interpretation. (The argument that he raised will be discussed later in this chapter).

Through the kind offices of a senior therapeutic/academic colleague I met the local branch of the South African Institute of Psychotherapy at a meeting attended by a small number of leading therapists. The reception was most courteous and friendly but all expressed reservations concerning the project

and no interpretations were subsequently received from any of them. The upshot is that no therapist from Pretoria is actually reflected in the results section.

INTERPRETATIONS RECEIVED

The following Table reveals the number of interpretations received in respect of each case.

TABLE 1: NUMBER OF INTERPRETATIONS RECEIVED

Name	No. Received	No. Rejected	No. Accepted
D. Lewis	10	2	8
J. Jack	15	Nil	15
M. Andrews	7	Nil	7
R. Berry	11	1	10
TOTAL:	43	3	40

The case reports submitted to therapists and the interpretations received as set out in the table above are contained in Appendix C as follows:

- Item 1 : Danny Lewis and 8 interpretations
- Item 2 : John Jack and 15 interpretations
- Item 3 : Margaret Andrews and 7 interpretations
- Item 4 : Richard Berry and 10 interpretations

The four in vivo interpretations appear in Appendix B as follows:

- Item 1 : "The white nurse"
- Item 2 : Fiona MacArthur
- Item 3 : Amanda Bowers
- Item 4 : Caroline

I will now justify why three interpretations were not accepted.

REJECTED INTERPRETATIONS

1. The case of Danny Lewis

I have already mentioned the Pretoria therapist who explained what the difference was between his own approach and what I envisaged in my project. The following is a substantial extract

from a letter in which he explains his approach as well as his reaction to the case of Danny Lewis.

My persoonlike oortuiging is dat die proses van psigoterapie vanuit 'n persoonsgesentreerde eerder as vanuit 'n tegniek- of teorie-gesentreerde benadering behoort plaas te vind. Dit beteken nie dat tegniek en teoretiese onderbou onbelangrik is nie - inteeendeel die psigoterapeut moet kundig en selfs deskundig wees oor die hele spektrum van tegniek en teorie heen maar tydens die proses van psigoterapie moet die persoon voorop staan en die tegniek by die persoon en sy/haar besondere omstandighede aangepas word.

Juis om hierdie rede is dit dan verder my oortuiging dat soveel moontlike inligting omtrent die persoon ingewin moet word. Hierdie inligting hoef, wat die psigoterapie betref, nie "objektief" te wees nie - dus vra ek standaard aan almal om 'n baie volledige geskiedenis van hulself neer te skryf en saam te bring.

Uit hierdie geskiedenis word dan sekere lewenstemas van die persoon afgelei. Hierdie tipiese lewenstemas word dan een van die hoof fokuspunte in die psigoterapie - die begrip hoe hulle ontstaan het (veral in verband met die verhouding met die betekenisvolle ouerfigure); hoe hulle "verstrik" geraak het in die persoon se lewensverloop veral op algemene interpersoonlike vlak en hoe hulle in die hede steeds nog mag manifesteer as effektiewe, minder effektiewe of totaal oneffektiewe wyses van reageer, optree, dink, voel, kommunikeer, mense hanteer - kortom hoe betekenisvolle lewenstemas as lewenstyle na vore kom.

In die kort gegewe gevallestudie het die vroulike terapeut alreeds 'n "interpretasie" gemaak toe sy gesuggereer het dat die kliënt sy verlore vader met die nuwe geliefde vervang het. Dat sy byna nou "verplig" is om in dieselfde trant 'n verdere interpretasie te maak nl. dat die kliënt besig is om haar in die moederlike rol te plaas (negatiewe oordrag) en die ou konflik tussen vader en moeder en sy gewangenheid tussen die twee to rekonstrueer, blyk sigself te suggereer.

So 'n klassieke wyse van interpreteer is sekerlik nie ongeldig nie maar skuif, wat my betref, die fokuspunt te veel na die verlede en na ander persone (soos bv. die ouers of wie ook al). Ek sou eerder sy "nuwe" betrokkenheid by die ouer kunstenaar in verband met sy lewenstemas bring en saam met hom probeer

vasstel wat hy met hierdie betrokkenheid probeer bereik. Verder sou ek probeer om saam met hom sy ambivalente gevoelens ten opsigte van verhoudings in die lig van die lewenstemas te begryp. Sy verwagting van verwerping en afkeuring nadat hy 'n ouer manspersoon se "kant" gekies het mag dalk hieruit duidelik word. Verder hoe hy self meedoen om van hierdie verwagting 'n selfvervullende profesie te maak. Dit gaan dus vir my om 'n verskuiwing van fokus vanaf die verlede en ander na die persoon self, sy totale lewensplan, sy eie ervarings en optrede.

Obviously the information that he would require is not available. It is further noted that he prefers a person-centered approach over a theory or technique-centered approach.

It also transpires that he requires a very full life history in order to deduce the main life themes of the person. The typical life themes are then used as the focal points of therapy. It further transpires that he sees the interpretation already made by the therapist in the case of Danny Lewis as virtually forcing her to interpret the new material in terms of a repetition of earlier patterns. In fact this is exactly what most interpretations did. Whether they were forced to do so or whether the interpretation used by the therapist was the right one to start with is a different question. He, himself indicates that such interpretation would not necessarily be wrong, but would not go with his style which is to place less emphasis on the past and more on the present and the future. The rest of his letter is devoted to amplifying how he would approach and work further with the client. The way he proposes to do so is most interesting and creative but it is based on the possession of hypothetical data concerning life themes and it leaves out concerns which other therapists picked up, e.g. guilt, conflict, need to be nurtured by father, steps towards growth by helping him this time to hold the two conflicting relationships together, etc. Nevertheless, I do fully respect the point of view of this therapist and I think it is a very sound approach. My only difficulty is, however, that it made it impossible for him to co-operate in what I regard as a very important matter.

2. Rejection no. 2 in respect of Danny Lewis

This interpretation was very long compared to the others and also differed from the others in three main respects:

- (a) He takes the material wealth of Danny's father into account.

- (b) This therapist is less bound and more removed from the material than any of the others.
- (c) He goes even further by generating a considerable amount of speculation of what may be found in the case, even though there is no particular evidence to base any statements on that such and such is the case. In most parts, the therapist does not specify to what aspects of the material, on which he bases his interpretation, he is referring.

I will now try to summarise the extensive and involved interpretation built on this slender source of material as best I can.

In points 1 and 2 of his interpretation, the therapist says that Danny experienced his mother as more powerful than his father (the evidence for this rather surprising interpretation is not specified), but father's wealth provided a compensatory source of power and potency by promising a materially better life which, however, is not intrinsic to Danny's being.

Danny's choice to live with his father was motivated by age and gender appropriate desires to identify with a good, strong father-figure.

In his fourth paragraph, the therapist moves towards a more "covert/subconscious level" and states that at this level "Danny was aware of his father's relative intrapsychic inadequacy as an identification figure, and in identifying with him took some other guilt for this awareness of "less than perfectness" on himself. This, plus point 2, may have contributed to his loyalty to his father but intensified a need to make reparation when in fact he was disappointed in father and was angry with him (for not being perfect, nor preventing the conflict of loyalties perhaps, or for even temporarily exposing him to the threat of abandonment by divorcing and marrying someone else)".

In order to give a full flavour of the way this interpretation goes, I will quote his point 5 in full;

5. Vis-a-vis mother, the opportunity to live with dad, probably promoted the normal process of separation/individuation from mother. However, depending on access, mom's dependability regarding visits, and the extent to which the children were or were not used as a tool to express hostility between parents, Danny may

have experienced moving to dad's, as forcing excessive/too rapid/inappropriate separation from mother on him. This may have lead to feelings of deprivation of nurturance and the need to get back to mother, not only for nurturance but also to placate her for what may have felt like a too rapid abandonment of her. Particularly if she could not offer dad's material "goodies" (instrumental "feeding"), Danny's pre-pubertal years may well have been coloured by guilt and a need to reassure her of his love for her, especially if she had indeed been a powerful and controlling mother from whom he had to some extent "escaped" by going to dad.

His feelings for mother would then have been very ambivalent, as he would not have been able to integrate the "good" (protective, nurturing) mother with the "bad" (over-controlling, devouring) mother as children normally do when individuation takes its normal course in an intact family.

In this paragraph, it is clear, as in the previous one, that there is very little reliance on the data actually provided. It is clear, furthermore, that he is writing a possible personal history which would be in accordance with the psychodynamic concepts of (especially) Melanie Klein. I am not suggesting that such an interpretation is necessarily "wrong", but I do suggest that, given the wide variety of possible human vicissitudes and human possibilities, one could construct from a minimal personal history a hypothetical personal history which could accommodate any theory that one may prefer.

There are about two-and-a-half more pages of interpretations like this and whilst I cannot say that anything in it is "wrong"; at the same time I cannot say that it specifically and only relates to the individual case. In other words, in terms of the theoretical model used, the case is fleshed out along the lines suggested by the theory whilst the uniqueness of the personal history of Danny is lost. I am under the impression that much of what he says could have been said even if the life history had been quite different.

As in the previous interpretations, the repetition tendency is also clear here, in that the transference relationship with the therapist forms the focus of his interpretation so that he sees the loyalty conflict as the central take-off point. This is brought out clearly earlier, but is again stressed in the analysis

of the transference. However, the interpretation is so involved and extensive that it is impossible to summarise it in a few sentences or paragraphs.

In conclusion of my discussion of this particular interpretation, I must note that the author thereof also disregards the statement of the therapist that the homosexuality is regarded as syntonic. He says:

I view homosexuality as essentially a developmental aberration, a pathological adjustment of earlier family relationships disfunction. It is not easily reversible, though I think part of this statement involves therapists' fear of undertaking the long, intense, risk-filled therapy that restructuring to heterosexuality would entail.

The Kleinian flavour of his interpretations and its lack of dependence on any experiential data, becomes even clearer when he indicates that he regards homosexuality as an atypical form of individuation and then states:

I place the genesis of homosexual orientation (in Kleinian terms) in the inability to introject the integrated good and bad breast, (Mother-figure) because of the predominance of the devouring aspects of the mother-figure which are combined with warmth and nurturance. This in turn results in an inability to deal with the image of parental figures combined in sexual intercourse, from which the father-figure must emerge intact/uncastrated, in order for the boy-child to be able to identify with him as a whole, potent male "with his penis". Only if the male can "retain his penis", can the female be seen as good, benign, approachable in love and without fear.

He expands even further on this. In the end, much of his interpretation turns out to be a lecture on Kleinian interpretation, rather than a grappling with the clinical data on Danny Lewis. I therefore decided not to use his interpretation.

3. Rejection of an interpretation in the case of R. Berry

In the case of Richard Berry one interpretation could not be accepted. The therapist concerned wrote to me as follows, inter alia; "I received your reminder note of 20.3.86. I had in fact filed the material you sent me as the letter stated that further information would be forthcoming. I must admit I was looking

forward to this as I found the task rather unclear, but here are my thoughts". The point is that further information about the case of Richard Berry would not be made available. What I suggested to her at the time was that I would send her a further letter containing more details about what I wanted. Quite a few therapists actually interpreted the protocol without even looking at the second letter, or without receiving the second letter. However, she did not, in the event, interpret the protocol but gave me some of her thoughts about what she would think of in case she had to. In her view the material provided in the case of Richard Berry did not seem to her sufficiently detailed to permit her to say with any precision how she would interpret this in an actual session. What she decided to do was to write a letter indicating to me where her thoughts would be going and what she would look to in making decisions about what to say in the session. The upshot of this approach was that she could not really get down to interpreting the material provided, thus not really complying with what I required her to do. I did find her letter quite helpful and interesting, but it simply did not contain an interpretation and therefore could not be accepted.

DESCRIPTION AND QUALITATIVE ANALYSIS

When the study was originally planned, no definite method of actually analyzing the data was decided upon. I was sure that I was going to analyse the data in some way or other, but did not know how. Because of the nature of the material to be investigated, namely blind interpretations of interview material supplied by therapists, the usual clinical format cannot be used. As we have seen, Freud built his theory by writing up case histories of his own, i.e. a life history as well as what happened in psycho-analysis. What he wrote was a narrative of life history material which he interpreted at suitable points in order to show up what gave rise to the behaviour described in the case history. Freud wrote causal narratives and it is important to note that he arrived at the causal content by means of interpretation.

This approach, i.e. this narrative causal approach, obviously cannot be used to analyse and explicate the present material because the causal narrative approaches used by Freud and other great pioneers of psychotherapy ultimately rests on the assumption that the therapist's own interpretation of the material is the correct one. This assumption is not made in the present research because the main aim of the research is not to understand the client in the first place, but to understand the

characteristics of psychological interpretation as practised in South Africa by members of the psychological profession claiming to be competent therapists.

An alternative method that offers itself is the Duquesne University approach by which each interpretation may be broken up into natural meaning units and central themes delineated for each natural meaning unit and ultimately, an essential description of the particular interpretation used by each therapist can then be arrived at. This is a very painstaking method by which a situated structure for each interpretation could be arrived at leading eventually to an essential description for all the interpretations by South African therapists. However, in view of the great extent of the material, I decided not to use this approach but rather to extract the significant themes as I saw them.

As can be seen in the case of Danny Lewis, I first tried to thematize the case material and then to see which of these were taken up or not taken up by the interpreting therapist. Something useful did emerge from this approach in that it showed that not all information was used and secondly, that interpretation was no literal-minded matter. These points will be taken up again in Chapters 4 and 5. However, although I continued the approach initially in the case of John Jack as well, and although the results were quite informative, I came to the conclusion that it was more informative and enlightening to concentrate on the themes raised by the therapists themselves. It soon became clear that "relations to others" was as nearly universal in the interpretations as could be wished for. It also became clear that interpretations concerning the relationship to therapist or transference was going to be quite important and was thematized quite frequently in all cases except that of Richard Berry, where it only occurred very rarely. Accordingly, to bring this theme into focus it was explicated with reference to the cases of Danny Lewis, John Jack and Margaret Andrews. In the case of Richard Berry, it transpired that he hardly related to anyone else (in the data) and thus it was thematized as relations to family. From case No. 2 (John Jack) then, it was decided to concentrate qualitatively on the themes occurring in the interpretations rather than referring to the themes in the case studies as such.

To the best of my knowledge, a study like the present one has not been done in South Africa or anywhere else before. It thus seems to me that the results should, in the first place, be of a

descriptive nature in order to bring out the meaning qualities revealed by the interpretation. In other words, it was felt that one could learn quite a lot already by simply being able to compare the interpretations of the same case with each other, and also to compare the general tenor of interpretations over the four different cases. As far as I know, no study has been made of how therapists actually interpret *in vivo*. I therefore also decided to make the results of this part of the study descriptive in nature as well.

In order to structure the descriptions I looked for leading themes and was thus able to grasp and describe the interpretations under these themes. This was done in regard to the four cases whose material for interpretation was supplied.

In the case of the four therapists who provided material on "interpretation as it happened" (Appendix B), I did not try to achieve a "pure" description, but rather found I had to have another frame of reference. This I developed by drawing upon published sources as well as my own psychotherapeutic experience.

CHAPTER 3

IN VIVO INTERPRETATIONS BY FOUR THERAPISTS

LIFE HISTORICAL SELF-UNDERSTANDING

Psychotherapy in the Freudian, Jungian and Daseinsanalytic traditions are projects in which clients share their biographies with therapists, hoping to get it back in a better shape. Both the traumatic and seduction hypotheses which were part and parcel of Freud's early researches were already biographical approaches, but it only became fully fledged after Freud had done his own self-analysis and which led him to give up the seduction theory in favour of a developmental historical approach. Freud's self-analysis was an intense consideration, recall and analysis of his own biography and there is no doubt that in any psycho-analysis or Jungian or Daseinsanalysis, there is a similar strong preoccupation with biography, although it is not necessarily solely concerned with the past. In fact, both Freudian and Jungian analysis are concerned with the future, but not articulately so in the same sense as Daseinsanalysis.

According to Schelling (1978, 1985), psycho-therapeutic hermeneutics has sought to clarify important aspects of its life historical understanding by starting from a paradigm of autobiography. In parenthesis, it should be stated that it is not only Freud himself who is responsible for this autobiographical paradigm; Dilthey also elucidated central aspects of his historical understanding in the light of autobiography (Schelling, 1985; Dilthey, 1965).

According to this paradigm, however, the mastery of the past is not achieved in the form of memories and fantasies being brought to light like finds from an archaeological dig. The healing moment in the process of life historical presentation is not simply to be found in the discovery of the historical truth of the patient. Rather, the salient point is that psychological life should be grasped from a new perspective and that the reflexive self-experience of the patient or client, should be constituted in a new way. The development of a new reflective self-consciousness is in addition to and more important than determining the genetic developmental history of the patient (Schelling, 1985 - p. 146/147). This approach can be compared with art - the newly formed metaphor, the image, the symbol, always has an innovative character. These images and structures create new ways of seeing, new foundations from which human life may be conducted (i.e. the individual human life).

Such a new way of seeing comes to pass when the patient enters a new horizon of meaning, so that the truth of that which was, receives a different emphasis. Thus, by building a new identity, the patient can revise his autobiographical self-understanding.

Let us see how and whether this applies in the four cases presented.

Case 1 - (Full protocol in Appendix B).

This patient suffered from psoriasis. She was an unmarried English-speaking white nurse and she spoke about the interpersonal tensions in the workplace. She found herself to be in a victim position vis-à-vis the nursing sisters who first saw her as an ignorant novice and then as a snob and as being flirtatious with the male doctors. This was painful because a previous boyfriend was getting married that week. Furthermore, her career as a nurse was not favoured by her family who were all members of the teaching profession. The interpretation was as follows:

"I empathised with her sadness, and sensitivity of the opinions and actions of those others who were significant to her. I shared with her that I felt that her skin was a barometer of her unspoken feelings, and a flare-up enabled her to withdraw from a painful situation".

From this first part of the interpretation we see that an innovative metaphor (psoriasis as barometer) is set up in terms of which she can understand the relationship between her life-situatedness and the skin disorder. In terms of this metaphor, it may become clear to her that feelings and other issues that she could not handle at the level of social intercourse is bodied forth in the form of psoriasis.

Apart from this metaphor, the therapist deepened the interpretation as follows:

"She could not handle being either a victim or a target for envy or jealousy in her work situation, especially since her propitiatory style suggested that she likes to get on with other people and be accepted by them. In all likelihood, too, there were separation issues in relation to her own family and her ex-boyfriend, her first significant heterosexual relationship".

Thus it is clear that her inability to handle the sensitivities in life in social intercourse rather than in embodied ways, will in all probability enable her to see her history within the 'family of teachers', separation issues, etc, as well as her relationship to her ex-boyfriend in a new light.

The interpretation was successful in that it made sense to her, but it is obviously not yet known whether the "barometer" will eventually help her to have a literally less reactive skin. In any case, it is quite clear that the possibilities for a different perspective on her life history have been created.

I feel I have to elaborate slightly on metaphorical reality and literal reality. If psychological life as Romanyshyn (1982) puts it, is a metaphorical reality, then one must differentiate this from another reality, namely, contemporary scientific reality. In the metaphorical and real sense, the skin is a boundary between inside and outside. It is an organ by which we hide the inside but also reveal it, e.g. through blushing. We may be thick or thin-skinned in a metaphorical and real sense. On the other hand, the literal or scientific reality is the reality of the skin as epidermis. This epidermis has a certain molecular structure. The question is whether the skin in the metaphorical sense will coincide with the skin in the scientific sense. If this happens, and on occasions it certainly does, then the interpretation will change the metaphorical skin and thus also the epidermis. This is a problem that we will have to face in regard to all so-called psychosomatic disorders.

Case 2 - (Full protocol in Appendix B).

In the case of Fiona MacArthur, the restructuring of identity is prominently seen in the sequel to the interpretation. The most important material for interpretation was a picture of a formally dressed male person standing on an indeterminate, rather rickety structure next to a plastic telephone booth, apparently talking on the telephone. The only other sign of life are two fish-like creatures protruding from the water. To the left is a huge wave by which one would imagine the figure will be overwhelmed in the very next moment. The impression is of dysphoria, weirdness and an extremely tenuous and threatened relationship to the world. The only positive indications are the residual signs of life and the continued motivation to communicate, albeit by telephone. The interpretation was:

"It seems to me that you are afraid of losing control of your life to your potentials and creative energy".

Now it is striking that the therapist does not, as in the previous case, provide the metaphor, but reads the imagery in the form of a painting provided by the client.

It is not immediately clear why this specific interpretation was made. However, it transpires that the patient is open to a wide, uncontrolled range of possibilities including the possibility of being overwhelmed by what presents itself as a natural force, a tidal wave. Such possibilities of her world are her potential and creative energy, and she is trying to handle it in a creative way, but she is at risk of being overwhelmed. The interpretation shows her that what is threatening her may be used in a creative, constructive way.

We learn that apropos of this interpretation, she suspended therapy for a while but returned after 4 weeks. She then stated - "I am out of my box and feel ready to explore where I am". She also presented a new painting showing a lone standing figure in female-like dress, very much isolated - again a seascape, no other sign of life, but much less threatening than the previous painting. The only part of the life history that emerges clearly, is that she is now determined to confront the problem of her identity of being a woman rather than a man. This is difficult for her because of the vast age difference between herself and her father - (he was in his late 50's when she was born) and her mother died when she was 7 years old. However, it clearly seems that Fiona is saved: "I am out of my box and ready to

explore where I am" - she seems able to change her self-understanding from being boxed-in to standing free - perhaps being gradually enabled to take up a more female identity. At the same time, one notes that she is still totally alone on the beach, no longer having telephonic conversation as a man but much less threatened. This can be seen from the two illustrations.

Case 3 - (Full protocol in Appendix B)

In this case, very little direct life history is communicated except insofar as the heavy symptoms in the first paragraph, reflect a somewhat tortured development. However, she gave very clear clues concerning her life history (but not the actual events thereof) when she described 3 drawings she had made the night before to her therapist:

"In the first, there was a foetal form in a chaotic world. In the second, she drew blood all over the page in a formless way, but then it began to take on some personal shape and she panicked and tore it up into shreds.

In the third, she drew a map-like picture of a family. The figures were not real: just colours and names. The picture realised a depth of rage and hatred that bewildered her and made her feel guilty".

In making his interpretation, the therapist remembered

"that she drew these directly after therapy last time, and that she mentioned these after mentioning the conflict about being known by me. Thus she seemed to be telling me something about herself in relation to me. These were my immediate thoughts, which in fact I held in mind while she described her pictures".

Although the therapist was anxious (I will discuss therapeutic anxiety later) he nonetheless clicked and offered an interpretation focusing on the first two pictures - he felt that the picture of the family would speak for itself. His words to the client were:

"I wonder if what happened with your paintings is like what is happening here; that it is all right to let me see the blood, chaos and rage that fills your life, but that you are frightened of this therapeutic painting we are doing

together becoming personal, that I might see the real and vulnerable person who owns all this".

The therapist could see that she had been moved by this interpretation. Taking into consideration the tendencies to fragment her life (which, *inter alia* showed itself quite concretely in her shredding the second picture), the therapist deepened his first interpretation by adding:

"I want you to know that if you can't handle it and so tear your paintings to shreds, that if you tell me about it, I'll remember the pieces for you until you can hold things together yourself".

Again it is clear that by accepting an interpretation which highlights her vulnerability rather than her destructiveness, she is given the opportunity to achieve a new self-understanding that is, that there must be resources which can help her face her vulnerability, i.e. something positive in her life history through which she could achieve a new self-understanding and which would leave her feeling more self-sufficient and less fragmented. This is confirmed by her remarks "I cannot fool you" and "I wouldn't want to".

Case 4 - (Full protocol in Appendix B)

In this case, the need for a different viewing of life history is amply clear. Caroline has to find some way of living with a tragic life history, that is, with the fact that her mother was an alcoholic and left her father when she was 5 years old. She was then repeatedly shunted first to an orphanage for 2 years, then to a cousin for 18 months and finally to an uncle and aunt who already had her two elder siblings. The substitute mother was clearly not a person from whom Caroline could find warmth, acceptance, love and affirmation.

In her later life history, this pattern of not finding a permanent loving partner was repeated, and the therapist's interpretation of this was that she "was searching for the mother she never had". It was further clear that the good and loving fantasy mother would be projected immediately on to her partner with an intensity that she was unable to contain and which had little to do with the actual person with whom she was involved. (As is revealed by the report, she was homosexual, had had 4 homosexual relationships so far, but no heterosexual ones). The therapist was in some doubt as to whether she should give this

interpretation, but apparently this was done and the problem was further discussed in terms of conditional love, self-esteem and affirmation. The client remained silent at the end of the session and did not seem particularly moved.

At the next session, Caroline reported having felt quite upset about the interpretation as she had not realised the importance of early experience before. As the therapist had feared, she seemed to feel it would be impossible to overcome such a deficit. The therapist was in doubt because very little time was left - Caroline had to go overseas within the relatively near future. At the next session, she reported a dream which showed that she would find it difficult to handle unconscious material and because there were only a few sessions left, it was decided not to analyse the dream further, but actually to only bolster up her self-confidence in the time left.

At the last session, the client said that she had been feeling very chaotic before and was seeing things more clearly now. She was glad that she had been in psychotherapy. She did not refer to the interpretation but it nevertheless seems clear that some reorganisation of a life historical theme had taken place. She said that she would not be having therapy overseas (she was going to stay a year) but may consider picking up the threads again when she returned.

MOTIVATION

Traditionally, it has been thought and it is still conceptualised that way, that strong motivation is needed to sustain a long-term psychotherapeutic process. Freud even made a rule of abstinence which means that a certain amount of suffering has to take place in the life of the patient so as to sustain his motivation. Motivation for psychotherapy means a preparedness on the part of a client to be open about himself/herself and to sustain such openness through the painful sessions required to achieve new perspectives. In many cases, working through painful material means that the client becomes worse before he starts becoming better. In other cases again, it means that clients tell the therapist their secrets - secrets about which they feel embarrassed, shy, guilty, etc. All this is painful.

Case 1

In the case of this young woman, very few indications as to her motivations can be traced in the protocol, but it transpires that

she readily agreed to see the psychiatrist provided her privacy was guaranteed. This means that she was prepared to take the risk that she would have to reveal her secrets. In fact, this is what happened to some extent, although it is obvious that she would have had to talk about her symptoms anyway. However, for the purposes of her symptoms, it was not necessary to mention the broken engagement, the fact that her ex-boyfriend was getting married and to talk about her family. It might have been absolutely necessary and not a secret at all to talk about the way she was criticised by the senior sisters in the ward.

Case 2

In the case of Fiona, her motivation is clearly shown by the fact that she brings a self-painted picture of the session. She further provides the information that this had failed to receive any mention and that she believed that this "rejection" of her picture was also a clear and obvious rejection of her as a person. Being open about such painful material is clearly an indication of motivation. After returning to therapy she states that she is "out of her box and ready to explore where she was". Again, this is an indication of motivation in the sense that she enters into the whole spirit of the exploration, i.e. psychotherapy.

Case 3

In this case, it was clear that the symptoms from which Amanda was suffering were so bad that they themselves constituted a strong motivation for therapy. However, the badness of the symptom is no direct indication of the preparedness for psychotherapy because in many cases, those who need psychotherapy will not come. They prefer to try and handle it by using pills or acting out and thus getting themselves involuntarily hospitalised. Clearly, in the case of Amanda, it is not the severity of the symptoms that indicate her motivation for therapy, but her preparedness to confront the painful material involved. However, the material itself gives the impression that a relationship with her would be very precarious and that she may at any time find therapy intolerable and terminate. It means that the therapy hovers on a knife-edge much of the time. This would help us understand the strong feeling of anxiety and tension which prevailed throughout the report.

Case 4

In Caroline's case, we can say that her motivation is shown by her coming into therapy and recounting her painful experiences of transient homosexual relationships. However, the fact that she left this step until she was about to leave for a period overseas does not indicate that the motivation was very strong. Whilst her evaluation of her experience of psychotherapy is positive, the rest of her final statement does not indicate a strong motivation to confront her problems insofar as she says that she will not have therapy overseas but may just take up the threads again when she returns. The fact of the matter is that she allowed the interpretation to affect her rather than consciously weaving it into a reconsideration of her life projects.

THERAPIST ANXIETY, EMPATHY AND INVOLVEMENT

Since therapy is always co-constituted between a specific therapist and a specific client, it is always unique. At the same time, it should be said that there is no therapist - in-himself, no client - in-himself and thus no therapy in itself. The client will be emotional, will think, react, recall, etc., in terms of the therapeutic space offered, that is, how he relates as incarnate being to the therapist and the therapeutic milieu. His very posture, his lived bodiliness will reflect how he finds himself in the therapeutic situation, how he is constituted and the behaviour of the therapist, what he says, how he reflects, interprets, etc., will be influenced by this self-same co-constitution.

This is a general view of what psychotherapy is - a view deeply influenced by existential-phenomenological philosophy as interpreted for psychology and psychotherapy especially by M. Boss (1957, 1975, 1979) and A. Barton (1974).

Bodily involvement

Another important point is the nature of the presence of client and therapist to each other. That psychotherapy is a phenomenology of presence, is a point that has been made elsewhere (Van den Berg, 1980; Kruger, 1984). What is especially salient is that such a presence is always also a bodily presence. I wanted to say that one is present to one's client both bodily and mentally, but that would not be correct. The body "knows" (and the body cannot lie) and all knowing is also always a bodily event. The child "knows" by its body whether it

is being cared for by a really caring person but cannot articulate this and therapists and clients have a bodily knowledge of what is going on, whether this has been said or not, or even when it contradicts what has been said. It is especially when bodily experience contradicts ordinary discourse that a critical point may be reached in psychotherapy. Progress in psychotherapy depends partly on whether therapist and client will be able to articulate such bodily knowing.

As an illustration, let me give two examples of such bodily participation in psychotherapy from my own practice:

- A. A married woman, suffering from severe depressive states coupled with a strong tendency to drug-addiction for which she had been hospitalised and also certain other states such as insomnia, anxiety and especially migraine, frequently took up much of the session with a tirade against her husband, because he did not love her, favoured his eldest daughter above the client, etc. At one session when she was especially worked up about this, I was determined to have her clarify her relationship to her husband. However, she interrupted herself to mention that she had had a terrific attack of migraine the previous night. Somewhat impulsively and imperiously, I suggested that we talk about that later and that we must now pursue the subject of her relationship with her husband. As soon as I said that, I suddenly felt intense pain shooting up my head which was most extraordinary because I practically never develop headaches, not even under fairly severe stress, and I certainly had never felt that particular type of ache in my head before.

I immediately told her of this and she mentioned that these pains were similar to her migraine attack. It took us quite a few sessions to work out that the migraine attacks were a vengeful but masochistic way of living in total isolation of the family in which she had been scapegoated as a drug addict (she had in fact been hospitalised for drug addiction), and as incapable of being a proper mother. By refusing to look at the migraine within the texture of her family relationships, I had failed to see an intimate connection. I had isolated myself from the full quality of the relatedness and the need for powerful drugs to escape unbearably painful emotions and the pains in my head were there to remind me that I had lost contact with what was going on in the existence of my client.

- B. A second less dramatic but equally important instance of bodily knowing, occurred in the third session with a young woman. At the second session, she had poured out a story of intense hurt, frustration and anger, especially at her father. At the third session, she remained silent for more than half of the three-quarter hour session. Outwardly she showed very little tension, but I myself, whilst remaining silent, felt much more tension than I usually do when a client is silent. Once she had broken the silence I was able to ask her about how tense she had felt, and she indicated that she had in fact felt very tense. Obviously, my body was attuned to the quality of her tension rather than to my conscious awareness of her bodily state.

Two out of the four therapists indicate bodily feelings as an integral part of their being able to empathise with a client. In Case No. 1, it is stated "I felt that I was empathic (my throat felt sore when I left)..." Note that the bodily involvement of this therapist did not show a direct relationship to a manifest patient problem but it could be, of course, a sign of tension - in most cases, the body messages do concern anxiety.

The therapist in Case 2 does not report any bodily experiences. In Case 3, the bodily involvement of the therapist took a very subtle form, so that it is difficult to say where it starts and ends. Thus he says - "despite the quiet in the room, it certainly was not calm. I had a fantasy that a volt meter suspended in the air would read into the red part of the dial, and the radio receiver would crackle". This is a description of an atmosphere which he could not have arrived at had his senses not been cultivated into sizing up an atmosphere. This is probably a case where various senses (seeing, hearing, smelling) work together to give an overall impression. From the next sentence, he clearly shows his bodily involvement: "She seethed with anger and I felt thoroughly intimidated and anxious: my legs felt weak and my throat tight". Bodily involvement in being "centrally aware of her pain" was communicated to her by the "gentle tone of my voice" and at the end of the report, he also said gently "I know". One can thus say that the therapist was attuned in a bodily way to the problem of the client.

In Case 4, no bodily involvement was reported.

Therapist Anxiety

That therapists become anxious in the course of psychotherapeutic sessions, is a well known fact, but perhaps not sufficiently stressed in the literature, because the emphasis is always on the client rather than on the therapist. It may be argued that it is only beginning therapists who experience anxiety but whilst it is true that the beginning therapist is much more anxious than his more experienced colleague, it is in my view probable that anxiety is an essential part of all psychotherapy, that no anxiety at all means that nothing much is happening in psychotherapy, whilst too much anxiety makes psychotherapy impossible. Even should this latter point be written off as mere speculation, although it is based on experience, it does seem that anxiety is a characteristic phenomenon of psychotherapy. In the current study it is evidenced by the fact that three out of four therapists specifically mention anxiety, whilst a fourth mentions what may have been a somatic expression or equivalent of anxiety. In Case 1, no anxiety is specifically mentioned and possibly none was experienced. Since this was mainly an intake interview, one may argue that at least such an interview may be expected to be a purely intellectual exercise. However that may be, in this case it clearly was not, because the therapist specifically said that she was empathic and that her throat was sore when she left.

In Case 2, the therapist mentions that he did not know why he gave that particular interpretation at that time, but he remembers "that I felt rather anxious because on the one hand, Fiona had conveyed that she was the picture and that it (the picture) contained within it the seeds of life-blood, while, on the other, the picture was so obviously very disturbed (the implication being that if I did not understand the picture the way that Fiona believed that I should understand it, then I could not possibly understand her, and so undermine the therapeutic progress so far)".

In this case, the anxiety came to pass because the therapist felt that if he did not understand the client properly, i.e. did not sufficiently share her understanding of her painting, the client would lose confidence in him, thus undermining therapeutic progress in what is clearly a very disturbed person. His anxiety was clearly related to the possibility that he may harm her through making a wrong interpretation. Hence, he did not become anxious apropos of her decision to suspend therapy but

welcomed it, in that it "might allow her the freedom to explore who she is".

Case No. 3 - In this case there is an illustration not only of anxiety of the therapist in relation to the client, but also indications of the constructive use of anxiety. As already mentioned in the section on bodily involvement, the therapist noted that she (the client) seethed with anger and "I felt thoroughly intimidated and anxious; my legs felt weak and my throat tight". He continues that he was aware of her attempts to control her rage and that she was frightened of the power of her feelings. He continues - "I was frightened of this power too but I used this fear to understand her. It seemed obvious that I would have to take control of the situation and her anxiety if I was to help her". He did, by situating her feelings and experience in the room with him.

In fact, she presented him with a frightening picture of herself when she presented him with three paintings painted the night after the previous session. It is clear that he continued feeling anxiety but he was able to master it. He says "I do, however, remember feeling some of that anxiety as I suddenly 'clicked' what she was saying. It was a couple of minutes, however, before I managed to formulate a way of saying it. In that time, I coped with my anxiety, realised it would amount to quite a confrontation and might evoke a rebuke, contempt, anger (I didn't know which), decided we had a good enough alliance to risk that, remembered the relief felt on previous occasions when I made that kind of 'transference' interpretation, and formulated the right words".

Thus having been able to give the interpretation, he found that his anxiety had been resolved and he was more in control of the situation, and was able to speak to her in a gentle tone of voice, etc.

In Case No. 4, we have an illustration of anxiety being occasioned by the need to take a risk - to risk an interpretation which the therapist did not know would be correct or not. She seems to have considered the need to give the interpretation rationally, but, and this is important for psychotherapy, such a decision could not be arrived at through rational thinking. It is illustrated by the fact that the therapist says - "During that session, I thought carefully about giving her the above interpretation. If we had a lot of time ahead of us, I would have had little hesitation, but knowing we only had six sessions left, I did hesitate".

The issues were that the client was not a person given to searching herself and the therapist was afraid that she might find it quite devastating. On the other hand, it was felt that if these issues were not raised and some work done on them, she would simply go on projecting the good mother on her future lovers and accordingly, the therapist decided to take the risk.

This case illustrates very clearly that giving an interpretation is always risky in that it could be deleterious to the client if it is either wrong or given at the wrong time. It is also clear that mere logical thinking is insufficient to resolve the problem. It is interesting that in one of the cases the interpretation "happened" rather than being carefully thought out. This means that some attention should be given to the question of how an interpretation comes to pass.

