(RE)CONSTRUCTION IN PROGRESS: A SOCIAL CONSTRUCTIONIST REIFICATION OF THE THERAPEUTIC RELATIONSHIP

by

JOHANNES PHILIPPUS VENTER

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DEDICATED TO MY LIFE-PARTNER

Die intensiteit see my groen oor jou rotse,
my eiland van bestaan.

ABSTRACT

The purpose of this study is to provide a social constructionist perspective on the therapeutic relationship. This is to aid a broader conceptualisation and understanding of this important therapeutic concept. To attain this, multiple truths or theories regarding the therapeutic relationship are explored. Additionally, a possible different conceptualisation of a therapeutic relationship between three participants and myself as the researcher is set out using social constructionist epistemology. This includes an investigation of the researcher as an important constructer of the study, and the co-creative nature of the therapeutic relationship. The subjective nature of the research is continually emphasised throughout the dissertation.

Given the social constructionist approach to this dissertation, context plays a vital role. Therefore an exploration of the social constructionist epistemology in general, psychology and psychotherapy is set out, as these form the backdrop of the study. This is followed by a look at the importance of the therapeutic relationship in psychotherapy, as well as the different contributions six broad theoretical orientations have made to the understanding of the therapeutic relationship. The importance of context is also reflected in the research design. A qualitative approach is taken, using case study methodology. Observation, field notes and unstructured interviews were used to gather the information from the participants and researcher, and the information was analysed using thematic analysis. The results are set out in the form of themes generated using the thematic analysis. The importance and development of a connection between therapist and client is explored. This includes a discussion on the role of knowledge, influence, trust in the client, and a not-knowing attitude in the process of development of a connection. The therapeutic relationship's empowerment perspective and aim is shown. This perspective highlights the flow of power in the therapeutic relationship between therapist and client. The context of helping and the professional nature of the relationship are also discussed. These themes are grouped together under one encompassing theme, namely that of difference.

It is indicated that, in general, the therapeutic relationship is one of difference. In conclusion, the contributions of this study are highlighted. These include the re-emphasis on the importance of the therapeutic relationship as a central construct in psychotherapeutic intervention.

KEYWORDS

THERAPEUTIC RELATIONSHIP; SOCIAL CONSTRUCTIONISM; SUBJECTIVITY; DIFFERENCE; CONNECTION; EMPOWERMENT; POWER; CONTEXT; PROFESSIONAL; HELP; TRUST; INFLUENCE; KNOWLEDGE; NOT-KNOWING; UNDERSTANDING; PROCESS/DEVELOPMENT.

ABSTRAK

Die doel van hierdie studie is om ‘n sosiaal konstruktionistiese perspektief op die terapeutiese verhouding te verskaf. Dit word voorgehou dat ‘n briëer konseptualisering en begrip van die belangrike psigoterapeutiese konsep hierdeur gefasiliteer kan word. Ten einde die doel te bereik, word verskeie waarhede of teoriëe ondersoek. Daar word ook ‘n moontlike ander perspektief op die terapeutiese verhouding uitgelig na aanleiding van die terapeutiese verhouding tussen myself en die drie deelnemers aan die studie aan die hand van die sosiaal konstruktionistiese epistemologie. Ingesluit hierby word die navorser as belangrike deelnemer aan die studie, asook die ko-kreatiewe aard van die navorsing, beklemtoon en uiteengesit. Die subjektiewe natuur van die navorsing word deurgans beklemtoon.

Aangesien konteks so ‘n belangrike rol in die sosiaal konstruktionistiese teorie speel, word heelwat aandag aan die konteks van die studie spandeer. Dit sluit in ‘n uiteensetting van die sosiaal konstruktionistiese teorie oor die algemeen, asook ‘n verkenning van sielkunde as vakgebied en meer spesifiek psigoterapie uit die raamwerk van die epistemologie. Dit word gevolg deur ‘n oorsig van die belangrikheid van die terapeutiese verhouding in psigoterapie, asook die bydrae wat ses briëe teoretiese raamwerke gemaak het tot die konseptualisasie van die terapeutiese verhouding. Die belangrikheid van konteks word ook weerspiëel in die navorsingsontwerp. ‘n Kwalitatiewe navorsingsontwerp wat gebruik maak van ‘n gevallestudie metodologie is aangewend. Die nodige inligting is van beide die deelnemers en die terapeut verkry deur middel van observasie, terrein aantekeninge en ongestruktueerde onderhoude. Die inligting is geanaliseer deur middel van tematiese analise. Die resultate word weergegee in die vorm van temas wat gegenereer is. Die ontwikkeling en belangrikheid van konneksie tussen die terapeut en kliënt word weergegee. Dit sluit in die benadrukking van kennis, vertroue in die kliënt, invloed en ‘n nie-wetende posisie in die verhouding en ontwikkeling van ‘n konneksie. Die bemagtigingsdoel en perspektief van die terapeutiese verhouding word ook aangetoon. Dit sluit in die vloei van mag in die

verhouding tussen die kliënt en terapeut. Die hulp en professionele perspektief van die verhouding word ook uitgelig. Hierdie temas word daarna almal saam gegroepeer onder een tema, naamlik verskil. Dit word aangetoon dat die terapeutiese verhouding oor die algemeen een is wat verskil van ander verhoudings. Ter afsluiting word die bydraes van die studie uitgelig. Dit sluit in die herbeklemtoning van die sentrale rol van die terapeutiese verhouding.

SLEUTEL WOORDE

TERAPEUTIESE VERHOUDING; SOSIAAL KONSTRUKTIONISME; SUBJEKTIWITEIT; VERSKIL; KONNEKSIE; BEMAGTIGING; MAG; KONTEKS; PROFESSIONEEL; HULP; VERTROUE; INVLOED; KENNIS; NIE-WEET POSISIE; VERSTAAN; PROSES/ONTWIKKELING.

CONTENTS

CHAPTER 1

THE PLOT

The document you are reading gives an account of the process of building a specific 'house' or dissertation by myself. This house represents the therapeutic relationship from a social constructionist perspective. It was informed by the experiences and meanings of three different therapy clients and myself as their therapist and also the researcher.

I acquired the right to mark off a plot of land in quite a sought-after area about two years ago. I did not have to pay for this piece of land. It was mine by association. I was selected to the Masters Course in Clinical Psychology at the University of Pretoria. Part of the requirements to get the degree is to produce a piece of research in the form of a dissertation in the clinical field. This was my plot of land. I could choose to mark it off in any of the clinical fields of psychology. It was empty for most of my training. I often played with different neighbourhoods, thinking about those that I visited during my training. Some dealt with diagnosis, others centred on neuropsychology, still others dealt with clinical assessment. In the end I decided to go and claim a plot in the neighbourhood of psychotherapy. This is where I felt most at home, and also where I spent most of my time during my second year training and internship. This was going to be the place where I would build a house, and eventually a home.

This plot might not have come with a price tag, but it did come with certain conditions. I had to decide on a house that would fit the area of clinical work, in some way prove my knowledge as a psychologist, and in general make some contribution to the field of psychology. Looking around the neighbourhood of psychotherapy, I realised something. In all of the houses or different theories I had visited during my training, I had always been shown one factor that formed an important element of all these houses. This was the therapeutic relationship. I had seen it many times before, but in some sense I

wanted to make it real for myself. This was what I would research. My goal was not to provide a definitive model of what a therapeutic relationship should look like. Rather I wanted to explore what the therapeutic relationship could mean. In this process I could also get a clearer sense of what the therapeutic neighbourhood, and specifically the therapeutic relationship, would mean to me. I could reify the therapeutic relationship for myself by building a house representative of this. It would function to make this a real concept for me, a home from which I could work every day in my interaction with clients.

While I was looking around this plot, I wondered what the house would look like. I pondered where to start. And then it struck me. I had to start with a foundation before I could move on to any other structure. This would provide the support for my house and pull the house together as a unit. Finding this foundation was not difficult. I would use the knowledge I gained in another house as the concrete to form a foundation. This house is known as the theory of social constructionism. This is also what the second chapter of this text deals with. It describes finding and using the epistemology of social construction as the foundation of the study and how it connects and supports the therapeutic relationship that will be built upon it. The chapter provides an overview of the social constructionist concrete in general. This includes the role of meaning and language in this epistemology and the general meaning attached to it. This is then linked to the more specific context in which this study takes place, namely that of psychology and psychotherapy. These form the trenches dug for the foundation of a house, and form the context into which the concrete of social constructionism is poured to provide a certain meaning. The social constructionist way of viewing these two constructs are elaborated upon and a deconstruction of the two participants, the client and therapist, in psychotherapy is given. The role of the researcher is also elaborated upon as the part-and-parcel builder of the house.

A basic rule in any good architectural project is that the building should fit with the context in which it is built. In the same way I realised that I also had to get my house to fit with the neighbourhood and academic context in which it is based. Before one can accomplish a feat like this, one needs to know what

the neighbourhood looks like. Consequently the third chapter deals with the exploration of the psychotherapeutic neighbourhood and more specifically the use of the therapeutic relationship as a structural element in the different theory houses found in this neighbourhood. This chapter represents the literature review of this study. In this chapter an overview is given on the importance of the therapeutic relationship in psychotherapeutic theory in general as one of the so-called common factors. The two participants in this relationship are also explored, being the client and the therapist. Metaphorically they are the caretakers of the therapeutic relationship. Thereafter six different theory houses are visited and their specific use of the therapeutic relationship is explored and given meaning. These six theories are the psychodynamic/psychoanalytic perspective, the behaviourist perspective, the cognitive perspective, the humanist perspective, the constructivist perspective and the social constructionist perspective. These six theories formed an important part of my education as a psychologist and still inform the meanings I generate in therapy and the therapeutic relationship. In line with the idea of being reflexive in social constructionism these theories are presented as important sources of knowledge in this dissertation.