INTERPRETATION AS DESTINING AND HAPPENING OF REVEALING

In terms of Cartesian dualism, the idea of agency or at least subjectness is deeply entrenched in contemporary thought. According to this philosophy, interpretation, if it is to be considered a part of scientific discourse, should come about as a result of a subject as *res cogitans*, observing an object, which cannot, however, in this instance be defined as *res extensa* because, what is interpreted, is an immaterial structure, a structure of meaning. Hence Dilthey's famous distinction between understanding and explaining. However, even if interpretations are not "objective" the question may be asked whether they are rational or logical constructions brought about by a process of deduction, or whether interpretations "come to pass" rather than being carefully thought out and articulated. Drawing on my own experience, I would tend to say both. To give an example from my practice: a woman who had been in therapy for a couple of months expressed her frustration because I did not answer her pressing questions regarding my personal life. She was angry with me for being so remote and wanted to know whether I really liked her or only tolerated her because she paid me for the psychotherapy sessions. I realised later that I could have interpreted this as "transference" or in terms of her pervasive fear of rejection which was well known to me, or in terms of the fact that at the moment she lacked intimacy with anyone at all. However, I simply and spontaneously (but not impulsively) said: "I think you are very alone in your bed", which enabled her to speak openly about the

very bad relationship, sexually and otherwise, between her and her husband without blaming herself for being unlovable or unattractive as she had frequently done in the past.

Heidegger (1977) points out that unconcealment, that is, truth, is never a human handiwork. Where and how revealing happens is no mere handiwork of man (p. 18).

The unconcealment of the unconcealed has already come to pass ("sich schon ereignet") whenever it calls man into the mode of revealing allotted to him (p. 19).

Later on, Heidegger states (p. 25):

Always the unconcealment of that which is, goes upon a way of revealing. Always the destining of revealing holds complete sway over man. But that destiny is never a fate that compels. For man becomes truly free only insofar as he belongs to the realm of destiny and so becomes one who listens and hears (Hörender) and not one who is simply constrained to obey (Höriger) ... Freedom governs the open in the sense of the cleared and the lighted up, that is of the revealed. It is to the happening of revealing, that is of truth, that freedom stands in the closest and most intimate kinship.

Applying this to the present project: it means that psychotherapy is a destining of revealing. The fact that it happened cannot be regarded in terms of an act of willing on the part of a human being but rather as a destining. This goes for the whole social movement of psychotherapy as well as for the individual case. However Heidegger clearly indicates an intimate relationship between the happening of revealing and freedom. Thus destining and happening does not mean that the interpretation is determined. That there is such a revealing as takes place in psychotherapy, can be regarded as part of destining but within this destining, therapists and clients have a certain freedom, that is in the way in which they keep themselves open for each other and in the way they articulate themselves. Here I have to raise the philosophical issue of determinism versus freedom or voluntarism. Whilst I believe in freedom (but not absolute freedom), I do not believe in voluntarism. If we look at the case of Danny Lewis (see Chapter 4), we can see that he was given a certain freedom to choose where he wanted to live, but he was not given the freedom to choose whether he wanted his parents divorced so that he had to

choose at all. In other words, although he could choose, he himself could not determine the content of his choices.

Within the humanistic, and especially in the existentialistic tradition specifically developed by Sartre, one finds that the human being is not only free to choose, but also free to determine the content of his choices. In Sartre's philosophy, he becomes totally responsible for choosing what he is to be. In short, he is condemned to be free. I do not believe that this can form the basis of a psychology which has to remain true to the human being as we meet him in every day life. What I would like to suggest is that, although man has a certain freedom, he is not entirely his own creation and that he is certainly not the master of his fate or the captain of his soul. In his essay on technology, Heidegger makes much of two words, namely *Geschick* and *Ereignis*. In order to understand the word *Geschick*, we should see it as being derived from the word *schicken* which means to send, and it means therefore, something that has been sent or something that has arrived from somewhere. This may be translated as destiny or destining, whereas the usual German term for the much more definitive word of "fate" is *Schicksal*. The word *Ereignis* may be translated as "occasioning" or "coming to pass". I prefer the term "coming to pass". One can then say that the human being is certainly free to choose. The human being is certainly free to open himself up to what presents itself to him. However, the human being as Heidegger says in his essay on technology, is never free to choose the nature of the openness that is present to him. Thus rather than thinking in terms of determinism vs. free will I will speak of how life events "come to pass" (*Sich ereignen*) which for me indicates both destining and choice.

We may also look at this in terms of the difference between facticity and existentiality (see Knowles, 1986). Facticity means something in your life that has been destined, something that you really cannot change, e.g. having been born from such and such parents in such and such a time, in such and such a country.

On the other hand existentiality means how you enter upon the future and for this, freedom is an essential ingredient.

The above means that interpretation is neither determined nor totally free. It comes to pass. This means that interpretation may almost (but not entirely) be a spontaneous happening or almost (but never quite) a voluntary free, self-determined act.

We see these extremes clearly in Case 2 and Case 4. In Case 2 the therapist says:

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 was the missing piece 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.

In Case 4, the therapist first states that her intuitive and immediate feeling was that Caroline was searching for the mother she had never had. One may well argue that such a feeling may have been arrived at by logical deduction - however, this is opposed by the term "immediate". Logically other alternative interpretations are possible but we have to accept that it "came to pass" in view of "intuitive" and "immediate". She continues by describing how she thought out whether or not it should be given (Caroline not a person given to self-exploration, only six sessions left, Caroline may find such interpretation devastating). However, the therapist decided to take the risk. Which means that in this case, there was a conscious decision to give the interpretation with the timing being controlled by the therapist rather than by the situation as such, but that the interpretation itself was not mainly the product of logical deduction.

In Case 1 the interpretation was clearly also very strongly rationally and logically composed. The main purpose of the interview was clearly defined in terms of an assessment of the psychological components of the disorder and the therapist at the end clearly specifies the theoretical framework in terms of which she made her interpretation. However, the fact that she was empathic and that she had a sore throat shows that it was not a purely objective thought-process which operated and that to some extent, the total situation destined the nature of the interpretation.

Case 3 tends more towards the voluntary than Case 2. Although quite elaborate thought processes emerged, there was an element of happening. This is clearly brought out in what the therapist wrote:

I remembered that she drew these (pictures) directly after therapy last time and that she mentioned these after

mentioning the conflict about being known by me. Thus she seemed to be telling me something about herself in relation to me. These were my immediate thoughts, which in fact I held in mind whilst she described the pictures. There was also the background I mentioned earlier, although I can't say I clearly thought of this. I do, however, remember feeling some of that anxiety as I suddenly clicked what she was saying. It was a couple of minutes, however, before I managed to formulate a way to say it.

Please note that the therapist says that he kept a certain background in mind, although he couldn't say that he clearly thought of this, but nonetheless he clicked to what she was saying. One can say therefore that it looks as if this interpretation may not be entirely voluntary. He continues later on by saying "this mixture of thoughts, memories, feelings and perception were relatively distinct, even at the time. I can't say my interpretation was purely intuitive or merely an art or something". Of course these thoughts etc., passed through consciousness very quickly indeed. This shows that the logical and cognitive elements also formed a strong part of the interpretation. However, he made a further interpretation as follows:

I want you to know if you can't handle it and so tear your paintings to shreds, that if you tell me about it, I'll remember the pieces for you until you can hold things together yourself.

Having said this he anxiously wondered whether he had gone too far. Obviously, if it had been purely a product of logical, rational thinking, it is unlikely that he would experience such anxiety. It is clear then that an interpretation could not be made purely rationally, that there is always a risk and that the therapist who is afraid of risking will only rarely, if ever, interpret.

CHAPTER 4

RESULTS : INTERPRETATIONS OF 4 CASES

A. THE CASE OF DANNY LEWIS

(The protocol of Danny Lewis appears in Appendix C).

The case study may be seen in terms of the following series of themes.

Identifying data: Age 21, First year Art student, egosyntonic homosexual.

Presenting problem:

Relevant history themes:

1. Very wealthy but unstable family.
2. When Danny was 2 years old, father divorced mother (his second wife) in order to marry third wife.
3. Danny and two full siblings initially lived with mother but later was given the choice of living with father and his new wife and they chose to do so.
4. Danny felt torn in loyalty between his father and his mother.
5. Whilst in therapy, Danny met David, an older and accomplished artist and became his lover.
6. Danny's father had, at that stage, withdrawn all financial support because of Danny's continual failure at his studies.
7. Danny is not in love with David but did become his lover because of the assistance David can give him.

Material for interpretation:

8. Danny accepted an interpretation from the therapist that he was replacing his lost father with his new lover.
9. Danny was aware of the relationship between his attraction to men and his need for a loving father.
10. However, Danny repeatedly gave indications that he felt that his therapist (a woman) disapproved of his relationship with David.
11. Danny repeatedly tried to persuade the therapist that David was a worthwhile and kind person and that Danny needed him.
12. (Therapist neither felt nor ever expressed any form of disapproval of David).

Interpretation by Therapist No. 1

(Interpretations in respect of D. Lewis appended in Appendix C).

Theme 4 (loyalty conflict) largely forms the pivot of this interpretation. The therapist states:

"The background conflict of 'feeling torn' between his mother and his father appears to have involved him in a search which attempts to resolve this dilemma.

The dilemma: He finds himself largely defined as 'who I am aligned with'. The history suggests that this can only be ambivalent because of his loyalty towards both mother and father. He wants a mother and a father. But his life situation has been that when he has a father, having a mother is not encouraged and vice-versa. This disjunction between his desire and his situation attunes him longingly; yet he is forbidden from having either".

The interpretation then refers to his homosexuality (see identifying data) which "reveals a search to fulfil a longing for a fatherly figure". This refers to themes 5, 6 and 7, but the reference is not as direct as it was to theme 4. He then addresses themes No. 8 to 11 by giving the following interpretation.

"The dilemma is recapitulated by the drama of his fatherly lover and motherly therapist. He is so afraid that he might not have both. He only knows having one or the other".

He further specifically refers to theme 8 by stating:

"The therapist, by focusing on the father, even though she has not felt disapproval of his lover, re-awakens the threat of exclusivity".

This more or less ends the interpretation as such. For the rest, the therapist addresses himself to the question of what to say to Danny and he comes to the conclusion that one should address Danny's fear rather than talking about the loss of a father as his therapist has done. Eventually, the client would have to be able to entertain the possibility that unlike the case with his father and his mother, it would be possible for him to have a relationship both with his therapist, eventually, that is then with a motherly figure, as well as with his lover who is a fatherly figure. The therapist feels that this fear calls for thorough exploration before the client will be ready to pursue more mature inter-personal relationships.

Therapist No. 2: This therapist takes up themes 2, 4 5 and 7 in that his main interpretation is as follows:

"I think this is fairly simple, for the structure of the two meaningful relationships in his life is the same as his parental relationship; he is involved with two people, of opposite sex, who are living apart, who are both interested in him. He thus feels a conflict of loyalties between his therapist and lover just as he had between his mother and father".

For the rest, the therapist indicates what sort of things he would say to the client, but in effect, continues his interpretation by saying that the "conflict of loyalties now meant that his therapist and lover are joined together as a unit ... The cross-gender parental guide is a primal image of the self, which then forms a basis upon which a child can grow. ... to the extent that the therapist can hold Danny's two relationships together, she will offer a different experience of mothering; she will also allow that symbolic unity that the client is searching for".

As regards this last set of interpretations, it should be noted that in this the interpreting therapist goes beyond the information provided by the original therapist; in fact goes beyond any of the themes delineated but keeps a reasonable relationship to these themes. In other words, although he does not thematise anything, that is not factually part and parcel of

the case history in the first place, his interpretation does, in the latter stages, go beyond it but still maintains a very clear and understandable link with the data.

Therapist No. 3: This therapist obviously takes up themes No. 4, 5, 8 and 11 when he says:

"Danny Lewis appears to have problems with what we might call triangular relationships".

He further says:

"It would appear ... that it was not possible to feel comfortable about his relationship with a parent with whom he was not living ... because maybe he felt that he had been forced to reject her. As I interpret it, it would be extremely relevant to probe with him in therapy because it seems likely that the very same feelings are being aroused in his present triangular relationship with David, his therapist and himself".

It further seems that to this particular therapist, the client:

is assuming that it is not possible for his therapist (mother-figure?) to approve of David (father-figure?)".

This therapist raises three questions not raised by the previous one, namely: How does he feel about the fact that this is his father's third marriage? What were the underlying reasons for falling at Art School? How comfortable does he feel about his sexual orientation?

As regards this last question, it may be noted that it is sometimes doubted whether egosyntonic homosexuals really exist. Alternatively, it is sometimes doubted that a person necessarily is egotonically homosexual even when he says it is the case. One wonders of course whether this is true in David's case, because it transpires that he is not in love with the person he is living with.

Therapist No. 4: This therapist's main interpretation takes theme 11 as a starting point and states:

"It seems that Danny is not owning his own doubts about the relationship with David. He is projecting these on to the therapist who is then experienced as disapproving".

She then raises the question as to why he does this and she finds four possible answers, namely:

- (a) Perhaps he finds his homosexuality unacceptable. (She realises that this is unlikely as he is said to be an egosyntonic homosexual. However, see remarks in previous interpretation).
- (b) Having rejected women, Danny may be anxious about his therapist's perception of him or he may even be hostile towards women in general rivalling them for possession of father and he may have projected a contra-hostility on his therapist.
- (c) He may feel uncomfortable about his relationship with David when he is not in love with him.
- (d) He may simply have a stereotyped view that his therapist (or perhaps any therapist) disapproves of homosexuality.

This therapist would, if this was the case, have said to Danny:

"You seem to be perceiving me as critical and unaccepting".

By doing this, she would eventually try to show Danny "how this casting of me - the therapist - as a hostile other, is a repetition of an old subject - affect - object relationship, and indicate how he does this in other current relationships".

Therapist No. 5: I had great difficulty in reading the interpretation of this therapist. However, he was the only one so far, who stated that he would have liked more information concerning Danny's relationship with his mother, e.g. the age at which he had to make the choice in living between father or mother. He then goes on to state that the reason why this information is important "is because it seems that his transference relationship is fraught with feelings of guilt and retribution which is to be expected, given the divorce at the oedipal stage of his development. It is possible to suggest that he has guilt in having chosen his father in preference to his mother and in turn feels that she is disapproving both of him and his choice". One can clearly see that this interpretation refers to themes 10 and 11.

Please note that so far he is the only therapist to speak directly of Oedipus complex and to use the term "transference".

The further elaboration of this I unfortunately cannot decipher, but it seems that he makes more of both the guilt feelings and the transference relationship. That is, that somehow, his relationship with David enabled him to get in touch with his feelings of guilt in relation to his mother, and this feeling was then transferred to his therapist.

Perhaps it is only fair to say that other therapists use the term "projection" here, whereas transference may have been the more correct one.

Therapist No. 6: This interpretation is very short and again uses theme No. 4 (loyalty conflict) as the starting point for the interpretation. The therapist sees the case as follows:

"Danny's painful efforts at gaining the therapist's approval of David as a person seems to parallel his (expected) need to resolve his conflict when choosing between his biological parents. He chose his father then and now seems to be caught up in re-enacting the guilt (conflict), he must have felt towards his mother. He (unconsciously) projects this on to the therapist in an attempt to work through the unresolved conflict. The therapist becomes a transference object representing his mother in the face of his conscious choice of David (father-figure)".

The therapist suggest that one should say to Danny "it is important for you that I should approve of David. You are afraid that you may (again) be required to choose between David and myself as you had to with your parents".

Therapist No. 7: This therapist starts out from the problem as stated, and infers that Danny is ambivalent about his relationship to David. The submerged negative feelings are then, by projective identification, attributed to the female therapist.

Then theme 4 is brought in and interpreted as by most previous therapists, namely, that David is seen as taking the place of father and the female therapist is seen as a mother-figure, which means that the loyalty conflict is reactivated. (In order to assuage his guilt in rejecting his mother, he must justify to "mother" the inherent goodness of David). It is also, at the same time, an expression of his aggressive feelings towards his father, who abandoned him at a later stage. An important part of this

therapist's interpretation is contained in the way she proposes to work with Danny once she has obtained this understanding.

She states that she would "probably begin by working with Danny from the previous stance, namely, that his lover was replacing his lost father. This would allow me the opening to suggest that he might be feeling quite ambivalent about his father. Once Danny can accept his own anger at his father's rejection, I would move back into the fact that David is a substitute for this nurturant father, which is the ideal. From there I would work in the transference in terms of Danny's response to me as a therapist, highlighting the nurturant role he had assigned me. Once Danny has accepted his lover as a male parent and myself as the female parent, I would point out how his emotional conflict was a repetition of a much earlier situation. I would also go on to point out, on a more positive note, how he had gradually developed the resources of insight with which to resolve the issue for himself".

Therapist No. 8: This is actually the therapist of this case in real life. This interpretation is built up almost entirely on the basis of Themes 3, 4, 5, 10 and 11. These themes concern the fact that Danny was torn in loyalty between his father and his mother and that he continually sought to justify his relationship with his homosexual lover, David, to his therapist, although the latter had never expressed disapproval. The therapist's interpretation concentrates on the fact that he related to her "as if I were his mother. When his mother and father parted, Danny found it very difficult to feel love for the one without feeling disloyal to the other ..." She further states - "It seemed ... that the entire conflict was being reenacted in therapy, with Danny trying to persuade his therapist (mother) that his lover (father) was acceptable. The therapist further made the interpretation that Danny "feared that if his therapist did not accept his lover, she would reject him (Danny)".

Tabulation and discussion of themes of interpretations

A tabulation revealed that certain themes were most important in the eight interpretations. In delineating the themes for the interpretation, these had to be clearly expressed not merely implied. These themes were:

1. Relationships with the therapist.
2. Transference : Although transference cannot be divorced

from relationship, I discussed it separately.

3. Relations with others.
4. A pattern of repetition/recapitulation/reenactment.
5. Conflict.
6. Rejection.
7. Projection
8. Guilt

1. Relations with the therapist

Statements such as the following give us a flavour of how therapists articulated this interpretative theme:

Therapist No. 2: According to this therapist, Danny feels a conflict of loyalties between his therapist and his lover.

Therapist No. 3: sees that the very same feelings are being aroused in his present triangular relationship with David, his therapist and himself as had been aroused previously in his relations with mother and father.

Therapist No. 4: It can be clearly seen how this therapist thematises the subject of Danny's relationship to the therapist by the following quotation:
"You seem to be perceiving me as critical and unaccepting".

2. Transference

Therapist No. 6: In this case the relationship to the therapist is expressed in transference terms as follows:

"The therapist becomes a transference object representing his mother in the face of his conscious choice of David (father-figure)".

3. Relations with others

As may be expected, the interpretations concentrated on the client's relations to his mother, father and his lover David.

Examples:

Therapist No. 1: In this case the interpretation is that Danny's life situation has been that when he has a father, having a mother is not encouraged and vice-versa.

Therapist No. 3 says that it appears that Danny has problems with what we might call triangular relationships. Obviously what the therapist has in mind here, is that first Danny with father and mother formed a triangle and then Danny with therapist and his homosexual lover David, formed another triangle.

Therapist No. 9: "When his mother and father parted, Danny found it very difficult to feel love for one without feeling disloyal to the other".

Therapist No. 7: "Danny is ambivalent about his relationship to David". The submerged negative feelings are then, by projective identification, attributed to the female therapist.

4. Repetition/Recapitulation/Reenactment

The theme of repetition, of being unable to relate independently of the paradigmatic example of the family context, of being unable to emancipate oneself from family patterns of relationship, is already part of the clinical data, in that Danny had accepted an interpretation from his therapist that he was replacing his lost father with his new lover; and was aware of a relationship between his attraction to men and his need for a loving father.

Further statements have been made, inter alia, by **therapist No. 1** who says:

"The dilemma is recapitulated by the drama of his father/lover and motherly therapist".

Therapist 2 states: "He thus feels a conflict of loyalties between his therapist and his lover just as he had between his mother and father".

Therapist 3 states: "It seems likely that the very same feelings are being aroused in his present triangular relationships with David, his therapist and himself".

Therapist No. 4: This therapist says that he would try to show Danny "how his casting of me - the therapist - as a hostile other, is a repetition of an old subject-affect-object relationship, and indicate how he does this in other current relationships".

Therapist No. 6: "He chose his father then, and now seems to be caught up in reenacting the guilt: (conflict), he must have felt towards his mother".

Therapist No. 7: "Once Danny had accepted his lover as a male parent and myself as the female parent, I would point out how his emotional conflict was a repetition of a much earlier situation".

5. Conflict of loyalty

In this case, the conflict is quite open - Danny was torn in loyalty between his father and his mother. For **Therapist No. 1**, this involves him in a search in which he attempts to resolve this dilemma. **Therapist No. 1** interprets this in terms of the client's identity, i.e. he finds himself defined largely in terms of "I am who I am aligned with" and this means ambivalence to both father and mother.

Therapist No. 2: "He thus feels a conflict of loyalties between his therapist and lover, just as he had between his mother and father".

Therapist No. 3: "The conflict means that it is not possible for the client to feel comfortable about the parent with whom he is not living, having, maybe felt forced to reject her".

Therapist No. 4 and 5 do not thematise the conflict of loyalty.

Therapist No. 6 speaks of the client's need to resolve his conflict when choosing between his parents.

Therapist No. 7: "The loyalty conflict is reactivated in that David is seen as taking the place of father and the female therapist is seen as a mother figure".

Therapist No. 8 states: "That it was very difficult for Danny to feel love for the one (parent) without feeling disloyal to the other".

Integration of the main interpretative theme

So far we have seen how certain interpretational themes, namely relations to therapists and others, conflict and

repetition, can be isolated. This is artificial and to get a better flavour we should see how the various themes are integrated into coherent wholes. Thus, most interpretations consider the client's relationship to his therapist and others, his conflict of loyalties and his tendency to reenact earlier patterns in an integrated whole. This is brought out very clearly in therapist No. 2: "I think this is fairly simple, for the structure of the meaningful relationship in his life is the same as his parental relationship; he is involved with two people, of opposite sex, who are living apart, who are both interested in him. He thus feels a conflict of loyalties between his therapist and his lover just as he had between his mother and father". It is clear that in this fairly short quotation, the main themes dealt with so far are all brought together.

The same goes for therapist No. 9 who reported the case: At the time of therapy the conflict of loyalties in Danny were still very strong, "and the entire conflict was being reenacted in therapy with Danny trying to persuade his therapist (mother) that his lover (father) was acceptable, because he feared that if his therapist did not accept his lover she would reject him. Hence the urgency of his need to persuade her".

There is one more example: therapist No. 1 addressed the loyalty conflict first as a dilemma for which Danny is seeking resolution, then points to the life situation in which Danny cannot comfortably have a father and a mother at the same time. He then indicates that the dilemma is recapitulated in that Danny cannot have a fatherly lover and a motherly lover simultaneously.

We have now exhausted the themes which are used by practically all therapists who made interpretations. At this stage it clearly emerges that therapists tend to thematise client's relationship with the therapist, and with significant others and that the way the client lives his relationship with significant others seems to be a repetition or reenactment of earlier personal dramas involving the parents. At this stage one may well ask how many and which of these themes will stand up in future interpretations. In the current case, the conflict of loyalties was an unavoidable part of practically all interpretations. However, we certainly have no right to say that this pattern of interpretation is characteristic of all interpretations, and therefore, the matter should be further investigated in the next chapters.

The other themes raised by therapists in the case of Danny Lewis were, rejection, projection, guilt and transference.

Acceptance and love vs. rejection, disapproval, abandonment

If we take "disapproval" as a weak form of rejection, we are justified in saying that this was thematised by 4 out of 8 therapists.

Therapist No. 5 suggests that Danny would feel guilt in having chosen his father and feels that his mother therefore disapproves of him and his choice.

Therapist No. 7 mentions that Danny's father abandoned him. He suggests that Danny feels quite ambivalent about his father, and if she (the therapist doing the interpretation) has to work with Danny she would help him to "accept his anger at his father's rejection".

Therapist No. 9 (Danny) "feared that if his therapist did not accept his lover, she would reject him (Danny)".

Therapist No. 4: "It seems that Danny is not owning his own doubts about the relationship with David. He is projecting these on to the therapist who is then experienced as disapproving". As previously mentioned, disapproval is here considered to be a mild form of rejection.

Projection

Therapist No. 4 states that having rejected women, Danny "may be anxious about his therapist's perception of him, or he may even be hostile towards women in general rivalling them for possession of father and he may have projected a contra-hostility on his therapist".

Therapist No. 7 infers that Danny is ambivalent about his relationship to David. "The submerged negative feelings are then, by projective identification, attributed to the female therapist".

Guilt

Three therapists thematise this phenomenon:

Therapist No. 1 inter alia: "This disjunction between his desire and his situation attunes him longingly; yet he is forbidden from having either".

Therapist No 5 strongly thematises the theme of guilt in that he says: "His transference relationship is fraught with feelings of guilt and retribution which is to be expected, given the divorce at the Oedipal stage of his development. It is possible to suggest that he has guilt in having chosen his father in preference to his mother ...".

Therapist No. 7 also thematises guilt quite strongly having referred to the reactivation of the loyalty conflict within the therapeutic situation. It is stated: "In order to assuage his guilt in rejecting his mother, he must justify to 'mother' the inherent goodness of David".

Transference

This was thematised by three therapists. **Therapist No. 5** wants more information because he wants to know the age at which Danny had to make the choice between living with father and mother. The reason for this is he says "because it seems that his transference relationship is fraught with guilt and retribution".

Therapist No. 6 states "Danny chose his father then and now seems to be caught up in reenacting the guilt (conflict), he must have felt towards his mother".

Therapist No. 7 states that "In order to assuage his guilt in rejecting his mother, he must justify to 'mother' the inherent goodness of David".

We may note that rejection is coupled with projection here in two or three cases, but we must not let ourselves be misled that this is a general rule. It may only be because of the nature of the current client's conflict.

As already stated, transference can actually be subsumed under relationships to therapist and others but since we are determined to stick to the actual terms used by the therapists and since there is a subtle difference between meaning of transference and relationship. such as used by the Daseinsanalysts, it is preferable to keep them apart for academic purposes.

Therapist 5 states that Danny's transference is fraught with feelings of guilt, given the divorce at the Oedipal stage of his development. It means that guilt is transferred from the relation between father and mother in having chosen father over

mother, and so he has guilt in relation to his therapist. This is transference more or less in a classic sense in which Freud mentioned it.

Therapist 6 thematises it by saying that "the therapist becomes a transference object representing his mother in the face of his conscious choice of David (father figure)".

Therapist 7: "that having once led Danny to accept his own anger of his father", she would move back into the fact that David is a substitute for this nurturant father and then she would "work in the transference in terms of Danny's response to me as a therapist, highlighting the nurturant role he had assigned me".

Various other themes such as aggression, power, hostility, insight, resources, etc., were each raised once but since it is so infrequent, I have chosen not to discuss it.

B. RELATIONSHIP TO THERAPIST AND TRANSFERENCE IN THE CASES OF DANNY LEWIS, JOHN JACK AND MARGARET ANDREWS

The concept of transference in Freud, Boss and Hicklin

By transference Freud meant the linking of current feelings and symptoms with experiences in the past. In analysis transference is shown to be a process by which an early personal relationship is substituted for by the person of the doctor or the analyst (Hicklin 1986, page 197).

The existential-phenomenological (Van den Berg, 1964) and Daseinsanalytic (Boss, 1957) critique of this is well known. It is simply not possible to detach a feeling from one person in the past and "transfer it" to the person of the analyst or anyone else in the present. To Boss it is quite clear that the word transference does not really encompass the full human meaning quality of what actually transpires between therapist and client. However, amongst psychotherapists of the Freudian persuasion the word transference has broadened its meaning so that it is often used simply to describe the relationship between therapist (or analyst) and patient or client. Some analysts, of course, remain very close to Freud's original rigorous definition whilst others have "liberalised" it without regarding it as just any relation. (It should be noted that Freud distinguished

between transference and the therapeutic alliance which is more ego-controlled and reality centred than the transference). Greenson, a "liberaliser" (see Hicklin 1986, page 198) still requires that "a reaction should reveal two characteristics to qualify as transference : in the first place the repetition of feelings, drive impulses, attitudes and fantasies of the past, and further the requirement that these should be inappropriate for the present time as well as the present person of the therapist. According to this the relationship of the analysand to his therapist has been determined by earlier relations". (Own translation).

Although Hicklin is prepared to concede that the critique of Boss is valid in that the term transference is not really adequate to conceptualise the genuine relational phenomenon between client and therapist he argues that since it has been incorporated in everyday therapeutic discourse it does not seem a good idea to restrict it to its original meaning (page 198). He suggests that in doing away with the word "transference" entirely, Daseinsanalysis may be throwing out the baby with the bathwater. As regards the difference between transference and non-transference relations, Hicklin is of the opinion that it has little significance for analysis because it simply reveals the plurality of relations which the human being has, not only as a patient, but simply as an ordinary citizen.

Since therapists of psychoanalytic, Jungian, existential-phenomenological as well as eclectic persuasion participated in the current project it will be interesting to see what, if any, differences there are between those interpretations which used the term "transference" and those which stipulated "relationship".

We will do so by looking at the cases of Danny Lewis, John Jack and Margaret Andrews.

DANNY LEWIS

In this case the relationship between therapist and client was thematised by therapists nos. 1, 2, 3, 4 and 8 whilst "transference" was thematised by therapists nos. 5, 6 and 7. We will accordingly look first at those who used the term relationship.

Therapist No. 1 pointed out that the dilemma "is recapitulated by the drama of his fatherly lover and motherly therapist. He is

so afraid that he might not have both". This therapist does not actually speak of either a therapeutic relationship or transference but does suggest that Danny be asked by the therapist whether he is "finding the fatherly relationship that you always wanted?" That "relationship" is intended rather than "transference" is also clear in that he suggests that the therapist should say: "Can you entertain the possibility that, unlike your father and mother what you have with me and what you have with your lover do not threaten each other".

Therapist No. 2: He feels that there is a conflict of loyalties between the therapist and the lover just as the client had between father and mother. He adds: "to the extent that the therapist can hold Danny 's two relationships together, she will offer a different experience of mothering ..."

Therapist No. 3: This therapist says that the very same "feelings are being aroused in his present triangular relationships with David, his therapist and himself as were aroused earlier between his father, his mother and himself".

Therapist No. 4 says that she would say to the client either: "You seem to be perceiving me (therapist) as critical and unaccepting", or "You seem uncertain about the acceptability of your relationship with David".

Therapist No. 8 (the therapist in real life who reported the case) thematises the matter as follows: "Danny was relating to me as if I were his mother. When his mother and father had parted, Danny found it very difficult to feel love for the one without feeling disloyal to the other, and often needed to persuade his mother of his father's "O.K.-ness". It seemed that this conflict was still very strong in him at the time of the events described, and the entire conflict was being re-enacted in therapy with Danny trying to persuade his therapist (mother) that his lover (father) was acceptable..."

From the above examples it is clear that, whilst the therapeutic relationship is not seen as just any relationship, it is closely integrated with the clinical data. It stays close to everyday experience and is not conceptualised in terms of any specific or special theory. In other words these interpretations tend to stay respectfully and carefully with the data provided.

Let us now look at the therapists who provided transference interpretations in the case of Danny Lewis.

Therapist No. 5: This therapist states: "It seems that his transference relationship is fraught with feelings of guilt and retribution which is to be expected given the divorce at the Oedipal stage of his development". It is interesting that the term transference is used in the same sentence as "Oedipal". In this case transference seems to be a term used within a definitely psychoanalytic framework.

Therapist No. 6: The interpretation is that Danny unconsciously "projects this (re-enactment of guilt) onto the therapist in an attempt to work through the unresolved conflict. The therapist becomes a transference object representing his mother in the face of his conscious choice of David (father-figure)". Although the therapist clearly does not differ in this interpretation from those who use the term relationship it is clear that again it is a specialised language (e.g. "projects"; also "object") rather than the language of ordinary social communication that is being used.

Therapist No. 7: This therapist says: "From the history given, it appears as if Danny is acting out in the transference, an emotional conflict of his childhood". At a later point this therapist says: "In addition the fact that he anticipates and therefore projects negative feelings about his lover onto his therapist is not only an indication of his repetition of a previous experience, but also of his ambivalent (and unconscious?) aggressive feelings towards his father for "abandoning" him at a later stage". This therapist says that she is interested in individual analytic type of therapy but does not identify herself with any particular school. However, she does use terms derived ultimately from Freud. Moreover, it is more technical than the relationship interpretations. She continues later on in her interpretation: "I would probably begin by working with Danny from the previous interpretation, namely that his lover was replacing his lost father. This would allow me the opening to suggest that he might be feeling quite ambivalent about his father. Once Danny can accept his own anger at his father's rejection, I would move back into the fact that David is a substitute for this "nurturant" father which is the ideal. From there I would work in the transference in terms of Danny's response to me as a therapist, highlighting the nurturant role he had assigned me".

This last position of the interpretation is not all that different from a relational one but the use of technical terms such as nurturant role, projection and ambivalence is fairly obvious.

From the foregoing examples in the case of Danny Lewis it is clear that those who use the term transference tend to be more technical and theoretical (tend towards Freudian terms more) than those who use the term relationship – these tend to stay closer to everyday language and experience.

Relationship and transference interpretations in the case of John Jack

In this case there are more transference interpretations (5) than relation interpretations (2).

Relationship interpretations

Therapist No. 2 used both terms. In this case I will, in order to highlight the contrast, first quote the relationship interpretation and then the transference interpretation.

The "movement" reflected in the report on John Jack has been made possible by his psychotherapy, according to therapist No. 2 who states: "Through the 'good enough' presence of the therapist he has consolidated his sense of self to the extent that he is able to risk the defencelessness and pain that calls him". It is clear that at this point the therapist is using everyday terms like defencelessness or vulnerability and "pain that calls him". On the other hand he also says the following: "Themes that are likely to be present, although less clearly at this moment are those of limits, lost, unfulfilled longing and resolution in the relation to what the therapist can offer and has. In technical terms, I would expect these themes in relation to Anne (and others) to become explicit in the transference fairly soon – perhaps even in the same session". In using the word "transference" the therapist is talking less about things that have already happened and that he can sensitively pick up from the report but is talking more technically (his own word) about something which may conceivably or hypothetically happen.

Therapist No. 12: This therapist seems to be influenced by a variety of psychoanalytically and Jungian orientated writers but she does not give a very technical discussion. As regards the psychoanalytically coloured interpretations I would point to her use of "narcissism" as well as the use of the term "anxious attachment (Bowlby)". She also says that "in Jungian terms it would seem that John has not sufficiently integrated certain aspects of his psyche, namely aggression and assertiveness". She adds that she would like to explore further his parental

relationships particularly that with his mother and he would also like to know what happened in the series of affairs he had previously had. To this she simply adds "what I would feed back to him would depend very much on the nature of the relationship between us and the amount of trust he had developed". It would seem then that although she cannot be described as existential phenomenological she prefers terms like relationship and trust rather than transference, and, although she does use technical terms like "narcissism" and "anxious attachment" she does not use them in conjunction with the therapist relationship.

Transference interpretations

Therapist No. 8: This therapist may be quoted as follows: "My goal in therapy would be to enable him to integrate his "good" and "bad" past. In the course of therapy, he is likely to regress to his pre-oedipal attachment behaviour; working through transference and resistance issues, he would hopefully eventually tolerate ambivalence towards the therapist, in order to develop greater self esteem and a capacity for mature object relations". In this case the language is at a high level of technical sophistication; in another document this therapist states that she uses the theoretical framework of Bowlby (attachment), Klein (envy) and object relations.

Therapist No. 9: This therapist may be quoted as follows on the subject of transference: "For me a big question in dealing with this man would be that of transference, given his other relationships. Interpretation itself is part of the "food" of therapy and I would be interested to observe how he, (a) elicits, and, (b) responds to interpretations. I would not be surprised if he were both dependent and spoiling of interpretations, which would have implications for how to give them". Although this interpretation is clearly not loaded with conceptions related to a specific school of thought it is somewhat hypothetical and not directly related to the available material. It is more speculative than most of the other interpretations.

Therapist No. 11: This therapist may be quoted as follows: "Another important issue to be aware of is that the incident described may be a manifestation of acting out the transference, that is a living out with Ann, the very issues or conflicts that may at that time be wholly or partially aroused in the therapeutic relationship but outside of John's (and perhaps the therapist's) conscious awareness. This is an aspect of a context that would have to be considered".

This therapist described himself as basing himself on the psychodynamic theorists and as having gained most of the deepening of his perspectives from Klein and Freud. The above interpretation is not "doctrinal". However, the idea that the incident may be lived out in the transference, that this may be outside the awareness of either John or the therapist and that this would involve the very issues of conflicts latent in the context of the incident does go rather beyond the actual experience of either the client or the therapist who reported the case.