Having found a foundation and explored the context in which the house was to be built, I next document the method used to build the house. This includes the general design used for building the house, the context in which this takes place, the way of acquiring the building material and the physical method used for constructing the house. This represents the methodology chapter of this dissertation. The general design of the house is a qualitative design using the case study method. The fit between this type of methodology and the epistemology is briefly discussed in this section, as is the insider perspective used in this study. The next part of this chapter deals with execution of the research. This is symbolised in the DIY research manual. The academic and physical context of the study is elaborated upon in this section. The way of acquiring building material constitutes the next segment. This symbolises the methods used for gathering data. In this study this comprises observation, field notes and unstructured interviews. In using all of these methods, a full picture of the subjective experiences of the clients as well as the

therapist/researcher can be achieved. The last part of this chapter elaborates on the way in which the meanings or results are generated through analysis of the gathered data. This represents the method of constructing the house through generating certain meanings. In this study this will be accomplished using thematic analysis to generate themes and construct the results.

In the next chapter the results of the thematic analysis will be set out. This will be done in combination with an introduction of the participants in the study and their individual contexts. I offer a description of the participants in the study as the construction crew employed by the architect/therapist to construct the house. As with the architect, their individual contexts are also regarded as important and elaborated upon using a metaphor. The themes generated through the thematic analysis will be presented next as different rooms in the house, and one theme incorporating these themes will be chosen as the name of the house. The different rooms will be explored in detail, with reference to the contributions of both the construction crew and the architect.

The last chapter deals with the integration of the house with the neighbourhood in which it is built. This represents the integration of the results with the social constructionist framework and the presentation of conclusions one could draw from this study. This integration will focus on my personal journey through this dissertation as the architect, as well as the impact this has had on my practical work with clients. Next I will present the conclusions as they become pertinent in the context of social constructionism and the psychotherapeutic theory in general. Lastly, a word of caution to those who read this dissertation will be issued. This will focus on the possible pitfalls of this dissertation and the definite subjective nature thereof.

So, this is the plot. I walked around a bit more, grabbed the concrete mixer and moved on to the next chapter.

CHAPTER 2

LAYING THE FOUNDATIONS OF (UN)TRUTH

1. INTRODUCING THE PART-AND-PARCEL ARCHITECT

When building a house, you need someone to physically design and build it. The quality and construction of the house is dependent on this person, and he or she forms an important part of the process. One cannot separate the architect from the building, or in this case the researcher from the research (Gergen, 1994a). Facts and values cannot be effectively divorced. One enters research with certain expectations, bases of knowledge, values, morals, and ethics. I am the architect of this house. In the same light I form an important part of building this text. As such, I decided to start my reification of the therapeutic relationship by first referring to the way in which I choose to understand the world. This understanding has, at this point in my life, originated from many visits to the house of social constructionism in the psychotherapeutic neighbourhood. It has in essence become one of my homes. This understanding also forms the basis, the foundation, of how I will build this house.

As a result of the part-and-parcel nature of the architect, the researcher is automatically biased in any research he or she conducts. Even when research is conducted in an apparently objective way, it eventually enters cultural life as an authoritarian meaning, influencing the life and way of understanding of a given community. Eventually it becomes in itself a value-construct within a specific community. The reflexive consideration of issues such as values and morals, before, during and after research, is thus encouraged within the social constructionist framework. This text is something created by me and that I have given meaning to. This meaning is dependent on my way of understanding, or, in other words, my epistemology, as well as my values, morals and general outlook on life. To try and convey this understanding in relation to the therapeutic relationship, I feel it is necessary that the reader

first be aware of my general way of understanding at this point, and also my reasons for choosing this way of looking at the world. As Gergen (1994b, p.415) puts it, theoretical frameworks provide the eyes or “forestructure” through which we form an understanding of what is being studied, and the researcher can never be divorced from that which he or she studies. Therefore I am part of the research, and so are my culture, values, morals, and so forth. I reflect on these constructs in the following paragraphs. I do not pretend to ignore them and consider research and research findings as only reflections of cultural life, rather than also formative thereof. I am part-and-parcel architect of this research and its implications within a specific community. Through these eyes I see and judge that which I (re)construct.

My attraction to this epistemology is dualistic in nature. On one hand, I am attracted to the epistemology’s way of understanding and creating meaning in the world. On the other hand the central beliefs of the theory play into a personal affiliation I have at this point in my development with questioning and almost rebelling against held truths or meanings within the social and academic system I function in. This dualistic attraction is exemplified in Gergen’s (1994a) statement that the way we know our world is socially constructed, created in historical and cultural interactions between people, and as such represent only a form of reality. This implies the existence of more than one reality, depending on contextual factors such as culture and history. Social constructionism therefore seeks the suspension and questioning of belief-systems that incorporate one all-encompassing truth, just waiting to be uncovered (Anderson & Goolishian, 1988; Gergen, 1994a). As Gergen (1994b) indicates, the search for one such truth can be quite hazardous, as it can be used to ignore and fragment other discourses or theories. This is especially true if these differing discourses do not comply with what is seen as true within the base-theory used to search for this ultimate truth. This could lead to a totalising discourse that only serves itself and does not acknowledge other ways of knowing as valuable. In effect the discourse or truth only serves to confirm itself, with any different discourse being pushed aside. A simple example of this could be where someone uses the word blue for an object that other people see as red. This person will

quickly be told to stop his or her foolishness and see the colour of the object as red. In certain ways psychology itself has been a totalising discourse. Western psychology has been described as a “subtle form of colonialism” by other cultures because of its heavy reliance on mostly western constructs of mental health and adequate functioning, whereas concepts of mental health contained in other cultures have been mostly ignored (Gergen, 1994b, p.413). Social constructionism is aimed at uncovering alternatives to these totalising discourses through reflexive criticism and exploration of new meanings. This provides me with the opportunity to question existing held truths, as well as form a more integrated picture of what I study because of the multiple realities allowed in the social constructionist framework.

The epistemological allowance for the existence of different and new (un)truths then does not constrict me within one truth, reality or theory. Rather it affords me the opportunity to look at the differences in discourses in which people take refuge and use to ascribe meaning and create their reality (Anderson & Goolishian, 1988; Gergen, 1994a; Hoffman, 1990; Lynch, 1997a; Owen, 1992). Furthermore, I do not have to pretend to ascribe to one specific meaning or reality in the text I am generating. Social constructionism rather entails the suspension of fixed ideas and invites a position of reflexivity from which vantage point one can investigate multiple realities (Gergen, 1994b). It affords me the opportunity to formulate an (un)truth about the therapeutic relationship in a way that is not necessarily bound to what is regarded as conventional or traditional research within an academic setting. I can present something different from that which is presented as definable, objectively measurable phenomena, embedded within a specific theoretical framework. Instead, choosing to formulate reality within the social constructionist position allows for the acknowledgment and description of very diverse meanings to seemingly similar incidents or experiences (Hargens, 1999).

The choice of paradigm also plays into my current position within my profession. I am (if one takes a metaphorical developmental perspective) now a teenage psychologist, and accordingly I question what has been presented to me as truth during the past few years of training. Within the paradigmatic

position from which this text is generated, I am free to explore and engage in differing realities from those presented during my training. Also, in allowing for the existence of different realities, social constructionism does not declare that which I have learned as suddenly invalid. It allows for differing theories as relevant ways of understanding and attributing meaning to the world (Gergen, 1997; Gergen, 1999; Gergen, 2001). I am then also free to incorporate my existing bases of knowledge in this text, in what Gergen (1985) describes as multiple psychologies. So, this is who I am in this text, in this process. This is the part-and-parcel architect of this construction.

2. MIXING CONCRETE AND DIGGING FOUNDATION TRENCHES

The discussion thus far has evolved from my own reasons for choosing the social constructionist epistemology. This has served as a limited introduction to the field as it relates to this text and more specifically myself. To understand the broader backdrop of this study, however, I feel it necessary to dedicate some attention to the way social constructionism itself is constructed within the literature as a way of understanding. Social constructionism forms the concrete I will use in this building process. It is used to hold everything together and as a base upon which to build a meaning, theory or house related to the therapeutic relationship.

2.1 One part sand, two parts cement and two parts water

The core concept of the social constructionist paradigm is ‘meaning’. This forms the cement and sand of the epistemology. Social constructionist thought revolves around finding meaning that moves away from reality as a definable, objective truth (Durheim, 1997; Gergen, 1994a; Gergen, 1994b; Gergen, 2001). Instead, differing realities or meanings are sought; each depending on the point of view one takes (Gergen, 1985). These differing realities are embedded in social interactions, as they occur in differing contexts, cultures and societies. Social constructionism aims to uncover these meanings as embedded within these contexts. As such, it is a “lens about lenses” (Hoffman, 1990, p.4). It is a meta-perspective on the way people

within different contexts ascribe meaning to their environment, experiences, humanity and society. Let us consider the following example. A metal object penetrates the epidermis of a human, at chest level just above the left nipple. This metal object continues in a straight line through the ribcage, puncturing a lung and entering the heart. It exits on the left side of the spine. This example gives a relatively objective description of someone being shot. It however does not convey much meaning other than a medical or anatomical one. If one, however, considers the context in which this person was shot, a specific meaning is generated. If this incident took place during a war, it would certainly have another truth or meaning connected to it as opposed to a suicide attempt or murder. The truth or reality of this shooting is dependant on its context, as this informs the meaning attributed to it. Social constructionism is aimed at uncovering this context specific meaning or (un)truth. It is at the core of making something one can use to build understanding.

This meaning, if one takes the metaphor of it as representing the sand and cement in the building process, is useless without adding another ingredient. Within the building process this would be water, which serves to actually make the concrete mixture. In the social constructionist frame, meaning is generated through interaction with the environment or context within which we find ourselves (Durheim, 1997; Guterman 1996). Within this interaction we use language to describe, communicate and understand both the interaction and the environment. The water in the social constructionist frame would then be language. As Hoffman (1990) indicates, we cannot know something without using language. As such language is the means by which we form the meaning we attribute to objects, experiences and even ourselves. In the social constructionist perspective, language constitutes reality. The way we describe something represents our experience thereof and our experience further informs the way we language it, forming a circular process. It is a process embedded within interaction, or in relation to the world in which we live. It is used within a specific context and both derives its meaning and is formative of the meaning of the specified context.

Consider for example the word ‘table’. What is proposed from a social constructionist position is that the word ‘table’ denotes more than just, for example, timber being constructed into some specific physical form. It is rather the meaning embedded within the actual word which is of interest. This Edwards (in Edley, 2001) refers to as the constructive character of the word. We use language to give the meaning of table to an object. The actual physical reality of the object has no meaning before we create the meaning of the object by linking it to the word ‘table’ (Efran & Hefner, 1998). When this is done, we start to interact with the object in a specific way, using it for example as a place to eat. This use is sanctioned in our cultural environments as the proper use of a table. One would for example then not use the table as a bed, because that denotes a totally different construction. This is what Gergen (1994a) describes as words taking their meaning from the contextual relationship in which they are based. As soon as we represent an entity as a table, we start to see, interact, relate and think of this entity as a table. Reality is thus inter-subjective, created by being in relation to an object in a specific way (Anderson & Goolishian, 1988). The language used in a certain community thus constructs the object-reality of which it speaks; it is a relic and creator of collective interchange and meaning within that community (Gergen, 1985).

Many critics of social constructionism adamantly object to the notion of the non-existence of an external reality outside of language (Gergen, 2001). It is important to note that social constructionism does not question reality in such a way as to deny the existence of anything physical. Rather, it points to the meanings attributed to the physical reality, and that this meaning reality can differ from context to context. Lieberucks (2001, p.371) refers in this regard to the actual physical environment as the “common world”. This is the environment devoid of the meanings we as humans attribute it. The meanings attributed and creative of our reality are embedded not within this ontological world, but rather in the epistemological level (Edley, 2001). This means that our reality is embedded in the way in which we understand our environment. It is not ontological in that social constructionism presumes the world is actually (really, factually) only found in language, and that nothing exists outside of

discourse. As Owen (1992) indicates, knowing about something necessarily implies the existence of something to be known. The fact that certain concepts seem like unequivocal reality is based in the long-standing, relatively univocal usage of the concept within a specific community. If concepts or ways of attributing meaning are kept within a culture for long enough, with everyone using the meaning in a similar way, the meaning gains some sort of objective or real sense within that culture (Gergen, 1994a).

2.2 The trench-plan and digging away at dirt

Concrete is quite a versatile material. One can use it for sculpting, making paving, and in this context, building a house. To achieve this the architect digs trenches into which the concrete is poured according to a certain plan. This then forms the specific contextual use of the concrete. Within this study the concrete of social constructionism will also be used in a contextually specific way. Context forms an important factor in social constructionism. The specific context of the study, forming the trenches, can be constructed as the community and culture of psychology, being applied to therapy between a therapist/psychologist and a client.

Psychology is itself a construct, kept in tact by its own community of believers and meaning-attributers within the context of specific belief community, embedded within a specific culture (Anderson & Goolishian, 1988; Gergen, 1994a; Gergen, Gulerece, Lock & Misra, 1996). As a construct, psychology is generally accepted and based within western culture as a so-called “ethnopsychology” (Gergen et al., 1996, p.497). It carries a strong predisposition to that which westerners define as scientific research and knowledge. Mostly it is characterised by scientific psychological research aimed at observing a human phenomenon in a logical, deductive manner, without the interference of personal objectives, moral judgments and so forth (Gergen et al., 1996). These presuppositions reflect in general the construction of the scientist psychologist as independent of the subject he or she is observing. Within a broader context this also reflects the insistence on the self as a separate entity within an objectively identifiable environment, as

evident within western culture. Within this cultural sphere then, psychology is primarily concerned with the construction of personhood (the self) and mind as autonomous entities within the environment (Liebrucks, 2001).

If one considers this strong cultural predisposition in the attribution of meaning within psychology, the question arises as to the nature of the subject matter of psychology. The concept of an autonomous (western) individual has received a lot of attention from this paradigm. Gergen (1994b) states that social constructionism entails the opening up of new conceptualisations of the concept of the self or individual. The self is also constructed as being a cultural artefact, open to changing meaning and evolving within the same process as that of table or chair or other physical and non-physical entities (Soffer, 2001). As such the definition of what will constitute an individual is also dependant on the belief community and broader culture that the person is functioning in. This is unlike other paradigms that emphasise internal constructions as constituting an individual, such as personality, self-image and so forth. Rather an interactional process based in language interchange is indicated. One (re)forms one's perception of oneself through interaction with others, by stating one's motives, opinions and perceptions. This can be, for example, a person stating that he is very extroverted. Other people in his environment can then give feedback on this statement, either reinforcing this concept of the self, or contradicting it. The self, through this epistemology, is placed in a bigger context than merely internal individual processes.

Traditional individual processes, usually constructed as internal phenomena, are also put within a larger, language-based context from this paradigm. Emotion can be taken as an example of this movement. Traditionally emotion is something an individual experiences, an internal process which produces certain physiological and interpersonal responses. Social constructionism adds another layer of understanding to the understanding of emotion (Liebrucks, 2001; Owen, 1992). Emotions as physical sensations have words attached to them. These words refer to something outside of the physical sensation. One is angry at someone, sad about something. These emotions are thought about, and words are chosen to suit them. We can change the

meaning of a sensory emotional experience by changing the language we attribute to it. Sadness can for example become grief, which has a slightly different meaning attached to it. Harre (in Owen, 1992) refers to emotions as being played out on a stage. Emotions are displays of socially predetermined, contextually specific behaviours according to the cultural group a person belongs to. The actual physical sensation is not disallowed or denied within social constructionism. It is rather about the words we attach to these sensations, the meanings generated and available in the cultural group, and the subsequent creation of emotion through this meaning attribution.

Everything from this paradigm is not, however, reduced to language interchange within specific contexts. Social constructionism also allows for a universal aspect of humanity that rises above linguistic and cultural phenomena (Lynch, 1997a). As such, the individual is not only a product of the context that he or she functions in, but also a personal being that transcends cultural and linguistic boundaries. Thus, the language used limits only the way that people understand their existence and the way we understand people. It does not limit their interactions in existing and meaning that go beyond that which can be put in language. This is for example evident in Soffer's (2001, p.658) argument regarding the "sensate fold". He proposes that ways of understanding and producing meaning are possible already in sensation, without an interpersonal, language-based process. One already has meaning in sensation, and this sensation gets further meaning in being experienced and worded. A baby incapable of speech still has meaning in 'apple' as a source of food, something smooth and cold, and something sweet. Later, when the child enters into more spoken interaction, the concept of apple is broadened as fruit, symbol of the original sin, and so forth, adding more layers of meaning through language.

2.3 Pouring the concrete and waiting for it to dry

The trenches of psychology have now been dug out, but we still need to pour the concrete into these trenches. The brief review of the theoretical construction of psychology as a belief community can be constructed as the

trenches we now have to pour the concrete into. This application of the theory (concrete) within a specific context (psychology) can be given meaning as psychotherapy. Psychology is not only a theory in dusty library books. It is also directly applied in the form of psychotherapy within everyday life and has some influence in the way patients or clients attribute meaning to their lives. This is pouring the concrete into a trench, and when dried this also forms the base on which the house will be built. Psychotherapy forms the immediate context of the therapeutic relationship, which is the object of this study. As such psychotherapy can be seen to be the poured concrete in the trench, which forms the foundation of the therapeutic relationship. As such I feel it necessary to include also a de-construction of psychotherapy in this text as a statement of the study's context.

Psychotherapy is a linguistically defined system in which meaning is generated through the interaction between client and therapist (Anderson & Goolishian, 1988). This interaction is characterised by a conversation, guided by the construct of professionalism (Hargens, 1999). This takes the form of searching for and exploring the client's problems within a professional context (Anderson & Goolishian, 1992). As such, the therapeutic system is constructed around a problem and as a way to find a solution. The two main figures in this interaction can be constructed as the therapist and client, each of which will be briefly discussed.

Psychologists or therapists as professionals are given meaning within the specific cultures they were born into and through their training. This meaning refers to the fulfilment of a certain role within a community. This role is informed by the cultural and belief-communities into which they were born and to which they have been exposed during their lives (Lynch, 1997a). These include psychological theories about human functioning. This in turn influences the way they attribute meaning in therapy. The therapist thus functions as an agent in reinforcing his or her belief-system in interaction with the client through language in psychotherapy. He or she acts according to these belief communities while interacting with the client, and judges and attributes meaning to the behaviour of the client accordingly.

The process of interaction between therapist and client within therapy is described by Owen (1992) as a process of combining different modalities of understanding, referred to as mind, body, emotion and cognition, enabling a re-negotiation of the client's self. This is used to ease discomfort and promote understanding into being. The therapist seeks to (re)construct the client's personhood in a way consistent with the constructions of psychological health and living a productive life, as found in the therapist's chosen therapeutic belief community (Lynch, 1997b). This means that the therapist will attempt to guide the client to (re)construct a meaning in a way that will fit with the therapeutic theory to which the therapist subscribes and that is excepted within the cultural frame within which the therapist and client function. One example of this would be where a psychologist belonging to the humanist belief community attempts to (re)form a client's personhood to include congruence as a construct. This therapist would actively encourage and show behaviours constructed to be congruent, essentially negotiating with the client to manifest such behaviours in language and behaviour. As Guterman (1996) points out, therapists are participant-observers who are indissolubly joined to, rather than autonomous of clients during the therapeutic process. Both client and therapist influence and create different truths that affect both their lives.

Within the construct of therapy, certain concepts have been shown to be congruent with the notion of being a client from a social constructionist perspective. People play certain roles within a given cultural frame that leads them to be classified as clients. A person becomes a client in psychotherapy when he or she experiences some form of problem or discomfort. Often this discomfort is expressed as psychopathology, which, in social constructionism, refers to a predetermined, culturally bound set of behaviours with a specific meaning (Owen, 1992). Within the context of this study, the participant becomes a therapeutic co-creator as soon as he or she is admitted to the psychiatric ward and enters into what is constructed to be a therapeutic relationship with the psychologist. To be admitted, a person has to show behaviour consistent with some form of psychopathology as constructed within the western medical model. Such a set of behaviours would for

example be represented in lack of motivation, loss of interest in daily activities, depressed mood, thoughts of death and dying, suicidal ideation, and so forth. This would lead to the diagnosis of depression in an individual. This condition is constructed within the relationship between the mental health worker (usually psychiatrist) and the client (Guterman, 1996).