Therapist No. 14: This therapist gives a very short overall but fairly technical interpretation of the case and simply says at the end "I would work in the transference with this subject". The data in this case does not contradict the association between "transference" and technical language.

Margaret Andrews

Since no transference interpretations were given but quite a few in terms of therapist relations a few examples will suffice.

Therapist No. 1 pointed out that Margaret "is still dependent on her therapist". At the end of his interpretation he interprets her dreaming that her therapist turns into her husband as leading back "to the fact of her dependent (child-mother?) relationship ... with her husband".

Therapist No. 3: This therapist assumed that her treatment would have to foster a sense of self confidence in Margaret and an ability to take up an independent stance in the relation to others, especially her husband. He further states "since she has always been in a complementary position to others in which she played the passive and dependent position (an educated assumption) I would see this as part of her struggle with termination - that is she wants to be independent yet also wants to enact in the relation to me (the therapist) the dependent position".

Therapist No. 6: This therapist points out that Margaret seems to be "afraid that through the process of individuation, she would lose the support of her therapist". Fear may be experienced as:

(a) a fear that in moving beyond and away from therapy, she was in some way abandoning her therapist;

(b) the complementary fear that she risked being abandoned by her therapist (that is "worried that if she were late her therapist would not wait for her" and also the fact that her therapist had changed into her husband). It is quite clear that this therapist stays very close to the actual information provided, uses everyday language and does not erect a technical conceptual structure.

It seems then, that the interpretations of relationships made in the case of Margaret Andrews do not in any way contradict the conclusions already drawn, namely that there seems to be a difference between the interpretations involving transference and those which involve relationships, the former tending to be more technical, with a stronger theoretical orientation and the latter tending to stay fairly close to explicit experience and the language of ordinary social communication. No claim is made that the one is more insightful than the other.

C. THE CASE OF JOHN JACK

(The protocol of John Jack appears in Appendix C).

INFORMATION THAT WAS NOT THEMATISED

It may throw some light on interpretation if we start, not with the themes of the case history and the interpretations, but with information that was not thematised, i.e. ordinary information which therapists did not find necessary to use.

1. John was an English speaking male in his mid-twenties. The fact that he was English speaking rather than Afrikaans speaking or Jewish was not thematised. Not one therapist supposed that he was Black, or Coloured. No one commented on the fact that he belongs to a highly privileged stratum of South African society. Nobody commented on the difference between him and, for instance, an Afrikaans speaking male in his middle twenties. It must be presumed that for an understanding these points were not salient although if the therapists had been informed that John Jack was a Coloured, Black or Jewish person, it would probably have affected some, if not most, of the interpretations.

2. It was stated that he was well qualified and well able to hold down a job. This was not thematised. However, the remark that he remained a child in many ways, was.

3. John was fond of music and had played in an orchestra. This was not thematised in any of the interpretations.

4. He really enjoyed listening to music. The fact that 3 and 4 were not commented upon must be seen in terms of psychotherapy for this group being not a matter of literal-mindedness or of sorting out the facts. The fact that he was late was very meaningful to most interpretations; his reasons for being late or music as being the reason or cause of his being late, was not considered important at all. Nobody said that it should have been important to sort out the facts, e.g. was it really the music or perhaps another woman that led to him being late. Nobody insisted that the facts should be checked. What was important for the interpretations was obviously the meaning rather than the factuality of his being late.

Information that was thematised

The following are the themes in the raw material of John Jack's case.

Identification: English speaking male in mid-twenties.

Presenting problems:

1. Feelings of depression, speaks indistinctly which serves as a defence against other people understanding him too clearly and judging him harshly.
2. Has remained a child in a pervasive sense.
3. As a little boy he disowned his naughtiness by calling his naughty self by his second name Jack - who lives in the garden whilst he (John) lives in the house.
4. In family mother was dominant, father passive.
5. As adolescent he acted out quite a lot.
6. He was involved in a long-term relationship with Ann but had a number of affairs whilst living in another City.

The material which was offered for interpretation may be thematised as follows:

1. He and Ann spent an evening apart in totally different activities.
2. He is fond of music, used to play in an orchestra.
3. He promised to return early to give Ann emotional support.
4. He really enjoyed listening to music and really let himself go.

5. He came back later than he expected and Ann was quite upset.
6. They went to bed without really sorting things out.
7. He could not sleep (insomnia was not one of his complaints or symptoms).
8. After midnight, he consumed a lot of cornflakes, plenty of milk, and honey and went to bed when he had had enough.
9. He felt sad and started crying.
10. Ann woke up and tried to comfort him.
11. He asked her to forgive him for the many times when he had been unkind and inconsiderate to her.

A qualitative review of themes emerging in the case of John Jack

As in the case of Danny Lewis, a number of themes came up. The first one to mention is that of relations with the therapist and transference which has been discussed in a separate section. Secondly, we will look at relations with others which is more or less a universal theme running across all cases and all interpretations. Since everybody uses this category it is not necessary to use all examples, but especially important to get a flavour of the qualities ascribed by the interpreting therapists.

Relations with others (Used in all 15 interpretations)

Therapist No. 1: The incident underlines his inability to integrate John and Jack; thus to cease being a good boy (who splits off into bad) and thus to be a reasonable lover. Being confronted by Anne means that she accepts and forgives him but at the same time confirms his acceptability in terms of being John rather than Jack.

Therapist No. 2: In this interpretation the relationship is seen as follows:

"John has continued his childish relationship with his mother in his relationship with Ann. Like a child, he is quite impulsive, self-indulgent, and unaware that the person on whom he depended, Ann, had emotional and dependency needs of her own. Further, this dependency is ambivalent: he sets her up as a dominant figure and then is angry with her - I expect for being dominant and over-bearing on one hand and for failing to be omnipotently benevolent on the other".

Therapist No. 3: Referring to the split between John and Jack, therapist No. 3 says:

"In the background of his lived world is the presence of a triumphant mother, wagging her finger at John. John is feeling ashamed and humiliated, badly wanting to prevent such self-findings in relation to mother".

We note here how a creative metaphor is used to bring out the full flavour of John's being "John" as a result of mother being the dominant person in the family and the one who has to be pleased.

Therapist No. 7: This therapist similarly refers to mother in the background when he interprets as follows:

"Always fulfilling her and not getting what he wants from her (satisfying and contented experience of being emotionally fed) has led to repressed feelings of resentment and guilt. Guilt about wishing to destroy that person he loves and wants to be fed by, guilt about needing so much from that person. This will repeat itself in all social encounters as he is still the child attuned to the needs of others and not to his own".

We see here that the relationship, which he has at the moment, is directly brought in relation to what he had in the past (repetition tendency).

Repetition compulsion/Recapitulation/Re-enactment (used in 9 interpretations)

Therapist No. 1 points to the fact that Jack has not been re-appropriated by John and only "emerges" in "time-out" periods and then goes on to say "At the same time his girlfriend has taken the place of his mother and thus he had a bad conscience about what he had done to her (again)".

Therapist No. 9 refers to what he calls John's "oral dependency issues" and points out that the food that he ate may well be what he ate as a child. He says he would want to explore this if he was the therapist and continues, "I would also want to know how his current relationship relates to his relationship with his mother in particular in that in both relationships there seems to be an issue of commitment and acceptance".

Therapist No. 12: In the interpretations of this therapist the repetition compulsion or re-enactment comes out in two ways. In the first place she says that John/Jack is not capable of giving emotional support to Anne since his own needs were insufficiently met in childhood.

In the second place she points out that: "mother probably seemed an awesomely powerful figure against whom it was not permissible to vent anger. The role model father provided would re-inforce this view. Thus anger towards women (mother) would have to be subverted. In childhood it was split off, in adolescence acted out, and in adulthood manifested by an unconscious refusal to meet the other's needs".

Clearly then this therapist sees the theme of rebelling against women in various ways as a repetition of his rebellion against mother which was never brought to a successful conclusion. The theme of rebellion repeated itself in different forms throughout his life history so far.

Therapist No. 13: This therapist sees John's behaviour in the episode under discussion as "partly an expression of his conflict around rebellion - submission; probably directed most at his controlling mother (as he experienced her) and an expression of his "delinquent aspect via rebellion (this is unconscious)". Here again the therapist sees his failure to meet Anne's needs and to keep his promises as a repetition of the rebellion against his mother that occurred in the first place in childhood. In fact she continues to elaborate on the theme by stating; "being assertive or angry would seem to be associated with being unlovable and worthless leading to a need for external affirmation of his being".

Therapist No. 16 states: "... a reason for his disowning his naughtiness may be a way of his fearing rejection and therefore not being loved (by mother?) - having his dependent needs met?" It seems that through this statement, the therapist indicates a recapitulation or re-enactment of what happened in childhood namely that he has to disown his naughtiness in his relationship with Anne and thus cannot really own it or support her.

The Unconscious (Thematised in 13 interpretations)

In none of the other cases are there so many references to denied, split-off, unreflected or disowned factors, in short

"unconsciousness" at work. I have classified "disowning" in the same category as unconscious together with the other terms mentioned. In my view the Freudian "unconscious" is only a rather extreme expression of the individual refusing to live his possibility or thematising part of his life as that which he does not want to be. In view of that which he does not want to be the individual is capable of massive self-deception. To the extent that Jack is not "owned" by John the client is depressed, but also rebellious and inauthentic.

The following gives us a fairly good flavour of the quality of such unconsciousness or disowning etc.

Therapist No. 3: The interpretation states that with his "restricted possibilities" John tries to disown the naughty little boy. It is with such restricted possibilities that John lives out his destiny with its restricted vitality having abandoned Jack and banished him to the bottom of the garden where he lives a forbidden life but is, however, from time to time able to force himself into the life of John. Thus John tries to support Anne, wants to be responsible in his relation to her, "but that terrible tempter - 'Jack', the one at the bottom of the garden perhaps that same snake as in the Garden of Eden, fills his heart with delight while listening to music".

By using quite powerful images the therapist clearly evokes for us how the unconscious "Jack" is lived in everyday life.

Therapist No. 6 says that due to the therapy it appears as though these two selves are unable to be maintained in their separated form and good John is forced to co-exist with bad Jack". This is an obvious reference to disowning whereby one tries to not be something that one also actually is. That is, one becomes inauthentic and only half what one can really be by disowning a major aspect of oneself.

Therapist No. 8 points out that in childhood, John probably used the primitive ego defences of denial and splitting in order to disown his anger towards his mother. She goes on to say "he split off his 'bad self' as imaginary 'Jack', who lived at the bottom of the garden and was, therefore, not part of himself or his family. He was thus unable to integrate the good and bad aspects of himself and accept his ambivalence towards his mother". Although this therapist is using object relations language she is saying much the same things as the previous ones who are speaking from within different paradigms.

Guilt, Remorse and Shame (used in 13 interpretations).

One or more of these expressions were used by all therapists except numbers 4 and 9. Again I will cite a number of examples to give a flavour of what is meant here.

Therapist No. 15: This therapist refers to John having become depressed. She says "very possibly his rage and feelings of being not good enough led him to act out in adolescence so that he could feel less crazy and less fragmented". His badness, i.e. shame and/or guilt is seen as dynamic and this is re-inforced by a further interpretation that "he has a need to experience goodness in terms of having his dependent needs met..."

Therapist No. 14 gives the following interpretation: "John/Jack is a man with a poor self-concept and feelings of emptiness. He has an excessively strong super-ego and is unable to contain his own badness".

Therapist No. 10 starts off with John failing to support Anne. He says "this sad mood and eventual apology seemed to need initial sweetening ... by filling himself up with goodness he can then be a little bit good, i.e. take responsibility for his own wrongdoings. His lack of self-worth then, can be seen as the result of an inner split - by banishing the bad in himself he cannot then be good. He is nothing". In this interpretation his "oral regression" is seen as a way of counteracting his feelings of worthlessness that is, his feeling of guilt and shame. It seems furthermore, that according to this therapist, by banishing the bad within himself, that is, not consciously confronting his own shadow or negativity he cannot then be good but must instead be nothing in particular.

Therapist No. 7: This therapist stated that "in the example related to the therapist we see how he denies Anne that which he wishes for himself (support and companionship), angry that he must give it to her and he cannot get any himself. He gets comfort from listening to the music and 'letting himself go' but is guilty about taking that too. He is depriving Anne but also may unconsciously wonder whether he deserves to be happy and content (since Jack is a bad destructive boy who must stay hidden)".

Thus we can see that the therapist sees John/Jack as a guilt ridden person due to the fact that Jack is not accepted, remains hidden but does make himself felt from time to time. The

therapist continues by saying "he comes home in this state of guilt and anger and feels anxiety about his underlying feelings towards Anne/mother as well as a threat to his 'good' John persona".

Aggressiveness (including Anger and Resentment)

This set of themes occurs in ten out of the fifteen interpretations.

Therapist No. 2 interprets as follows:

"First he indicates that he is unaware that Anne, on whom he is dependent, has emotional needs of her own. He fails to see that his dependency is ambivalent and he sets her up as a dominant figure and then is angry with her - I expect - for being dominant and overbearing on one hand and for failing to be omnipotently benevolent on the other (I note this anger because of his acting out in his teens and his lack of concern for Anne have a somewhat ruthless quality, and no lack of awareness of the other, or lack of concern, can be so insistent without anger preventing the relationship from unfolding appropriately)".

Please note that his anger and aggressiveness is here dealt with within the context of his dependency, her dependency, his ambivalence, his expectations and his lack of concern.

Therapist No. 5: This therapist refers to insomnia and his gratifying of other needs by eating and she states that this "is perhaps an unconscious need to divorce/destroy the frustrating object and to own, have only for himself, the satisfying object". However the therapist points out that in spite of his aggressive tendency he also is being made sad at the same time and she continues "he is aware at some level of the destructive elements of his feelings for Anne - jealousy about secret separate activities, self-gratification in music rather than being available to her ...".

Therapist No. 11: Referring to the episode in which John failed to support Anne (meet her needs) the therapist says "he then goes to have his needs met elsewhere (music) and forgets to meet Anne's needs - possibly resentment at having to meet her needs or at having been left, or both, as the scenario may be that when his needs are not met he tries to be a good boy and splits off his resentments at his needs not being met and at

having to please others". Here clearly the interpretation indicates resentment arising as a result of frustrated needs but this resentment is split off and lived in the form of acting out, that is failing to live up to his promises concerning Anne, acting on impulse instead.

Therapist No. 13 says that John/Jack "clearly has serious problems with a severe and critical super ego (no doubt an amalgam of the internalised prohibitions of the domineering mother plus displaced aggression which would normally be directed towards the frustrating object...)".

Here aggression as such has hardly been thematised but is only brought out as being an element in the formation of John/Jack's super-ego. In this interpretation aggression is present in inverted form. Instead of being directed towards the environment the aggression in the form of what might be called "moral masochism" is directed towards his own existence.

Self-assertion and Self-affirmation (used in 4 interpretations)

The first question to ask here is whether the fact that in three cases reference was made to self-assertion and self-affirmation opposes the previous category of aggression, resentment and anger. It would seem that the references to self-assertion are mostly of a lack thereof so that the chances are that this does not oppose the previous interpretations regarding his unsocialised aggression. Thus therapist number 7 says that "he lacks the experience of a father strong enough to assist him in owning his assertive energies to healthily separate from his other and see himself as a person with needs and aspirations unique to himself and different to hers". In the next part of his interpretation the therapist goes on to show how this very lack of self assertiveness leads to aggression in that he says "not getting what he wants from her (satisfying Ann; contented experience of being emotionally fed) has led to repressed feelings of resentment and guilt".

Therapist No. 12 says "being assertive or angry would seem to be associated with being unlovable, leading to a need for external affirmation of his being". Here again we can see that in the view of this therapist John/Jack can not be either assertive or angry because this would make him unlovable. This leads to a need for external affirmation of his being. She elaborates on her interpretation by saying that in Jungian terms "it would seem that John had not sufficiently integrated certain shadow aspects of his psyche namely aggression and assertiveness".

Therapist No. 2: This therapist does not mention self assertion or affirmation as such but the need for fulfillment, acceptance and love – in his own words: "Although he eats his fill he is not fulfilled for the needs of something that food cannot give him but only point to: acceptance and unconditional love for himself as a child in the orbit of his mother. At this point there is further movement as he realises that that childhood birthright cannot be fulfilled and that his past is his fate". One may comment that if his past is his fate and that one of his central possibilities cannot be lived out (his childhood birthright cannot be fulfilled) then it means that he is at this stage not in a position to lead a responsible life that is to be an independent self taking responsible decisions for himself in his relations with other people, i.e. he is unable to assert himself in a responsible socialised fashion.

From the excerpts it is clear that the references to assertiveness and self-affirmation refer to a lack and therefore do not oppose the interpretations concerning aggression and resentment.

Responsibility (6 Interpretations)

The question of responsibility can hardly be discussed outside the framework of freedom. If the sphere of the "unconscious" is large; that is if one takes John/Jack as an example of a person who is disowning part of his own existence, that is he is unable to be fully himself; if, furthermore, one tends to aggressiveness and anger rather than assertiveness, self-confirmation and self-fulfillment then the sphere of freedom is rather small and the scope for responsible action severely limited.

Six therapists refer to responsibility or the lack thereof and examples of these are:

Therapist No. 1: This therapist states that "the episode underlines his inability to free himself from the burden of being a "good boy" but at the same time shows his inability at this stage to be a good and responsible lover".

Therapist No. 4: This therapist gives a very brief interpretation, part of which reads as follows: "Jack pre-reflectively realises his sexual insincerity to Anne and that he is not heterosexually fulfilled". This interpretation means that John is not sincere in his love for Anne and that he is not fulfilled in his relationship. This is the same as saying that he is not a responsible lover.

Therapist No. 10: According to this interpretation the unwanted shadow aspect, Jack, returns to John as a broken promise. The therapist continues: "It is therefore a sign of integration and maturity were he to take responsibility for his wrongs by way of an apology to Anne". However, he gets her to confront him and "only then can he apologise but only for undefined wrongs. He would like to sweep the slate clean and then banish the shadow, by one feeble apology".

Therapist No. 13 says that on the level of object relations the episode is "indicative of his inability to accept adult responsibility etc, i.e. a defence against accepting and acting on internalised standards derived from his despised mother".

Regression (9 interpretations)

Rycroft (1972) defines regression as being

"in general reversion to an earlier state or mode of functioning; specifically defensive processes by which the subject avoids (or seeks to avoid) anxiety by (partial or total) return to an earlier stage of libidinal and ego development, the stage to which regression occurs being determined by the existence of fixation points. The theory of regression presupposes that except in ideal cases, infantile stages of development are not entirely outgrown, so that the earlier patterns of behaviour remain available as alternative modes of functioning".

In what follows I will specifically regard regression as reversion to an earlier state or mode of functioning and I will regard return to an infantile mode of functioning as an indication of regression if the therapist indicates such in his interpretation.

Therapist No. 2: Apropos of John getting up to eat: this therapist says "there is a moment of panic, in which he tries desperately to find once again the childhood nourishment that he is coming to realise can never be found. In that moment he feels and lives the full force of the craving, regressively, in the powerful, primordial metaphors of the body. He is not reflectively "conscious" of what is going on, yet there is no defence here; his pain is too raw".

This interpretation shows that John is unable to thematise his need verbally so it is expressed at the bodily level but eating and what is eaten point to childhood. It points to the childhood

nourishment that cannot be found. What he lives bodily (that is what he is "saying" in body language) may be called regressive.

Therapist No. 5 talks about John's difficulties "around his infantile dependency needs" and of "a sense in which he is also anxious and angry about his dependency in a close relationship (hence his affairs, coming home late, the compulsive craving for food). Consuming enjoyable foods is an attempt to gratify other needs, and does not involve delay of gratification...".

Although the word regression is not used by this therapist the use of language in this interpretation clearly points to it. A destructive element is seen by the therapist in the framework of the regression, namely "an unconscious need to devour/destroy the frustrating object and to own/have only for himself the satisfying object. Anne is both satisfying and frustrating to him".

Therapist No. 7 refers to John's underlying feelings towards Anne/mother and a threat to his persona (John) as well as his needs which are not satisfied by Anne/mother and then states "he finds his hunger with cornflakes, milk and honey, a poor substitute for sweet love and care".

His subsequent tears of sadness are those of the hungry and frustrated child who doesn't know how to satisfy himself - it is in this way that he relates "effectively" in getting Anne to "feed him" when she wakes up so keeping himself in the child position".

Here again, although the word regression is not used, the language clearly points to the use of this "mechanism".

Therapist No. 9 refers to John leaving Anne in the lurch and eating sweet things and then continues: "it is possible this may have something to do with stealing of good things from an envied object and could have a link to adolescent acting out". Further on the same therapist says in the reference to the transference that "interpretation itself is part of the "food" of therapy and I would be interested to observe how he (a) elicits and (b) responds to interpretations. I would not be surprised if he were both dependent and spoiling of interpretations which would have implications of how to give them".

In the first part of his interpretation the therapist refers to the stealing of good things which would seem to be an infantile mode of acting out and thus regressive because John/Jack is not

an infant anymore and in the second part he refers to him consuming interpretations as if it is food and then spoiling them and remaining dependent upon these interpretations as "supplies" from the therapist.

Acceptance/love (This was thematised in 8 interpretations)

It is generally accepted by a wide variety of psychotherapeutic approaches as well as in developmental psychology that a certain amount of self-acceptance and a feeling of being loved and being lovable is essential for a person to be fully functioning and reasonably happy.

Therapist No. 1 states that "being comforted by Anne means that she accepts and forgives him (positive) but at the same time confirms his acceptability in terms of being John (negative) rather than John/Jack".

Here we see how information may be ambiguous. In other words we can see here that the indications are both positive and negative. Positive in the sense that affirmation for what John is, is acceptable to him but at the same time it confirms him in his partial identity and does not help him to re-appropriate the disowned side of himself.

Therapist No. 4: This therapist was exceptional in the sense that his interpretation was extremely short consisting of two sentences only. The first sentence states: "Jack's spontaneous nature is taboo as are his loves and fulfilling activities, especially when in relation to a powerful feminine figure". Thus it clearly comes out that John/Jack has never been accepted as John/Jack and is still only finding himself acceptable as John rather than Jack.

Therapist No. 11 suggests that John/Jack may feel "like the unloving parent who puts his needs first". He continues: "This would be related to his feeling that the way to be loved (or at the very least to avoid criticism) is to meet others' needs. Perhaps deep down he feels that he has harmed by his neediness or greed or selfishness the very person who he needs to love him. This happened out of resentment at not being loved and having to please the other...".

Therapist No. 12: In this interpretation it is suggested that Jack had formed an anxious attachment (Bowlby) to his mother "as a

result of her inability to give him the kind of unconditional love which enables true self-esteem to be established. If "love" was given only when he was good it would seem that John was unable to integrate his bad parts..."

It seems then that John could only accept himself provided he denied the Jack part of himself; this is underlined further by a later paragraph where the therapist says: "being assertive or angry would seem to be associated with being unlovable and worthless leading to a need for external affirmation of his being".

Acting out (used in 8 interpretations)

The analyst Rycroft (1972) defined acting out as follows:

"a patient is said to be acting out if he engages in activity which can be interpreted as a substitute for remembering past events. The essence of the concept is the replacement of thought by action and it implies that either (a) the impulse being acted out has never acquired verbal representation or, (b) the impulse is too intense to be dischargable in words, or (c) that the patient lacks the capacity for inhibition. Since psychoanalysis is a talking cure carried out in a state of reflection acting out is anti-therapeutic".

In the present research it cannot be said that the therapists who participated necessarily interpreted acting out in the strict psychoanalytic sense. However the element that the concept is the replacement of thought by action is implicit in the interpretation as is the idea that the impulse being acted out is not expressed verbally. I would be hesitant to say that the impulse has never acquired verbal representation. It could also be that the impulse is too intense to be dischargable in words. There is, however, no indication in the present case that the patient lacks the capacity for inhibition. As regards the part of the definition which states that the psychoanalytic terms acting out is anti-therapeutic this is not shared by the existential phenomenological therapists or Daseinsanalysts. For them, acting out may very often mean the first manifestation of a possibility which has not surfaced before. Interpretation of acting out in this way may help the patient to reappropriate some of his lost possibilities.

Therapist No. 1: This therapist states that "John allowed himself to be Jack for a short while. However, since he had not

fully re-appropriated Jack, allowing Jack only to "emerge" in "time-out" periods, this still remains at an acting out level".

Therapist No. 5: Although this therapist states that she feels "mildly irritated" concerning the "inadequate information" provided, that she regards systematic history taking etc, as important and would have liked to know more about the nature of the acting out behaviour of adolescence, she still gives an interpretation on the material which amounts to an "acting out" interpretation. She says: "it appears to me that emotionally, John may have some difficulty with the idea that Anne was "otherwise engaged" (that is, doing things of a special kind with other people) that evening, even though intellectually he reasons she may need him and his support when she comes home. I wonder about the conflict between his rational undertaking to be home and available, and the emotionally-based "letting himself go" which resulted in him getting home late and her feeling unsupported and upset". In the next paragraph she refers to John's "difficulties around his infantile dependency needs - to be the main focus of her attention, with her being always available to him, rather than a more mature dependency which has a balance of give and take. It is difficult for him to meet Anne's needs and to deny or delay his own. At the same time, it makes him anxious to perceive that hers are being met elsewhere, even if only in part".

The crux of the interpretation is the fact that although John reasons about her needs and that he has to support her still he allows himself to let himself go which results in him getting home late which means obviously acting out. She then goes on to show how this acting out seems to revolve around his infantile dependency needs.

Therapist No. 6: Starting from the information that John had acted out during adolescence this interpretation states: "but this action, rather like his earlier acting out, was manifestly a "bad" thing. The acting out is presumably a displaced anger towards Anne in this instance because she needed comfort and support. But since the "bad" Jack was in the ascendance selfish neediness took precedence over altruism".

In this case the therapist thinks in terms of a displaced anger directed towards Anne. This means that the acting out is correlated with this displaced anger in that, if he could have verbalised what he was angry about with her (and thus with his mother of course) he would probably not have acted this way.

Integration/Individuation (6 interpretations)

The term integration is usually used in developmental psychology to indicate the process of unifying and co-ordination of functions and parts of the person in order to bring about unity at a high level of development. The process is supposed to go hand in hand with differentiation that is simultaneous with the latter.

On the other hand, individuation is a term which stems directly from the work of Carl Gustav Jung. As used by him it includes not only the idea of becoming aware that one is a separate person and different from others but also the idea that one is oneself a whole indivisible person. Jung often saw individuation as one of the main tasks of middle age but in general psychological practice individuation has come to mean becoming an integrated and unified person at any time especially during psychotherapy. Interpretations in terms of integration/individuation occurred six times in the case of John/Jack. The following are illustrative examples:

Therapist No. 1 simply points out that John had not fully re-appropriated Jack. Jack is allowed to emerge in "time out" periods only. Since this clearly means that the subject has failed to integrate a significant part of himself it would seem that his individuation is still in the early stages.

Therapist No. 6: This therapist says "due to therapy it appears as though these two selves are unable to maintain themselves in their separated form and good John is forced to co-exist with bad Jack". Clearly this statement means that the good and the bad have not been integrated, that John is therefore not a fully integrated person.

Therapist No. 7: The interpretation of this therapist may serve as a good example of what is meant by integration in the case of John/Jack. He says: "John Jack lives a split existence of a 'good' John and a 'bad' Jack. His difficulty is in integrating these two aspects of his being, the 'good' John being an idealised self-image shaped by his perceptions of his mother's needs from him and the repressed 'bad' Jack will contain his own split-off needs and vitality. He lacks the experience of a father strong enough to assist him in owning his assertive energies to healthily separate from his mother and see himself as a person with needs and aspirations unique to himself and different to hers".

This seems to be as good a statement of integration as one could wish for. It also clearly brings out that John being stuck in disowning part of himself cannot really become individuated, i.e. become a fully functioning individual who is his own person.

Therapist No. 8: This therapist supposes that in childhood John Jack used primitive ego defences of denial and splitting in order to disown his anger towards his mother. In other words, he split off his bad self as the imaginary Jack who lives down at the bottom of the garden. She continues: "He was thus unable to integrate the good and the bad aspects of himself and accept his ambivalence towards his mother".

She amplifies her interpretation by stating what her goal in therapy would be, namely - "to enable him to integrate his 'good' and 'bad' parts ... He would hopefully eventually tolerate ambivalence towards the therapist, in order to develop greater self-esteem and a capacity for mature object relations".

Passivity/Dependence

This feature was brought out by six interpretations.

It is interesting that in the *Psigologiewoordeboek* by Gouws & Others, passivity is not defined, although there is a definition of the "passief/aggressiewe persoonlikheid". On the other hand, no less than seven definitions for dependence (afhanklikheid) are given. For our purposes, definitions No. 1, 2 and 6 are most important. These indicate (1) a lack of independence, (2) the relationship of a child towards those who are caring for him or her, and (6) emotional dependence, i.e. the habit of relying on others for encouragement and guidance.

However, when we look at Rycroft's *Critical Dictionary of Psycho-analysis*, we find a close relationship between passivity and dependence. Thus, passivity is defined as "unwillingness to initiate action, proneness to become dependent on someone else, seeking the relationships in which he can become passive-receptive or passive-dependent". When we come to dependence, Rycroft indicates that this refers either (a) to the fact that children are helpless and dependent on their parents, or, (b) to the fact that neurotics are fixated on their parents and imagine themselves to be dependent on them. Oral dependence is an infant's dependence on his mother. The word "independence" also can be used in the sense of autonomy.

As regards the opposite of passivity, namely, activity, Freud, according to Rycroft, made extensive use of the idea that there exists a polarity between activity and passivity. According to Freud, masculinity, aggression, sadism and voyeurism, are active whilst femininity, submissiveness, masochism and exhibitionism are passive. Freud has, however, been severely criticised for this anti-feminist stance.

Therapist No. 15: This therapist refers to John Jack's good/bad dichotomy and describes his acting out in adolescence as an attempt to feel less crazy and fragmented. The interpretation continues: "... but he has a need to experience goodness in terms of having his dependent needs met (adopts behaviours that will hopefully satisfy his needs, e.g. at work). Therefore he does not wish to take on responsibilities; a reason for disowning his naughtiness may be a way of his fearing rejection and therefore not being loved (by mother?) - having his dependent needs met?" We can clearly see that in this interpretation his dependent needs are connected with his reasons for disowning his naughtiness, thus as a way of avoiding rejection and therefore not being able to secure supplies which were guaranteed to him as long as he remained dependent.

Therapist No. 14: This therapist expresses himself very briefly by indicating that John Jack "cannot nurture or gain comfort from others. John is angry towards women and cannot cope with the dependency". This therapist is thus saying that John cannot structure a relationship of symmetrical mutual dependence. His dependent relationship to Anne is fraught with difficulty because he is generally speaking, angry towards women.

Therapist No. 5: The same point regarding the lack of a symmetrical give and take dependency is made by this therapist who says: "it seems likely to me that John has difficulties around his infantile dependency needs - to be the main focus of attention, with her being always available to him, rather than a more mature dependency which has a balance of give and take. It is difficult for him to meet Ann's needs and to deny or delay his own. At the same time it makes him anxious to perceive that hers are being met elsewhere, even if only in part".

Therapist No. 9: This therapist says that in coming to grips with the material he would first think "in terms of oral dependency issues. He (John Jack) feels like a child and is concerned not to upset - indeed to comfort Ann". Although this therapist does not elaborate on the dependency as the previous ones do, it

seems that he locates the dependency as infantile oral needs. It means much the same as saying that the dependency was transferred from his overwhelming mother to his girlfriend.

Existential Possibilities and Selfhood

This theme was used by four out of the fifteen therapists.

Therapist No. 2 referring to John failing Anne and asking her forgiveness, says: "It might also be suggested that the movement of that night has been made possible by his psychotherapy. Through the 'good enough' presence of the therapist he has consolidated his sense of self to the extent that he is able to risk the defencelessness and the pain that calls him. In his fears of guilt towards Anne, I would like to tap the gratitude I sense there too. Guilt binds; gratitude frees".

This quotation clearly indicates that he has moved towards selfhood; that although he is still the victim of his regressive desires, he has also moved beyond being a mere ego.

Therapist No. 3 sees John as ambivalently trying to reappropriate Jack. He says: "But it appears that he cannot live out the possibilities of 'Jack' because of Jack's 'bad face' - the out-cast; that one who is the 'baddy of shame'. Yet Jack also appears as a 'promise of vitality'. So John has a love/hate relationship with Jack, occasionally admitting him, but mostly excommunicating him".

Therapist No. 6 says: "Vacillation between 'good John' that is well-intentioned but without energy, and not adult, and 'bad Jack' who appears to have monopolised reality, but in a 'bad' way. Due to the therapy it appears as though these two 'selves' are unable to maintain their separated form and good John is forced to co-exist with bad Jack".

This interpretation later goes on to say that the mobilisation of bad Jack is the secret to re-energising the whole person, in other words, reintegrating Jack into the total person.

Therapist No. 8 also refers to the split between John as good and Jack as bad and adds: "I would postulate that he later projected his angry 'bad self' into his passive father, using this inadequate person with whom to identify as an adolescent and young man". She also refers to his low sense of self-esteem and his immaturity.

From the foregoing it is clear that although selfhood has been interpreted in four out of the fifteen therapist's interpretations, it is not present in a very strong form. The selfhood interpretations overlap quite a bit with the interpretation relating to split-off parts of his self, which he has to own and with interpretation concerning the "unconscious" portion of his personality.

D. CASE OF MARGARET ANDREWS - ANALYSIS OF THEMES

Since relations with therapist have already been analysed separately for Margaret Andrews together with John Jack and Danny Lewis, I will immediately go to the heading of Relationship with Others.

Relations with others

This was thematised in all seven interpretations. Since this is the general rule, namely that all interpretations so far have thematised this, I will provide only two examples, namely one case in which it was thematised very strongly and another case in which it was thematised to a much lesser extent.

Therapist No. 2: This interpretation focuses first on the progress that Margaret made in overcoming her withdrawn, unassertive way of relating and taking her lessening of sessions as an indication that she feels less dependent on her therapist. However, aspects of the dream make some of this growth seem questionable. That is the fact that in the dream the therapist turns into her husband and the context in which this happens. The following questions are raised: "Why does her therapist turn into her husband? Why is she in the dream virtually equating the female therapist with her husband? Her husband is not specifically mentioned in the clinical data. Does her communication with her husband still depend on her sheltered communication with her therapist? Is she still relating to him in an emotionally dependent way, expecting to be "sheltered" by him, rather than encountering him face to face as an equal? Has she been fully able to accept his maleness in her sexual encounters with him?"

These questions do not really negate the progress that has been made in therapy, but open up the therapy more in the sense of asking to what extent she has succeeded in really changing and growing and actualising her possibilities.

Therapist No. 4 sees the strangers in the dream as "psychic potentials". He also speaks of her initial ambivalence to be different from her usual self but that she takes up the offer to risk herself in order to find new ways of being.

So far this interpretation does not thematize relational qualities as such but rather show how these point to existential possibilities. However, he does point out that the client can now "deal with specific relationships beyond the realm of the therapy sessions especially those which are significant... to her".

Dependency/Passivity

Since Margaret actually sought therapy to improve her inter-personal relationships in which she was unassertive, withdrawn and passive, it is not surprising that passivity and unassertiveness were thematised by most therapists. However, the theme of dependency came out in four out of seven interpretations. Dependency did not form part of the clinical data.

Therapist No. 1 interpreted the dream as showing that she is in the first place still dependent on her therapist; in the second place the fact that the therapist and husband are merged in the dream is interpreted as meaning that she is still dependent on her husband and that this dependency may be of a "child/mother" (rather than a "child/father") nature.

Therapist No. 2 mentions her passivity, etc., as the beginning of the interpretation, but then in looking at the dream asks, *inter alia*, "does her communication with her husband still depend on her sheltered communication with the therapist? Is she still relating to him in an emotionally dependent way, expecting to be "sheltered" by him, rather than encountering him face to face as an equal?" Thus, this interpretation largely agrees with the previous one, that she is still dependent upon her husband in a somewhat child-like way.

Therapist No. 3 looks at the client in terms of system theory especially in terms of the system consisting of her and her husband. Since therapy has progressed well he assumes that she has grown in self-confidence and an ability to take an independent stance, especially in relation to her husband. Interpretation then continues: "But since she has always been in a complementary position to others in which she played the passive and dependent position (an educated assumption), I would

see this as part of the struggle with termination - that is, she wants to be independent, yet also wants to enact in relation to me (as therapist) the dependent position. Consequently I would use the dream material to further the aims of therapy". This therapist would use the dream material by conveying to the client that she is okay, but that if she needs to draw upon the therapist to reaffirm her position from time to time he would be happy to help.

Therapist No. 6 does not see Margaret's dependence as relating primarily to her husband, but rather to her therapist. She is afraid that in moving away from her therapist she would be abandoning her and "the complementary fear (was) that she risked being abandoned by her therapist (i.e. "worried that sooner or later her therapist would ... not wait for her", and "her therapist had changed into her husband"). The fuller implications of this anxiety would perhaps be apparent if more information on the nature of the material relationship were available.

This relationship therefore boils down to the idea that Margaret is still afraid to assert her independence in case she is abandoned.

Existential Possibilities/Personal Growth/Selfhood

This was also thematised by five out of seven therapists.

Therapist No. 2 sees in the clinical data as well as the dream "that the client has, within the process of sheltered communication with the therapist, experienced positive growth involving her being able to live the possibility of spontaneous unplanned enjoyment with others who invite her into their fun. She is responding to the world as inviting, in contrast to previously when the world was experienced as uninviting".

Therapist No. 3: This therapist would, in his proposed dialogue with the client, interpret the dream in such a way as to say to the client "now that you are moving away from therapy, you are feeling readier to have fun and to enjoy parts of yourself that somehow you and Jack (her husband) were not enjoying together. So now you say "oh boy, there are things for me to do, I am ready to be open to people in a new way".

Therapist No. 4: Part of the dream interpretation by this therapist runs as follows: "Despite an initial ambivalence that if

she were to be in a way different from her usual self, she might jeopardise her therapeutic progress thus far (the therapist might not wait for her), she eventually takes up the offer made by her previously hidden potentials to be more fully herself. On risking herself in this way, she realises that her existence is still safe, and is thus empowered with the knowledge that her other ways of being are not bad and neither are they to be rejected".

Therapist No. 5 points out that Margaret "had achieved the freedom to take the risk of possibly missing her therapy session in order to enjoy the fun. This worked out for her, which indicates that she has really grown sufficiently to be able to enjoy life and people without having to seek permission".

Therapist No. 6 points to Margaret's increased confidence in "her own resources in relating interpersonally (and enjoying the prospect of being drawn into the group by others and being included "in the fun", ..." She further interprets that Margaret is ambivalent about her independence and would say to her: "you seem to have doubts about whether I will still be interested in you if you become more independent".

Anxiety

This is thematised by three therapists, but not very strongly. Anxiety seems to have been a theme subsidiary to the problem of her relationships with others and the therapist.

Therapist No. 2 sees the client as showing some anxiety in the dream that she would miss her session and that the therapist may not wait for her. Moreover, according to this interpretation, the fact that she sees her therapist from the back indicates a fear that the therapist will no longer "face" or "mirror" her, that is, abandon her. Thus the anxiety turns round her relationship with the therapist and the fear of abandonment.

Therapist No. 6: In this interpretation the therapist speaks of fear throughout rather than anxiety. First of all she fears losing the support of the therapist, that in abandoning her therapist the latter would in turn abandon her. The fact that in the dream the therapist had changed into her husband, leads the therapist to say that the fuller implications of such anxiety "would perhaps be more apparent if more information on the nature of the marital relationship were available". Thus this therapist would seem to imply that her husband also plays a role in her anxiety.

Therapist No. 7 also sees her anxiety about her therapist's presence as being related to her anxiety about termination, that is having to live independently of her therapist.

All three interpretations indicate that the anxiety largely relates to her relationship with her therapist. Such inter-personal anxiety is not inconsistent with the sort of anxieties she probably experienced with and in other relationships in the past.

E. THE CASE OF RICHARD BERRY

As we have seen in three previous cases, relations with others constitute a part of all interpretations. In this respect Richard Berry is like all others. However, relations with his family which is a more restricted group of fellow human beings were very important in this case. In addition, there was the theme of accessibility which constituted partially a theme supplementary to the theme of family relations. There is a sense in which the inaccessibility opposes his building up relations outside the family.

In contrast to the other three cases there were practically no interpretations of transference or concerning relations with the therapist. In fact, only two such remarks were made in two different interpretations.

Another very important theme was the syndrome of alienation/loneliness/isolation which occurred in nine out of the ten interpretations but hardly occurred in any of the other three cases. The self and various existential possibilities were thematised in six cases as was the question of integration whereas anxiety and psychic inflation was thematised in five cases each. Guilt was not often thematised (only in three interpretations) but homosexuality was thematised in six out of ten cases.

1. Relations with others (family) (all interpretations)

Therapist No. 1 sees the biological family as a focus of his interpretations, in that "Richard realises that despite having several step-siblings, his only meaningful family comprise his biological parents and brother. Yet, even then he is alone in his life and in his life-style, which although fulfilling is nevertheless lonely. Richard perceives himself and his family becoming

alienated through his dishonesty. Also, that a family reconciliation can only be brought about by changing his life-style..."

Therapist No. 3 sees him as finding no dwelling place with others and he seems to find no support from his family. The interpretation is: "looking back towards the place of his family, he finds no ground there. They are safe from the flood but receding from him. He does not feel inclined to join them. In the remaining scene, he is distanced even further from his fellow man". This means for this therapist that Richard's alienation from the family is a prime constituent of his alienation from himself and fellow man.

Therapist No. 5 sees Richard as remaining bound to his family whilst at the same time they are providing very little, if any, support for him. The interpretation states that "the park begins to flood and the ship is sailing away - it is his family leaving but he chooses not to follow. This, as well as the absence of leave taking again points to his insufficient, perhaps ambivalent integration with the family. He feels abandoned rather than that he is able to leave the family of his own accord. Not he, but they, are undertaking a journey away from him".

Therapist No. 6 puts the problematics of his family relationship in a very strong light by saying "the striking feature of this dream for me is that Richard is in the continual presence of his family, even when they reject him, yet they are like empty ghosts who do not relate to him, and he finds himself increasingly alone, both in terms of his own family and anybody else".

Therapist No. 9 points out that he has difficulty in reaching his true self and continues, "perhaps his relationship with his family and maybe in particular, his three step-siblings, have something to do with this difficulty - perhaps the overprotectiveness experienced as a child has made him fearful and unsure of himself, and hence not allowing himself to look too closely at himself".

Alienation/loneliness/isolation (9 interpretations)

This category was thematised by nine out of the ten interpretations. The following should give a good flavour of the quality of these:-

Therapist No. 2 in looking at the dream, considers the house as "representing his personality and its interactions with relevant others as a concomitant of that. He has no access at all to the house which suggests that he is isolated and alienated, not only from others, but also from himself".

It is further noted that the dreamer "goes to the back of the house, does not try to gain access through the front door as is customary. In this country, that is usually (or used to be) the servant's or trades entrance, again suggesting a feeling of being alienated and locked out of his own 'house'".

Finally, in reference to the pearl structure and the three shadowy figures, the therapist points to the client's need to make contact with these figures, his need to be helped to build a bridge across and thus to contain his isolation.

Therapist No. 4 sees the boy having fun on his own in the park as having "reference to Richard himself, who had a rather solitary childhood and seemed to enjoy himself more on his own than with others". It is further pointed out that this "sense of aloneness seems to become part of Richard's waking life, for he becomes increasingly depressed following this dream". Then, by dropping his search for relationships in favour of the theatre, he avoids responsibility for the establishment of personal relationships.

Therapist No. 6 states the theme as follows:

"Somehow he has no access to the social and familial world which is familiar to most of us; he feels an outsider. As an outsider he is sexually and aesthetically drawn to young males. But there is also a sense in which the young boy is himself in his innocent, vital and sexual possibilities, but in his loneliness, these can only appeal in the nostalgic longing towards an anonymous young boy in an empty park. In his loneliness, his longing, and his own nostalgia, he is overwhelmed with a flood of feelings, fantasies and needs, but instead of finding a supportive environment in which to hold these, he is simply increasingly isolated".

Therapist No. 7 also focuses on the boy in the park, the park being empty and the boy alone. This leads the therapist to suggest that "He grew up in a family with a tremendous sense and experience of loneliness (perhaps)". As regards the dream, therapist No. 7 thinks that it concerns deep feelings of loneliness and anxiety at such loneliness.

Accessibility

Richard dreamed about "a large house to which he has no access". Such lack of access to the world and fellow human beings - even to his own family, was thematised by six out of the ten therapists. Mostly, it served as a prelude to elaborating on the theme of alienation and loneliness.

Therapist No. 2: As has just been said, this theme of lack of access was often used to lead up to the theme of alienation and loneliness. In the present case, the theme of lack of access is so tied up with elaboration of the theme of alienation and loneliness that it is not necessary to repeat the previous quotations (see above in previous section).

Therapist No. 3: In this interpretation an elaborate use of spatial metaphors is made rather than using the word "access" as such. An example: "In the dream, he sees no dwelling place with others. The three figures with him appear to be vague. The only inviting possibility is one of a playful and childlike abandon but without any playmates. Even that possibility is threatened (the flood)". Earlier on in the interpretation, it was pointed out that Richard is in a state of transition but that he can neither go back nor go forward as that "future (which) would invite him (a loving homosexual relationship) has also receded into the distance. Thus he cannot go back and he cannot go forward - but he is being pushed forwards as an unwilling participant".

A series of spatial metaphors are used to bring out a life historical theme:

"This is not the first time that he has felt such little space. The life breath of an asthmatic does not have 'room to move'. In being over-protected his parents were excessively involved in his 'movements'. His attempts to 'venture out' were difficult ('difficult to establish friendship').

Even later in his life when he expressed his desire towards the familiarity of his own sex, perhaps the furthest that he could get towards another, beyond his mirror self, he was devastated by abandonment. Although there is the hope about another place (USA) and another situation (stable homosexual relationship) the background context suggests that such hopes are precariously alive".

Therapist No. 4: Here the accessibility theme simply introduces and thus supplements the theme of relating to his family:

"The large house probably refers to his relationship with his family, because he has no access to it (his relationship with his parents has been deteriorating)".

Therapist No. 7: This therapist interprets the large house to which the dreamer has no access and the ship sailing away as follows:

"On one level they seem to be representations of a family situation to which he does not have access. He is not in his family and in the dream, the family leaves him, abandons him. At another level, house, ships are equivalent of containers and can be seen as female symbols to which he does not have access given his particular sexual disposition".

In a different way then, both his alienation and his homosexuality are related to the problem of access, thus arriving at much the same trend of thought as therapist No. 3, but in a totally different style.

Selfhood and existential possibilities (6 interpretations)

Therapist No. 2: This therapist clearly gives a Jungian-type interpretation, but it so happens that it is a fortunate interpretation to start with, because here the self and existential possibilities are brought together in the same sentence:-

"He sees a boy, again alone, in a park. Parks signify places of recreation (re-creation) and indeed, the boy is having fun. As the child is a boy (same sex), this could signify the symbol of the emergent self, the possibility of re-birth, renewal and re-creation. This is a positive and hopeful image in the dream".

However, this therapist also relates the pearl to the self -

"A second symbol of the self ... the pearl. The pearl is a precious object, nurtured by the sea, that is the great mother. This pearl crumbles when he tries to walk over it. This suggests difficulties with the feminine also and thus with the personal representative of the feminine in his life, i.e. his own mother".

Therapist No. 6, who clearly gives an existential-phenomenological or Daseinsanalytic interpretation also concerns himself with the self in a strikingly similar manner to the previous example:

"But, there is also a sense in which the young boy is himself in his innocent, vital and sexual possibilities, but in his loneliness these can only appeal in the nostalgic longing towards an anonymous young boy in an empty park".

He also refers to the

"pearl structure (that) has its origins under the sea and thus is a solid and valuable place within the flood waters of his own crisis. As such it is a source of strength, support and meaning that has emerged from the depths; it is not a concoction of his own making as a day time endeavour. Jung would call this the self, on which he now stands, and over which his family walks".

Therapist No. 5 does not see the lonely boy playing in the park as being the client himself but does bring selfhood in relation to the pearl structure as follows:

"He is then confronted with a structure of great value which begins to crumble when he walks over it, but not when the three anonymous figures do. Does he see himself as a despicable person - is there a certain amount of self-hate which deters him from taking up his responsibilities in such a way that he is able to appropriate for himself the good, the beautiful and the valuable?"

Later on he adds that

"there are some hopeful features, the flood does not destroy the park, and the three figures do walk over the pearl structure without crumbling it. He may, via his love of the theatre, be able to appropriate his un-lived potentials ..."

Integration/disintegration (6 interpretations)

The case of Richard Berry is the only one of the four reported cases in which disintegration is considered and thematised in a serious light by the therapist - in six out of the ten interpretations. Obviously, this is precipitated by that part of

the report in which it says that Richard reported feeling increasingly depressed and feared that he might "crack-up". However, four therapists did not regard this fear in a serious light, whilst six did, and also found other indications of the possibilities of disintegration or perhaps the word "decompensation" would have been equally apt.

Therapist No. 9 looks on the ship sailing away from him as having something to do with his plans to leave South Africa - this sounds like a somewhat literal interpretation. However, she then goes on to say that the journey may have something to do with his emotions and relationships. She continues:

"Perhaps he regards his siblings or others as stronger than him and therefore more capable of the journey. He perceives himself or senses that at the moment, he can't take the same risks as them because at the moment he is fragile and could easily become fragmented".

Therapist No. 6 after discussing Richard's increasing isolation on the one hand and the self as evidenced by the pearl structure on the other, continues the interpretation as follows:

"It seems to me that the crisis has touched him so deeply that his self is at stake, and his fears that he might 'crack-up' seems to be justified. He feels that all he has is this self which needs protecting, but at the moment, at least, his anxiety has frozen him into non-action".

Therapist No. 3 sees disintegration as an ominous possibility although he does not use the term. What he says is:-

"The dream speaks of a degree of self enclosure and interpersonal groundlessness that is ominous. The events of the following week affirm this impression. His interpersonal dissolution is conclusive, feelings of this precarious 'self' arise. He gives up the task of standing on the 'pearl structure' of his own self possibilities and all its vulnerabilities, and commits himself to a world of vicarious living where the actor lives a dramatic life but is separate from a personally grounded and committed identity".

Homosexuality

Richard Berry was the only person in whom sexuality (and more

specifically, homosexuality) as such was thematised (in six out of ten interpretations). Although Danny Lewis was also reported to be a homosexual, none of the interpretations in his case seriously raised the issue of homosexuality as being problematic and even whether it was egosyntonic except in one interpretation which was not used. Obviously, Richard's failure to find a stable homosexual relationship as well as his report that he was no longer keen on stable relationships, is an important consideration which was taken more seriously by some therapists than by others, and which in itself did not determine the nature of the interpretations.

Therapist No. 2 refers to Richard's immaturity (or retarded development) but then, in discussing the dream he refers to the park and the boy on the slide - he sees this as "an oscillation between masculine and feminine (up and down the slide) suggesting that his statement that the client has fully accepted homosexuality should be qualified by the ambivalence suggested in the dream. Is he playing, having 'fun', with his sex role identity? In regard to the production of the play, the interpretation suggests that the therapist should "explore his fantasies in the play, particularly the theme of infidelity, since he may feel betrayed by his parents' divorce (were there extra-marital affairs which contaminated his relationship with them and perhaps also in his own 'devastating' homosexual relationships?) which wounded him so deeply and further damaged his already fragile trust in relevant others".

Thus we see that in this interpretation, the dream content gives rise to doubt as to whether Richard's homosexuality is really egosyntonic. It also clearly indicates that it does not afford him access to others, but in fact may serve to damage his interpersonal trust.

Therapist No. 7 also starts his thematisation of homosexuality by referring to the boy on the slide and the fact that he is alone in the park. This figure is interpreted as representing the dreamer himself. The interpretation continues:

"The figure also suggest an erotic component or to be more precise an auto-erotic component. Sliding, gliding, etc., are activities which evoke sensual pleasure. I wondered to what extent, thinking of his homosexual orientation, he chose himself as a love object. A refuge and defence against feelings of abandonment and not fitting in the family. Later in life (perhaps) he chooses

other men and loves them as he would like to have been loved himself. This is why I would like to know more about his homosexuality and his disappointment which again makes him want to flee away from object relatedness. Isn't this what he did once in his life as a young boy? The narcissistic structure of the homosexual position perhaps is problematic because through the other, he is attempting to love himself, an impossible task. Failure leads to withdrawal because the position is too narcissistic".

Therapist No. 3 and *5* do not question the egosyntonicity of his sexual position, but both point out that it does not really afford him access to the world and fellow man. In the case of *therapist No. 3*, this is indicated by Richard's deteriorating relationships with his parents, his inability to demonstrate his masculinity in the military, "even though he is looking for harmony in masculine relationships rather than competition". The therapist further indicates that "a future that would vitally invite him (a loving homosexual relationship) has also receded into the distance. Thus he cannot go back and he cannot go forward - but he is being pushed forward as an unwilling participant".

Similarly, *therapist No. 5* does not see in the dream any hope that his homosexuality will help him overcome his loneliness and isolation and he states:-

"Seeing a boy alone on a beautiful slide in the park is consistent and egosyntonic for his being a homosexual. However, he does not interact with the boy at all, so his egosyntonic homosexuality, does not, at this stage, afford him access to fellow man. What can appear in his world openness at this stage is an undemanding, non-interacting person of the same sex".

Anxiety and insecurity (5 interpretations)

In spite of the fact that anxiety and insecurity occurs as an interpretative theme in five out of the ten interpretations, it is not seen to be a really important theme in any one interpretation. It does not seem to have been assigned the importance assigned to homosexuality or to alienation.

Thus *therapist No. 4* does not even use the term "anxiety". She only points out that when the park becomes flooded, playing on the slide can no longer be a safe way of being for Richard. Later on in the interpretation, it is pointed out that by

withdrawing into the theatre, he avoids the interpersonal risks he would take by relating to the world as himself.

There are two other therapists who relate anxiety to the flooding of the park, namely Nos. 5 and 7.

In relating anxiety to the flooding of the park, *therapist No. 5* states:-

"Although the dreamer does not report anxiety or fear apropos of his dream, the flooding of the park, though not reported as threatening, suggests something uncanny. Obviously the attunement is neither manifestly anxious nor depressed, but I guess that there is an attunement in anxiety and that this constricts rather than threatens him".

This therapist further points out that the depression and anxiety is involved in Richard's denial of the importance of stable relationships as well as the themes of his proposed play.

Therapist No. 6 points out that Richard feels "that all he has is the self which needs protecting, but at the moment, at least, his anxiety has frozen him into non-action".

This therapist further comments that Richard's involvement with the play "communicates his own depth without the dangers concomitant with intimate relationships". The correspondence so far between these three therapists (Nos. 4, 5 and 6) concerning the flooding as well as Richards's involvement in the play is quite striking, but not absolute.

Therapist No. 7 also points to the flooding which he suggests points to a deep anxiety of being overwhelmed and annihilated. He further traces this anxiety back to ethereal aggressive fantasies. This therapist further thinks that "the dream is (to summarise) about deep feelings of loneliness and anxiety at such loneliness".

Therapist No. 9 sees the client as "experiencing difficulty in reaching himself - his true self - perhaps his relationship with his family, maybe in particular his three step-siblings, have something to do with this difficulty - perhaps the over protectiveness he experienced as a child has made him fearful and unsure of himself and hence not allowing him to look too closely at himself".

In passing we note several themes which appeared in previous cases which were quite rare in the present one. For instance, guilt was only thematised in three interpretations. Other contents which were brought up by one or two therapists but were not thematised in other subject cases were that of narcissism or auto-erotism which was only thematised once, separation/loss also once, passivity once and psychic inflations once.

CHAPTER FIVE

GENERAL DISCUSSION AND CONCLUSIONS

We now have to look at what emerged from the various interpretations and try to understand something more about the style of interpretation. Hopefully, this will lead us to discover some sort of logic, some sort of order, some rule of interpretation which were guiding the participants. Obviously, this does not mean that through this study I will be able to indicate how interpretations could be "more right" than others but it does help us in that it shows what is actually the case as far as competent South African therapists are concerned.

WHAT IS THE NATURE OF THE CONNECTION BETWEEN THE MATERIAL PROVIDED AND THE INTERPRETATIONS?

In order to answer the above question, I will have to look at the content areas covered and see how these connect up in the first place with the material provided. My supposition or rather my impression at this stage is that the interpretation can simply be said to be connected with what is provided. In other words, if different material is provided, different interpretations will be forthcoming. This seems a very obvious thing to look at, but even so it may be worth our while to explore it in a little more detail. Things which are as obvious as this are sometimes forgotten. If it transpires that interpretations are closely related, perhaps in a variety of ways, with the material provided, it would at least provide a refutation of a possible supposition that interpretations are "arbitrary". The themes are summarized in the following table.

	SUBJECTS				TOTAL
	DL	JJ	MA	RB	
N =	8	14	7	10	40
Relations with others	8	14	7	10	40
Relations with therapist	5	2	7	2	16
Transference	3	5	-	-	8
Guilt	3	13	-	3	19
Existential possibilities/ Growth/Selfhood	-	4	5	7	16
Unconscious/disowning/ shadow	-	13	-	2	15
Repetition/Re-enactment/ Recapitulation	6	9	-	-	15
Acceptance/Love vs Rejection and Abandonment	4	8	-	1	13
Dependence/Passivity Integration/Individuation vs Disintegration	-	6	5	1	12
Anxiety	-	6	-	6	12
Alienation/Loneliness/ Isolation	-	2	3	5	10
Regression	-	-	-	9	9
Aggression/Anger/ Resentment	-	9	-	-	9
Acting out	-	8	-	-	8
Conflict	6	2	-	-	8
Accessibility	-	-	-	6	6
Homosexuality	-	-	-	6	6
Responsibility	-	6	-	-	6
Self assertion and self affirmation	-	4	-	-	4

In this table we can see what the leading themes were that were dealt with by the forty interpretations provided in the four cases. These themes are tabulated in order of frequency and the number of interpretations thematised in each of the four cases from the main body of the table. (In deciding the order of frequency the number of interpretations of "relationships to therapists" and "transference" were added to each other). N equals the number of interpretations received in each case.

Relations with others

This theme was used in all the interpretations. In view of its universality it hardly needs discussing except to point out that some of the interpretations were richer in texture than others. Again this had something to do with the case histories provided. Thus the inter-personal interpretations in the case of Richard Berry concentrated on his relationship with his family members because there was not much of a relationship with anybody outside the family. Even these relationships, as they came out in the interpretations and the case history itself as well, were rather remote and not deeply involved. This remoteness, this lack of involvement means that he tends to be isolated and cut off - other interpretations made this absolutely clear - and is consistent with the decision he took at the end of the case history, namely not to bother too much about personal relations any more but to concentrate on theatre work. On the other hand, we see that, especially in the case of John Jack and Margaret Andrews, the relationship interpretations were of a fairly rich texture. Certainly John's relations with both his mother and his girlfriend gave plenty of scope for bringing out how he related to others. In the case of Margaret Andrews the case history as well as the interpretations revolve around her relations with her husband, friends as well as her therapist. In the case of Danny Lewis the texture of relationship is not so great because he is involved with a homosexual person but does not love him. Also it seems that he is very much concerned with overcoming his guilt in relationship to his therapist. So although there is an intense relationship with the therapist his relationships otherwise do not show a rich texture.

Relationship with therapist and transference

MARGARET ANDREWS

In this case relations to the therapist were thematised in all seven interpretations. Again it is quite clear that this ties up with the case history because it is said that having just decided to reduce the number of sessions to once every two weeks, Margaret then had a dream in which the therapist figured prominently. Note that nobody used the term "transference" and this may be because very little by way of previous history is given. Also, as we have noted in the previous chapter, the term transference is used by those who tend to bring in theoretical structures such as Oedipus complex, projection, etc., and since

so little history is given there is not much room for either theoretical structures or for technical interpretations.

GENERAL

In the case of Danny Lewis out of eight interpretations five relationships to the therapist were thematised and three in respect of transference. It thus comes to light that in the case of Danny Lewis all interpretations either interpreted relationship or transference or both. In the case of John Jack there were two relations interpretations and five transference out of a total of fifteen interpretations.

However, the question of transference and relations with therapist were very weakly thematised both qualitatively and quantitatively in the case of Richard Berry where there are only two references to the therapist, one of which simply indicates worry about his (the therapist's) "absence".

The second interpretation (Therapist No. 7) is a transference interpretation referring to the pearl structure breaking and in this interpretation the author wonders whether there are fantasies about the therapeutic relationship also breaking. The author further continues: "I would assume in other words that whatever unconscious dynamics are in play they probably have reference also to the transference object". Later on the same therapist comments: "We know that one week later he got depressed and feared he might crack up. I would not separate those feelings and anxieties, however, from the transference and the nature of this therapeutic relationship".

In the case of Richard Berry then, we therefore have two interpretations, one of which notes the absence of a therapist and the other transference speculates about a possible identity between the breaking of the pearl structure and the breaking of transference; that later depression and fear regarding self is also related to the transference.

Viewing what we have so far, we may formulate the supposition that there is a certain rule working here.

Thus it may be hypothesised that if the therapist forms a prominent part of the data supplied then relation to therapist will be thematised. We can see that in the case of both Danny Lewis and Margaret Andrews the therapist was strongly thematised in the case histories and in both these cases a fairly

large number of relation to therapist interpretations are given. In the case of John Jack the therapist is not thematised; and the same goes for Richard Berry. In the case of John Jack only two interpretations concerning relations with therapist are received. In this case, however, there are five interpretations concerning "transference" compared to three in the case of Danny Lewis and one in the case of Richard Berry. Since there are none in the case of Margaret Andrews we can speculate that this is because transference interpretations are not given where not enough history is specified. More history is specified in John Jack's case and in Danny Lewis' case than in the case of Margaret Andrews. However, when we come to Richard Berry this rule breaks down.

However, this is probably because Richard Berry was the only one of the four cases that had the interpreting therapists really worried. There are ominous features. The possibility of cracking up was taken quite seriously by quite a few therapists and the theme of alienation and loneliness and isolation was raised in nine out of the ten interpretations. If we look at Richard Berry's clinical data, the last sentence also tells us something, namely that he has given up struggling with the problems that initially brought him to the therapist. It is also noted that repetition was not thematised in his case at all. There does not seem to be much hope of "working within the transference" of a person who after a while pulls out of relationships. Thus it seems clear, once again, that interpretations are largely dependent on the nature of the available data.

GUILT

This is thematised in the case of John Jack by fourteen out of sixteen therapists; in the case of Danny Lewis three times out of eight interpretations; in the case of Margaret Andrews not at all (seven interpretations) and in the case of Richard Berry only three times out of ten interpretations.

The fact that the theme of guilt is thematised by fourteen out of the fifteen therapists in the case of John Jack is hardly surprising in view of the fact that he is the only one who asked someone to forgive him for the many times in which he had been unkind and inconsiderate to this person. John Jack is a transgressor; a fellow who acted out (the data specifies that he is the only one of the four cases who did). However, the

interpretations do not necessarily centre only around the fact that he asked forgiveness. There are other indications as well. An example of this is therapist No. 15, who refers to John having become depressed. Her interpretation indicates that, as a result of his rage and feelings of not being good enough, he had to act out in adolescence so that he could feel less crazy and less fragmented. His shame and/or guilt is seen as dynamic and this is reinforced by a further interpretation that he has a need to experience goodness in terms of having his dependent needs met.

Therapist No. 10 starts off with John failing to support Ann. He does, however, bring in the eventual apology but the crux of the interpretation is that there is a lack of self worth here and that this is the result of an inner split - by banishing the bad in himself, he cannot then be good.

The most extensive interpretation occurs in report No. 7. It is worth quoting in full:

Always fulfilling her and not getting what he wants from her (satisfying and contented experience of being emotionally fed) has led to repressed feelings of resentment and guilt. Guilt about wishing to destroy that person he loves and wants to be fed by, guilt about needing so much from that person. This will repeat itself in all social encounters as he is still the child attuned to the needs of others and not his own. His way of coping with his inner conflict will be depression, an uncomfortable truce easily shaken which attempts to keep threatening feelings of anger, greed and hunger out of awareness. As this split-off side grows in intensity to threaten the "good" John image he will experience anxiety too ...

Later on he says the following:-

Locked into a pattern of guilt and resentment, he must become aware of and integrate anger and vitality in the repressed "bad" Jack side and be ready then to stand up to Ann/mother knowing that he may take what he wants, deny them what they want when necessary, both without guilt and with the awareness that the other party will not be damaged, and so individuate into an autonomous and separate being.

From this last interpretation, we can clearly see that the interpretations are not built up by taking discrete pieces of the clinical data and interpreting each discrete piece separately. In other words, the clinical data is not chopped up for the purposes of interpretation. What has clearly been done in this case was that the therapist had looked at the clinical data as it was told. He had further looked at certain "sub-Gestalten" and then by bringing them all together again he was able to arrive at a comprehensive interpretation covering, amongst others, the facet of guilt.

In the case of Danny Lewis, therapist No. 2 clearly infers guilt from Danny needlessly trying to persuade his therapist that his homosexual lover was a worthwhile person. The therapist says "he wants a mother and father. But his life situation has been that when he has a father, having a mother is not encouraged and vice versa. This disjunction between his desire and his situation attunes him longingly; yet he is forbidden from having either".

"Longing or guilt are the alternative possibilities of his existence played out at the level of sexual identity."

Therapist No. 4 simply speculates that Danny finds homosexuality unacceptable and then projects his own guilt feelings on to the therapist. However, this therapist disqualifies this statement by saying that it is unlikely to be true because his homosexuality is said to be egosyntonic.

Therapist No. 6 interprets that Danny, having chosen his father in preference to his mother, is re-enacting his guilt towards his mother in relation to his therapist.

In the case of Richard Berry, the clinical data does give ample reasons for guilt interpretations, e.g. the production of a play with the theme of guilt-induced suicide over infidelity; further he is feeling depressed. Yet, surprisingly in view of these data, only three interpretations thematise guilt. This shows again that although specific data items are important in giving rise to certain interpretations, it certainly does not determine what interpretations will be given.

Therapist No. 1 did not take up the theme of a play as giving rise to guilt in that he says: "fortuitiously, the theme of a play has to do with his predicament - that he has been unfaithful to his upbringing and parental expectations. Richard now realises

that he will never find a stable homosexual relationship until he can admit to feelings of guilt and attempt to work through them".

Therapist No. 4 uses both the theme of depression and the theme of the play to interpret guilt. As regards the theme of a play, she asks "does it parallel the roots of his own depression?" She continues, "does he perhaps feel that he has been unfaithful (to himself or his family) and is he struggling with guilt which feeds his depression?"

Therapist No. 5 does not use the data in the last paragraph of the clinical report as a basis for guilt interpretation but rather the fact that the pearl structure breaks when he walked over it but not when others do. He says "his not being 'good enough' to cross over or to 'handle' a structure of great value ... points to his considering himself unworthy of love and regard, and this is reflected in the increasing depression and fear of breaking up. Both depression and anxiety are involved here, in the nature of his proposed play with suicide, guilt and infidelity as themes and also in his resolve to deny the importance of stable relationships". We see here that this therapist has taken the pearl structure as the prime data for his interpretation of guilt but brought in the play as well as the depression in a subsidiary capacity. In fact, he doesn't see the play as being primarily indicative of the subject's guilt but rather that the play amongst others may give rise to some hope because he says: "however, there are some hopeful features - the flood does not destroy the park, and three figures do walk over the pearl structure without crumbling it. He may, via his love of the theatre, be able to appropriate his un-lived potentials (the three figures), to appropriate the truly valuable especially if he can work through his feelings of guilt and unworthiness".

Therapist No. 3 offers a good example of an interpretation in which guilt is not thematised even though the pearl structure as well as the theme of the play is referred to: "Feelings of his precarious self arise. He gives up the task of standing on the 'pearl structure' of his own self-possibilities and all its vulnerabilities and commits himself to a world of vicarious living where the actor lives a dramatic life but is separate from a personally grounded and committed identity".

As regards the feature of guilt, we can say then that this shows that interpretations do take certain facets of the clinical data as the point of departure but that the information does not

necessarily determine or outline the interpretation. We also see that therapists are inclined to bring diverse bits of data in conjunction with each other in order to arrive at an interpretation.

SELFHOOD AND EXISTENTIAL POSSIBILITIES

In looking at this facet, I am not starting from the supposition that selfhood is something that one has but rather it is what one is. Being a self, to me, means being one's own person. Ludwig Binswanger (1964) differentiates between *Umwelt*, *Mitwelt* and *Eigenwelt*. This is a well-known differentiation. Being-a-self more or less corresponds with the *Eigenwelt* - in which Dasein relates to itself, where one can take up an attitude towards itself. To speak in the first person: The *Eigenwelt* means the extent to which I am able to be true to that which is really my own, not only in relation to myself but also in relation to others.

The term "I am" can only mean "I-am-in-the-world, and it is the way and quality of my being-in-the-world that constitutes my being-a-self" (Binswanger, 1964: 440-442).

It also follows that being-in-the-world as a self does not mean an intrapsychic structure but rather the quality of the structure of relatedness to the world, fellow human beings and one's own individual human existence. In fact, as Gelven (1970: 3) remarks, the main thrust of *Being and Time* may be seen as a phenomenological description of the transcendental self.

It also follows that the individual Dasein is always on the way to being more fully a self or retreating from such a possibility. The appropriation, reappropriation or non-appropriation of given possibilities in the individual human existence is therefore very central to being-a-self.

In the current study we notice that this theme was thematized most in the case of Margaret Andrews (five out of seven interpretations); Richard Berry (seven out of ten interpretations), limited in the case of John Jack (four out of fifteen interpretations), and in the case of Danny Lewis not at all. We may ask ourselves why it was very frequent in the cases of Margaret Andrews and Richard Berry and so infrequent in the case of John Jack and not mentioned at all in the case of Danny Lewis.

If we look first at the cases where it is infrequent we may note that in the case of John Jack and Danny Lewis there are many interpretations in which repetition compulsion is thematised. It may well be that the theme of repetition compulsion inherently is a moving away from the appropriation or reappropriation of possibility but that this moving away happens in a disguised, defensive way. The result then would be that selfhood is neither positively nor negatively thematised. In the case of John Jack we note another important implication, namely that very frequent use is made of the interpretation of unconscious/disowning/repression. It means that what is prominent in the case of John Jack was the fact that a certain part of himself was disowned but that selfhood as such was not thematised but rather a defence preventing him from reappropriating these possibilities. We may in fact say that the case of John Jack shows us that in an existential, humanistic and phenomenological interpretation, selfhood would be an almost universal theme for the therapist. It would also apply to psycho-analytic interpretations to some extent because psycho-analysis in spite of its medical roots and connotations tends towards a strong humanistic undercurrent.

Perhaps we should ask ourselves again whether the disjunction of selfhood and repetition compulsion really makes sense. The tendency to repeat an earlier pattern must by its very nature mean or suggest that one is not one's own person, that one is not a person who is grappling with one's own-most possibilities, in other words, that one is living in the mode of a normal or neurotic everydayness or to use a Heideggerian term, "fallenness". One can easily see how both Margaret Andrews and Richard Berry are different from the other two. Margaret Andrews seems to be a relatively normal but timid person who actually complains of her lack of self assertion and then has a dream showing her reappropriating her possibilities for relating in a striking way.

Richard Berry on the other hand seems to live an endangered existence and his dream reveals his lonely, isolated, somewhat uncanny world in which he is struggling to be the self that is endangered. In other words, Richard Berry is facing something that none of the other cases are facing, namely the undermining of his existence. There is no security on which he can fall back, that is, he cannot make use of repeating an early pattern of adaptation. It seems that the interpretation of repetition is only possible if there is enough background security and rootedness for the person to have something to fall back upon. The

endangered self of Richard Berry also relates to the fact that he of all four cases, seems, to be the least able to have relations outside the family or even to have close relationships within the family. However, because all people have relatedness with others the factor relatedness could not be used to differentiate between Richard Berry and others except insofar that it is striking that his only relatedness seemed to be with his family. Once, having confessed to his father that he was a homosexual, he then gave up striving for a good relationship, the lack of which he was complaining about in the first place.

There is also another intriguing facet to be noted in the data. This is namely that in the case of both Margaret Andrews and Richard Berry, anxiety is thematised by the interpretations to a much larger extent than in the case of John Jack (only two out of fifteen anxiety interpretations) or Danny Lewis where there are no anxiety interpretations thematised at all. This again is a pointer to the inner relatedness of selfhood to something else, namely anxiety because struggling with appropriating or reappropriating one's possibilities or facing the loss of one's self is anxiety provoking. However, this is obscured in the case of John Jack where there are very well functioning defensive systems, notably repression and also regression and aggression and also in the case of Danny Lewis because a very limited and focussed aspect are being dealt with.

The following interpretation given by Therapist No. 4 in the case of Margaret Andrews brings the connection between selfhood, repetition compulsion and anxiety very well together:

Despite an initial ambivalence that if she were to be in a way different from her usual self, she might jeopardise her therapeutic progress thus far (the therapist might not wait for her), she eventually takes up the offer made by her previously hidden potentials to be more fully herself. On risking herself in this way she realises that her existence is still safe and is thus empowered with knowledge that other ways of being are not bad and neither are they to be rejected.