From this it is clear that the diagnosis is a concept that rests within a socially constructed language system between the mental health worker and the client (Guterman, 1996). The diagnosis and clinical problems can be seen as metaphors for what is not acceptable within the client's culture. They are words and meanings used to describe behaviour deemed unacceptable, anti-social or just plain crazy. Diagnostic phenomena thus exist because they are presented within a specific language system and discourse community as a reality. It then is important to realise that this is only a one-sided understanding and attribution of meaning within the framework of the client's problem, usually from the framework of the mental health worker (Anderson & Goolishian, 1988). Anderson and Goolishian (1992), for example, offer another way of seeing diagnosis in constructing psychopathology as any behaviours or experiences that limit people's constructs of themselves as able to behave effectively within their context. The understanding of the client also then forms an important part of the creation of a reality, and not just the mental health worker's interpretation of what is acceptable or unacceptable, diagnosable or non-diagnosable. It seems clear that both client reality and mental health worker reality form important contexts of this study and influence the (un)truths they create about each other. This is exemplified in the way a diagnosis has potential influence over the client's understanding and attribution of meaning to their own life. Crowe (2000) indicates that the DSM-IV criteria and diagnosis have the power to attribute meaning to a person's life, past, present and to a degree, future. As such it has a significant degree of power over the individual's life and the meanings that the individual uses to define his or her self, and should be accounted for in the therapeutic dyad. Certain groups of behaviour thus take meaning within this study's contextual language system as, for example, major depression or agoraphobia. These diagnoses are part of a conversation around a client, and

are open to changing meaning and understanding within the therapeutic context (Anderson & Goolishian, 1988). They are of little use within problem systems, and only function as meanings attributed to a problem and are therefore open to change.

A client is seen to resort to a 'diagnosable', predetermined set of behaviours within a specific culture after a period of social powerlessness (Owen, 1992). This pathology goes against what is considered culturally normal. The healer, or psychologist in this case, intervenes and restores the person, within a new role, to the old social context, or helps the person transfer into a new social context. The client comes to therapy at a point where this culturally unacceptable behaviour is out of control of the client (Lipchik, 1997). He or she is unable to resolve the problem without the help of a person who is culturally defined as someone who is able to resolve this impasse. As such therapy is a context for confession of problems and judgement, followed by healing (Soal & Kottler, 1996). Clients invest in psychotherapy as a construct that will deliver relief from their problems. To attain this relief, they expect conversing about their problems with an expert therapist trained to help them solve their problems. They also expect to be judged by this expert. This judgement includes assessment of normality and adequate behaviour. The process of therapy is itself mystical and can only be understood after years of intensive training and experience (Guterman, 1996). Psychotherapy then is a reciprocal process between client and therapist in which certain new meanings are generated.

This reciprocal process, constructed as being the therapeutic relationship, forms the next avenue of discussion. It is not a new concept and can be found in most of the houses in this psychotherapeutic neighbourhood. Having laid our social constructionist foundations, or the specific context from a social constructionist position in which this study takes place, it might be a good idea to take a walk. The concrete is still wet and walking around this neighbourhood will give me a pretty good idea of how my little house will fit in.

CHAPTER 3

WALKING THROUGH THE NEIGHBOURHOOD OF THERAPEUTIC THEORY

1. WHAT TO DO WHILE WAITING FOR FOUNDATIONS TO DRY – A NEIGHBOURHOOD TOUR

While waiting for the foundations of my house to dry I decided to take a tour through the neighbourhood. I thought this a good idea, as it would provide me with the opportunity to decide on a style of house that would fit the context and feel of the neighbourhood. This neighbourhood consists of distinct houses representing different theories in psychology. The therapeutic relationship is a structural element of most of these theories dealing with therapeutic intervention, although where one would find it differs from house to house. In this chapter we broadly explore the differing houses, but more specifically the therapeutic relationship as an important structural element in a few of the houses I visited. We also reflect on the importance of the therapeutic relationship in the neighbourhood of psychology.

Starting on my walk, I reflected on the important role the therapeutic relationship has played in my development as a psychologist. I can remember numerous lecturers in a myriad of lectures emphasising the importance of the therapeutic relationship. It is, in my mind, quite a central concept. What I am left doing at this point is trying to figure out what the therapeutic relationship will mean for me and how I can make it a home for myself in my work with clients. What is quite clear, as I look around, is the centrality of the therapeutic relationship across a variety of therapeutic houses. Different theorists, ranging through the psychoanalytic, psychodynamic, humanist, cognitive behavioural and post-modern orientated, have included the therapeutic relationship as an important part of their houses (Bateman & Holmes, 1995; Fairbairn,1952; Guntrip, 1971; Goldstein, 2000; Hargens, 1997; Prochaska & Norcross, 1999;

Rogers, 1951; Rosenfarb, 1992; Summers, 1994; Wolstein, 1996). The way they use it is somewhat different, depending on where they put it in the structure of the house. Some indicate the therapeutic relationship as an intervention, or a measure of therapeutic change, or an indication of the client's interpersonal problems. Others use it as a structure within which therapeutic techniques can be utilised. Possibly the only concept within psychological theory these different theorists living in these different houses would agree upon, would be the idea of a therapeutic relationship as carrying importance within structure of their house as it relates to intervention and change.

I remembered reading research that focused on the efficacy of psychotherapy in the differing houses. This research stressed the therapeutic relationship as a most desirable element in one's house to attain positive therapeutic outcome (Assay & Lambert, 1999; Bachelor & Hovath, 1999; Barkham, 1990; Maione & Chenail, 1999; Prochaska & Norcross, 1999; Truax & Carkhuff, 1967). This central role of the therapeutic relationship is independent of the importance placed on it in the specific house. When compared to other important therapeutic factors, such as client variables, therapist variables, and so forth, the therapeutic relationship only takes a second place to external client-related factors (such as being forced to come to therapy versus coming by choice) when considered within the context of positive therapeutic result. In this regard Asay and Lambert (1999), in an empirical overview of quantitative literature, indicate that the therapeutic relationship accounts for about 30% of change in clients. Schaap, Bennun, Schindler and Hoogduin (1993) also comment on this point, indicating that within the western therapeutic tradition, the therapeutic relationship has proved to be one of the most influential common factors in psychotherapeutic change. In the same tone Maione and Chenail (1992) conducted an overview of qualitative research on this topic, and reached the same conclusion, that the therapeutic relationship is both central and necessary in the change process. It is then clear that the relationship is one of the foremost elements in constructing a house in this neighbourhood.

While walking through this neighbourhood, an important difference between this neighbourhood and other neighbourhoods suddenly dawned on me. Other neighbourhoods have gardeners and maids tending the house and its surrounds, but in this neighbourhood there were two very different caretakers. Their roles were specifically geared at taking care of the therapeutic relationship through their relation to each other. It was a co-operative venture where each one would fulfil a specific role in the upkeep of the therapeutic relationship. As Prochaska and Norcross (1999) and Wills (1982) indicate, the therapeutic process is at its deepest meaning an interpersonal process, or in other words an activity within a relationship. This relationship is between the two caretakers, the therapist and the client. They give the therapeutic relationship its very different and specific structure according to the house they tend. Both the client and the therapist contribute to the nature of the relationship, and as a result influence the meaningful use thereof. As such one could say that the nature and character of the psychotherapy neighbourhood is essentially embedded within a relationship between these two caretakers. With this in mind, it is not surprising that most of the therapists I spoke to on my journey recommended the therapeutic relationship as being indispensable in gaining positive therapeutic outcome, even when one considers that these therapists sometimes tended very different looking houses (Wills, 1982).

It seems that in the co-operative care of the therapeutic relationship, it is given its meaning. Mostly this consisted of the two caretakers of the relationship showing different behaviours towards each other. These behaviours towards each other form and keep the therapeutic relationship in tact. Truax and Carkhuff (1967), for example, indicate that the therapist's ability to be within a non-judgemental, empathic and genuine relationship with a client is essential in forming what can be considered a therapeutic relationship. This takes place within a trusting, non-intimidating environment. Bachelor and Hovath (1999) also acknowledge the importance of therapist factors and especially emphasise empathy as a central ingredient. It seems that the ability of a therapist to recognise accurately and communicate a client's inner states or feelings is extremely important. This does not entail one type of empathy, but

rather relating the construct of empathy in a specific, individualistic way to any specific client. Clients more open to emotional communication will react better to empathy framed within emotional language, while clients more comfortable with a cognitive frame will react better to empathy communicated to them in cognitive terms.

Kahn (1996) broadens the list of therapist behaviours useful in keeping the relationship in good condition. He lists the ability to be respectful, genuine, non-defensive, non-judgemental, spontaneously interact, awareness of subjectivity and empathic understanding as important therapist variables in the relationship. He also includes making the client aware of the relationship, as well as showing the importance of the past on present relationships, as essential tasks of the therapist in a helping relationship. This list can be further broadened by relating to the way Neuhaus and Astwood (1980) conceptualise good therapist characteristics within a therapeutic relationship. These authors indicate the therapist's position of humility and responsibility as important contributors to an effective therapeutic relationship. Other factors such as showing interest, being interesting, being flexible and outgoing is also added to the list. The role of these differing therapist factors is, however, inconclusive in research (Barkham, 1990). No general golden highway, as it were, is then available for creating the perfect therapist in a relationship.

The client as collaborator is also recognised as important within the effectiveness and construction of a therapeutic relationship (Bachelor & Hovath, 1999). A willing, involved client is more likely to establish a good relationship with a therapist and have a positive therapeutic outcome. As such cooperation between client and therapist in the process of therapy is important. The client's perception of the therapeutic relationship is also an important factor, with better perception linked to better outcome (Wills, 1982). The fit between therapist and client is thus important, where both are willing to contribute and cooperate. The literature on client factors is somewhat less comprehensive than that on the therapist. It does, however, seem that the client is just as powerful in effecting the outcome of therapy through his or her contribution within the relationship (Bachelor & Hovath, 1999).