One can clearly see that if she had fallen back on her usual way of being self, she would have fallen into the "repetition pattern" but rather than doing that, she takes the risk (is anxious) in order to be more fully herself, i.e. to take up and appropriate new possibilities.

The same goes for Richard Berry where the three facets are brought together in interpretation No. 5:

Although the dreamer does not report anxiety or fear apropos of his dream, the flooding of the park, though not reported as threatening, suggests something uncanny. Obviously the attunement is neither manifestly anxious nor depressed but I guess that there is an attunement in anxiety and that this constricts rather than threatens him. An autonomous parting from his parents, especially mother, has probably not been achieved and early asthma may indicate a rather anxious closeness to mother and the fear of losing her. His being not "good enough" to cross over or to "handle" a structure of great value ... points to his considering himself unworthy of love and high regard and this is reflected in the increasing depression and fear of breaking up.

This quotation clearly shows how anxiety is involved in the threat to being a self. At the same time, it also shows that there does not seem to be any chance for Richard to fall back on earlier relationships.

This would lead us to the interesting conclusion that selfhood, whether there is a process of growth taking place or whether as in the case of Richard Berry, there is a danger of disintegration of "cracking up", is a somewhat undefended aspect of human existence. Clearly, being-a-self and being defensive seems to be a contradiction in terms.

UNCONSCIOUS/DISOWNING/SHADOW

It is interesting that these interpretations occurred only in the cases of John Jack (13 out of 15) and Richard Berry (two out of ten). It should be pointed out, however, that in the case of Richard Berry, Therapist 1 who gives a straight repression interpretation thematises the matter only very weakly by saying "he plunges into the production of a play hoping that it might suppress his impulses" (my emphasis). The other therapist refers to the archetypal nature of the dream and to the flooding of a park as being like the sea signifying the great mother, the symbol of the collective unconscious. However, since this was the only archetypal interpretation of the dream that was received, it does not seem important to discuss this further.

This means that whereas the theme of selfhood was thematised very strongly in the case of Richard Berry, repression or the

"unconscious" hardly got any attention. In the case of Margaret Andrews, selfhood was thematised quite strongly and the unconscious or repression was not thematised at all. In the case of John Jack, selfhood was thematised in a very limited way whereas unconsciousness, repression and disowning was thematised very strongly indeed. In the case of Danny Lewis neither of the two sets were thematised. Thus the indication from those four cases in the fourty interpretations is that "selfhood" and "unconsciousness/disowning" interpretations tend to be mutually exclusive.

REPETITION/RECAPITULATION/RE-ENACTMENT

As may be expected from the previous discussion, this theme was thematised in those cases where defence mechanisms or defence strategies were operating quite clearly. It is interesting that in the case of Margaret Andrews where there is a lot of selfhood interpretations as well as Richard Berry where the same holds, there are not interpretations of repetition. It does, however, occur in nine out of fifteen interpretations in the case of John Jack and six out of eight interpretations in the case of Danny Lewis. Danny Lewis clearly shows himself to be a very defensive person in that he defends his choice when his therapist has never made any adverse comment about it. John Jack shows himself to be a very defensive person by keeping his identity as Jack in the background as much as possible. Both of these are people who do not show signs of disintegration like Richard Berry and therefore both can be regarded as people with adequate defenses. Thus repetition and selfhood interpretations seem to be mutually exclusive.

INTEGRATION AND INDIVIDUATION VERSUS DISINTEGRATION

Although this is not the next in importance, it is as well to discuss it at this point because of the comments just made in reference to John Jack and Richard Berry. We see an entry of six in each case. The point is, however, that there is a big qualitative difference between these two entries.

In the case of Richard Berry, the thematisation concerns the danger of his cracking up, that is disintegrating. In fact, in Richard Berry, the possibility of disintegration is unique for the four cases considered. Thus Therapist No. 9 refers to him as unable to take the same risks as his siblings because at the moment he is "fragile and could easily become fragmented".

Therapist No. 6 states that it seems that the crisis has touched him so deeply that his self is at stake and that he might acutely "crack up". Therapist No. 3 speaks of a degree of self enclosure and interpersonal groundlessness that is ominous.

On the other hand, in the case of John Jack, Therapist No. 1 simply points out that John had not fully reappropriated Jack and that the latter is only allowed to emerge in "time out" periods. Therapist No. 6 says that "due to therapy it appears as though these two selves are unable to be maintained in their separated form ..." This means that there is a process of integration rather than disintegration under way and that integration has not yet been achieved.

We can see that John Jack and Richard Berry are radically different cases and whilst Richard Berry is struggling to retain his self, is very much involved in the struggle for selfhood and does not seem to have adequate defences at his disposal, John Jack seems to be a very adequately defended person whose selfhood is not in play or at risk but who in a sense denies himself and who copiously uses defence mechanisms of suppression, denial and disowning.

ACCEPTANCE AND LOVE VERSUS REJECTION AND ABANDONMENT

These themes occurred five times in the case of Danny Lewis, eight times in the case of John Jack, only once in the case of Richard Berry and not at all in the case of Margaret Andrews, where, however, passivity was thematised in five interpretations.

In the case of John Jack the interpretations clearly bring out that John had problems of self-acceptance in that he did not feel loved for himself, that he may have felt that one had to "earn" love by putting other people's needs first and that the way he acted towards Ann may be based on his acting to her like an unloving parent. Refer especially to the interpretations by Therapist Nos. 11 and 12 in the previous chapter.

In the case of Danny Lewis it is quite clear that he cannot see any way in which he can be accepted both by a father/lover figure and a mother/therapist figure at the same time. Therapist No. 3 for instance says:

It would appear, but this would have to be checked out with him, that it was not possible to feel comfortable

about his relationship with the parent with whom he was not living, in this case his mother, because maybe he felt that he had been forced to reject her. As I interpret it, it would be an extremely relevant issue to probe with him in therapy because it seems likely that the very same feelings are being aroused in his present triangular relationship with David, his therapist and himself.

In the case of Richard Berry the theme of lack of acceptance or rejection is only expressed very briefly in one lengthy interpretation (No. 7). In the relation to the ship and the three passengers sailing away, this seems to represent his family situation - "he is not in this family and in the dream the family leaves him, abandons him".

If the therapists were looking for themes of rejection and abandonment in the case of Richard Berry they could have found it in plenty. Then why did they not thematise it? Again, it seems to me that because of the seriousness of the clinical data as described, as well as the ominous and uncanny overtones of the dreams, themes of acceptance were not adequately descriptive of the serious nature of the condition of Richard Berry. We note that the theme of alienation, loneliness and isolation occurred nine times and only occurred in the case of Richard Berry.

The only other themes which call for comment are those of dependence and passivity as well as anxiety.

DEPENDENCE/PASSIVITY

This theme occurred twelve times, six times in the case of John Jack, five times in the case of Margaret Andrews and only once in the case of Richard Berry. Although one might expect appreciable overlap between dependency interpretations and the previous set of interpretations concerning acceptance and love, this proves not to be the case except to a very slight extent in one of the interpretations which concerns John Jack. This example will be cited later. Furthermore, acceptance and love versus rejection and abandonment occurs in the case of Danny Lewis but not in the case of Margaret Andrews, whereas when we look at dependence and passivity it is the other way round.

Let us start with Richard Berry. The theme of dependency and passivity occurs only once in his case. The theme of alienation

which occurs only in Berry's case seems to contradict the theme of dependency.

Furthermore, if one looks at the clinical data and at this interpretation, one is struck by the fact that Margaret Andrews lives her passivity and dependence without too much conflict. (In fact no conflicts are thematised in her case at all.) On the other hand conflicts are thematised in six out of eight interpretations in the case of Danny Lewis, but only twice in the fifteen interpretations occurring in the case of John Jack.

In the case of Margaret Andrews we note that in the clinical data she is described as being unassertively withdrawn and very passive, but the adjective "dependent" does not appear in this description. However, dependency is quite common in the interpretations. Interpretations by Therapist No. 1 will give us good flavour of this:

She is moving out confidently into the world, which she is finding is a supportive and friendly place, yet she, not inappropriately, is still dependent on her therapist ... The shock is to discover that therapist and husband are merged, in other words, she is in the same kind of dependent relationship with her husband ...

Later on the therapist also refers to the merging of the therapist and husband and the therapist comments here,

Whatever the answer, one is led back, I think, to the fact of her dependent (child/mother?) relationship with her husband.

While Margaret Andrews tends to live her passivity and dependence without conflict or even inhibition, except insofar as she tries to overcome it through therapy, John Jack shows his dependence in various indirect ways. In contrast to Margaret Andrews who, in Karen Horney's terminology "moves towards people" and Richard Berry who "moves away from people" John Jack seems to move against people as well as moving towards them. Thus John Jack's dependency is of a different quality and is lived at a different level than that of Margaret Andrews - a good example of this is found in the interpretation of Therapist No. 5:

It seems likely to me that John has difficulties around his infantile dependency needs - to be the main focus of

attention, with her (Ann) being always available to him, rather than a more mature dependency which has a balance of give and take. It is difficult for him to meet Ann's needs and to deny or delay his own.

Thus in relation to Ann, John Jack is both dependent and hostile.

I mentioned above that there is practically no overlap between dependency on the one hand and the syndrome of acceptance and love versus rejection and abandonment on the other with a minor exception. This is in the case of interpretation by Therapist No. 2 in reference to John Jack. This interpretation says, in part: "... but he has a need to experience goodness in terms of having his dependent needs met ... therefore he does not wish to take on responsibilities; a reason for disowning his naughtiness may be a way of his fearing rejection and therefore not being loved (by mother?) - having his dependent needs met?" We can clearly see that his dependent needs are connected with his reason for disowning his naughtiness and thus as a way of avoiding rejection.

Over all then, it seems that John Jack lives his dependency in a much more disguised and even more ambivalent fashion than is the case with Margaret Andrews and therefore John has problems of acceptance which Margaret does not have.

ANXIETY

This theme occurs in three cases, most of all in the interpretations concerning Richard Berry (five out of ten), less in the case of Margaret Andrews (three out of seven), and even less in the case of John Jack. Let us start with John Jack. He is unique in that the theme of being unconscious/disowning is very prominent in the interpretations that concern him. Accordingly, there is a lack of manifest anxiety in his case - he seems to be singularly well defended. Therapist No. 5 does refer to his anxiety but sees it as not something that he is suffering from but something that he may be inferred to experience.

She notes that it makes him anxious to perceive that Ann's needs are being met elsewhere "even if only in part" and she also feels that, "there is a sense in which he is also anxious and angry about his dependency in a close relationship (hence his affairs, coming home late, his compulsive craving for food)". Clearly then anxiety is not very prominently lacking either. The point is that it has to be inferred rather than it being manifestly present.

Apart from the fact that John Jack tends to suppress part of himself he also uses other "defence mechanisms" so that he does not become conscious of anxiety. Alternatively we may say that his predominant attunement is not that of anxiety. To this, the case of Richard Berry forms a striking contrast in that anxiety and insecurity is thematised in five out of ten of the different interpretations. However, in most of these interpretations anxiety is not very prominently thematised. But it is there and seems to be tied up with the somewhat ominous possibility of personality disintegration or decompensation. Thus, Therapist No. 7 points to the flooding which he feels indicates a deep anxiety of being overwhelmed and annihilated. The dream he summarises as being mainly concerned with deep feelings of loneliness and anxiety at such loneliness. Therapist No. 6 points to Richard's anxiety having "frozen him into non-action". Therapist No. 5 does not see Richard as manifestly anxious but sees that he is attuned in anxiety and that he feels constricted rather than threatened.

We thus note that in the case of Richard Berry anxiety was clearly present and thematised by the interpretations but was somewhat obscured by the shadow of the pervasive danger of personality disintegration, loneliness and alienation.

IS BLIND INTERPRETATION POSSIBLE?

This question was posed in connection with the question of hermeneutics and explanation and it was said that an event is only meaningful within a specific context. We do however, have instances of successful blind interpretations in fields such as projective techniques, dreams, etc. These nearly always provide some context; at a minimum usually age, sex, referral source, etc.

The important question is not whether blind interpretation is impossible without a context but whether it is possible within a context.

Thus if we take the following interpretation from Therapist No. 2: "John has continued his childish relationship with his mother in his relationship with Ann", we may ask ourselves how many other therapists give the same or similar interpretations of his relationship to his girlfriend. Therapist No. 1 certainly gives much the same interpretation whereas Therapist No. 3 gives an interpretation which is not the same but not inconsistent with

it. Therapist No. 4 also does not give this interpretation but again what he says is not inconsistent with the interpretation.

Therapist No. 5 does not mention that John has a relationship to his girlfriend which is much the same as that which he had to his mother but she does say that it seems likely that he has difficulties concerning his infantile dependency needs and wants to be the main focus of Ann's attention. This means that the interpretation does confirm the general interpretation.

Therapist No. 6 does not thematise this issue but Therapist No. 7 clearly confirms the interpretation of Therapist No. 2. The same goes for Therapists No. 8, 9 and 11. No. 10 does not thematise this matter at all whereas Nos. 12 and 13 also do not give this interpretation, but what they do say is not inconsistent with the interpretation. The same goes for Therapist No. 15. Therapist No. 14 does not give an interpretation along these lines.

In the case of Richard Berry's dream, there is the striking image of the pearl structure which his friends can cross, but he can't without breaking it. We can now check how the ten therapists handled this particular image. Therapist No. 1 did not mention it at all. Therapist No. 2 saw it as a symbol of the self, a precious object nurtured by the sea, i.e. the "great mother". Therapist No. 3 does not use the word "self" but does refer to the precious pearl structure that has ephemeral qualities, "like a deep down precious essence in the water, its beauty cultivated by protection from the surface life of people, earthly place and time". On the next page he says that it would be important not to interpret the pearl as a possibility for which Richard is not yet ready. It does seem, however, that this interpretation revolves around the self-possibility and is therefore not inconsistent with interpretation No. 2.

Interpretation No. 4 refers to valued wholeness which can support the family but not him (the three shadowy figures are seen in this case to be his family) and according to this therapist probably refers to some sense of being isolated from the context of the family. This does not really confirm the pearl structure as a self although it does not necessarily exclude that possibility.

Therapist No. 5 does not speak of "self" as such but does speak of un-lived possibility which, in the existential view of man, is what man is.

Therapist No. 6 clearly calls it the self and brings up the same themes as previously stated, namely that it is a source of strength that has emerged from the depths.

Therapist No. 7 fully interprets the pearl structure as a precious self. He also sees the three other figures as being his family which has "walked upon" this structure. He also sees it as an ideal self which acts as a defence against depressive and other anxieties. He stresses its fragility.

Therapist No. 8 does not see this as a self structure but as something fragile and precious, a treasure that would be the reward that follows separation from his mother. Thus it clearly is not inconsistent with the interpretation of this as a self and even hints in that direction. He sees it as a bridge which must be crossed in order for him to continue his journey.

Therapists No. 9 and 10 do not mention the pearl structure. From the foregoing we can see that a substantial number of therapists interpret the pearl structure as indicative of the self or of possibility and also of the fragility of the self. Three of them saw the shadowy figures as members of the family who walk over the fragile structure that is akin to the dreamer's self.

These examples show that there is a certain consistency in the interpretations received from competent therapists in respect of the same material. It shows that certain structures are typically (but not universally) recognised by competent therapists.

HERMENEUTICS AND BODY LANGUAGE

In chapter one we saw that in the hands of Schleiermacher, hermeneutics ceases to be a series of specialised disciplines but rather becomes the act of understanding any utterance in language. Furthermore in opposing Ricoeur's argument that psychoanalysis (and thus by implication also psychotherapy) cannot confine itself to hermeneutics but must use the language of energetics in order to be able to portray fully the reality of desire and its frustrations, I suggest that we rather try to attune hermeneutics to the language of the living body. The living body is a strong theme in the philosophy of Merleau-Ponty and in phenomenological psychology and psychopathology.

In chapter 3 the role of the living body was highlighted. It is obviously not merely a case of therapist "reading" the body language of the client but also of being open to the messages of his own body. In fact this study does not offer an opportunity to study the body language of the client but most therapists will easily be able to give examples of this. Thus Van den Berg (1964) says of his first encounter with a certain client:

Even the first moments showed that he was in great difficulties. He looked at me with a mixture of distrust and shyness, and when he shook my extended hand, I felt a soft, weak hand, the hand of a person who doesn't know a way out and, not being in control of himself, lets himself drift. Stooping uncertainly, he set down in the chair which I had invited him to take.

He did not relax, but sat on the edge of the chair as if preparing to get up and leave. His right hand, which he had held under his unbuttoned vest when he entered, and which he had removed from there in order to greet me so unconvincingly, was immediately replaced in its original position. With his left hand, he drummed the armrest of the chair uneasily. He did not cross his legs. His behaviour created the impression of a man who has been tortured for a long time.

... palpitations had been torturing him for quite a while. In the beginning, a few years before, they had been occasional and bearable; in due course, they occurred more frequently and became fiercer. Eventually, his heart beat seemed faster than normal, even in the periods between seizures. He was continually aware of his heart, and he had to keep his hand on his chest to make sure that no abnormalities occurred and, as it were, to support and restrain his heart.

These disturbances caused him least trouble in his room (9-10).

In my own practice I can recall many examples. To mention a very striking and obvious one: a man in his forties refused to sit on my easy chair but insisted on both of us sitting upright on two ordinary chairs next to a small table. When he moved to the easy chair after about 18 sessions, the therapy could really begin. Another very straightforward example is that of the young woman who in the first session kept her arms tightly

crossed over her chest – a gesture which decreased from the second session onwards and only reappeared in the therapy when she was really tense and later it stopped appearing altogether.

As regards the body language of the therapist, several examples were given in chapter three, ranging from the shooting pains in my head when I refused to move along with my client's migraine episode to the dry throat of the therapist who was being consulted by the nurse suffering from psoriasis. Possibly, it is because of this very subtlety of bodily involvement in most cases, that therapists are not more conscious of its important role.

Seen existentially, psychotherapy is a standing out together of therapist and client towards a shared world – the world of the client. During the session two existences intersect and are to a greater or lesser degree, attuned to each other. This attunement always also has a bodily character. Of course this bodily attunement is not peculiar to psychotherapy. Two friends, two lovers are also bodily attuned to each other. The relationship is defined, promoted, intensified or cooled down at a pre-articulate level by the quality of the handshake, the embrace, the touch, the glance, etc. In contrast to this, in psychotherapy, the body language of both therapist and client should be used solely for the task of understanding.

Bodily experience and body language in psychotherapy is a clear confirmation of Ricoeur's statement that not everything is given in language, but only comes to language. But even here there is a certain reservation. There are times when things should be left unsaid. In other words, even though the words can be found perhaps the silence is better. In Freud's time there was a very strong taboo against touch between therapist and client and it is still the case in orthodox psychoanalytic and psychotherapeutic circles. There are times however, when this rule should be relaxed. There are times when the client's grief, pain and suffering is so palpable that the therapist would be cruel not to give some bodily expression to his feeling with the client. There are times when the holding of hands for a few seconds will speak in an unmediated way to the client's experience much more than any words. The point I am trying to make is that although it is possible to read body language and that one can help the client by gradually articulating it more and more, there are things which perhaps should remain unspoken. There are occasions when silence is more eloquent than words and there are occasions when words will not reach the client as well as the

silence will. In addition, there are occasions when the touch, the holding of a hand or the "holding" glance will speak most eloquently in the silence.

INTERPRETATION AND MODE OF REVEALING IN PSYCHOTHERAPY

The implication of body language in the interpretations that we have just seen shows that a purely "objective" or rational mode of knowing - "pure reason" - is not what should be striven for in therapeutic understanding. *Befindlichkeit* or mood is also a way of disclosure. Thus if a therapist starts feeling depressed during a session or feels drained after a session it says something not only about that particular therapist but also about the client in therapy. I cannot quote a good example from the present research but a straightforward, authenticated example can be quoted from my experience.

During selection interviewing of candidates for training as clinical psychologists conducted by a committee I felt very fatherly to a young female applicant. Although I knew that this was a role that I easily slip into, I was a bit puzzled as to why I felt like that, and so intensely, when I was trying to be impartial. I asked the candidate whether she could throw any light on this. She could not. However, after the interview I realised what had happened. At the beginning of the interview I had been supportive and encouraging to her. Later on when other members of the committee put her through some heavy questioning she had kept on throwing brief glances in my direction while answering these questions. I could clearly see that she was feeling quite anxious at the time. Thus the fatherly feeling was the product of a relationship between me and the candidate and it described the quality of this relationship. It was saying something about both of us - my fatherliness and her need for my supportive presence. After the interview, I discussed this with the committee and one of the members said that he had noticed her throwing glances my way and that he agreed with the account that it was not something that originated purely in me.

In the current research, referring to chapter three, we can see that the only mood prominently brought to a light as a means of disclosure was anxiety. Experience teaches me that there are other disclosing moods (see Chapter Three) but we simply do not have enough information about it from the present case studies.

INTERPRETATIVE STYLES

So far we have seen that the interpretations show a very clear dependence of the data. This is a definite indication that interpretation points towards intersubjectivity. This is strengthened by the finding that blind interpretation is possible, i.e. that the therapists delineate structures which are typical rather than universal and that most interpretations are compatible with each other. In the third place, we have had indications that therapeutic interpretation is not a purely intellectual exercise and that *Befindlichkeit* is also a means of disclosure. We have also concluded that body language plays a role in interpretation and that it should be seen in relation to silence. The step we must now take is to make an attempt at identifying interpretative style(s), i.e. try to explicate the "shape" of interpretation.

Interpersonal vs intrapsychic interpretations

Having seen that interpersonal interpretations were given in all fourty reports, one may well ask, what has happened to intrapsychic interpretations? In fact, no purely intrapsychic interpretations occurred although some reports, e.g. Therapist No. 8 in the case of John Jack, were more "intrapsychic" than others. Thus Therapist No. 8 uses terms like "object relations, denial, splitting and projective identification" when speaking of John Jack's problem. However, she also mentions that at work he adopted a passive complaint role in relation to male supervisors. She thus relates "inner" to "outer" objects.

Therapist No. 13 interprets the material first "on the level of object relations", then on the intrapsychic or structural level. It may be argued that "object relations" referred to internalized objects, but even then statements such as "must have expressed and feared criticism for his failure ... to be back on time" points to a relationship with his girlfriend rather than to an internalized object.

There are other "intrapsychic" interpretations as well, e.g. the "Jungian" interpretation of Therapist No. 2 in the case of Richard Berry and the object relations interpretation of Therapist No. 7 (also in the case of Richard Berry). However, these are exceptions rather than the rule. Even these, however, are not entirely and purely intrapsychic interpretations.

Generally speaking, the reports point towards a retreat from

intrapsychic views. It is interesting to look at this phenomenon historically. It is well known that Freud gave up his seduction theory in 1896 (M. Krull, 1979) and developed the theory of the Oedipus Complex. The theory thus moves from an interpersonal to an intrapsychic level. Krull alleges, on the basis of her own research and interpretations that the reasons proffered by Freud were not valid ones. Rather the inducement to give up the theory stemmed from his own personal history and relations at the time. However, apart from the fact that Freud never gave up the seduction theory latently remains an interpersonal one (e.g. the Oedipus Complex still refers to the interpersonal experience between father, mother and child). Even his structural theory clearly reflects interpersonal relations, e.g. intrapsychic biological desires (id) interacts with and is confronted by intersubjective realism (ego) and societal norms and traditions introjected via parental figures (superego).

H.S. Sullivan was one of the first to move towards an overt and clearly stated interpersonal theory. He certainly broke with Freud's intrapsychism in that he did not see personality as an intrapsychic or intrapersonal construct, but rather consisting of, or manifested as interpersonal relationships.

A further step was taken by Daseinsanalysis which moved from the interpersonal to fellowman (Preller, 1984). Perhaps more than anything else, the rule for South African therapists is that they look upon their clients, not only as equals, but also as fellow human beings, rather than as introjected objects or more interpersonal relationships.

Selective use of data

Having, in the first part of this chapter, reviewed the connection between the data provided and the interpretation, we should now try to come to a general conclusion. Under 5.1 we already saw that interpersonal relations being thematised in all reports, the therapists essentially looked upon all cases as fellow human beings and not as objects in any way. Looking at section 1.2 of the present chapter who also saw that there seems to be a difference between those they interpreted "relation to therapist" and those they interpreted "transference". It transpires that in the former case, the therapist concerned used language which stayed close to everyday experience, whereas those using the latter approach, tended to use more technical language and constructs. Obviously, this difference has something to do with the background of the therapists, i.e. their

metapsychotherapeutic orientation may be seen as a function brought into the situation by the therapist's background.

As regards the interpretation of guilt, the examples quoted earlier in this chapter show that, although therapists tend to take certain aspects of the case material as point of departure (e.g. the pearl structure in the case of Richard Berry; the asking for forgiveness in the case of John Jack) these excerpts do not determine the nature of the interpretation.

A striking instance of interpretation being a process involving a selective use of data occurs in the case of selfhood interpretations, namely that focusing on selfhood contra-indicated interpretations in terms of defense mechanisms, acting out or repetition. On the other hand, anxiety was interpreted more in conjunction with selfhood than in conjunction with the more well defended cases.

Another point that concerns the selective use of data is that whilst the same theme may be present in two interpretations, the interpretations will clearly bring out the differences. Thus the theme of integration and individuation vs disintegration occurs in the case of both John Jack and Richard Berry - but in the former it indicated a "not yet" integrated/individuation state of affairs, whilst in the latter case, the process of disintegration seems to be under way.

A very important finding is that in the case of Richard Berry, themes of rejection and abandonment could easily have been picked up but were not, because, probably, these were not adequately descriptive of the seriousness of the case.

We may now summarize our conclusions concerning the selective use of data by saying that there is a tendency on the part of therapists to take certain aspects of the data as points of departure and that what they take influence their interpretations but do not determine it. Secondly, we may say that whilst the dependence on the data has been amply illustrated, we must not forget what the therapists themselves bring into the situation; of this we saw a clear indication in the difference between the relation-with-therapist and transference interpretations. Thirdly, and this is much more data-dependent than the previous point, a certain interpretation seems to exclude others. Thus the point is again clearly illustrated that the data, whilst serving as a base for interpretations and whilst therapists may be said to be dependent upon the data, it is also a

fact that certain aspects of the case may be obscured by some interpretations. Fourthly, interpretation is a qualitative process and is not simply an enumeration of themes. Thus we have seen that the same theme may be brought up by several therapists but that, what is said about the cases are qualitatively different though mostly not incompatible.

Interpretations go beyond the intentions of the patient/client

This can clearly be seen in all four cases and practically in all the interpretations. A very clear example is provided in the case of Danny Lewis. Danny's intention was to convince his therapist that his lover, David, was a worthwhile and loving person. He did not deliberately intend to provide material for interpretation, i.e. to provide evidence that it was impossible for him to have a fatherly lover and a motherly therapist at the same time. Yet the interpretations tended to revolve round these two themes.

Having told his therapist about his alter ego, Jack, who lived at the bottom of the garden, John Jack must have realized that he had thereby shared an important secret with his therapist. By the time he told his therapist about the episode with Ann, he probably already understood that he had disowned quite a substantial part of his existence. He did not realise, however, how the episode of leaving Ann in the lurch could serve as an example of his guilt, his lack of freedom (and positive responsibility) as well as of his anger and resentment which originated in his relationship with his mother.

Since, from the hermeneutic point of view, a dream is a clear example of a text which is opaque to its author, it is not necessary to prove this point in the two cases where dreams were provided, except to remark that in both cases, the dreams neatly (especially in the case of Margaret Andrews) and extensively (especially in the case of Richard Berry) captured the problematics of their respective case histories.

Preference for meaning and lack of literal-mindedness

The lack of literal mindedness in interpretations were striking. A really literal minded person may have wanted to point out, e.g. to Richard Berry that a pearl will not really break or crack if you step on it. Only one remark can be said to have raised the possibility of literal mindedness, namely when Therapist No. 8 in

the case of Richard Berry, says, concerning the pearl structure "It is not (yet) strong enough to carry his weight. Maybe he is too heavy?" This comes close to being literal minded - it really is not, because the next remark, namely "or takes himself too seriously?" and the rest of the paragraph makes it clear that the "heaviness" is meant figuratively or metaphorically rather than literally.

Since figurative speech is fairly common but not all social discourse language is figurative, it is easy to classify the statement made by the interpreting therapists into three categories, namely the language of ordinary social discourse, metaphor, and thirdly, technical in the sense of using the technical, i.e. stereotype language developed by Freud and Jung. Examples of each of these will now be given.

SOCIAL DISCOURSE LANGUAGE

An example of this is to be found in the case of Danny Lewis, namely from Therapist No. 3 who says that he would have said something like the following to Danny: "It seems that it is important to you that your choice of friends is met with my approval".

In the same case, Therapist No. 4 also uses the language of ordinary social intercourse in saying that Danny may feel uncomfortable about embarking on a relationship with David when he is not in love with him and that Danny has a stereotyped view of the therapist's opinions in regard to her sexuality.

METAPHOR

We find a good illustration of metaphor as used by Therapist No. 2 in the case of Danny Lewis. He says: "To the extent that the therapist can hold Danny's two relationships together, she will offer a different experience of mothering; she will also allow the symbolic unity he is, I think, searching for. To the extent that it fails - as all symbols fail - she will need to help him mourn his fate: that he has had parents who parted and it is a wound in his life".

Another good instance is found in the case of Therapist No. 2 interpreting the material on Richard Berry who says: "This is not the first time that he has felt such little space. The life-breath of an asthmatic does not have room to move. In being

overprotected, his parents were excessively involved in his movements. His attempts to venture out were difficult ..."

TECHNICAL LANGUAGE

A good example of a technical interpretation is the following occurring in the case of John Jack. "I would postulate that he later projected his angry 'bad self' into his passive father, using this inadequate person with whom to identify as an adolescent and young man. Through the process of projective identification, he thus began to see himself as 'bad' instead of good, as judged from his engineering punishment as a way of attracting attention, both in adolescence and adulthood; this occurred in particular in relation to women, initially mother, subsequently Ann, with whom he has a part object relationship" (Therapist No. 8).

Another example of a technical interpretation, this time a Jungian one, is the following emanating from Therapist No. 2 in the case of Richard Berry: "He senses three others with him. I would regard these as representing three of the four functions, i.e. thinking, feeling, intuition, sensation and would speculate that he is experiencing underdevelopment of important aspects of these functions."

The foregoing can also be described as different ways of evoking meaning, calling it forth. Interpretation is not a way of assigning meaning to something that is basically meaningless. The meanings are always already there in the data. If we see only logical or rational discourse as meaningful (as some logical positivists would) in the sense that we limited meaning to denotation and regard qualitative allusive meanings as redundant, then most of the material in the four case presentations would be meaningless. Richard Berry's dream of the park flooding, a ship suddenly appearing from nowhere and three shadowy figures walking across a pearl structure would be the height of nonsensical rubbish and would only go to illustrate that either Richard Berry or his dreams are nonsensical and illogical and that Berry should be brought back to earth in no uncertain way.

However, as Boss (1982) has shown, the norms of logical, rational discourse cannot be the norm for psychotherapeutic discourse. We can see from the above that a purely rational discourse would not bring us very far in understanding what is going on in the cases presented.

Interpretation and leaping-ahead concern

One may well ask what the whole basis of psychotherapy is and what it is that serves as a pre-condition for interpretations to be made even when the therapist feels anxious. What is the basis of the fact that client and therapist are attuned to each other; not only at the verbal communicative level but also at the bodily communicative level? It seems to me that if we read through the instances of interpretation in action in chapter three, this being attuned to one another is grounded in that form of care which we may call solicitude (after McQuarry and Robertson's translation of Heidegger's *Fursorge*). I do not think that we need stick to the term "solicitude" but can use "concern" as alternate. I do not share McQuarry and Robertson's reserve in regard to this latter term. Heidegger clearly differentiates between a leaping-in concern (*einspringende Fursorge*) and a leaping-ahead concern (*vorspringende Fursorge*). A leaping in concern means that we offer to help the client by doing things for him or her, we help him or her by taking his responsibility to conduct his own life independently away from him or her. On the other hand when we use a leaping-ahead concern, we show him or her what his responsibilities are and, in a sense, give these back to him or her. Now we can clearly see that in all four cases described in chapter three, all the therapists based themselves on a leaping-ahead concern. They clearly did not suggest that the client be told what to do but just tried to interpret what was brought to the session in such a way that he or she would be able to eventually pick up their responsibilities and take control of their own lives. Perhaps one or two excerpts from the protocols will help us to see clearly that we are dealing here with a leaping-ahead concern. For instance, in case No. 1 the therapist clearly said that her purpose in interviewing this client was, *inter alia*, to assess if she was capable of accepting a therapeutic approach to the problem and to engage in a therapeutic relationship. Secondly, she wanted to help the person to gain some perspective on her current plight and use her personality resources accordingly.

The following excerpt from case No. 3 also shows this leaping-ahead concern very clearly. The therapist said that the background to the incident that he wanted to describe was "that I needed to hold her psychological life in her relationship with me: (a) She was in the most intense relationship with me anyway, and this needed to be dealt with; (b) To hold together the tendency for her psychological life to fragment into pieces;

(c) To show her implicitly that she could be contained and handled, because I wasn't afraid of her, that is that she was not as powerfully destructive as she felt herself to be".

In Therapist No. 2 the leaping-ahead concern is clearly evident towards the end of the report where he says: "Rather, I again sensed that the suspension of therapy might allow her the freedom to explore who she is". This freedom is an important value in psychotherapy but it is also of importance that for Heidegger (1949) freedom is the essence of truth in the sense of disclosure. What client and therapist are basically striving for is truth of existence - truth as revealing; the truth of that which is for the client - namely that which is the world for the client or the world as it is for him/her. Truth in psychotherapy can be achieved provided there is a freedom to explore.

In case No. 4 we see that the therapist took a certain risk in deciding to give an interpretation and weighed the pros and cons. Although the client did not immediately fully grasp the interpretation, she did, when she left, show some signs of a promise that this might be helpful to her in the future. Again, the therapist did not try to tell her what to do but did try to help her confront the problem with which she basically had to deal.

Reverting to Dilthey in chapter one, we saw that he was of the opinion that we experience life, not in terms of the operations of forces, but in complex individual moments of meaning and of direct experience of life as a totality and in a loving grasp of the particular. To understand means that human experience is grasped as life seen from within the perspective of the person.

As far as Ricoeur is concerned, we have seen that therapy cannot possibly be a purely rationalistic enterprise. Furthermore, we have already seen the data in chapter 3 which indicates that it is not and we have also seen that psychotherapy is a leaping-ahead concern for the client in which mood, being-with-one-another in a shared world and a bodily attunedness all play a role. If we look at the data in chapter 3 where we discussed the blind interpretations of the therapists, we may ask whether this, in turn, is not a purely intellectual exercise. After all, the people who wrote the interpretations are not implicated with the client. But aren't they? It is difficult to read some of the interpretations at least without feeling very strongly that these people are involved with the client. If we read, for instance, the interpretations of

Therapists Nos. 2, 3, 5 and 7 in the case of John Jack, we are very much under the impression that these people did not regard it as a purely intellectual exercise but became creatively and emotionally involved as well. I can hardly speak of "a pure intellectual exercise" in the case of Therapist No. 2, for instance, who says that "through the good enough presence of the therapist he has consolidated his sense of self to the extent that he is able to risk the defenceless and pain that calls him. In his fears of his guilt towards Ann, I would like to tap the gratitude I sense there too. Guilt binds; gratitude frees".

If we look at Therapist No. 3 we will see language like the following hardly reflects the activity of an unconcerned therapist for whom the material is a purely intellectual exercise: "yet again, John found himself as a naughty little boy and all the dilemmas that are carried with it. He does not want to find himself as a naughty little boy. In the background of his lived world is the presence of a triumphant mother, wagging her finger at John. John is feeling ashamed and humiliated, badly wanting to prevent such self findings in relation to mother".

Last instance: Therapist No. 7 in the case of John Jack says "his subsequent tears of sadness are those of the hungry and frustrated child who doesn't know how to satisfy himself - it is in this way that he related "effectively in getting Anne to 'feed' him when she wakes up so keeping himself in the child position. He reinforces this by asking forgiveness for the times he has 'hurt her'".

From the style of these interpretations we can conclude that it was not a purely intellectual exercise, that it obviously was not looked upon purely as a problem to be solved, but that it was problem solving by putting in one's resources in a broader way than merely intellectually. It is thus clear from these examples that therapists allowed themselves to be absorbed by the data, that they then struggled with it and was eventually able to find the words to express what they mean. I think this is very important in that the question of finding the words, where words are not readily available, is part and parcel of the therapeutic enterprise. The advice given by Ludwig Wittgenstein at the end of his famous Tractatus namely, *Wovon man nicht sprechen kann, davon muss man schweigen*, cannot be accepted by psychotherapists.