All of this I saw, but still I wanted to see more of the therapeutic relationship. To do this I would need to physically go into some of the houses. I wanted to explore the therapeutic relationship as a structural element from within a house. It seemed like different theories placed emphasis on diverse factors and ascribed dissimilar meanings to even common factors such as empathy. As such I felt it necessary to explore the various meaning contributions within the backdrop of a theory or house. These theories form the context for ascribing meaning to the relationship factors and as such contribute unique meanings to concepts that constitute the structure of the therapeutic relationship. I decided to knock on some of the houses' doors and see if I could glimpse their therapeutic relationship in more detail.

2. KNOCKING ON DIFFERENT DOORS

I decided on going into six of the houses on my walk. I wanted to see how the occupants used the therapeutic relationship in their houses, how they ascribed varying meanings to this important element. The names of these houses represent broad cover terms for theoretical orientations. Within each house different sub-theories can be distinguished, for example in the constructivist house the term constructivism was used as cover term for the strategic, interactional approach as espoused by Paul Watzlawick, and the ecosystemic approach as given meaning by Bradford Keeney. The houses I decided to visit used the therapeutic relationship in different ways and placed it in different parts of the house. Sometimes one would walk right into it when entering the door, other times I had to look hard to find it hidden somewhere. But always I found something given the meaning of a therapeutic relationship. These houses represented some of the mainstream psychological ways of thinking about therapy, and also formed a major part in my education as a psychologist. I have been to them before, and the memories of my visits still today function to inform some of my beliefs about the therapeutic relationship. Seen in this light, and given my social constructionist way of interpreting and creating reality, it seems important for me to include these different meaning contributions from the other houses as they relate to the therapeutic

relationship. These theories each inform the therapeutic relationship in diverse ways and add different dimensions to the understanding thereof.

2.1 The relationship under the floorboards – The Psychoanalytic and Psychodynamic meaning

The first house I stopped at was the psychoanalytic and psychodynamic house. This house has many different rooms, as psychodynamic and psychoanalytic literatures abound. There are some developmental differences and variations on certain themes, including the therapeutic relationship in each of these rooms, but giving a full account of visiting all of these rooms would be impossible within the scope of this text. Therefore these differences are beyond the span of this dissertation, and the following paragraphs only serve as a general introduction to the more global field of dynamic/analytic thought surrounding the therapeutic relationship.

I rang the old bell at the door. The door opened and an old man with a snow-white beard welcomed me and ushered me in. He looked ancient, yet there was a surprising element of youth and change in his eyes. His face was strangely blank, almost empty, but also filled with a sense of warmth and invitation. What struck me when I walked in the door was the collection of antiques, all neatly organised on ancient floorboards. The old man with the snow-white beard cautioned me to be careful as I stepped in. I was not to disturb anything. I could only walk among the antique objects on the floor. He whispered to me that these ancient antiques represent the client's developmental history and relationships, used by dynamic therapists to conceptualise a client, and the effect these relationships have had on his/her present functioning. The basic tenets across the different insight-orientated therapies are that the client's troubles in his or her present life originate from difficulties in relationships with primary nurturing figures in infant life. These early relationships form and influence the later relationships of a client, and are also seen as being causative in psychopathology. In effect these early relationships are played out in present relationships. This is then also the reason that clients attend therapy, and generally therapy is conceptualised as

a process of re-parenting, usually aimed at reintegration of the personality. The floorboards represent the therapeutic process, being something long lasting and supportive in the client's life. The psychotherapeutic process is mostly a long-term endeavour, lasting several months or even years.

In our tour through the house I asked him in a whisper where the therapeutic relationship was to be found. He looked at me, smiled and pointed down. Peaking through the gaps between the floorboards I saw it glimmering in the faint light of the house. It was holding up the very floorboard we stood upon. "The therapeutic relationship within this theory is extremely important, and has received vast attention within the literature", the old man whispered in a husky voice. This is probably because of the central role that relationships in general play within the theory (Schaap et al., 1993). One can identify the psychoanalytic theory as the first conceptual framework to introduce the therapeutic relationship and relate its importance to therapeutic work (Bachlor & Horvath, 1999; Truax & Carkhuff, 1967). As such the relationship supports the floorboards on which the therapist treads every day among the ancient relics of his or her client. The relationship is seen as a process of interaction between the therapist and the client, which results in changes in the client's psychological make-up. The therapeutic relationship is both central to the theoretical foundation and formulation within this theory, as well as a therapeutic tool to facilitate change.

To carry the weight of the floorboards, the dynamic therapists have devoted quite a bit of attention in constructing different relational constructs able to support the bulk of the floorboards. Meissner (2001) indicates in this regard that the therapeutic relationship within dynamic thought consists of different structures, namely transference, countertransference and the working alliance. The working alliance includes the neurotic (relatively normal), rational, realistic attitudes of the patient towards the psychotherapist (Prochaska & Norcross, 1999). This working alliance is the basis of the therapeutic relationship and functions as the mechanism that keeps a patient within a therapeutic relationship, even through difficult stages in the process. The therapist is responsible for the facilitation of such a working alliance

through warm and empathic interaction with the client, while maintaining a demeanour enabling the client to develop a transference relationship with the therapist. When I thought of this I understood the old man's facial expression. Being in a psychoanalytic/dynamic relationship in effect means not being too 'real' within the therapeutic relationship and not allowing countertransference to dilute the interaction with the client. The therapist lessens his or her personality in favour of an analytic attitude, epitomised by being objective and non-judgemental. This is the blank expression on his face. In this expression the therapist allows space for the client's problem and self to fully materialise in the therapeutic process.

Control and management of the relationship and working alliance is the therapist's responsibility, and he or she manages the therapeutic process in a directive manner (Cooper, 1996). A professional, anonymous relational style is maintained throughout the therapeutic process by the therapist (Cooper, 1996; Smith, 1996). Disapproval, encouragement, reassurance and advice-giving is avoided. These specific meanings, constructed within the beginnings of therapeutic meaning, still have relevance today. One can for example think of the ethical code of conduct, published by the Health Professions Council of South Africa, in which relationships are constructed as being professional, non-judgemental and within a specific, professional context to the benefit of a client, and not a therapist. This working alliance forms one of the structures holding up the floorboards.

Transference is another of the concepts supporting the floorboards of therapeutic process in this house. It forms one of the core concepts within both classical and contemporary depth psychology (Bateman & Holmes, 1995). It is seen as the vital expression of the client's problem and plays a pivotal role within the therapy process, as it creates the opportunity to effect the structural changes needed to cure the client through interpretation of the transference (Meyer, Moore & Viljoen, 1997). Transference is historically a phenomenon resulting from the client expressing early infantile wishes related to early relationships with primary caregivers, towards the therapist. It is an intrapsychic, unconscious phenomenon, related only to the past, replayed

within the present and not elicited by the therapist in any way. The therapist does not react to it directly, and only listens to and responds with interpretation of the occurrence of the transference, as such allowing for the client's problem to manifest without interference of the therapist's relational style or personality (Cooper, 1996; Smith, 1996). The analyst or therapist's role is only to create a safe environment for the expression of transference through the working alliance.

As I looked at the transference structure, I saw that it was both old and young at the same time. It seems that the contribution of this house in terms of how past relational factors influence present relationships, including the therapeutic relationship, has not been a stagnant one. Within this theory the concept of transference as an exclusively intrapsychic phenomenon rooted in the past has undergone several changes, including here-and-now aspects, as well as incorporating interpersonal dynamics into its meaning. Klein and Fairbairn (in Greenber & Mitchell, 1983) took significant steps away from presenting transference as a structural event, related to drives of different parts of the psyche's structure being played out in therapy. Rather, they placed transference within a relational structure, with the transference seen as an event within a relationship and not just the replay of infantile wishes. Klein (1975) did this by bringing the transference out of the past by pointing out that it is not replayed solely in terms of past representations of parental figures, but also in the here-and-now as unconscious phantasies related to the therapist in the current situation. As such it forms part of a current real relationship, rather than just a replay of previous relationships. This is in opposition to more classical Freudian analysis where the therapist was only a neutral observer and in no way played a part in the internalised object relationships in the present other than being the blank screen on which these relationships were projected (Smith, 1996). As such, these theorists also brought in a current understanding of unconscious phenomena within the relationship that did not primarily develop from past relationships.

Fairbairn's (1952) view of transference as a more interpersonal phenomenon added to the concept of transference being further evolved and reconstructed

in dynamic thought. His view of the transference relationship involved the client's projection of his or her internalised object relations onto the therapist. The object relations are formed in the past and represent the early relationships with the parental figures of the given client. The therapist is put under pressure to react to this projected material as past figures would have, while the client adapts his or her behaviour to optimally reflect the projected states within the relationship (Ogden, 1982). As such, the transference also includes the behaviour of the therapist within the current relationship, unrelated to the internal dynamics of the client (Bacal & Newman, 1990). Within this position the therapist is more actively involved in the relationship, providing a new, positive object relationship, rather than just dissolving past object relationships. This represents another evolution in the meaning of the therapeutic relationship within this theory. The whole relationship was acknowledged as important in supporting the floor, and not just the projection of transference material onto the therapist (Summers, 1994). Transference, as the only relational component related to change in the client, lost some of its exclusive status. Instead elements of the working alliance and countertransference were also included as important factors in introducing change.

Countertransference, conceptualised as the therapist's own infantile wishes or internalised object relationships being projected on a client, is the next structure under the floorboards we looked at in this ancient house (Prochaska & Norcross, 1999). The old man looked at me while I was contemplating this construct, and pointed first to me and then to himself. I understood. The countertransference represents the therapist's reaction towards the client, originating from the therapist's own infantile relationship with his or her primary figures. It comes from both of us in ourselves. Originally countertransference was to be avoided in the therapeutic relationship (Summers, 1994). It was thought that the countertransference would interfere with the transference of the client. The therapist had to at all times represent a blank screen in the relationship onto which the client could play out his or her transference without interference from the therapist's own dynamics. Classical dynamic therapists therefore underwent years of training and analysis to

understand their own processes and to be aware of their own countertransference in order to avoid acting on it in therapy with a client. This classical view on countertransference has also changed in terms of its original role and meaning within the dynamic/analytic relationship. Racker (1968) refers in this regard to the important role of the countertransference of the therapist within the relationship in contemporary analytic/dynamic theory. The countertransference is an essential ingredient within the therapeutic relationship and constitutes an important source of understanding for the therapist about the client. As such the therapist uses his or her own reaction to the client to try and understand the client's problem. This does not entail reacting to the client as the therapist would have within a social relationship, but rather being aware of the countertransference and using the understanding thereof in relation to the client. This represents a contribution of an almost interactional understanding from this theory (Sullivan, 1953). The therapist uses his or her own reactions in therapy and in the relationship as sources of information and intervention. The focus thus evolved to include a dyadic view of the relationship, rather than a quite objective, one-sided relationship. As Barron, Eagle and Wolitsky (1992) indicate, contemporary analytic and dynamic theory has increasingly become aware of the fact that the therapist cannot be a blank screen, and does communicate a variety of messages to a client on a unconscious level. Both client and therapist are acknowledged as having a contribution within the therapeutic relationship flowing from who they are as people, both in the present and in the past.