Let us take the example of Therapist No. 3 in the case of Richard Berry. The therapist starts out by looking at his dream

in the context of his current waking life situation. He points out that "a future that would invite him (a loving homosexual relationship) has also receded into the distance. Thus he cannot go back and he cannot go forward - but he is being pushed forward as an unwilling participant".

This is not the first time that he has felt such little "space". The life breath of an asthmatic does not have "room to move". In being over protected, his parents were excessively involved in his "movements" ... even later in his life, he expressed his desire towards the familiarity of his own sex, perhaps the furthest that he could get towards an "other" beyond his mirror self, he was devastated by abandonment". Quite clearly this therapist is not simply looking upon Berry as a homosexual with threatening adjustment problems. In his language he clearly reveals how he "lives, the data given and how he brings his experience of such living of the data on Richard Berry to life in words. He uses spatial and inter-personal metaphors to find the words that adequately describe the situatedness of Richard Berry.

Interpretation as the coming to pass of understanding

We have already discussed this point in chapter 3 in reference to the in vivo interpretations by therapists. Obviously, I cannot say that the interpretations summarised in chapter 3 support or do not support this supposition, but our general impression is that most of interpretations did not come about in a rational intellectual detached sort of way. Examples of this was given where I was convinced that the therapist must firstly have cared about the client, and secondly, that the interpretation was not a purely intellectual exercise. It did not come about in a rational intellectually detached sort of way. We may therefore leave open the possibility that interpretations arise primarily from a coming to pass (*sich ereignen*) rather than a deliberate intellectual exercise.

GENERAL SUMMARY

In Chapter 1 we saw that there is a science of interpretation called hermeneutics. This has been developed mainly by theologians, philosophers and philologists. Ever since Freud, interpretation has become an important part of psychology, especially insofar as psychology is psychotherapy. But psychologists themselves, in their fascination with building a science in the image of physics, with scientific respectability

science, have been rather slow to see this and have not, so far, played an important role in the development of psychological hermeneutics. We saw that there were basically three meanings of the term, namely, saying (expressing) explaining and translation. As regards the multifarious definitions of hermeneutics, three definitions seem to have direct relevance to psychology and psychotherapy, namely:

- (a) as methodological foundation of the *Geisteswissenschaften*;
- (b) as the phenomenology of Dasein and of existential self-understanding; and
- (c) the systems of interpretation both recollective and iconoclastic used by man to reach the meaning behind myths and symbols.

In regard to (a) we noted in the introduction that Schleiermacher tried to develop a general hermeneutics and that Dilthey followed his lead and specifically saw hermeneutics as the method of psychology, the social sciences and history. We also noted that Dilthey emphasised that man is to be understood historically. Furthermore, for Dilthey, understanding was not a purely rational or even purely cognitive process, but rather a combined activity of all the mental powers at our disposal.

In both Chapters 3 and 4, the historical dimensions of interpretation clearly came to light. Perhaps it is most marked in those sections of the interpretations (Chapter 4) that could be brought under the rubric of "repetition and reenactment" but the historical dimension is clearly present in the other categories as well. Thus in regard to the theme of accessibility in the case of Richard Berry, Therapist No. 3 uses a series of spatial metaphors to bring out a life historical theme (see Chapter 4, the section on Accessibility and appropriate appendix). Obviously, this life historical theme could not have been elaborated if no historical data had been given, but clearly much of the life historical interpretation comes from the dream. This can be seen very clearly in the interpretation of Therapist No. 4 (also in the case of Richard Berry) who sees the "boy all along having fun in the park" as referring "to Richard himself who had a rather solitary childhood". The therapist sees this as pointing to his immaturity but adds (on the basis of the dream), that "it is no longer the safe way of being for the next moment the park becomes flooded".

As regards the question as to whether interpretation is a cognitive process, we have seen that the interpretation involves much more than a mere intellectual operation, that therapists are involved at the body level as well, that they experience anxiety and that the involvement can be characterised by a leaping-ahead concern. I cannot, of course, say (at the level of rational discourse) that therapists use all the mental powers at their disposal in making interpretations because the data do not comprise sufficient information for such a statement to be made, but rationality in itself is clearly not sufficient for meaningful interpretations.

As regards point (b) which concerns the phenomenology of Dasein and of existential understanding, it seems to me that Heidegger's conceptions of *Befindlichkeit* and *Entbergung*, or disclosure is very important for the present study. The rationalistic tradition is founded on the separation of the world into subject and object. Truth is considered to be the correspondence of the statement with the state of affairs (the object) but since, according to Heidegger, existence itself is a self-understanding grasp of one's own possibilities, this must mean that the human being does not grasp his possibilities as objects and hence the correspondence (or the so-called ratio) does not reflect the truth of existence. Hence truth as disclosure (*Entbergung*) is what has to come to pass in the interpretation of life historical data. Thus we see in the present study, not a single therapist has tried to see the persons in the case histories as objective or thinglike and we also saw that both in Chapters 3 and 4 the interpreting therapists got involved with the data, i.e. with the persons concerned at one remove. Moreover the therapist being conscious of the way he or she is in the world with the client (*Befindlichkeit*) becomes aware of the client's existence in a non-cognitive manner.

This brings us to point (c) and the question as to whether we should revert to Freud's metapsychology, come to understand that Freud's psychic determinism operates to some extent and that perhaps freedom is an illusion. The clearest illustration of the possible truth of this point of view is to be found in the interpretation of repetition and re-enactment which occurred to the largest extent in the cases of John Jack and Danny Lewis. There is no doubt that the dialectics of freedom in psychopathological conditions is a neglected theme (Blankenburg, 1984). The data in these two cases however, show that even if one feels compelled to do something, this does not necessarily mean that one's behaviour in this respect has been

determined. Thus we note in the case of John Jack that he asks Ann to forgive him and that Danny Lewis tries to persuade his therapist that David is a worthy person.

In asking Ann to forgive him, John Jack is saying at the same time that he is responsible for his behaviour and he is therefore not suggesting that he was determined by factors beyond his control. Danny Lewis has unwittingly reinstated an earlier state of affairs, namely, that as a result of the divorce of his parents (which was beyond his control) and his subsequent choice to stay with his father, he cannot have a loving fatherly friend and a motherly therapist at the same time. Since he tries to persuade his therapist of David's worthiness, it is clear that he can overcome, for now, the repetition compulsion either by relinquishing David or stopping therapy. His conflict makes sense in terms of his wanting to hold onto both his relationships, i.e. in terms of the way in which he wants to live his life, rather than in terms of the way he is determined. Again, it is quite clear that neither persuasion nor choosing to live his life this way can be understood outside the supposition that there is a dimension of freedom which is part of man's life.

In Chapter 1, we also referred to two dominant interpretative styles, namely, narrative construction (Freud) and amplification (Jung). Whilst there is nothing in our data which indicates that Freud's metapsychology should be accepted, it is clear from our research that narrative construction dominated. We understand people by understanding their stories. It may even be that life is a story we tell ourselves and others. In the current research the amplification method of interpretation, i.e. to look at the data in an amplificatory way rather than in a more narrative life historical way was limited to those psychologists who clearly had been influenced by Jung. All the others seem to have built on Freud's basic idea of narrative construction.

Historicality

Both in Chapter 3 and Chapter 4 we saw the importance of historicality. In the case of Chapter 3, we saw the importance of this in the way that the historical dimension of the lives of these people were stressed in order to understand their problematics.

The hermeneutic circle

Although this research was not designed to prove the existence

or non-existence of the hermeneutic circle, it is easy to see or detect its presence in all the interpretations. As an illustration, let us look at interpretations Nos. 2, 3, 7 and 8 in the case of John Jack. All these interpretations largely confirm each other; the first three more than the last one. Interpretations Nos. 2 and 3 both enter at the same point, namely, John falling Ann and thus being a "naughty boy". From there, both move to a historical understanding with special reference to the split of part of John Jack's existence, namely, that part called "Jack".

On the other hand, interpretation No. 7 starts with the split and only moves toward the episode with Ann later on.

Therapist No. 8 does not choose any of the previous alternatives as a point of entry, but begins by pointing to John's "impaired development of object relations and psychoconceptual maturation". In other words, she first gives the technical interpretation and then moves towards the actual case history, the most important part of which again is the split-off part of his existence.

From these examples it is clear that neither the point of entry nor the sequence in which the data are dealt with are important, but rather the fact that understanding is reached by considering various aspects of the data in relation to each other and the whole.

A point which I see as important for the current research, is Heidegger's conception of truth. It has been pointed out how Heidegger moved away from the conception of truth as a "ratio" towards the idea of disclosure or revealing. In the case of especially, Richard Berry, it was clearly brought out that by stressing certain themes in the interpretations other themes were obscured. Thus it may be said, with justification, that when we deal with truth in psychotherapy, we can only reveal some facets at the cost of obscuring others. We have already in section 5.2 pointed towards such a conclusion. This can be further supported insofar as we have also seen that, in respect of guilt and selfhood, certain interpretations tended to "crowd out" others, e.g. in the case of Richard Berry where there was ample room for guilt interpretations but because of other serious implications the guilt indications were only thematised by three out of ten interpretations. As regards the matter of crowding out: in the case of selfhood interpretations (sixteen interpretations in three out of four cases) this seems to be incompatible with unconsciousness or repression (sixteen

interpretations in two cases) as well as with repetition and re-enactment (fifteen interpretations in two cases) but compatible with anxiety (10,3). This should not be understood in a mechanistic way but rather in terms of an interplay between hiddenness (*Verbergung*) and disclosure (*Entbergung*) in that when something is disclosed something else is covered over or hidden.

This research was not designed to test the possibility and accuracy of blind interpretation but there seems to be areas in which therapists substantially confirm each others interpretations. At the same time there is considerable variety and some (but not many) contradictions.

In considering the relationship between hermeneutics and body language two points can be made. The first is that body language forms part not only of the material for interpretation but also its content and the way it is phrased. Thus this study highlights the body expression of a therapist whereas many case reports only highlight the body experience of the client. This last includes the vast literature on psychosomatic disorders.

The second point to be made is that this shows how important it is for psychologists in general and psychotherapists in particular to become involved in developing a psychological hermeneutics because it can hardly be expected of the philosophers, theologians and philologists to pick up this facet of experience unless it has been fully described by psychotherapists. It is therefore vitally important that psychotherapists should publish how their bodily experience is part of their being attuned to the client/patient and to articulate their understanding.

Styles of interpretation

This was an attempt to identify the shape of interpretation and may be, once again, summarized briefly as follows:

- (a) Intrapsychic interpretations are rare, interpersonal or "fellowman" interpretations were provided in all four cases by all therapists.
- (b) Data are selectively used. Therapists take aspects of data (partly, at least, depending on their orientations) as point of departure but they are neither determined by the data nor by the point of departure.

- (c) Certain interpretations seem to exclude others. There is a dialectic of revealing and obscuring.
- (d) Interpretation is a thoroughly qualitative process.
- (e) Interpretations go beyond the intentions of the client or patient.
- (f) Interpretations give expression to meanings and there is a lack of literal-mindedness. Ample use is made of metaphor, social discourse and technical language.
- (g) Interpretation, as it took place in this project, is consistent with the view that psychotherapy involves a leaping-ahead concern for the client.

SUGGESTIONS FOR FURTHER RESEARCH

This was an exploratory study and differs from the studies of my acquaintance in that it is empirically based and expressly studies psychotherapeutic interpretation within the hermeneutic tradition. There are a good many books about interpretation but these e.g. Spence (1982) and Levy (1984) have mostly been written from within a specific (in both these cases, psychoanalytic) perspective.

First, I hope that the results of the current research suggest that the approach followed can make an important contribution to a better understanding of interpretation. However, since this is the first study of its kind, it is important that it should be followed up. I believe our insight into the process of interpretation can be refined further by using one or two really detailed case histories and submitting these to not more than four or five really competent psychotherapists for interpretation. Not only should the interpretations thus obtained be used but each therapist should be extensively interviewed to ascertain not so much the reasons why she interpreted the material the way she did but above all investigate what the therapist experienced during interpretation and how it reflects her particular style and past experience as a therapist and a person. To make my point quite clear we want both the *belewing* (*Erlebnis*) and the *ervaring* (*Erfahrung*).

Secondly, a small number of therapists should again be asked to write up an occasion in which an interpretation was made or

happened and this time too, a follow-up interview should be conducted in order to tease out the experience of the therapist (again in both senses of the term).

Thirdly, the study is limited by the fact that it was exploratory and gave priority to opening up the area of interplay between the empirical and the hermeneutic rather than to using a tight method. However, as a follow-up study must endeavour to be of a more definitive nature, it is suggested that a more rigorous method should be used. The empirical-phenomenological method developed by A. Giorgi and co-workers at Duquesne University obviously suggests itself.

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APPENDIX I

LETTERS TO THERAPISTS

LETTER I

Dear Colleague

STUDY OF INTERPRETATION

I am currently engaged in a project on interpretation in psychotherapy subvented by the HSRC and I am asking for your cooperation.

As you know, there is a vast literature on hermeneutics in all sorts of fields in the Humanities and the Social Sciences. However, although Freud, Jung and many others used interpretation, they said very little on interpretation as such. Furthermore, it is important for me to be able to understand how South African psychotherapists do interpretation. In other words, I am more interested in studying the structure of interpretation as used by good psychotherapists in South Africa rather than simply studying the logic of interpretation as appears in Freud, Jung, etc.

If you are prepared to cooperate, I will provide you with the material (about 1 typewritten page) for interpretation as well as a letter giving more details. I will be in Cape Town on Monday and Tuesday, 17th and 18th February 1986, and will then call on you to deliver the material and see you for a few minutes if possible - otherwise I will simply post the material in Cape Town itself, (i.e., if you are not available). By way of feedback, I can provide you with a copy of my final research report to the HSRC should you be interested in receiving it.

The interpretation may take an hour or so of your time. I hope you will consider this worthwhile. If you do not feel that you are in a position to cooperate, will you please let me know by return of post? If I do not hear from you on or before Friday 15th February, I will be in touch and I am looking forward to it.

Yours sincerely,

PROF. DREYER KRUGER

LETTER 2

Dear Colleague

STUDY OF INTERPRETATION

I am currently engaged in a project of interpretation in psychotherapy. In anticipation of your preparedness to cooperate I have attached some material for interpretation.

As you may know, there is a vast literature on hermeneutics in all sorts of fields in the Humanities and the Social Sciences. However, although Freud, Jung and many others used interpretation, they did not thematize psychological interpretation as such although they did draw from a variety of sources to support their particular interpretations. Furthermore, it is important for me to be able to understand how South African psychotherapists do interpretation. In other words, I am more interested in studying the structure of interpretation as used by good psychotherapists in South Africa rather than simply studying the logic of interpretation as it appears in Freud, Jung, etc. The question of intersubjective correspondence is not my main purpose.

If you are prepared to cooperate, it would be appreciated if you could send me your interpretation on the material in the page attached hereto as soon as possible. It would be appreciated if you could add something about your own background which may throw light on your particular style of interpretation.

For the purpose of this research, it is important that your interpretation comprises a full articulation of how you understand the attached material, even though you may think it inadvisable to tell such a client there and then what your

interpretation is. It will be helpful, but not mandatory, if you could add something to the effect of what you would actually say to the client or what sort of questions you would put if it was your client.

Last but not least, may I appeal to you to let me have your interpretation as soon as possible?

Yours sincerely

PROF. DREYER KRUGER

LETTER 3

Dear

RESEARCH ON INTERPRETATION

Thank you very much for your cooperation with the above research project. May I ask you to make a further very important contribution?

Let me explain: I now have a number of different interpretations of four different cases. These "blind" interpretations, I fully realise, constituted a formidable challenge to participants and I thank you again for being one of those who responded to such a challenge.

The first step has given me an insight into differential styles of interpretation but what is now needed, in order to deepen my understanding is an opportunity to "be with" you when you actually interpret something to a client. My idea is to get personal "scenes" or contexts in which therapists interpret, to get an understanding of what they experienced and felt at that moment, whether the interpretation was thought out or whether it came spontaneously, perhaps without thinking it over first. Maybe an interpretation "comes to pass" or "happens" sometimes rather than being deliberately "given". However, the therapist may be able to specify thoughts, experiences or feelings which led up to such an interpretation being given or coming to pass. It may be difficult to remember and reconstruct your past experience unless you have kept adequate notes but in any case

perfection is not called for. You may choose to use a recent, perhaps less impressive case where you can easily recall more details.

To repeat and standardise the above for all participants:-

"Please describe a situation from your psychotherapeutic practice where an interpretation was given or happened. Give a brief description of the content that was involved as well as the background and/or context. Include your own feelings, thoughts, anxieties, etc., and nature of your contact with the client at the time as well as the reaction of the client to this at the time or later".

As stated in my previous letter, my aim is not to make judgements concerning the adequacy or correctness of interpretations but rather to get an understanding of different styles which may be unique in some respects but show common themes in others.

Yours sincerely

DREYER KRUGER

APPENDIX 2

IN VIVO INTERPRETATIONS

Case 1: "The white nurse"

I have chosen an encounter that I recently had in my capacity as a consultant to the patients and staff in a Dermatology Service.

I was asked to see an unmarried, English-speaking white nurse, who had been admitted for a recent flare-up of her psoriasis. The possibility of seeing a psychiatric consultant had been broached to her by the Dermatologist and she readily agreed to this, so long as the interview was conducted in an office away from her fellow patients.

I found her an attractive, intelligent young woman with a ready smile, that faded at times, into an expression of sadness and weeping.

After putting her at ease, I asked her about her experiences at work as a nurse in a premature infant nursery. She spoke with enthusiasm about her choice of the work, and in a unit, away from her home town (Bloemfontein). Before long she focussed on the interpersonal tensions in the work setting: she had initially felt that she'd been humiliated by the group of older, experienced 'coloured' sisters, and been seen as an ignorant novice in the job.

Subsequently when her bars arrived and were placed on her uniform - to indicate that she was a person trained in the field -

she was then accused of being snobbish by her colleagues and also of being flirtatious with the male doctors. This latter accusation was particularly painful to her as she had recently broken off her engagement to an Afrikaans-speaking doctor of humble origins from her home town; and he was getting married that week.

By then the tears were flowing freely: (she was of English origin, of a family of teachers and her career in nursing was not favoured by her family).

The main purpose of my interview was to:

- (1) assess if there was a significant psychological component to her dermatological disorder and;
- (2) to assess if she was capable of accepting this approach to her problem and engage in a therapeutic relationship; therapy could then be advised and arranged;
- (3) to enable her to gain some perspective on her current plight and use her personality resources accordingly.

In response to her, I empathized with her sadness, and sensitivity to the opinions and actions of those others who were significant to her. I shared with her that I felt that her skin was a barometer of her unspoken feelings, and the flare-up enabled her to withdraw from a painful situation. She could not handle being either a victim or a target for envy or jealousy in her work situation, especially since her propitiatory style suggested that she likes to get on with other people and be accepted by them. In all likelihood too, there were separation issues in relation to her own family and her ex-boyfriend, her first significant heterosexual relationship.

I felt that I was empathic (my throat felt sore when I left) and I used the theoretical framework of Bowlby (attachment), Klein (envy) and object relations to interpret the situation to her, and to indicate that she could be helped in a psychotherapeutic relationship. She needed not only soothing ointments but an opportunity to develop a less reactive skin, literally and metaphorically.

The insights made sense to her and I advised her to explore with her family, the practicality of having therapy at the Psychiatric Day Hospital.

Case 2: Fiona MacArthur

A situation in therapy where an interpretation was given

Background Information:

Fiona MacArthur (pseudonym), aged 20, was a first year Fine Art student at the time of therapy. She is the youngest member of the family by 10 years. Her father is in his late 70s and her mother died when she was seven years of age.

Presented with:

Florid schizophrenic symptomatology, in particular auditory pseudohallucinations and thought-broadcasting. She was referred to a local GP who treated her with a combination of anti-psychotic medications. After she had responded to the neuroleptic medication, she continued therapy with me for approximately six months. (Therapy terminated when she left university at the end of the year).

Session five:

Brought a self-painted picture to this session. Previously, this had been entered in a competition but failed to receive any mention. Fiona said that she believed that the "rejection" of her picture was also a clear and obvious rejection of her inner-most being. On being asked to clarify/expand this, she simply pointed to the picture (see attached) and said - pointing to the man - "I am he".

Interpretation:

At this stage I gave my interpretation (see later for my experience of this session). I said (more or less) "It seems to me that you're afraid of losing control of your life to your potentials and creative energy". The session finished shortly after this and Fiona refused to confirm/deny my interpretation.

Following session:

Fiona said that she wished to suspend therapy for a while so that she could re-assess "the man in my life" (meaning the man in the picture). We agreed to come together again after a four week period. On her return to therapy, Fiona made the following

opening statement: "I am out of my box and feel ready to explore where I am". (See photograph 2).

Remaining sessions:

Therapy progressed well - and focussed mainly on her family dynamics and gender identity confusion. On leaving university, I referred her to a therapist in Cape Town (her home town).

My experience:

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 piece 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. I do, however, remember that I felt rather anxious because, on the one hand, Fiona had conveyed that she was the picture and that it (the picture) contained within it the seeds of life-blood, while, on the other, the picture was so obviously very disturbed (the implication being that if I did not understand the picture the way that Fiona believed that I should understand it, then I could not possibly understand her and so undermine the therapeutic progress thus far). When Fiona reacted by saying that she wished to impose a moratorium on therapy, I did not feel concerned that she would not be able to cope. Rather, I again sensed that the suspension of therapy might allow her the freedom to explore "who she is". In fact, she had already conveyed that she would cope when she said to me "I have nowhere else to go - even though therapy might arouse frightening emotions" (see photograph 1).

NB: An important consideration is that she has/had only one surviving parent - an elderly one at that - so that therapy and the therapist soon took on a highly valued position in her life.

Case 3: Amanda Bowers and the therapeutic painting - (Pseudonym).

She is nineteen years old and has seen me twice a week for five weeks. She referred herself for a number of reasons which suggested she was fairly seriously disturbed: she was hospitalised last year at a psychiatric day hospital for self-mutilation and suicidal tendencies; she has gender identity and sexual problems; and had "secret communications with



Photo 1



Photo 2

cats"; she worshipped the moon and wanted to be a witch; she had two other partial identities each with their own names and personalities; her family history is problematic, although there clearly are resources there, and these have been nurtured into her at some level; her predominant moods, which were unlivable, were feeling "bandaged", like an entombed mummy, and a seething rage, especially against men. Before she even saw me she felt suspicious and resentful about seeing a man, even though it was also a (courageous) choice on her part.

In other words, she was in a highly complex and difficult relation with me before she even saw me, and it was obvious that this would need to be tackled head on. I also felt I had better meet her courage with my own, yet was not properly aware of my own anxiety. This emerged in our first session. She spoke seldom and in an overly controlled way, and despite the quiet in the room it certainly wasn't calm. I had a fantasy that a voltmeter suspended in the air would read into the red part of the dial, and a radio receiver would crackle. She seethed with anger and I felt thoroughly intimidated and anxious: my legs felt weak and my throat tight.

I was aware of her desperate attempt to control her rage, which felt explosive to her, and that she was thus frightened of the power of her feelings. I was frightened of this power too, but I used this fear to understand her. It seemed obvious that I would have to take control of the situation and her anxiety if I was to help her.

On reflection, it also seemed to me that I would have to situate her feelings and experiences here in the room with me. I caught myself feeling relieved when, instead of saying things like "Men just fuck but women make love", and glaring contemptuously and challenging at me, she began talking about "other men, her family", etc. In feeling relieved, I realized I was colluding with her tendencies to fragment her psychological life and, if it persisted, I would lose the control I needed to take if I was to ease her fear. Somehow I would be giving a subtle message to her that I couldn't handle her if she came at me and that her fear is thus justified.

I passed one or two crucial "tests" at the end of the first session, and we had a good therapeutic alliance. The incident I want to describe had this background: that I needed to hold her psychological life in her relationship with me:

- (a) she was in the most intense relationship with me anyway, and this needed to be dealt with;
- (b) to hold together the tendencies for her psychological life to fragment into pieces;
- (c) to show her implicitly that she could be contained and handled, because I wasn't afraid of her, i.e. that she was not as powerfully destructive as she felt herself to be.

She came to the fifth session with deepening rapport, and this was both positive and very threatening to her. She said she felt a failure if I got to know her or if she trusted me. I said simply that that was a very painful spot to be in, and then waited patiently. After a while she said she had painted three paintings the other night after the previous session. She described them to me.

In the first, there was a foetal form in a chaotic world.

In the second, she drew blood all over the page in a formless way, but then it began to take on some personal shape and she panicked and tore it up into shreds.

In the third, she drew a map-like picture of her family. The figures were not real: just colours and names. The picture revealed a depth of rage and hatred that bewildered her and made her feel guilty.

I remembered that she drew these directly after therapy last time, and that she mentioned these after mentioning the conflict about being known by me. Thus she seemed to be telling me something about herself in relation to me. These were my immediate thoughts, which in fact I held in mind while she described her pictures. There was also the background I mentioned earlier, although I can't say I clearly thought of this. I do, however, remember feeling some of the anxiety as I suddenly "clicked" what she was saying. It was a couple of minutes, however, before I managed to formulate a way of saying it. In that time, I coped with my anxiety, realised it would amount to quite a confrontation and might evoke a rebuke, contempt, anger (I didn't know which), decided we had a good enough alliance to raise that, remembered the relief felt on previous occasions when I had made that kind of "transference" interpretation, and formulated the right words. I also decided to take the pictures as a whole, focusing on the first two pictures as the picture of her family and its significance could largely take care of itself. This mixture of

thoughts, memories, feelings, and perceptions were relatively distinct, even at the time. I can't say my interpretation was "purely intuitive" or "merely an art" or something. Of course, these thoughts, etc., passed through consciousness very quickly indeed.

I should mention that by the time I spoke my anxiety had largely been resolved, and I was centrally aware of her pain. This awareness was communicated, I think, in the gentle tone of my voice, etc. I said: "I wonder if what happened with your paintings is like what is happening here: that it is alright to let me see the blood, chaos and rage that fills your life but you are frightened of this therapeutic painting we're doing together becoming personal, that I might see the real and vulnerable person who owns all this".

She was visibly moved and I could see her relax. I thought she looked slightly tearful (she had not shed any tears still), and she looked at me steadily and quietly for a long time. The quality of the stare was different. I wasn't suspicious at all, but rather more quizzical, like something new was happening for her.

I can't remember what was said after that, but a few minutes later, just before the end of the session, I remembered the shredding of the picture and her tendencies to fragment her life, and thought I'd use the deepened rapport to go a bit further. I said: "I want you to know that if you can't handle it and so tear your paintings to shreds, that if you tell me about it, I'll remember the pieces for you until you can hold things together yourself".

Having said this, I anxiously wondered if I'd gone too far, and felt this was confirmed when she responded: "So I can't fool you". I didn't show it, but I kicked myself for having suggested she had no privacy, which could be terrifying, but I resisted the temptation to backtrack into ambiguity and kept quiet. After a pause she said quietly: "I wouldn't want to". "I know" I said gently, and felt my confidence had been worthwhile after all, (but I did inwardly breathe a sigh of relief).

Case 4: Caroline

I am choosing to relate to you a very recent case where I made an interpretation with the awareness that I was taking quite a risk because the timing was somewhat premature.

Caroline is a 35 year old homosexual woman who entered therapy in a distraught state after the break-up of a year long relationship. At the time of coming into therapy, she was booked to go overseas in just under three months, so we had very little time.

Her background in brief, was quite traumatic. One of five children, her mother was alcoholic and left father when she was 5 years old. An aunt adopted the older two children, Caroline (the third child) was put in an orphanage where conditions were rough, and the two younger stayed with mother.

Caroline was in the orphanage for about two years, then went to stay with a married cousin for 18 months until she got divorced, and then she was adopted by the same aunt and uncle who had taken in the other siblings.

The adopted mother had a history of psychiatric intervention. She appeared to have been rather a tyrannical woman, given to emotional manipulation. Caroline's memories are of tippy-toeing around her so as not to cause an emotional outburst.

Caroline's work adaptation was good, but her history of relationships was not. There had only been four homosexual relationships (no heterosexual ones), the first three lasting for approximately two or three months, and the last one for a year. In the 9th of our allotted 15 sessions, she was discussing the fact that she became intensely emotionally involved very quickly and her partners seemed to find this overwhelming and would start withdrawing. She would then become frantic to please them and woo them back, and this would lead to further withdrawal and finally the break up of the relationship.

My intuitive and immediate feeling was that Caroline was searching for the mother she had never had. Her own mother, the orphanage matron, her cousin and finally her adopted mother had all proved to be inadequate and rejecting mothers. The good and loving mother would be projected immediately onto her partner with an intensity she was unable to contain, and which had very little to do with the actual person with whom she was involved.

During that session I thought carefully about giving her the above interpretation. Had we a lot of time ahead of us, I would have had little hesitation, but knowing we only had 6 sessions left I did hesitate. Caroline was not a person given to deep

psychological searching and I was aware that this kind of interpretation would be very new to her, and I was afraid that she might find it quite devastating, and assume the prognosis to be hopeless.

On the other hand, if she did not look at these issues and do some work on them, the process of projecting the good mother onto future lovers was an inevitability.

I decided to take the risk.

We discussed the whole cycle of conditional love leading to low self-esteem and the desperation to find affirmation for herself from her partners. She was very silent at the end of the session, and did not appear to be particularly moved, but I was worried as to the wisdom of my decision.

At the following session Caroline reported having felt quite upset as she had not realized before the importance of early experiences. As I feared, she seemed to feel it would be impossible to overcome such a deficit.

At the next session, she reported a dream in which she had dived off a diving board into a pool and was finding it very difficult to swim as the water was like syrup.

I interpreted this dream as saying that it was too difficult for her to cope in the waters of the unconscious at this time and that the final four sessions should be confined to bolstering her up and giving her some sense of hope for the future. At the final session she spontaneously said that she was very glad that she had come into therapy. She had been feeling very chaotic before, and now she felt she was seeing things more clearly. She felt that it was unlikely that she would go into therapy while overseas unless a crisis occurred (she will be away for a year), but perhaps on return she might pick up the threads.

I hope this will be useful to your research.

APPENDIX 3

MATERIAL FOR INTERPRETATION

STRICTLY CONFIDENTIAL

CASE 1

Identifying data

Danny Lewis (pseudonym), aged 21, 1st year art student, egosyntonic homosexual.

Relevant history

Very wealthy but extremely unstable family background. When Danny was 7 years old his father divorced his mother, who was his father's second wife, to marry his third wife. Danny and his two full siblings initially lived with their mother, but shortly thereafter they were given the option of living with their father and his new wife, which they chose to do. However, Danny then found himself caught up in the conflict between his mother and his father, feeling torn between the two in his loyalty.

Whilst in therapy he met an older, very accomplished artist, David, who fell in love with him. This happened shortly after Danny's father had withdrawn all financial support in response to Danny's 3rd successive failure at his studies. Danny did not feel that he was in love with David, but nevertheless became David's lover because, he asserted, David had promised to help him with his art course as well as to give him the odd bit of work to support himself.

When Danny first told his therapist of this new relationship, she suggested that Danny was replacing his lost father with his new lover. This interpretation was readily accepted by Danny, who was painfully aware that a large degree of his attraction to men was related to his need for a loving father. However, in the ensuing weeks Danny repeatedly inferred to his therapist that she did not approve of his relationship with David, and he would spend several agonised minutes in each session trying to persuade her that David was a very worthwhile, kind person whom Danny needed in his life. This all despite the fact that his therapist neither felt nor expressed any form of disapproval. At this point the therapist felt that an interpretation of this behaviour was necessary.

Case 1: Danny Lewis - Therapist No. 1

The background conflict of 'feeling torn' between his mother and father appears to have involved him in a search which attempts to resolve this dilemma.

The dilemma: He finds himself largely defined as 'who I am aligned with'. The history suggests that this can only be ambivalent because of his loyalty to both mother and father. He wants a mother and a father. But his life situation has been that when he has a father, having a mother is not encouraged and vice versa. This disjunction between his desire and his situation attunes him longingly; yet he is forbidden from having either. Longing or guilt are the alternative possibilities of his existence played out at the level of sexual identity.

The search: His manner of homosexuality reveals a search to fulfil the longing for a fatherly figure. Yet, even if this is found, he is predisposed to the disapproving voice of his mother. This in fact happens.

The dilemma is recapitulated by the drama of his fatherly lover and motherly therapist. He is so afraid that he might not have both. He only knows having one or the other.

The therapist, by focussing on the father, even though she has not felt disapproval of his lover, reawakens the threat of exclusivity.

The therapist would fruitfully address Danny's fears. Rather than talking about the loss of father as she has done, she could at various times say: "Are you finding the fatherly relationship

that you have always wanted?" "To what extent can you allow yourself to be nourished by that?" One would expect a contraction from the nourishment in the form of guilt and the exclusive call of a motherly voice: "Its either him or me".

Then "Are you afraid that someone could urge you to close off or deny this relationship? Do you perhaps feel compelled to not grant it the possibilities that you long for?"

And then: "Now that you have me to listen and be with you; me, a woman; are you afraid that you can only have either me or him but not both of us?"

Finally: "Can you not entertain the possibility that, unlike your father and mother, what you have with me and what you have with your lover do not threaten each other?"

This fear calls for thorough exploration before he is ready to pursue more mature interpersonal relationships.

Case 1: Danny Lewis - Therapist No. 2

I think this is fairly simple, for the structure of the two meaningful relationships in his life is the same as his parental relations: he is involved with two people, of opposite sex, who are living apart, who are both interested in him. He thus feels a "conflict of loyalties" between his therapist and lover just as he had between his mother and father.

I think I would say something like: "You seem to feel guilty when you speak to me about David, as though I might mind".

Getting an affirmative I could continue: "You feel the same kind of conflict of loyalties you felt with your parents".

I would be interested to see where this led as it is not clear yet. For example, to feel the conflict of loyalties now meant that his therapist and lover are joined together as a unit. Analytical psychology points out that the cross-gender parental dyad is a primal image of the self, which then forms a basis upon which the child can grow. I would like to look in this direction: to the extent that the therapist can hold Danny's two relationships together, she will offer a different experience to mothering; she will also allow that symbolic unity he is, I think, searching for. To the extent that it fails - as all symbols fail - she will need to help him mourn his fate: that he has had parents who parted and it is a wound in his life.

Case 1: Danny Lewis - Therapist No. 3

Danny Lewis appears to have problems with what we might call "triangular relationships". As a child he was given the option of which parent he could live with following their divorce, and this, understandably, created a situation in which he felt torn between them.

It would appear, but this would have to be checked out with him, that it was not possible to feel comfortable about his relationship with the parent with whom he was not living, in this case his mother, because maybe he felt that he had been forced to reject her. As I interpret it, it would be an extremely relevant issue to probe with him in therapy, because it seems likely that the very same feelings are being aroused in his present triangular relationship with David, his therapist and himself.

The fact that Danny repeatedly inferred to his therapist that she did not approve of his relationship with David, despite the therapist's feelings that she did not disapprove, suggests to me that he is assuming that it is not possible for his therapist (?mother figure) to approve of David (?father figure).

I would also like to know from Danny whether this type of situation had ever arisen before. Other questions I would have asked would include the following: How does he feel about the fact that his father is on his third marriage? What were the underlying reasons for failing at Art School? How comfortable does he feel about his sexual orientation?

I agree with the therapist that an interpretation would be necessary. I would have said something like: "It seems that it is important to you that your choice of friends is met with my approval" and would have picked it up from there.

Case 1: Danny Lewis - Therapist No. 4

It seems that Danny is not owning his own doubts about the relationship with David. He is projecting these on to the therapist who is then experienced as disapproving. Danny's own doubts about the relationship may arise from a number of sources:

- (a) He himself finds homosexuality unacceptable and is projecting his own guilt feelings. This however seems unlikely as he is said to be an egosyntonic homosexual.

- (b) The therapist is a woman. Danny may be anxious about her perception of him after having rejected women on a sexual level.
- (c) Elaborating on (b) from a psychodynamic perspective, it is possible that Danny experiences hostility towards women with whom he is rivalrous for possession of the father. He may have projected this hostility and therefore may experience the therapist as hostile and critical.
- (d) He may feel uncomfortable about embarking on a relationship with David when he is not in love with him.
- (e) He has a stereotyped view of the therapist's opinions in regard to homosexuality.

From the material it is not clear which of the above explanations is correct. I would, therefore, simply make the following statement to the client/patient.

- (1) You seem uncertain about acceptability of your relationship with David,
- or
- (2) You seem to be perceiving me as critical and unaccepting.

The first comment would draw Danny's attention to his own feelings. The second would highlight his style of relating.

My own background is psychodynamic (middle group) although I have sympathy with the humanists. Interpretation I would come out of my humanist leanings. I would be inclined to use it early on in therapy or if I perceived the client to be very vulnerable at that moment.

I would under normal circumstances prefer interpretation 2 as I would try and then show Danny how his casting of me, the therapist, as a hostile other, is a repetition of an old subject-affect-object relationship, and indicate how he does this in other current relationships.

Case 1: Danny Lewis - Therapist No. 5

An aspect of the history that we would have liked a little bit more information about Danny's relationship with his mother. At what age, for example, was he presented with the 'choice' of living with his father, and what were his fantasies about this 'choice'?

The reason why this is asked again is because it seems that his transference relationship is fraught with feelings of guilt and retribution which is to be expected given the divorce at the Oedipal stage of his development. It is possible to suggest that he has guilt in having 'chosen' his father in preference to his mother and in turn feels that she is disapproving both of him and of his choice.

This transference feeling surfaced interestingly, after he had got in touch with his reason for choosing his lover, i.e. the idealised father. It seems that this then enabled him to get in touch with his feelings of guilt in having chosen his father in preference to his mother. This feeling was transferred into his therapist.

Case 1: Danny Lewis - Therapist No. 6

Understanding of data:

Since Danny is an egosyntonic homosexual, one can eliminate a persecutory superego reaction based on moral values and guilt.

The painful attempts at gaining the therapist's approval of David as a person seems to parallel his (expected) need to resolve his conflict when choosing between his biological parents. He chose his father then and now seems to be caught up in re-enacting the guilt (conflict) he must have felt towards his mother. He (unconsciously) projects this onto the therapist in an attempt to work through the unresolved conflict. The therapist becomes a transference object representing his mother in the face of his conscious choice of David (father figure).

Interpretation:

It is important for you that I should approve of David. You are afraid that you may (again) be required to choose between David and myself as you had to with your parents.

Case 1: Danny Lewis - Therapist No. 7

Danny is replacing his lost father with his lover. This is the interpretation he appears to already have accepted. However, it appears as if Danny has attributed to his therapist, the role of his mother and therefore, in again choosing to live with his "father", he feels the need to justify to her (his "mother"), the inherent goodness of the man, in order to absolve his own

feelings of guilt and in order to soften the rejection he believes she must be experiencing. In addition, the fact that Danny anticipates and therefore projects negative feelings about his lover onto his therapist, is not only an indication of his repetition of a previous experience, but also of his ambivalent (and unconscious?) aggressive feelings towards his father for "abandoning" him at a later stage.

Interpretation:

I would probably begin by working with Danny from the previous interpretation, namely that his lover was replacing his lost father. This would allow me the opening to suggest that he might be feeling quite ambivalent about his father. Once Danny can accept his own anger at his father's rejection, I would move back into the fact that David is a substitute for this "nurturant" father, which is the ideal. From there I would work in the transference - in terms of Danny's response to me as the therapist, highlighting the nurturant role he had assigned me. Once Danny has accepted his lover as the male "parent" and myself as the female "parent", I would point out how his emotional conflict was a repetition of a much earlier situation of childhood struggle which was being recreated. However, I would also go on to point out how on a more positive note he had gradually developed the resources and insight with which to resolve the issue for himself.

Case 1: Danny Lewis - Therapist No. 8

Danny was relating to me as if I were his mother. When his mother and father had parted, Danny found it very difficult to feel love for the one without feeling disloyal to the other, and had often needed to persuade his mother of his father's "okayness". It seemed that this conflict was still very strong in him at the time of the events described, and the entire conflict was being re-enacted in therapy, with Danny trying to persuade his therapist (mother) that his lover (father) was acceptable, because he feared that if his therapist did not accept his lover, she would reject him. Hence the urgency of his need to persuade her.

MATERIAL FOR INTERPRETATION

STRICTLY CONFIDENTIAL

CASE 2

Identifying data

John Jack (pseudonym)

Relevant history

John is an English-speaking male in his middle twenties. His presenting problems were feelings of depression; he felt he was not good enough; speaks indistinctly which served as a defence against being understood properly so that people would not judge him too harshly. Has remained a "child" in quite a pervasive sense, e.g. in the work situation he does not feel himself fully adult, although he is well qualified and well able to hold down a job. When he was a little boy, he disowned his naughtiness by calling himself by his second name, Jack, and saying that Jack lived in the bottom of the garden while he (John), lives in the house. In the family, mother was dominant, father was passive and always deferred to mother's views and wishes. Whilst John was an adolescent, he acted out quite a lot for a long time.

John is involved in a long-term relationship with Ann but had a number of affairs while living in another city.

After about 9 months of being seen twice a week he brought the following material which was interpreted by the therapist:

"Recently, with Ann being otherwise engaged, he went alone to a friend's to tape some music (he is very fond of music and used to play in an orchestra). He promised Ann he would return early because she was in group therapy of a special kind herself and she would need some emotional support and companionship afterwards. However, he really enjoyed listening to music and really let himself go. He came back much later than expected and Ann was quite upset. They went to bed without really sorting things out and he could not sleep. (Insomnia was not one of his complaints). After midnight, he felt hungry and had a craving for sweet food. He ate (inter alia) quite a lot of cornflakes with plenty of milk and honey and when he was thoroughly satiated he went back to bed. (He is not bulimic). Inexplicably he felt very sad and started crying. Ann then woke

up and tried to comfort him. He asked her to forgive him for the many times in which he had been unkind and inconsiderate to her".

Case 2: John Jack – Therapist No. 1

John allowed himself to be Jack for a short while. However, since he had not fully reappropriated Jack, allowing Jack only to "emerge" in "time-out" periods, this still remains at an acting out level. At the same time his girlfriend has taken the place of his mother and thus he had a bad conscience about what he had done to her (again!). For him the problem could only be resolved by being John again, the good boy. Why he should suddenly have a craving for sweet things to eat is a little bit puzzling but it certainly connects with him being the good boy (John) and not the bad boy, Jack. The episode underlines his inability to free himself from the burden of being a "good boy" but at the same time shows his inability at this stage to be a good and responsible lover. Being comforted by Ann means that she accepts and forgives him (positive) but at the same time confirms his acceptability (negative) in terms of John rather than John-Jack.

Case 2: John Jack – Therapist No. 2

I assume that this is the first time he has cried about his inconsiderate behaviour and asked forgiveness. The significance of the event would seem to be quite different if it were part of a repetitive pattern.

My understanding is roughly as follows: John has continued his childish relationship with his mother in his relationship with Ann. Like a child he was quite impulsive, self-indulgent, and unaware that the person on whom he depended, Ann, had emotional and dependency needs of her own. Further, this dependency is ambivalent: "he sets her up as a dominant figure and then is angry with her – I expect for being dominant and overbearing on one hand and for failing to be omnipotently benevolent on the other (I note this anger because his acting out in his teens and his lack of concern for Ann have a somewhat ruthless quality, and no lack of awareness of the other, or lack of concern, can be so insistent without anger preventing the relationship from unfolding appropriately)".

When he goes to bed that night he cannot sleep: he is distressed; something strange and disconcerting is happening to him, which

he feels as anxiety. He is beginning to realise that Ann is ordinarily human, with needs for support, etc., just like him. Saying the same thing differently: he is realising that his childhood needs are not going to be met by her, or perhaps by anyone else and that his anger is futile. In other words, he is beginning to put his childhood behind him.

In the morning there is a moment of panic, in which he tries desperately to find once again the childhood nourishment that he is coming to realise can never be found. In that moment he feels and lives the full force of the craving, regressively, in the powerful, primordial metaphors of the body. He is not reflectively "conscious" of what is going on, yet there is no defense here: his pain is too raw.

Although he eats he is not fulfilled, for he needs something that food cannot give him but which it can only point to: acceptance and unconditional love for himself as a child in the orbit of his mother. At this point there is further movement: as he realises that that childhood birthright cannot be fulfilled and that his past is his fate. At the moment he sinks through his depression into sadness his childhood recedes from an unresolved, neurotic present, into an authentic, though painful past. As Ann comes to comfort him he sees her through freer, fresher eyes, as someone who has been long suffering through his impossible demands. Appropriately, he feels guilty and asks forgiveness.

It might also be suggested that the movement over the night has been made possible by his psychotherapy. Through the "good enough" presence of the therapist he has consolidated his sense of self to the extent that he is able to risk the defenselessness and pain that calls him. In his fears of guilt towards Ann, I'd like to tap the gratitude I sense there too. Guilt binds; gratitude frees.

May I add the following notes which might be of relevance to the task?

1. I would not try to say all this to John, although over a period of time (perhaps a number of sessions) I would expect to articulate most of the above themes. If you want to know what I'd say to John at that moment please let me know.
2. I sense there are other possibilities, and even within my general explication more could be said, but at some point I

begin to balk: interpretation too easily slides into speculation. Left as it is, I feel fairly confident about the accuracy of what I've written.

3. Themes that are likely to be present, although less clearly at this moment are those of limits, loss, unfulfilled longing, and resolution to what the therapist can offer and has. In technical terms, I would expect these themes in relation to Ann (and others) to become explicit in the transference fairly soon - perhaps even the same session. In fact, looking back, I think a full interpretation of the material should include some reference to these issues as lived in relation to the therapist.

I shall not go back and re-write it with this included as I know there will always be more I could have said. Is this alright with you?

Case 2: John Jack - Therapist No. 3

Yet again, John found himself as a naughty little boy and all the dilemma's that are carried with it.

He does not want to find himself as a naughty little boy. In the background of his lived-world is the presence of a triumphant mother; wagging her finger at John. John is feeling ashamed and humiliated, badly wanting to prevent such self-findings in relation to mother. The options out of such self-finding are not many. The path of self-affirmation and power, of feeling a 'NO' to mother was not invited by father, a passive man. The path of permissive playfulness, of permitted ambiguity also appears to be excluded by both father and mother. And the path of forgiveness in which John finds himself as lovable 'in spite of' his naughtiness does not seem a phase of the mother's relationship with him. So with such restricted possibilities he attempts to disown the 'naughty little boy' and lives out that destiny with its truncated vitality - abandoning 'Jack' to the 'bottom of the garden' to live a lonely and forbidden life.

At times 'Jack' the vital, naughty one has come back - in the 'affairs' while living in another city, and in the 'letting go' of listening to music. But it appears that he cannot live out the possibility of 'Jack' because of Jack's 'bad face' - the outcast; that one who is the 'body of shame'. Yet 'Jack' also appears as the 'promise of vitality'. So John has a love-hate relationship with 'Jack', occasionally admitting him but mostly excommunicating him.

The promise to Ann that he would return early, indicates a dutifulness in his relationship with her - the playing out of his destiny as the one who has 'no grounds for being judged too harshly'.

But that terrible tempter - 'Jack', the one at the bottom of the garden, perhaps that same snake as in the Garden of Eden, fills his heart with delight while listening to music.

Is this O.K.? That remains to be seen.

He comes home and Ann reminds him that to invite 'Jack' in was certainly not O.K. (Although she probably doesn't realise the depth of this). That's all the reminder that John needs and he is relocated as the ashamed little boy. The pressure of this looms large but he is not as unequivocally forbidden of 'Jack' as in the past as in the mood of cold abandonment. He rather feels the need to be consoled and he goes downstairs to eat. This is an important shift. Ann is a more vulnerable and softer person than his mother was (she was in group therapy and asked him for emotional support). So of the three paths cited earlier, the path of forgiveness is more open to him. He cries and is able to receive comfort from Ann and the need for abandoning 'Jack' to the bottom of the garden is not as inevitable as it once was, although he is still precariously close to regressing to his old solution. For me, the edge of therapy is in the aliveness of forgiving and being forgiven. In that way we locate John at the edge of having to abandon 'Jack'. In the light of this new found option (of forgiveness), many insights and feelings regarding his world are ready to be born. It will be important to invite him to explore forgiveness as forgiveness and not just within the old context of 'I will not give you cause to forgive me again'.

Case 2: John Jack - Therapist No. 4

Jack's spontaneous nature is taboo as are his loves and fulfilling activities, especially when in relation to a powerful feminine figure. Jack prereflectively realizes his sexual insincerity to Ann and that he is not heterosexually fulfilled.

Case 2: John Jack - Therapist No. 5

1. Presenting complaints of not being good enough (i.e. identification with 'bad Jack') - speaks indistinctly, so as not to stand out, i.e. does not want to be defined. But this action, rather like his earlier actings out, was manifestly a

- 'bad' thing. The acting out is presumably a displaced anger directed towards Ann in this instance, because she needed comfort and support. But since the 'bad' Jack was in the ascendance selfish neediness took precedence over altruism.
2. A vacillation between 'good John', i.e. well intentioned but without energy, and not adult, and 'bad Jack' who appeared to have monopolised reality, but in a 'bad' way. Due to the therapy it appears as though these two 'selves' are unable to be maintained in their separated form and good John is forced to co-exist with 'bad' Jack. Good John seeking childlike comfort in eating and not being meaningfully consoled by it, and asking forgiveness of Ann for the actions of a now far more present bad Jack. (I feel that the mobilisation of bad Jack is the secret to re-energising the whole person here - i.e. perhaps bad Jack could be rewritten as the infant and hurt John fighting valiantly for recognition, etc).
 3. It seems to me that this represents an example of your struggle for John and Jack to co-exist. It seemed as though John's good intentions are undermined by Jack's anger - i.e. the good intentions of, for example, offering support and nurturance to others, while these very emotions trigger the deep seated needs all too well recognised by both John and Jack, but only Jack has the energy to act on. Thus having committed this manifest wrong (and you fear definition) you sought some comfort as a child would in eating something sweet. But this no longer works; you've moved too far ahead and your asking forgiveness of Ann, I think, represents an attempt to forgive Jack for being so angry and needy by John who is less than half the person he could be.

Case 2: John Jack - Therapist No. 6

Concerning your project on interpretation in psychotherapy here is my offering and I trust you will find in it what you are seeking.

I have written a commentary on the material provided in a spontaneous (almost stream of consciousness) manner, without editing or review, mainly because I have only one hour to spend on the task. It may be helpful to you to follow my responses to the material as they occur.

First of all, I see the term 'depression' and 'he felt he was not good enough'. I wonder about his early years of childhood, what losses and frustrations in particular he had to cope with and I wonder about the quality of his relationship with his mother, father and siblings. I feel mildly irritated with the first paragraph, the information provided about John, because of its inadequacies. I realise how important it is for me in my own work to spend 2 or 3 sessions in very systematic history-taking and exploratory interaction with the patient. I don't know how this patient relates to his therapist and there is little about his family of origin, early relationships, his personal history, and what, for example, is involved in the comment about the 'acting out behaviour' of adolescence (what did he do, in what frame of mind, and in reaction/relation to what context?).

I also react with some irritation to the inclusion of interpretations in what should be a factual introduction to the patient. They feel like impositions (i.e. the explanation for his indistinct speech, and for his use of his surname Jack as an alternative in childhood).

I will confine my commentary to the material given in the last paragraph and try to ignore the rest, mostly.

It appears to me that, emotionally, John may have had some difficulty with the idea that Ann was 'otherwise engaged' (i.e. doing things of a special kind with other people) that evening, even though intellectually he reasons she may need him and his support when she comes home. I wonder about the conflict between his rational undertaking to be home and available, and the emotionally based 'letting himself go' which resulted in him getting home late and her feeling unsupported and upset.

It seems likely to me that John has difficulties around his infantile dependency needs - to be the main focus of her attention, with her being always available to him, rather than a more mature dependency which has a balance of give and take. It is difficult for him to meet Ann's needs and to deny or delay his own. At the same time, it makes him anxious to perceive that hers are being met elsewhere, even if only in part.

There is a sense in which he is also anxious and angry about his dependency in a close relationship (hence his affairs, coming home late, his compulsive craving for food). Consuming enjoyable foods is an attempt to gratify other needs, and does not involve delay of gratification: involved in this activity,

which arose in the anxiety of insomnia (which might be viewed as fear of loss of boundaries), is perhaps an unconscious need to devour/destroy the frustrating object and to own/have only for himself the satisfying object. Ann is both satisfying and frustrating to him.

At the same time, this makes him 'sad'. He is aware at some level of the destructive elements of his feelings for Ann - jealousy about her separate activities, self-gratification in music rather than being available to her, when needed, and the compulsive eating. His remorse concerns in part his wish to compensate for his hostile feelings, and a wish to preserve her on the one hand, and to preserve her for himself on the other. In the end it is she who is comforting and forgiving him (or so one might assume) and thus it is his needs which are being met rather than hers.

In the context of the session with John, I would regard the above outline of an understanding as tentative, and private. I would not share these ideas with him. I would ask him to explore his feelings about Ann's engagement in the group, since this is where his material originates for the session. I regard asking this type of question as a low level kind of interpretation, aimed at eliciting more material which would be appropriate to substantiate or to dismiss part/all of my hypothetical understanding without considerably more evidence provided by John.

My understanding of my role as therapist is of someone with skills and knowledge who will listen attentively without reproaches or criticism, to whom the patient can disclose aspects of their experience which are painful, paradoxical or problematic, and who will try to help the patient make more sense of their experience of themselves and others.

My theoretical preference is for the understandings provided in the object relations framework provided by Fairbairn, Guntrip and Winnicott. My training has involved exposure to a wide range of approaches from Behaviour mod., family therapy and Gestalt therapy to loosely based psychodynamic therapy and several months' supervision with a Kleinian psychoanalyst. I feel that the main function of theory is to provide a context of confidence and security for both therapist and patient in their efforts to be constructive in bringing some order to chaotic experience.

Case 2: John Jack - Therapist No. 7

John Jack lives a split existence of the "good" John and "bad" Jack. His difficulty is in integrating these two aspects of his being, the "good" John being an idealized self-image shaped by his perceptions of his mother's needs from him and the repressed "bad" Jack will contain his own split-off needs and vitality. He lacks the experience of a father strong enough to assist him in owning his assertive energies to healthily separate from his mother and see himself as a person with needs and aspirations unique to himself and different to hers.

Always fulfilling her and not getting what he wants from her (a satisfying and contented experience of being emotionally fed) has led to repressed feelings of resentment and guilt. Guilt about wishing to destroy that person he loves and wants to be fed by, guilt about needing so much from that person. This will repeat itself in all social encounters as he is still a child attuned to the needs of others and not his own. His way of coping with his inner conflict will be depression, an uncomfortable truce easily shaken which attempts to keep threatening feelings of anger, greed and hunger out of awareness. As this split-off side grows in intensity to threaten the "good" John image he will experience anxiety too, and so find a means to avoid awareness of his uncomfortable feelings using his various defences which seem to have dissolved somewhat into the depression.

In the example related to the therapist we see how he denies Ann that which he wishes for himself (support and companionship), angry that he must give it to her and he cannot get any himself. He gets comfort from listening to the music and "letting himself go", but is guilty about taking that, too. He is "depriving" Ann but also may unconsciously wonder whether he deserves to be happy and content (since Jack is a bad, destructive boy who must stay hidden).

He comes home in this state of guilt and anger and feels anxiety about his underlying feelings toward Ann/mother as well as the threat to his "good" John persona. To top it all he cannot yet forgive Ann/mother for denying him what he wants so he may relax with her and satisfy himself. He feeds his hunger with cornflakes, milk and honey, a poor substitute for sweet love and care.

His subsequent tears of sadness are those of the hungry and frustrated child who doesn't know how to satisfy himself - it is

in this way that he relates "effectively" in getting Ann to "feed" him when she wakes up, so keeping himself in the child position. He reinforces this by asking forgiveness for the times he has "hurt" her.

Locked into a pattern of guilt and resentment he must become aware of and integrate the anger and vitality in the repressed "bad" Jack side and be ready then to stand up to Ann/mother knowing that he may take what he wants, deny them what they want when necessary, both without guilt and with the awareness that the other party will not be damaged, and so individuate into an autonomous and separate being.

Case 2: John Jack - Therapist No. 8

I would see this young man having impaired development of object-relations and psycho-sexual maturation. In formulating his problems, I would look at these initially in terms of the nature of his attachment to his powerful mother. In childhood, he used the primitive ego defences of denial and splitting, in order to disown his anger toward her. He split off his "bad self" as the imaginary "Jack", who lived at the bottom of the garden and who was, therefore, not part of himself or his family. He was thus unable to integrate the good and bad aspects of himself and accept his ambivalence towards his mother.

I would postulate that he later projected his angry: "bad self" into his passive father, using this inadequate person with whom to identify as an adolescent and young man. Through the process of projective identification, he thus began to see himself as "bad" instead of good, as judged from his engineering punishment as a way of attracting attention, both in adolescence and adulthood; this occurred in particular in relation to women, initially mother, subsequently Ann, with whom he has a part-object relationship. At work, he adopted a passive compliant unobstrusive role, possibly in relation to male supervisors, in order to hide his low sense of self-esteem and immaturity.

Through music and food, he is able to regress to his infantile good self using intermittent aural and oral over-indulgence, but he could not escape the reality of adult responsibility. In this context, he predictably expects criticism and punishment.

My goal in therapy would be to enable him to integrate his "good" and "bad" parts. In the course of therapy, he is likely to

regress to his pre-oedipal attachment behaviour; working through transference and resistance issues, he would hopefully eventually tolerate ambivalence towards the therapist, in order to develop greater self-esteem and a capacity for mature object relations.

Case 2: John Jack - Therapist No. 9

I have had a lot of difficulty in dealing with this task and I apologise for the delay. Apart from the obvious problems of my being very busy and my own defensiveness at revealing my less than perfect approach to the task, I think there are problems in the task itself. Without knowing the person in question I really can't understand a lot of the material - for example, I don't know what it means to remain a "child", and I also don't know what "acted out quite a lot" means.

As to the material for interpretation, I realize that I would say very little about it without asking many more questions and being led by the patient. As to what I might do in the situation - there is a chance that I might even say nothing about the material to the patient at the time. It seems to me that the experience could easily be sealed off and over-trivialized by all-too-eager interpretation.

The things I would think about in being given this material would have to do with oral dependency issues. He feels like a "child" (whatever that may mean), and is concerned not to upset - indeed to comfort - Ann. The food that he chooses to eat may well be that that he ate as a child. This is something I might explore with him. I would also want to know how his current relationship relates to his relationship with his mother in particular in that in both relationships there seems to be an issue of commitment and acceptance. He seems to split himself into a number of people. In this regard, there would be some need to look at the aggressive components in this man - he "disowns his naughtiness", mumbles so others can't attack him, and in the incident described not only abandons a fragile figure in her hour of need but also ends up eating a lot of sweet things. It is possible this may have something to do with stealing of good things from an envied object and could have a link with adolescent acting out.

For me a big question in dealing with this man would be that of transference, given his other relationships. Interpretation itself is part of the "food" of therapy and I would be interested to

observe how he (a) elicits and (b) responds to interpretations. I would not be surprised if he were both dependent and spilling of interpretations, which would have implications for how to give them.

Largely as a result of some work we have been doing in our psychodynamic psychotherapy study group, I have realized that even in dynamic work (of which I do very little) I tend to interpret very infrequently. I make far more use of questions and reflections (these things of course hold their own interpretations!) I believe very strongly that technical jargon has no place in psychotherapy, and hold with the semiotic or Lacanian notion that the business of therapy is not to unveil the truth but rather the process of "unveiling" in itself. I am very conscious of overdetermination and multiple signification and what Rychlak would call the "as if" mode. I am in supervision with a Jungian but do not consider myself to be a Jungian, and in fact find a lot of Jungian theory intellectually unsatisfying. I worry about the large amount of faith involved in my work in that I cannot explain everything I do in a coherent intellectual fashion. In this regard, I find the work of Malan very useful and also my own therapy, which I feel is an essential part of the training of psychotherapists.

I hope what I have said is of some use, I wish you luck in your research. Please let me know when its finished. I'd like to read it.

Case 2: John Jack - Therapist No. 10

We are told that he disowned his "naughty" side, banishing it to the bottom of the garden. This would be the unwanted shadow-aspect of John. Jack, the baddy, returns to him in the form of a broken promise - he, John, "lets himself go". It is, therefore, a sign of integration and maturity were he to take responsibility for his wrongs by way of an apology to Ann.

But, in fact, he does not seem all that aware of his doings - he makes contact with Ann via a devious route, by his "inexplicable" sadness, which works to bring her to his comfort, and only then can he apologise, but only for undefined wrongs. He would like to sweep the slate clean, and then banish the shadow, by one feeble apology.

This sad mood and eventual apology seem to need initial sweetening and feeding before they can occur. By filling

himself up with goodness he can then be a little bit good, that is, take responsibility for his own wrongdoings.

His lack of self-worth then, can be seen as a result of an inner split - by banishing the bad in himself he cannot then be good. He is nothing.

Case 2: John Jack - Therapist No. 11

Although it is possible to hypothesize about the meaning of the material presented, it is unlikely that I would be willing to make interpretations to John simply on the basis of these hypotheses for the following reasons:

1. There is no information as to what has happened in therapy up to this point, what has been dealt with, what issues were currently being dealt with, and where John is with these.
2. Interpretation is only really meaningful if made at the "point of urgency" - and this can be ascertained only from John in the moment, in the context of the therapeutic process and his life circumstances.
3. Clues as to what and how to interpret could be gained only from John's associations to the material presented - there needs to be either groundwork or a clean context in terms of what has been happening in therapy before interpretations can be anything more than potentially meaningless guesswork.

Thoughts about the material-hypotheses from which interpretations could arise

John fears criticism and feels inadequate and not good enough. From an early age he has disowned his naughtiness, i.e. split himself into naughty and good and disowned the naughty, probably disowned his aggressive feelings. One assumes he has thus been a person who generally tries to please others, without feeling that he as he is, is lovable (good enough). Pleasing others may be an attempt to meet his needs. The starting point may be Ann going off to her group - leaving John (not meeting his needs?). He then goes to have his needs met elsewhere (music) and "forgets" to meet Ann's needs - possibly resentment at having to meet her needs or at having been left, or both, as the scenario may be that when his needs aren't met he tries to

be a good boy and splits off his resentment at his needs not being met, and at having to please others! The "forgetting" could be another instance of what is referred to as his "acting out" with history.

He probably felt criticized and thus not good enough when Ann was upset. Or perhaps he felt he had harmed her and made her less able to love him. Perhaps the eating was because this left him feeling empty or needy and perhaps he could not feel the pain of that until he felt more held/fed. At this point it may be that he is fed, i.e. his needs are met and Ann's aren't (from before) and he may be identifying with her as being needy, and the victim of someone whose own needs come first (him). This could be a parallel to the situation with his parents, with him here feeling like the unloving parent who puts his needs first. This would be related to his feeling that the way to be loved (or at the very least avoid criticism) is to meet other's needs. Perhaps deep down he feels that he has harmed by his neediness/greed/"selfishness" - the person who needs to love him. This happened out of resentment at not being loved (being left) and having to please the other, and may be related to the earliest feeding relation to his mother.

As stated above, without cues and clues and context I would not interpret many of the above to John. And another important issue to be aware of is that the incident described may be a manifestation of acting out the transference, i.e. a living out with Ann the very issues or conflicts that may at that time be wholly or partially aroused in the therapeutic relationship but outside of John's (and perhaps the therapist's) conscious awareness. This is an aspect of the context that would have to be considered.

A further possible theme is that of needs not being met and anger in triangular situations, e.g. John-Ann-Group - John-Ann-Music - John-Ann-cornflakes.

Case 2: John Jack - Therapist No. 12

It would seem that John Jack is incapable of giving nurturance and emotional support to Ann since his own needs were insufficiently met in childhood. His failure to do so when it was asked of him seemed to lead to psychic discomfort (probably guilt) as manifested by insomnia and later hunger. The latter was partly assuaged by nurturing himself with sweet food, indicating the probable early infantile origins of his guilt. The

inadequacy of the response led to feelings of sadness (probably about his worthlessness) for which he needed to be comforted by Ann. A somewhat narcissistic quality seems to be manifest here in that John ends up being comforted for his failure to comfort her.

From the background information I would posit that Jack had formed an "anxious attachment" (Bowlby) to his mother as a result of her inability to give him the kind of unconditional love which enables true self-esteem to be established. If "love" was given only when he was good, it would seem that John was unable to integrate his bad parts for fear of punishment, and split them off into the identity of Jack.

Mother probably seemed an awesomely powerful figure against whom it was not permissible to vent anger. The role model father provided would reinforce this view.

Thus anger towards women (mother) would have to be subverted. In childhood it was split off, in adolescence acted out, and in adulthood manifested by an unconscious refusal to meet the other's needs.

Being assertive or angry would seem to be associated with being unlovable and worthless leading to a need for external affirmation of his being.

In Jungian terms it would seem that John has not sufficiently integrated certain shadow aspects of his psyche, viz. aggression and assertiveness.

The areas I would need to explore more fully would be that of the parental relationships, particularly that with his mother. I would also like to know what happened in the series of affairs he had previously had.

What I would feed back to him would depend very much on the nature of the relationship between us and the amount of thrust he had developed. I would assume that after nine months of twice-weekly therapy these issues would have arisen frequently, and therefore it is unlikely that anything I have said here would be revelatory.

Case 2: John Jack - Therapist No. 13

Personal background:

- a period of personal psychoanalytic psychotherapy
- supervision: 1 year by Kleinian analyst
7 years by Jungian analyst
- my own approach is an amalgamation of Jung and psychoanalysis.

Comments on the material

On the level of object relations

1. He follows his own individual wishes, thus in some ways is positive in the sense that it is an assertion of his individuality (cf. Margaret Mahler 'separation-individuation') - because I am sure he is usually passively compliant and does what others expect of him.
2. Also partly an expression of his conflict around rebellion - submission: probably directed most at his controlling mother (as he experienced her) and an expression of his 'delinquent' aspect via rebellion (this is unconscious).
3. It is also indicative of his inability to accept adult responsibility, etc., i.e. a defense against accepting and acting on internalised standards derived from his despised mother.
4. He almost certainly must have expected a feared criticism for his failure to act as a 'good boy' and be back on time.
5. His failure to resolve the incident with his girlfriend - an abandonment depression, i.e. feeling of loss of love, regard, etc., of the loved/valued object.
6. Crying is in part an expression of his distress but also an effort to subtly coerce the 'abandoning, rejecting, critical object' back into the rewarding caretaking role - when, and if this occurs mental, and particularly narcissistic equilibrium is reached.

Intrapsychic, or structural level

Clearly has serious problem with a severe and critical superego (no doubt an amalgam of the internalised prohibitions of the domineering mother plus displaced aggression which would normally be directed towards the frustrating object but which has been turned back on the self) - predisposition to guilt, worthlessness, sensitivity to criticism, narcissistic injury, etc.

Also his superego does not fulfill its role in maintaining self-esteem, i.e. its rewarding, admiring properties are absent; as a result he is still heavily reliant on the rewarding properties of external objects to achieve this purpose.

His needs to feed himself points to the archaic, and deep level - locus of defect: loss of the love of the object and self-love is seemingly experienced by him as blank sense of physical emptiness: like the despair of an infant craving for the breast - this empty hopelessness is an intolerable state to bear and he moves quickly to restore good relations and thereby regain the necessary 'relationship feeding' which will remove this pain.

My approach

In the early phases of therapy the concentration is on the 'personal unconscious' and I use psychoanalytic formulations and technique.

However, I use interpretation sparingly, believing that "knowledge by experience" is most healing and thereby avoiding the common iatrogenic problems of insightful patients who do not change, or patients who say "my therapist says ..." not knowing the full context of the treatment up to the moment, especially the degree to which his 'reasonable observing ego' has developed vs his 'pathologic ego', i.e. how much he can stand back and critically reflect on his own behaviour (certainly looking at the way the material comes out, he just relates and does not reflect: this would suggest that he is still at very early stage of examining himself and his motives). Also I would like to have known the previous amount of attention to, and working through of, the pattern of his behaviour.

At this stage I would probably not use an interpretation. I would rather concentrate on questions bringing his behaviour to his notice whilst being mindful all the time that he may see my "helpful" behaviour as rejecting and critical: which would in turn be useful to bring the conflict in this area into the transference.

Examples of my questions:

"how is it that you allowed yourself to stay longer when you had promised to return early?" or

"he was doing things he felt he shouldn't but couldn't stop himself. Why?" or

use therapeutic astonishment "he is normally so conscientious I wonder then how all this had come about?"

I would not do too much 'work' for this patient because of his probable tendency to passivity and need to be cared for: the danger is that he will push the therapist into fulfilling these roles (to be active and caring on his behalf) – technique should therefore be focused on getting him to be active and to search.

Case 2: John Jack – Therapist No. 14

Trained at UCT with a BA majoring in psychology. Post graduate studies were completed at Wits, with an internship at Tara Hospital. Currently working at Wits University in the Counselling and Careers Unit. Eighty percent of my time is spent in short term psychotherapy and twenty percent in vocation guidance of prospective students. I also do some private work mainly diagnostic assessments with the full battery of psychological tests. I work within a broad psychodynamic model and never use techniques or strategies. My preference is for short-term work of the Malan and Mann schools. I have been qualified for 4 years.

Interpretation of case material:

John Jack is a man with a poor self concept and feelings of emptiness. He has an excessively strong superego and is unable to contain his own badness. He acts out under stress as he is unable to communicate his emotional needs. He cannot nurture or gain comfort from others. John is angry towards women and cannot cope with their dependency. In my interpretation I would link John's current behaviour with his childhood behaviour. This would focus on his internalization of his hostility toward women on himself with its consequent feelings of remorse and badness. I would work in the transference with this subject.

Case 2: John Jack – Therapist No. 15

John may have used splitting in order to "detach" himself from his anger (internalized dominant – "bad" mother), turning this upon himself, thus becoming depressed. Very possibly his rage and feelings of "not good enough" (or bad) led him to act out in adolescence so that he could feel less "crazy" and less fragmented.

But he has a need to experience goodness in terms of having his

dependent needs met (adopts behaviours that will hopefully satisfy his needs, e.g. in work). Therefore, he does not wish to take on responsibilities, a reason for his disowning his naughtiness may be a way of his fearing rejection and therefore not being loved (by mother?) - having his dependent needs met? He (John) thus dissociated (split) his disliked self (bad) from the liked self (good), i.e. dissociated John from Jack. Due to this he finds it difficult to commit himself fully to a whole person (long term relationship).

Passive father is a poor model for him to identify with but John may therefore feel guilt about being successful (at work) - fantasized fear of castration - should he be successful.

In relation to the incident with Ann, John may have tested out her real caring for him by returning home late. Wishes to care for her in order to have his cared for needs met. Feels guilty at not having returned earlier and angry with her for not being receptive to his return. Turns anger onto self and therefore can't sleep; but therefore also cannot have his affectionate needs met by caring/supporting her. Thus he turns to eating a sweet (good) "meal", which, however, "turns sour" on him. When Ann turns to him to comfort him, he seems to play helpless, thus receiving from her what he so despairingly needs. (Converts his anger at her by blaming himself for being unkind and inconsiderate to her, - something which he had experienced in her earlier on when he returned home).

Interpretation:

It would seem that you are afraid of feeling good enough inside yourself to be able to give your affection to others because of overwhelming feelings of your own need to be cared for.

MATERIAL FOR INTERPRETATION

STRICTLY CONFIDENTIAL

CASE 3

Identifying data

Margaret Andrews (pseudonym)

Relevant history

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Margaret Andrews (pseudonym), a 28 year old married woman, sought therapy in order to improve her interpersonal relationships in which she tended to be unassertive, withdrawn and very passive, rarely initiating any social contact, and hardly ever giving spontaneous feedback of any kind.

Therapy proceeded well, with Margaret soon developing insight into the anxiety which inhibited spontaneity in her relationships with people. After six months the quality of Margaret's life had improved to the extent that she was feeling more comfortable with both herself and others, and no longer felt the pressing need for therapy. She and her therapist thus agreed to reduce the frequency of their meetings to once every two weeks.

The next week Margaret had the following dream:

En route to therapy she passed through a sheltered bay where she met a group of strangers who invited her to join them in their fun. She was tempted, but was worried that if she were late her therapist would think that this was the week she was not due for therapy and thus not wait for her. She nevertheless decided to stay with the strangers for a while and enjoyed herself a great deal. Eventually she hurried on to therapy, noting with relief on arrival that her therapist was in her consulting room, standing with her back to the door. When she turned around, Margaret was astounded to notice that her therapist had turned into her husband.

Case 3: Margaret Andrews - Therapist No. 1

What a lovely story!

She is moving out confidently into the world, which she is finding is a supportive and friendly place, yet she, not inappropriately, is still dependent on her therapist. The dream gives a lovely sense of a child going out to play whilst not wanting to be late for mummy.

The shock is to discover that therapist and husband are merged, in other words, she is in the same kind of dependent relationship with her husband. The shock thus calls her in a playful way to become more mature in that relationship.

Actually, this interpretation I think is the more creative and useful one, but the ambiguity at the end suggests other possibilities. In particular, it suggests that she sees her

therapist as her husband, and it can be asked what this means - e.g. is she falling in love with her therapist? But whatever the answer, one is led back, I think, to the fact of her dependent (child-mother?) relation she has with her husband.