As I got up, I saw the plaque of change against the wall. It indicated that the transference, countertransference and working alliance constitute the therapeutic relationship within this house and that change is linked to the therapeutic relationship. Originally change was achieved through interpretation of the transference of the client (Prochaska & Norcross, 1999). Later this concept evolved to include a more relational undertone, rather than just interpreting what the client brings. Guntrip (1971) indicates in this vein that the interpretation of transference is not enough. A fuller picture of the client's functioning and avenues for change could be achieved through focusing on the whole relationship. As Bateman and Holmes (1995) indicate,

the curative process in more contemporary psychoanalytic and psychodynamic theory rests on providing the client with new ways of experiencing relationships, rather than working through the transference by interpretation. The use of transference and countertransference is then aimed not at providing the client with insight, but at providing new and exiting object relationship. This is in line with Fairbairn's (1952) view that the relationship should be the focus in therapy as the main mechanism involved in producing change, rather than technical tools such as interpretation. I understood the context of the therapeutic relationship within this house. The old man guided me to the door.

As I left the house and the old man, I reflected on how this theory contributed to our conception of the therapeutic relationship in the present. The relationship is something basic and supportive in this theory, undeniably part of the therapeutic process. Without it, therapy would not be possible. The role that past relationships play on the way the relationship between therapist and client manifests is clearly indicated within this theory. The position of the therapist in inducing certain behaviours within the relationship is elaborated upon, as well as the way a therapist could use his own reactions to facilitate a better understanding of a client. Guidelines are provided for therapist behaviour in the relationship, including the professional role of the therapist and the objectivity in the interaction with a client. The therapeutic relationship's contribution to change is also set out.

2.2 One wall leads to another – The Behaviourist meaning

When I arrived at the next house, I was greeted at the gate by a dog ("Pavlov" written on the tag) wearing a bell. It seemed very well behaved. It guided me to the house where a piece of kibble attached to a bell was waiting for it, although no person was anywhere to be seen. I expected as much. I knew the owner. He liked keeping to himself, preferring mostly to observe his guests. I entered the house but could not immediately see the therapeutic relationship. I could, however, see quite a few impressive walls, aimed at directing one in a specific route according to the owner's wishes (Skinner, 1974). I reflected on

the immediate lack of the therapeutic relationship. The initial absence of anything resembling a therapeutic relationship could be because the behaviourist approach did not traditionally direct tremendous amounts of attention and energy towards the understanding of the therapeutic relationship and its influence on therapeutic outcome. It seems rather to have been taken up by empirically studying human behaviour and change of this behaviour through the use of specific, carefully designed behavioural techniques (Schaap et al., 1993). As Watson (1919) indicates, behaviourism within the framework of psychology is mainly concerned with the accurate prediction and control of human behaviour through the use of naturalistic, scientific methodology aimed at gathering information about human stimulus-response behaviour. This seems initially to have excluded the role of relational factors within human functioning. As such it developed quite impressive walls or techniques that direct human behaviour, but neglected to include relational factors.

This historical lack of attention to the therapeutic relationship seems to relate to the difficulty in objectively measuring relational data (Rosenfarb, 1992). The therapeutic relationship was usually viewed as secondary to the more clearly developed knowledge about human functioning and therapeutic intervention through behavioural principles such as conditioning, punishment and extinction. The therapeutic relationship was often viewed as a characteristic of less empirically based therapeutic modalities (Eysenc, 1960; Wolpe, 1954). The usually “mentalistic” (Skinner, 1974, p.185) nature of psychology, where feelings, relationships and states were seen as intrapsychic phenomena, also seems to have had a detrimental effect on the therapeutic relationship being conceptualised from this theory. This all went through my head as I wandered along the many walls. As I walked on, it seemed that the walls changed. They were, in a sense, newer. Then I saw something, a wall inscribed with the secrets of the modern behaviourist relationship. It seems the behaviourist position has changed in recent years in regards to the therapeutic relationship. This probably relates to these theorists finding ways to measure objectively the therapeutic relationship in terms of specific concepts such as congruence, empathy or positive regard

(Rosenfarb, 1992; Schaap et al., 1993). The behaviourists could then start constructing an observable wall representing the therapeutic relationship.

On this wall I read the textures and lines that form the relationship. It seems the therapist often uses the therapeutic relationship to determine a client's interpersonal problems, either by reflecting on the discrepancy between verbal and non-verbal behaviours of the client within the session, reflection on his/her own behaviour towards the client during the session or the description of behaviour of other people by the client. These observations play an important role in guiding the behavioural intervention. The behavioural theory thus directs attention to the observable physical behaviour within a relationship as important in informing the understanding of a client without resorting to hypothetical theoretical structures to explain this process. The relationship is thus not something hidden beneath something else, but rather an observable construct in therapeutic theory. This is also what I observed in this house. The walls were focus points, set out neatly and guiding one in certain directions. The therapeutic relationship formed one of these walls, in the centre of the house as both a starting point and end point for other technique walls.

The use of walls as a metaphor in this house is related to the theory's focus on observable behaviour and understanding thereof as embedded within the understanding of problem formation and resolution. Rosenfarb (1992, p.2) indicates that clients come to therapy because of so-called "ineffective" behaviour within the client's functional environment. This usually leads to problems within interpersonal relationships due to a lack of positive reinforcement of socially acceptable behaviour or negative social punishment. The therapeutic process is then geared towards the development of positive social behaviour, as facilitated through the therapeutic relationship by the therapist (Rosenfarb, 1992; Prochaska & Norcross, 1999). The therapist in effect builds certain walls to guide the client towards new behaviour. This process is seen as a collaborative and educational process, with the relationship forming the context for teaching or guiding new behaviour. This takes the form of reinforcing socially acceptable behaviour or reversing the

'history' of excessive punishment that gave rise to the negative behaviour (Skinner, 1953). The interventions are behaviour-by-behaviour focused, with the problem being divided into its different problematic behaviours, each of which is addressed individually (Fischer & Gochros, 1977).

The different problem behaviours are addressed in an environment where a lack of social or personal reinforcers is rectified (Skinner, 1974). This environment is created within the context of a therapeutic relationship where the therapist effectively reacts differently from others to the behaviour manifested by the client, leading to the client perceiving the therapist as interested, warm and empathic (Prochaska & Norcross, 1999; Rosenfarb, 1992). The relationship wall is thus the wall from whence the other walls guiding the client's behaviour originate. The therapist, showing behaviours that are given positive meaning within the client's framework, builds these guiding walls. The behaviourist meaning of the relationship directly acknowledges the link between client behaviour and therapist behaviour within the relationship. The therapist shows certain behaviour to elicit certain behaviour from the client. In a way the therapist is both architect and wall at the same time.

These different therapist behaviours are used to facilitate conditioning of new client behaviour (Rosenfarb, 1992). This can be done using either subtle or overt behaviours within the relationship. Subtle forms of behaviour modification seem to relate to the way in which the therapist interacts with the client on a non-verbal level. Increasing eye contact or leaning forward when the client displays certain positive behaviour, would be regarded as reinforcing these required behaviours. These types of behaviours are understood as behaviours that are usually readily and naturally available within the client's environment outside of therapy and are as a rule influenced by the client's behaviour. This effectively means that if the client shows certain behaviour, it is relatively certain that the environment would react in a certain way. More random reinforcers are found mainly within the realm of non-verbal cues. These are non-verbal responses that do not reinforce negative behaviour shown by clients. When a client manifests dependent

behaviour towards the therapist, for example, the therapist might react non-verbally to this by removing eye-contact, sitting back in his/her chair or changing body posture, thus conveying no specific acceptance of the behaviour and promoting extinction of the dependent behaviour.

The more overt behavioural interventions relate to verbal input by the therapist within a session (Rosenfarb, 1992). This type of behavioural modification usually takes the form of either "rule-governed" or "contingency-shaped" behaviour (Rosenfarb, 1992, p.3). When therapists adapt their own verbal communication to form or condition behaviour within the therapeutic relationship, a contingency-shaping process is in effect. This would be, for example, praising a client for certain behaviours. Rule-governed behaviour modification takes effect when the therapist states specific rules of interaction, such as expressing dissatisfaction with a client if he/she attempts suicide. These verbal interventions seem to be the mainstay of therapeutic change within the therapeutic relationship (Ferster, 1979). Verbal intervention is combined with non-verbal cues and other situational features to form a unique therapeutic relationship. This unique therapist-client interaction means that the therapist is not seen as being exclusively in control of the therapeutic relationship. As Rosenfarb (1992) indicates, the therapist's reaction is also determined by the individual client. Differing clients might react more positively to reinforcement of alterations in behaviour outside therapy, changes in behaviour towards the therapist, or links made between session behaviour and external behaviour.

The therapeutic relationship, although important, is not seen as the central feature related to change in this theory. Change is related to the way in which the therapist guides a client's behaviour by constructing certain walls that a client follows. Change, as manifested through the therapeutic relationship, is not enough on its own to maintain continued improvement in the external environment (Rosenfarb, 1992). The way in which the client's environment reinforces the change is very important, as it is responsible for the preservation of behaviour in so much as it supports the behaviour through positive reinforcement. An example of a case where the environment would

not support the modified behaviour of a client would be where the therapist reinforces a child's habit of picking his nose. The environment would probably actively reject and punish such behaviour, and cause more behavioural problems with the child. Technique as a tool to help client behaviour fit within the environment is thus emphasised.