Case 3: Margaret Andrews - Therapist No. 2

On the face of it this appears to be fairly straightforward. The therapist's assessment is that her unassertive withdrawn and passive way of relating to others improved as she gained insight into the anxiety which inhibited spontaneity in her relationships. There is an increased self-confidence and she feels less dependent on her therapist.

After arranging for one session every two weeks she has a dream which shows some anxiety that she would actually miss her session. The therapist may not wait for her while she is having fun with strangers. The therapist may think that this was the week that she is not due for therapy. Communication with significant others (with the possibility of misunderstanding) is thus an important theme of this dream. Psychotherapy may be seen as a sheltered form of communication. She joins a group of strangers and joins in the fun in a sheltered way and enjoys herself very much. Eventually she finds her therapist in her consulting room where she has been experiencing this particular form of communication. The therapist is standing with her back to the door. However, communication, whether sheltered or not, is essentially face-to-face. Does she, in spite of the fact that she was a party to the new arrangement, have an impression or a fear that the therapist will no longer "face" or "mirror" her but turn away from her? Will her therapist turn her back on her by losing interest or by terminating therapy?

What has been said so far indicates that the client has, within the process of sheltered communication with the therapist, experienced a positive growth involving her being able to live the possibility of spontaneous unplanned enjoyment with others who invite her into their play. She is responding to the world as inviting in contrast to previously when the world was experienced as uninviting. But why does her therapist turn into her husband? Why is she in the dream virtually equating the female therapist and her husband? Her husband is not specifically mentioned in the clinical data. Does her communication with her husband still depend on her sheltered communication with the therapist? Is she still relating to him in an emotionally dependent way expecting to be "sheltered" by

him, rather than encountering him face to face as an equal? Has she been fully able to accept his maleness in her sexual encounters with him? Those are questions that I would want to explore with her after recognising the positive growth that has taken place.

Case 3: Margaret Andrews – Therapist No. 3

A comment about my background and training:

Initially exposed to a psychodynamic approach, I became interested in family therapy in 1974 and today approach all psychotherapeutic problems from the vantage point of my own brand of systems thinking. The elements of the approach are, in essence, these:

1. I attempt to "visualize" the primary social context of the patient, and link in my own mind the problems he/she presents to that person's relationship with others. In the absence of other family members, the social unit of salience becomes myself and the patient.
2. My approach is pragmatic and strategic. The patient is accepted where he/she is, and the therapeutic exchange is adapted to the patient in that position. This means that with some people I may seemingly be analytic, with others take the role of a guide or benevolent mentor, and so forth.
3. The objectives of the therapy are to enhance a sense of confidence and autonomy while encountering relatedness, and to support, wherever possible, positive self-esteem.
4. Most important is the attitude I take towards "reality". In contrast to approaches that believe that it is the therapist's task to help the patient understand his/her inner reality, I see therapy as the co-construction of a workable reality. Consequently, I will use the data to give it a meaning that I believe is useful to the patient and enhances self-esteem.

The patient presented herself initially as being unassertive, withdrawn, etc. In the absence of my seeing her husband, I would assume that he was contributing in some complementary way to her problems. I would assume that her treatment needed to foster in her a sense of self-confidence and an ability to take

an independent stance in relation to others (especially her husband).

Since the therapy progressed well, I would assume that this was happening. But since she has always been in a complementary position to others in which she played the passive and dependent position (an educated assumption), I would see this as part of her struggle with termination - i.e. she wants to be independent yet also wants to enact in relation to me the dependent position. Consequently, I would use the dream material to further the aims of therapy.

The two points I would want to convey are: (1) You are OK and have the ability to stand on your own two feet, and (2) If you need to draw on me to reaffirm this position from time to time, I'd be happy to help.

Here is the sort of conversation that would follow:

Me: That's an interesting dream. What do you make of it?

Her: I don't know. I was a bit worried by it, even though I kind of felt relieved when I woke up.

Me: Which part worried you, and which part felt good?

Her: Actually, I was worried that you might give a funny interpretation to it - You know, the part about you turning into my husband.

Me: And what part did you like?

Her: Well, I woke up feeling good, and wanting to tell you about this dream.

Me: Look, let me tell you what I think the dream is saying, and tell me what you think. I think its saying that "now that you are moving away from the therapy, you are feeling readier to have fun, and to enjoy the parts of yourself that somehow you and Jack (the husband) were not enjoying together. So now you're saying "Oh boy, there are things for me to do, I'm ready to be open to people in a new way". The part about the therapy, that's really interesting. I guess you're worried that if you change and become the open fun-loving person you feel you could be, you wouldn't need therapy anymore (Pause). Maybe you

wouldn't even need Jack! Look, I want to emphasize one thing: People who have grown beyond the need for ongoing therapy often feel the need for the odd session to check things out – and that's fine with me".

Her: Do you mean after they've stopped completely?

Me: Sure. Absolutely.

Her: Well that's good to know

Me: But tell me, Margaret, how has Jack reacted to the changes in you? I'm curious to know...

And the therapy proceeds from there.

Case 3: Margaret Andrews – Therapist No. 4

The dream conveys that within the existential safety of a specific milieu (sheltered bay) – that afforded by the therapist and therapy – many of Margaret's hidden (?unconscious) psychic potentials (strangers) are able to come to the fore to reveal to her that there are other constructive (invited to have fun, not threatening strangers) ways for Margaret to be and to relate. Despite an initial ambivalence that if she were to be in a way different from her usual self, she might jeopardise her therapeutic progress thus far (the therapist might not wait for her), she eventually takes up the offer made by her previously hidden potentials to be more fully herself. On risking herself in this way, she realizes that her existence is still safe, and is thus empowered with the knowledge that her other ways of being are not bad and neither are they to be rejected.

At this point, Margaret feels ready and able to deal with specific relationships beyond the realm of the therapy session, especially those which are significant and thus valuable to her.

NB: It is assumed that Margaret is highly motivated since she actively seeks therapy despite her presenting problems – socially shy, withdrawn, unassertive, very passive and so forth.

Case 3: Margaret Andrews – Therapist No. 5

I have a Masters Degree in Clinical Psychology obtained from the University of Witwatersrand and have been working in the field for a number of years.

My first response to the case material was that this is an artificial situation for me in that if it represented a real case I would know a lot more details about the person plus have the opportunity to explore her feelings in relation to the dream. I would also have an impression about the way the patient related the dream.

Certain ideas do, however, come to mind. It seems that Margaret as shown by her dream had achieved the freedom to take the risk of possibly missing her therapy session in order to enjoy the fun. This worked out for her which indicates that she has really grown sufficiently to be able to enjoy life and people without having to seek permission. Her therapist did wait for her which suggests that Margaret felt secure in her sanctioning Margaret's actions. The surprise element of the therapist turning into her husband could have several meanings: one, that her therapist had ceased to need to be the maternal figure encouraging dependency etc, now that Margaret was ready to take on the world; two, suggesting that some of Margaret's problems may have had bearing on her relationship with her husband and that now she could feel secure about being receptive to the world without feeling rejection. I would explore these interpretations.

Case 3: Margaret Andrews - Therapist No. 6

Margaret may be experiencing some ambivalence about the impending distance (decreased contact) from her therapist. While more confident of her own resources in relating interpersonally (and enjoying the prospect of being drawn into the group by others and included 'in the fun'), she may also be afraid that through the process of individuation, she would lose the support of her therapist. This fear (reflecting her ambivalence) may be experienced as:

1. a fear that in moving beyond and away from therapy, she was in some way abandoning her therapist (i.e. "she was tempted, but not worried...");
2. the complementary fear that she risked being abandoned by her therapist (i.e. "worried that if she were late her therapist would ... not wait for her", and "her therapist had changed into her husband"). The fuller implications of this anxiety would perhaps be apparent if more information on the nature of the marital relationship were available.

Thus, Margaret may have been afraid to assert her own independent wishes lest she experience being abandoned. In the light of this conceptualisation, I would hazard the following (initial) interpretation:

"You seem to have doubts about whether I will still be interested in you if you become more independent".

I would thus attempt to relate Margaret's present experience to an issue of central importance to her, both in terms of present relevance and its embeddedness in earlier formative experiences.

I would describe my orientation as broadly psychodynamic. Hence I would be influenced by psychoanalytic theory in formulating my conceptualisation and interpretation.

Case 3: Margaret Andrews - Therapist No. 7

Coming to therapy was interpreted as providing a sheltered space in which to explore and experiment with new relationships, particularly spontaneity in new relationships. The many strangers were suggestive of aspects of Margaret's own personality with which she was not familiar, and her desire to stay with the strangers as her desire to get to know herself even better. Her anxiety about her therapist's presence was related to her anxiety about termination, and her therapist becoming her husband pointed to intimacy needing to be the focus of therapy, for the one common denominator between her therapist and her husband was that she had a trusting, intimate relationship with both of them. It was decided not to reduce the frequency of therapy once this dream had been interpreted, for it seemed that more attention needed to be given to Margaret's relationship with herself and others.

MATERIAL FOR INTERPRETATION

STRICTLY CONFIDENTIAL

CASE 4

Identifying data

Richard Berry (pseudonym)

Relevant history

Male, English-speaking, 22 year old final year student. Presented with concern over the deteriorating relationship with his parents (who are divorced); has one biological sibling and three step-siblings; fear of having to perform his military service; concern that he will never find a stable and loving homosexual relationship (he has fully accepted the fact of his homosexuality = egosyntonic).

Highlights of personal history

As a child, he was considered "unhealthy" by the parents and over-protected, was asthmatic until nine years of age, became increasingly withdrawn and found it difficult to establish friendships. Became aware of his homosexual feelings during his late teens but only actively practised when he came to university. During his second year (aged 20) he had a serious homosexual love affair which left him devastated when it broke up. Now he is afraid of involvement in case he is hurt again. However, he desperately wants a stable homosexual relationship. Plans to leave SA for USA at the end of his university career.

Material for interpretation (Dream and relevant life-behaviour).

Richard sees a large house into which he has no access; senses there are three other figures with him. Goes to the back of the house and sees a boy on a beautiful slide in a park. The boy is obviously having fun / but the park is empty and the boy is alone. Looking around the park, Richard observes that it is beginning to flood and he sees a ship sailing away. It has three passengers - he knows they are his family - but he does not feel inclined to swim after the ship. On walking through the park, he notices a pearl structure which begins to crumble when he attempts to walk over it. However, the three figures do walk over it and the structure does not crumble. He is afraid to try walking over it in case it should break! Being pearl, it is an extremely valuable structure. This greatly concerns Richard because he is now left alone. The following week, Richard reported feeling increasingly depressed and feared that he might "crack up". During the vacation he flew home to visit his father to inform him of his homosexuality; on his return to university, he immediately began work on the production of a play with the theme of suicide induced through guilt over infidelity. Richard said that he was no longer keen on stable relationships and that his true love was in the theatre.

Case 4: Richard Berry - Therapist No. 1

In the dream, Richard realizes that despite having several step-siblings, his only meaningful family comprise his biological parents and brother. Yet, even then he is alone in his life and in his life-style which, although fulfilling, is nevertheless lonely. Richard perceives himself and his family becoming alienated through his dishonesty. Also, that a family reconciliation will only be brought about by a change in life-style (meaning sexually or morally). Unfortunately, such a change is not possible for Richard although it might be for others.

Following the dream, Richard acts on its message, informs his father of his homosexuality and plunges into the production of a play in the hope that it might suppress his impulses. Fortuitously, the theme of the play has to do with his predicament - that he has been unfaithful to his upbringing and parental expectations. Richard now realizes that he will never find a stable homosexual relationship until he can admit to feelings of guilt and attempt to work through them.

Case 4: Richard Berry - Therapist No. 2

I would approach the dream from a Jungian perspective. I would classify the dream as most likely "archetypal" as opposed to a "personal" dream, using Kluger's scale of archetypal dreams for this purpose. The dream thus deals with his "instinctual" development, i.e. individuation process and comments on the development of his autonomy, or psychological motivation. The criteria are that the dream is relatively remote from everyday life and contains bizarre elements (e.g. ship sailing in a flooding park, a pearl structure which has some "magical" qualities, etc), there is a strong charge of affect, e.g. "greatly concern Richard", "he is afraid", and it also contains some mythological parallels, the sea voyage, the pearl = "treasure hard to attain", the three "family members" and himself making up the number 4 which suggest a quaternity.

The dream obviously has "personal" connotations, as all archetypal dreams indeed do. For example, he is contemplating a "voyage" to the US, we know that he is currently experiencing family problems, the boy alone in the park on the slide may refer to his homosexuality, etc. However, in the absence of his personal associations to the dream elements, an archetypal interpretation is more appropriate here.

I would thus approach the dream through its various stages, examining the setting of the dream, its development as the sequence progresses and then its analysis.

I would consider the house as representing his "personality" and its interactions with relevant others as a concomitant of that. He has no access at all to the house which suggests that he is isolated and alienated not only from others, but also from himself. He senses three others with him. I would regard these as representing three of the functions, i.e. thinking, feeling, intuition, sensation and would speculate that he is experiencing underdevelopment of important aspects of these functions. More personal knowledge of Richard would be required to develop this further. Neither do we know which family members they also represent: this information might throw further light on the question of functions, as well as his interpersonal relationships with his family. As the family members are not even identified, however, I would speculate that he is "unconscious" of and confused about the family as a whole and how he relates to it. Indeed it is a big house and the lack of access to it reinforces this impression.

He goes to the back of the house, does not try to gain access through the front door as is customary. In this country, that is usually (or used to be) the "servants" or trades entrance, again suggesting a feeling of being alienated and locked out of his own "house". He sees a boy, again alone, in a park. Parks signify places of recreation (re-creation) and indeed, the boy is having fun. As the child is a boy (same sex), this could signify a symbol of the emergent self, the possibility of re-birth, renewal, re-creation. This is a positive and hopeful image in the dream. To digress and look again at the number images of 4 persons (dream ego and 3 "family members"): Richard is 22 ($2+2=4$) and just past the age of "majority" i.e. 21 years. According to developmental norms, he should now be an integrated, initiated young adult in adult society. Yet there is evidence that three of his four functions are still undifferentiated (unconscious) and, again, the impression of retarded growth and maturation is reinforced. This is consistent with life history ("unhealthy" and overprotected by parents and unable to establish peer relationships). The boy in the dream is alone, yet parks are usually crowded places, emphasizing his intrapsychic and interpersonal isolation. The slide is "beautiful" but slides are often dangerous. The movement is ascent and rapid (perilous) descent i.e. from high to low, the myth suggested is that of the boy Icarus who flew high with his father but tried to fly too high

to the sun (identification with the gods, the Self, i.e. inflation) and fell into the sea. This suggests some major difficulties with the archetype of logos the masculine principle and thus developmental difficulties with his father, but we have no information concerning this. However, the impression is supported, because the next scene in the dream is indeed a flood of water into the park and a veritable sea, since it contains a ship. Thus, from the ascent to consciousness on the slide, suggesting some insights, but perhaps too rapid, engineering inflation, he falls from the masculine principle to that of the affective, emotional feminine represented by the flood of emotion the water suggests ... the sea is the great Mother, symbol of the collective unconscious. The ship carries the three unknown figures, the ship is a haven of safety in the deep. Perhaps wisely, he elects not to swim after the ship at this point...from a reality perspective, it is unlikely that a swimmer could overtake the ship. He is left on the shore, having "missed the boat" ... but at least, from the therapeutic perspective, he can always book another passage and not drown in the unconscious. Another hopeful indication. The impression of stunted development is again receiving much support and we see an oscillation between masculine and feminine (up and down the slide) suggesting that his statement that he has fully accepted homosexuality should be qualified by the ambivalence suggested in the dream. Is he playing (having "fun") with his sex role identity?

We then encounter a second symbol of the self...the pearl. The pearl is a precious object, nurtured by the sea, i.e. the Great Mother. This pearl crumbles when he tries to walk over it. This suggests difficulties with the feminine also and thus with the personal representative of the feminine in his life, i.e. his own mother. Given that the parents are divorced, this might suggest that Richard was an unfortunate child of divorce who got caught in the crossfire between his parents, their relationship having not only damaged each other, but also their son. But, again, the three figures are there and they cross the pearl structure and it does not crumble. Again, in the analysis of the dream it is suggested that he needs to do work on his undifferentiated functions which have a safe passage over the sea and also do not damage the pearl. The individuated "self-realised" person has succeeded to a greater degree in integrating the four functions and the dream says that this is at least possible for him. But, at this moment, the self crumbles when he walks on it, i.e. he has no firm foundation at all and thus his statement that he might "crack up" and the theme of

suicide should be taken very seriously by the therapist. He needs some sort of a bridge to follow after the three figures, because now he is left isolated and alone, also a bad sign prognostically, unless the therapist can act to contain this isolation and help him build a bridge across and thus keep with the mysterious disappearing figures he so badly needs to make contact with. I would also explore his fantasies in his play, particularly the theme of infidelity, since he may feel betrayed by his parents (divorce) (were there extramarital affairs which contaminated his relationship with them and perhaps also in his own "devastating" homosexual relationship which wounded him so deeply and further damaged his already fragile trust in relevant others?)

Finally, it is interesting that the number 4 crops up again in the reality situation in terms of his siblings. As he has (significantly) three step-siblings, this suggests that he joined a reconstituted family after the divorce of his parents, or that three children were born of the second marriage. This often affects children in this situation when they do not receive proportional nurturance leading to isolation, lack of social skills, alienation, lack of trust, etc.

His wish to leave for the new world and his "true love" of his fantasy products (his play) further suggest a lack of connectedness with reality and are cause for therapeutic concern.

Case 4: Richard Berry - Therapist No. 3

Richard's dream is contextualised by his present situation in waking life. There is an impending transition at the time of dreaming. His situation calls him to venture forth into masculine independent life; even more than this, there is the quality of "being impelled". (No going back to parents because of deteriorating relationships - even though he needs loving assurance; "having" to go forward and demonstrate masculinity in the military, even though he is looking for harmony in masculine relationships rather than competition). A future that would vitally invite him (a loving homosexual relationship) has also receded into the distance. Thus he cannot go back and he cannot go forward - but he is being pushed forward as an unwilling participant.

This is not the first time that he has felt such little "space". The life-breath of an asthmatic does not have "room to move".

In being over protected, his parents were excessively involved in his "movements". His attempts to "venture out" were difficult ("difficult to establish friendships"). Even later in his life when he expressed his desire toward the familiarity of his own sex, perhaps the furthest that he could get towards an "other" beyond his mirror-self, he was devastated by abandonment.

Although there is the hope about another place (USA) and another situation (a stable homosexual relationship) the background context suggests that such hopes are precariously alive.

In the dream, he sees no dwelling place with others. The three figures with him appear to be vague. The only inviting possibility is one of a playful and childlike abandon but without any playmates. Even that possibility is threatened (the flood). Looking back towards the place of his family, he finds no ground there. They are safe from the flood but receding from him. He does not feel inclined to join them. In the remaining scene, he is distanced even further from his fellowman. He is the only one out of the background of three vague figures who cannot preserve the support of something precious on which he can stand. He preserves what is precious by not touching it, committed to a self-enclosed life. What is this precious pearl structure that he encounters but is afraid of breaking? I don't know for sure but it has ephemeral qualities, like a deep-down precious essence in the waters, its beauty cultivated by protection from the surface life of people, earthly place and time.

The dream speaks of a degree of self-enclosure and interpersonal groundlessness that is ominous.

The events of the following week affirm this impression. His interpersonal disillusionment is conclusive. Feelings of his precarious "self" arise. He gives up the task of standing on the "pearl structure" of his own self-possibilities and all its vulnerabilities and commits himself to a world of vicarious living where the actor lives a dramatic life but is separated from a personally grounded and committed identity.

As therapist, I would gear myself to caring for the pearl/like structure. Even though he at present may have the destructive capacity to break the pearl, the pearl is announcing itself as existing and precious. I would work towards asking him more about the pearl, about its characteristics, in order to remember

the possible vitality in that area. It would be very important not to "interpret" the pearl to be a possibility that Richard is not yet ready for (e.g. the preciousness of a relationship). A pearl-like structure is something less definable and it would be important to let it be just as it shows itself in all its immediate meaning until there are indications that it is changing and showing other faces.

Case 4: Richard Berry - Therapist No. 4

The large house probably refers to his relationship with his family, because he has no access to it (his relationship with his parents has been deteriorating) and he senses three other figures with him (perhaps mother, father and biological sibling). Behind the house he sees a boy all alone having fun in a park. This probably has reference to Richard himself, who had a rather solitary childhood and seemed to enjoy himself more on his own than with others. However, the fact of the boy's extreme youth seems to highlight that such behaviour is indicative of immaturity and inhibited development. In fact, it is no longer the safe way of being, for the next moment the park becomes flooded, indicating that it is no longer possible to play on the slide. The opportunity for both leaving the flooded park (and hence the childish way of being) as well as for union with his family is present to him in the form of a ship, carrying his family, sailing away. He makes no move to join them, however, although it seems he could if he wanted to. He thus chooses passivity and in so doing perpetuates his distance from his family. The next thing he notices is a pearl structure which supports the three figures with him (probably his family) but not he himself. Since pearls are generally round, firm, precious jewels, there is probably some reference to valued wholeness here, and since it is a structure which supports his family, but not himself, it probably refers to some sense of family cohesion of which he is not part, especially since he is then left feeling very alone.

This sense of aloneness seems to become part of Richard's waking life, for he becomes increasingly depressed following his dream. He feels so bad that he fears he might "crack up". Perhaps he fears he might commit suicide, which is a common form of "cracking up" in depressives. He seems to cope with this by immersing himself in work on a play, declaring that he is forsaking his search for a stable relationship in favour of his love for the theatre. By doing this, Richard seems to be avoiding the existential task of forming stable relationships with

others, just as he avoided the opportunity of cohesion with his family in his dream. In theatre relationships are created for him - all he has to do is act them out. He does not need to take responsibility for the establishment and maintenance of interpersonal relationships. Existing through theatre is thus much easier than existing in the real world, for no interpersonal risks need to be taken in the theatrical world, and it is easy to relate to the world through the character one portrays, rather than oneself.

Moreover, the theme of the play into which he throws himself seems significant. Does it parallel the roots of his own depression? Does he perhaps feel that he has been unfaithful (to himself or his family) and is he struggling with guilt which feeds his depression?

Case 4: Richard Berry - Therapist No. 5

My decision is to try and understand Richard by first looking at the dream and then to try and tie this up with his presenting symptoms and experiences subsequent to the dream.

First of all, it strikes me that Richard is desperately alone, but not withdrawn. First of all he sees a large house "to which he has no access", this non-accessibility is consistent with his being cut off from the rest of the family. There are three somewhat shadowy figures with him, but these are not identified and do not enter into a relationship with him. They remain shadowy except insofar as they, later on in the dream, show an initiative which reflects a step that he himself is, as yet, unable to take.

Seeing a boy alone on a beautiful slide in the park is consistent and ego-tonic for his being homosexual. However, he does not interact with the boy at all, so his egosyntonic homosexuality, does not, at this stage, afford him an access to fellowman. What can appear in his world openness at this stage, is an undemanding, non-interacting person of the same sex.

At this stage a somewhat fearful attunement to the world becomes manifest already tentatively suggested by the empty park and the boy's being alone there. Uncannily, the park begins to flood and a ship sailing away - it is his family leaving but he chooses not to follow. This as well as the absence of leave taking again points to his insufficient, perhaps ambivalent integration with the family. He feels abandoned rather than that he being able to leave the family of his own accord. Not he, but they are undertaking a journey away from him.

He is then confronted with a structure of great value which begins to crumble when he walks over it, but does not when the three anonymous figures do. Does he see himself as a despicable person - is there a certain amount of self-hate which deters him from taking up his responsibilities in such a way that he is able to appropriate for himself the good, the beautiful and the valuable? Is his hatred of self and his guilt at the root of his alienation from fellowman? The end of the dream shows that this issue has not been resolved.

Although the dreamer does not report anxiety or fear apropos of his dream, the flooding of the park, though not reported as threatening, suggests something uncanny. Obviously the attunement is neither manifestly anxious nor depressed, but I guess that there is an attunement in anxiety and that this constricts rather than threatens him. A true autonomous parting from his parents, especially mother, has probably not been achieved and early asthma may indicate a rather anxious closeness to mother and a fear of losing her. His being not "good enough" to cross over or to "handle" a structure of great value (being pearl, it possibly refers to mother or at the very least to the feminine points to his considering himself unworthy of love and high regard, and this is reflected in the increasing depression and fear of breaking up. Both depression and anxiety are involved here, in the nature of his proposed play with suicide, guilt and infidelity as themes, and also in his resolve to deny the importance of stable relationships. However, there are some hopeful features - the flood does not destroy the park, and the three figures do walk over the pearl structure without crumbling it. He may, via his love of the theatre, be able to appropriate his unlived potentials (the three figures), to appropriate the truly valuable especially if he can work through his feelings of guilt and unworthiness.

Case 4: Richard Berry - Therapist No. 6

The striking feature of this dream for me is that Richard is in the continual presence of his family, even when they reject him, yet they are like empty ghosts who do not relate to him, and he finds himself increasingly alone, both in terms of his own family and anybody else.

Somehow he has no access to the social and familial world which is familiar to most of us: he feels an outsider. As an outsider he is sexually and aesthetically drawn to young males. But there is also a sense in which the young boy is himself in his innocent,

vital and sexual possibilities, but in his loneliness, these can only appeal in the nostalgic longing towards an anonymous young boy in an empty park.

In his loneliness, his longing, and his own nostalgia, he is overwhelmed with a flood of feelings, fantasies, and needs, but instead of finding a supportive environment in which to hold these, he is simply increasingly isolated. It is also poignant how his family seems not only to reject him but to glide over (in a ship), or, more sinisterly, even be supported by, the very flood waters of his world.

The pearl structure has its origins under the sea and thus is a solid and valuable "place" within the floodwaters of his own crisis. As such it is a source of strength, support and meaning that has emerged from the depths; it is not a concoction of his own making as a daytime endeavour. Jung would call this the self, on which he now stands, and over which his family walks.

It seems to me that the crisis has touched him so deeply that his self is at stake, and his fear that he might "crack up" seems to be justified. He feels that all he has is this self which needs protecting, but at the moment, at least, his anxiety has frozen him into non-action.

Given this background, his subsequent decisions and behaviour seem uncannily wise. He confronted his father, so the witless family figure can no longer be oblivious of him. Secondly, he is going to harness the floodwaters in artistic form. This might give him some control over them; it communicates his own depths without the dangers concomitant with intimate relationships; and, as a playwright, he will have a sense of his place in the social world. His pearl structure might hopefully become less alien and fragile as it is written into his life and work.

A final thought: the complete absence of his therapist here would be of concern to me. I would wonder if he felt I had not really met him, were I the therapist.

Case 4: Richard Berry - Therapist No. 7

1. I would divide the manifest dream into three distinct scenes:

1. House, three figures, boy on slide, alone.

2. Park floods, ship, three passengers, sailing away.
3. Pearl structure, walking over, fears alone.

and would obtain associations.

2. In terms of therapy and transference I would pay particular attention to the fact that a "precious object breaking" is an important figure in the dream. Knowing that a relationship has just broken (his own), his parents' relationship is deteriorating and he is concerned, and that he himself is in a tenuous psychological state, I would wonder whether there are any possible fantasies about the therapeutic relationships (a precious object) also breaking. I would assume, in other words, that whatever unconscious dynamics are at play they probably have reference also to the transference object. This possible fantasy would make me look at my own countertransference relations in the preceding sessions and scrutinise whether, for any reason, the patient may have picked up a tenuousness in the relationship owing to my own resistances. Also factors such as holiday, interruptions in treatment, possible termination, etc., would be taken into account and if they were present would be taken into account and if they were present would be worked with (interpreted-expressed - in the course of the session).

We know that one week later he got depressed and feared he might crack up. I would not separate those feelings and anxieties, however, from the transference and the nature of this therapeutic relation.

3. Moving on a more unconscious and therefore dynamic and genetic level I would start thinking on different levels.

- (a) Large house in which he has no access and three figures
Ship and three passengers sailing away.

On one level they seem to be representations of a family situation to which he does not have access. He is not in this family and in the dream the family leaves him, abandons him. At another level house, ships are equivalent to containers and can be seen as female symbols to which he does not have access given his particular sexual disposition.

- (b) The boy who is having fun in the park: empty and alone. He is on a beautiful slide. I see this figure as a representation of himself: he grew up in a family with a tremendous sense of experience of loneliness (perhaps).

The figure also suggests an erotic component or to be more precise, an auto-erotic component. Sliding, gliding, etc., are activities which evoke sensual pleasure. I wonder to what extent, thinking of his homosexual orientation, he chose himself as a love-object. A refuge and defence against the feelings of abandonment and of not fitting in the family. Later in life (perhaps) he chooses other men and loves them as he would have liked to have been loved himself. This is why I would like to know more about his homosexuality and his disappointment which again make him want to flee away from object-relatedness. Isn't this what he did once in his life, as a young boy? The narcissistic structure of the homosexual position perhaps is problematic because through the other he is attempting to love himself, an impossible task. Failure leads to withdrawal because the position is too narcissistic. In this context one also has to think about what's happening in therapy - was he seeing a male therapist and couldn't the same danger present itself in that particular situation?

- (c) The park is empty but it begins to flood, and the ship leaves with the family on board.

Flooding makes me think on two different levels.

- (1) Flood of tears (Flood-water-tears) separation evokes deep depressive feelings (abandonment). They are masked by an auto-erotic and narcissistic component (the slide representation) - "the man who does his own thing".
- (2) Flooding (Flood-water-urine). Suggests a deep anxiety of being overwhelmed, annihilated. We know that he became depressed after this session. We also know that he was unhealthy and overprotected. Overprotectiveness always involves very aggressive fantasies of also intruding. Depression always contains an aggressive component turned against the self. The fear of annihilation comes in a specific symbolic register: that of a fluid which annihilates - it makes one think of fluid - water-urine as a vehicle of attack. His fear of destroying his overprotective mother with his "corrosive urine" (urethral sadism) is linked to the representation of a mother-ship-house to which he doesn't have access because he has destroyed it with his aggressive fantasies. According to the Kleinian logic of projection-introjection, he fears that the same treatment will be meted out to him. If this dynamic has some validity I think it is a very

unconscious one. His loneliness is unconsciously attributed to a draconian mother who floods or he himself has flooded her in his battle to develop separately and in an individuated fashion. I see the dream as dealing in a central way with separation and loss and the anxieties thereof - conflicts over loss, however, resonate in a recapitulative way depending on the developmental continuum.

In the dream there are two physical objects which are represented: a slide in a situation of loneliness and a precious object, pearl-like which "people can walk" on and whose fragility in strength the dreamer is uncertain of. I would enquire about the form of this object.

Case 4: Richard Berry - Therapist No. 8

In reply to your request for my understanding of your research material, I should outline first my own background and approach to interpretation.

Background training in psychotherapy at Stikland Hospital, Cape, was eclectic, with Rogers's approach as the starting point. With increased experience, a psychodynamic approach became more important to me, especially in dealing with long-term psychotherapy in private practice. Regular ongoing supervision under a Jungian analyst has considerably enriched my understanding of the human psyche.

Believing therefore in the unconscious as an independent and autonomous force in the psyche, I would look to material for communications from the unconscious, for example, by way of dream images, symbols of unaccountable events that the conscious mind disowns as no part of its own doing.

Coming to your material, my difficulty is in detecting unconscious meanings in the absence of a comprehensive and detailed knowledge of the client and the background.

The following remarks are therefore only tentative opinions. I would not breathe a word of it to my own patient until very much more certain of my ground, and only once I knew the person very much better than the glimpse available through this limited material.

Richard

We are given that he was considered to be "unhealthy" and was overprotected and withdrawn. This implies maternal protection, from either the actual father or mother. It is likely, then, that his later homosexuality serves an inner need to enter the world of men. In this world protection is from within - he would protect himself.

The dream

A large house: I would usually see a house as a symbol of protection, a maternal function, i.e. home. But in this case, given the objective situation, it could indicate the wish to enter the house of men, or the masculine world.

Three figures: They are not described at all, thus remaining shadowy. They could represent his other selves, or, in Jungian terms, his inferior functions.

Back of house: The hidden part of the house, again a reference to things unknown, a shadow. Maybe collective male doings behind the scenes, in which case this area would be associated with his sexual strivings.

Boy on slide: As the clearest figure in the dream, he is attributed a full range of feelings, he is the hero, or the dreamer. As a boy, he is undeveloped, but having fun on a slide - this must be referring to joyful release of energy - the image of successful relationship and orgasm. But he is alone - thus stressing the need to relate.

Begins to flood: Water, or life, is accumulating in large quantities - a flood of libido, and it is this very water which separates him from his family in a ship, in their protective and containing material vessel.

He lets them go.

The pearl structure: Both fragile and very precious, it is not (yet) strong enough to carry his weight. Maybe he is too heavy? Or takes himself too seriously?

The structure, if made of pearl, is a treasure, the reward that follows separation from the mother, that is, the family in its protective aspect. It is also a bridge - he must cross it to

continue his journey. Or, on crossing it, he will be able to enter the house, his original wish. But first, he must do something about himself, possibly learn to tread more lightly, or develop his sensitivity.

Subsequent life events

Depression is a deflating experience. Possibly this allowed him to face his father with an unpopular fact - his homosexuality. He brings out into the open that which was hidden behind. If this was his initiation - he "came out", then he would be able to drop the search for protection. Perhaps he needed a "stable relationship" to contain him, like a safe mother? Now he can redirect his energy into creative work - the theatre.

Case 4: Richard Berry - Therapist No. 9

Dream: I interpret the house as being the client. He is experiencing difficulty in reaching himself - his true self - perhaps his relationship with his family and maybe in particular his three step-siblings have something to do with this difficulty - perhaps the overprotectiveness he experienced as a child has made him fearful and unsure of himself, and hence not allowing himself to look too closely at himself.

There seems to be a potential in him to enjoy himself but the possibility at the moment is too far away for him to reach. This may be because right now he is experiencing feelings of having been deserted leaving him vulnerable and unable to cope with emotional issues, which feel as if they could overwhelm him.

The ship may have something to do with his plans to leave South Africa, but it seems as if its a journey he is not too keen to proceed on at the moment. However, the journey he's not keen to venture on may be one regarding emotions and relationships - perhaps with regard to the family. Not going on the journey is leaving him very isolated and defenseless. Perhaps he regards his siblings or others as stronger than him and therefore more capable of a journey. He perceives himself or senses that at the moment he can't take the same risks as them because at the moment he is fragile and could easily become fragmented.

He seems to be protecting something which he regards as extremely valuable which possibly his family does not value to the same degree. Somehow he feels more capable of causing harm than he feels his family is capable of creating.

Behaviour: His behaviour subsequent to this dream expresses a possible awareness of his dream's message that right now he is not coping adequately with his emotions, which may be overwhelming him, leaving him with a feeling of possibly "cracking up". Perhaps in therapy he is getting too close to that which he values and is afraid of destroying if it is exposed (mother of pearl). His working on a play with suicide as a theme may represent some awareness of his that he is killing himself by not taking risks and being true to himself about something - maybe sexual relationships.

However, the disinterest in having a relationship may have something to do with his father's response to his telling him that he was a homosexual.

I may ask him:

1. What associations the dream brings to mind for him?
2. How he felt during the dream and when he awoke from it?
3. If nothing was forthcoming from him, perhaps make tentative reflections about his feelings of loneliness and desertion - perhaps by his family.
4. Further tentative reflections regarding the possibility that he felt his step-siblings/family members to be more capable than him and able to achieve more than him.
5. Perhaps a suggestion that possibly he and the rest of the family regarded values and issues of importance differently.

Case 4: Richard Berry - Therapist No. 10

I have been a clinical psychologist for three years. My training was psychoanalytic, however, I have subsequently found the theory of Gestalt psychotherapy useful in many cases and use this in conjunction with psychodynamic theory.

I would initially ask the patient what he made of the dream and also to reflect on where there was the most and least effect. If very little was forthcoming, I would ask him to re-tell the dream as if it was happening in the present.

At the same time I would be making the following hypotheses (non-verbally):

- (a) That he feels excluded from his family.
- (b) That he wishes to exclude himself from the family.
- (c) I am not sure that he accepts his homosexuality.
- (d) In telling his father that he is homosexual, he is attempting to reify his separation from the family.
- (e) His detachment from the family is symbolic of his detachment from all loving relationships.
- (f) His belief that his true love is in the theatre is an attempt to sublimate his need for contact with his family and with an intimate "other".

I would use any of the above as explicit interpretation depending on the material given to me by Richard in response to my request to explore the dream. I would use different words, such as for (d) I would say: "In telling your father that you are homosexual you are actually trying to tell him that you want to make your own life now". Assuming he said yes, I would add: "But the thought of being alone depresses you". If he said yes, I might remain silent but would eventually make the following interpretation: "Its easier to think that you can cope with work, rather than face possible rejection in an intimate relationship". I might link this in addition with his separation from "the family".

I hope this is helpful to you.