I found the dog again on my way out, waiting at the door. In its mouth it carried a piece of paper. On it was written a summary of the therapeutic relationship. It can be said that the value of the relationship within behavioural theory is different from those tendered in, for example, humanist and psychodynamic theories. The relationship is seen as a vehicle of change through the provision of certain contingencies to enable behaviour conditioning (Prochaska & Norcross, 1999). It is not the technique in itself, as with psychodynamic and humanist psychologies. The therapeutic relationship is used to install a sense of credibility in the client and to create an environment conducive to modelling. It is a wall from which other walls can originate and grow. The therapist is the expert within the process and exerts control over client behaviour. The behavioural theory further focuses attention on the overt, observable behaviour of client and therapist and the role this plays within the resulting relationship. It also shows that the relationship, although important, is not the alpha and omega in therapeutic change and other factors should also be considered within the external environment. It is a central wall, but does not constitute the whole building. In effect it shifts attention away from the therapist focusing exclusively on therapeutic factors, and allows for the inclusion of conceptions and understandings of the client's outside environment. I shouted a "thank you" to the owner and left for the next house.

2.3 Dangling from the crossbeams – The Cognitive meaning

The last thing written on the piece of paper given to me by the dog was "look up and find it at the next place you visit". I remembered this as I arrived at the next house, although I must admit it made no sense to me. I thought about sounding the bell, and it began ringing. I thought of opening the door, and it

swung open. It was then that I remembered that this was the house of cognition. “Everything is there already in thought before it is in action or feeling” was inscribed above the door. Cognitive therapy is grounded in the presumption that human behaviour and emotion are linked directly to cognitive process (Saltzberg & Dattilio, 1996). As Ellis (1996) states, of all the human traits, the ability to think and comprehend is probably the quality that epitomises being human. Within this model, then, the way one thinks influences the way one behaves and is formative of emotional states. This process is also seen to be active in the way in which people form relationships, including the therapeutic relationship. As I entered the house everything pointed upward. I looked upward and saw crossbeams that would be the envy of any European Baroque Cathedral. These were the crossbeams of thought and seemed to support the whole house’s structure.

Although thought was the centrepiece of this house, I also saw supportive bolts helping to hold up the impressive crossbeams. These could be said to represent genetics and biological predisposition (Ellis, 1996). These factors are seen as pre-existing aspects within human make-up, but inevitably negative emotional states or pathology are linked to maladaptive, illogical cognitions, irrespective of biological features. Biological features form an important part in the etiological chain leading to pathology, but are not seen as the ultimate causative factor. Humans are, as such, in control of their emotional disturbance, both as creators and potential un-creators of their pathology. The responsibility for pathology and change is put at the individual’s doorstep. The client is not just a victim of his or her environment or unconscious drives, but is given the power as both creator and change agent in his or her life.

The therapeutic process, the crossbeams, were masterfully carved and structured. This was reflective of the therapeutic process being actively structured, supportive and time-limited, conducted within an individual format, with therapist and client working towards reciprocally agreed-upon objectives (Beck & Rector, 2000; Ellis, 1996; Rector & Beck, 2002). The goal of cognitive therapy is to modify the cognitions within the causative chain of

pathology. On these crossbeams were carved exquisite patterns. One of the patterns repeated itself all across the beams. It held my attention. It seemed to live, as it twined its way around the beams. Looking at it made me think about how I felt, how I experienced this place. As I looked at these patterns a realisation dawned on me. These patterns were the therapeutic relationship. The therapeutic relationship plays an important part from the beginning of therapy and forms the backdrop from which cognitive strategies and techniques are utilised. In the same way these patterns in some way induced me to think in a certain way. They were difficult to recognise as the therapeutic relationship, probably because the therapeutic relationship does not form the focus of therapy, but serves as a context for therapeutic technique. As Moorey (1996) points out, the techniques which cognitive therapy seems to rely on, only work within the context of a therapeutic relationship. The relationship is used as the pattern throughout the beams of cognitive therapy, enabling a process where new thoughts can be contrived (Ellis, 1996). Therefore the relationship serves as an intervention in itself on which other interventions are built.

A thought entered my head as I reflected on what I had learned. To develop this pattern, one needs to question and discover the client's cognitive world, aiming to comprehend and confirm the client's perception and conception of his or her environment. I understood what was being communicated. Essentially the therapist tries to understand the mental crossbeams that hold up the client's world by using the therapeutic relationship to enter the cognitive realm of any specific client (Beck & Rector, 2000). A climate of openness and trust is promoted for this process to take place. Behaving in a certain way towards the client to elicit in him or her thoughts of the therapist as trustworthy and empathic is necessary, as this allows the cognitions to both crystallise and change within the relationship.

The pattern wound on, and my eye followed. It became clear that the therapist's initial behaviour is geared at facilitating positive perception by the client, and forms the first part of the therapeutic relationship. This is then slowly supplemented for more formal assessment of the client's symptoms

and agreement on the goals of therapy. Teaching forms an important part of the therapeutic process. The client is taught how certain stressful life events, combined with certain cognitive processes, can give rise to negative emotional states and pathology (Moorey, 1996). The relationship between thoughts, feelings and behaviour is emphasised by the therapist, and beliefs, perceptions and assumptions about others, the self and the world are explored. Reality testing is facilitated through this process and clients are put in touch with what is considered normal in their environment. All through this impressive process, the therapeutic relationship runs like a pattern across a crossbeam. The relationship provides a way to help clients think differently and enrich their understanding of themselves, while preparing them to fit into their current environment more effectively than before.

The therapist-caretaker, showing certain behaviours in his or her relationship to the client, keeps the pattern in tact. Within the therapeutic relationship the therapist takes a non-judgemental attitude towards the client (Ellis, 1996). He or she actively cares about the specific client and is concerned with helping the client overcome his or her emotional problem. The therapist is not a neutral, purely objective being, but should be aware of his or he own cognitive distortions. As such he or she does get involved on a very human, person-to-person level with clients, but takes care to stay within a professional framework and avoid personal relationships with clients outside of the therapeutic context. Warmth, genuineness and empathic understanding are necessary, although not seen as sufficient to induce change on their own (Moorey, 1996). Listening and attending closely to the client to form an understanding of the cognitions giving rise to the problem is indicated. This does not imply emoting with the client, but bringing in awareness of the emotion. The therapist plays a very active expert role within the therapeutic relationship (Beck & Rector, 2000). The therapist clearly indicates inadequacies and emotional problems, but avoids being conditional and punitive within the therapeutic context.

In conclusion one can note that the cognitive perspective allows for the client to gain understanding of his or her own functioning and behaviour, thus being

an agent in his or her life. He or she is actively encouraged to look up and find their own crossbeams and fix them when necessary. This is a direct process, not unconscious, but within readily accessible thoughts about the self and the environment. The client is thus empowered to help herself within future contexts through knowing her own internal thought processes linked with the creation of problems in her environment. This is done through a therapeutic relationship, running like a golden thread through the process, in which the therapist is direct and honest with a client about the client's cognitions. Common factors are again emphasised, such as the professional nature of the relationship. Meaning is added to the conception of these common factors from a cognitive perspective and allows for differing ways of thinking about concepts such as empathy, warmth and acceptance. This way of understanding includes the perceptions of the client as formative of the relationship, with the therapist behaving in certain way to elicit these perceptions. I left with a head full of ideas.

2.4 The house with no doors – The Humanist perspective

I arrived at the next house with the full intention to knock on the door. The only thing was that there were no doors. There was a doorway, with someone resembling a middle-aged hippie standing in it. "Come," he waved. I stepped inside. Immediately a warm, fuzzy feeling hit me; I felt at home. I knew the feeling. It was the feeling I felt when I looked upon the floorboards, the walls and the crossbeams of the therapeutic relationship. I had, however, not felt it this strongly before. The whole house was alive with it. The whole house was a relationship, with no doors to shut anyone out, but rather inviting anyone to enter. I knew I was in the humanist house. The humanist perspective is possibly the most influential theory regarding the emotional therapeutic relationship factors within psychotherapeutic theory. Some of these factors, such as empathy, have been listed in other theories within this text as well. The humanist theory differs from the other theories in that it gives specific and central meaning to each of these constructs. It is characterised by a position where the therapeutic relationship itself is at the centre of the therapeutic process, both as precondition and instrument of therapeutic change

(Prochaska & Norcross, 1999). Rogers (1979) states in this regard that, given any context, a relationship containing the three elements of congruence, unconditional positive regard and empathic understanding, is sufficient to facilitate a person's actualisation potential.

As we walked through the house, the hippie showed me these elements in turn. We started with congruence. As I looked upon the hippie's face in this room, I knew who he was. Congruence is attained through the therapist being real within the relationship. He or she presents no professional façade and reacts to the client in a genuine and caring manner (Rogers, 1979). As such the therapist takes down his or her own doors used to shut people out, in favour of relating in an honest, open way to the client. The therapist maintains a sense of transparency within the relationship, with the client being able to sense at any given time where the therapist is within the therapeutic relationship. This means that the therapist relates to the client at "gut-level" (Rogers, 1979, p.98). As Truax and Carkhuff (1967) explain, being genuine implies an unswerving individual encounter, devoid of everyday personas and roles. The therapist's self is thus brought into the therapeutic relationship in a very real way as an important concept. The therapist is allowed to come into a relationship in a close and personal manner, differing from the relatively objective therapeutic stance in other theories. It is a clear way of actively emoting with a client, rather than keeping distance from the emotional process. The introduction of the therapist-self does, however, not denote a position where the therapist imposes his or her own opinion on a client (Thorne, 1996). The therapist must carefully consider the relevant time and manner for communicating his or her feelings related to the client, in order to avoid creating a judgemental therapeutic environment.

We left the room of genuineness and were about to enter another room when the hippie stopped. He gestured upward. On top of the doorframe stood a plaque. It read "Come as you are". As we entered the room, every aspect of me, both good and bad, was emphasised. What was strange about this was that I felt only acceptance from my companion. The room was filled with unconditional positive regard, a central element in the relationship in the

humanist house. It is linked to the therapist accepting the client fully at any given point of therapy (Rogers, 1979). Any form of rejection of the client is avoided, even if difficult socially unacceptable feelings such as anger are being dealt with. This facilitates a position where the client can become aware of his or her internal experiences without having to distort it due to social or environmental pressure (Prochaska & Norcross, 1999). The therapist offers a caring, non-possessive relationship, relating to the client as he or she is currently (Thorne, 1996). The acceptance is thus present-based, and not an acceptance of the person the client might become. This is irrespective of possible background, moral framework, cultural or other client-therapist differences that might be within the framework of therapy. This is what Boy and Pine (1990, p.129) mean by "being precedes becoming", with the therapist accepting the client as he or she is, and not for what he or she is to become.

The third condition we explored was empathy (Rogers, 1979). I understood what this was about when we entered the room and the hippie turned to me and looked at me. His look was comfortable, but at the same time somewhat unsettling. In his eyes I could see my life passing, and I knew he understood my life, what 'I' am about. Empathy implies exactly this. The therapist experiences and understands the client's inner world in such a way as to almost become a part of it. It involves actively listening to the client's problems and in effect becoming part of the client's inner world, communicating the meaning of this internal world back to the client. Rogers goes on to state that if this condition is met fully, the therapist can even communicate feelings and meanings that are just beyond the client's awareness. This condition for effective change demands that the therapist is sensitive to the client's feelings and shows a willingness to enter the private world of the client (Thorne, 1996). This private world is to be respected at every cost, and should be viewed with an attitude lacking any judgement.

As we left the room I understood why these relational factors are important. When these three conditions are met, the person becomes more aware of his or her own internal feelings and conflicts, and better able to respond

congruently to these feelings, thus allowing his or her actualising potential to grow (Rogers, 1979). These therapeutic conditions within the relationship work because of the way problems or pathology are formulated in this theory. Problems have an early developmental history, usually starting to form during infancy (Rogers, 1951). This takes the form of active distortion of values held to fit the expectations of the environment, or more specifically, other human beings' conditions of worth within the person's surroundings. This gives rise to a situation where there is a discrepancy between the person's actual experience and his or her view of themselves. In severe cases this leads to disorganisation of the personality.

Walking out of the house I noticed also some newer alterations to the house. Latter humanists have elaborated on the Rogerian approach. Thorne (1996) mentions another condition postulated by Rogers near to his death. This seems to relate to the therapist being able to be with the client in every possible avenue during the therapeutic process. This 'being' is not dependant on the understanding of the client's internal world, but is embedded in fostering a close, trusting relationship with the client. Boy and Pine (1990) add to the conditions set by Rogers and include a face-to-face, voluntary relationship, epitomised by sensitive communication and a therapist that empathically focuses on the needs of the client. The relationship aims at liberating the client and is characterised by a respect for confidentiality and a deep understanding of the client. The values within the relationship reveal a position where the outcomes of therapy are attributed to the client. The relationship requires certain trained attitudes and skills on the part of the therapist, including technical proficiency in the art/science of therapy, as well as a conception of the contribution the therapeutic process is making to humanity and a broader perspective of humans as invested in larger systems.

Gerard Egan (1998) also added to the basic principles of the therapeutic relationship from a humanist perspective. He emphasises the working alliance as important within the process, and points to the collaborative, flexible nature of this alliance. He adds two values to Rogers' three conditions, namely the value of respect and the value of client empowerment.

Respect is characterised by doing no harm, becoming competent and committed therapists, being in league with the client, assuming the client's good will, not rushing into judgement and focusing on the client's agenda. Client empowerment is linked to therapists realising that clients can choose to change if they desire to. The therapy has to be framed as work sessions in which clients explore differing ways of change, with 'learning' rather than 'helping' being emphasised. The therapeutic empowerment is further elaborated upon as being a process of helping clients to become better at solving problems in their day-to-day lives. The therapist fulfils a consultant role, adapting to a variety of roles as the client's situation calls for it. Helping is seen as a two-way process, with clients also exerting an influence over the therapist. Therapists also change during and because of the therapeutic relationship.

As I left the open doorway, the hippie waved goodbye. I reflected on the sense that I had constantly during my visit. The whole theory seems to rest on a sense of trust in the person to do what is best for him or herself (Rogers, 1951; Rogers, 1979). The philosophical grounding is related to the notion that human beings are continually actively striving towards actualised living. The therapeutic relationship is viewed as a facilitative force in this, and a sufficient 'course of action' to assist in cases where the actualisation potential has been warped or undermined in any way (Boy & Pine, 1990). The therapist is responsible for the relationship within the therapeutic process (Thorne, 1996). Therapists are devoid of the 'expert-role' within the therapeutic process and need to know and accept their own experience deeply. The theory in general allows for a deeper understanding of factors thought important and generally accepted in a wide range of therapeutic theories. I walked off satisfied that I had found something significant here directly related to the therapeutic relationship.

2.5 Looking through stained glass windows – The Constructivist meaning

As I walked towards my plot, I saw a beautiful house with the most beautiful stained windows. I could not resist. As I walked closer a guide met me. This guide, for lack of a better word, changed according to my perspective. Sometimes it was a woman with long black hair, sometimes an old gentleman, looking like a mathematician. At times it was a balding, middle-aged man, and sometimes a dashing man with just a trace of grey running through his long hair.

As we neared the house it became clear that there was no entrance. One could only look through the stained glass windows. It became clear that this theoretical orientation views all human behaviour as embedded within a system. These systems are closed entities that can comprise an individual, a family or an organisation depending on what one chooses to punctuate (or look through the window, as it were) at the system (Keeney, 1983). These systems are autonomous units, with behaviour geared at maintaining structure or organisation. Loss of structure would mean that the system would stop existing. In the same way I knew that if I broke one of the glass windows, the whole structure would collapse and stop existing.

The whole glass house was held up by itself. This sounds strange, but every piece of glass turned in on itself, supporting it against the next pane of glass. This, the guide told me, is called second-order feedback. All behaviour, irrespective of its form, functions on a higher level of abstraction or punctuation to define, generate and maintain the system itself. As such the environment in which a client functions plays a major role within this frame of conceptualisation. Therefore the pane of glass one chooses to look through plays an important part in the way in which one understands the client and his or her behaviour. This also has relevance in terms of the nature of reality. Reality is viewed as subjectively constructed within the perceptual frameworks of people, with theory merely a way of understanding or perceiving reality (Becvar & Becvar, 1994). As such, reality is context-based and only has

meaning within that context. This I understood when I looked through two pieces of glass next to each other. In one I could see the reflection of myself; in the next I saw a psychologist resembling myself, but not totally me. One piece of glass reflected my total self, while the other only punctuated my role as a psychologist. Both were realities, but differed in punctuation. This theory then allows for multiple meanings within certain contexts, and allows introduction of multiple realities and ways of change.

Problems arise from the way in which the system maintains itself (Becvar & Becvar, 1994; Watzlawick, Weakland & Fisch, 1974). If the pieces of glass that fold in on each other do not support the structure adequately, the pane would fold onto itself even more. This maintained its structure, but also interfered with the total structure's appearance. This is geared at maintaining the system structure, but is problematic within the system. A more concrete example of this could be where a family comes to therapy complaining of their son's periodical anger outbursts. On investigation, the therapist establishes that these anger outbursts usually occur when the parental pair is having difficulties in their relationship. The son's behaviour, on a second-order level, effectively draws away attention from their marital difficulties while maintaining the family structure. This causes other problems, though, within the family unit and in other systems, such as the son's school environment.

From the example one can also view the subjective nature of reality. The way one chooses to punctuate the problem, gives rise to the meaning of the problem and procedure to affect change (Efran, Lukens & Lukens, 1988; Nardone & Watzlawick, 1993). The therapist is part of the creation of meaning within this theory. Therefore no objective diagnosis can exists (Becvar & Becvar, 1994). The behaviour is viewed as functional within its originating system or context. In this case the son's behaviour is a way to maintain the system because of the threat posed to the family system as a result of the parental behaviour. It is quite likely that each participant within a given system would view the problem differently, or in other words, have a different story about the problem (Becvar & Becvar, 1994). Change could, within this example, be linked to addressing the parental relationships to affect

a more stable organisation of the system and render the son's anger outbursts unnecessary. The goal of change within this theory is then to change the way the system maintains its organisation. This is done through addressing the relationships of the different participants to each other within a therapeutic relationship with the system or one of its participants. Change and stability are irreversibly linked within this theory (Keeney & Ross, 1985). Change occurs to induce stability, and stability necessarily indicates that change took place. Behaviour, however problematic, serves to maintain structure. The change of problematic behaviour through the use of second-order feedback within a therapeutic relationship is to affect a more stable and less problematic system structure or organisation. The shift within this theory is from 'why' to 'what' (Efran et al., 1988, Watzlawick et al., 1974): Change is not connected to why the problem is there in the first place, but rather to a pragmatic emphasis on what to do to change the problem. It is how to take away the extra folds the panes of glass had to generate without destroying the structure.

As we explored the structure, I searched for the therapeutic relationship everywhere. I looked through numerous panes of glass until I felt a tap on my shoulder. Turning around, I saw the guide pointing down. And there it was. A magnificent pane of glass supporting the whole structure. This represents the therapeutic relationship from this paradigm. The therapeutic relationship forms the basis of intervention and collection of information to inform intervention and change (Watzlawick et al., 1974). It is the backdrop for informing the therapist about the bigger picture of the system, including the recursive behaviour maintaining the status quo. It is the glass pane responsible for supporting and informing the other glass panes. I could see through it to the ground underneath. Although the therapeutic relationship is not primarily about figuring out what happened in the past to affect the current client position, the past is not off-limits for the constructivist therapist. That is why I could see the ground underneath this pane of glass. Exploration of the past can be used to gain knowledge about the language and constructs clients use in their reality to construct subjectively their truth (Tomm & Lannamann, 1988).

The therapeutic relationship is also the context of intervention. The glass pane extended upwards, connecting and supporting the other panes on it. It almost seemed to support and come between places where the other glass structures seemed to have wanted to fold in on themselves. Nardone and Watzlawick (1993) view this as the therapeutic relationship being a game of chess between therapist and client (or system), where the therapist continually tries to outmanoeuvre the client's recursive problem behaviour maintaining the system. The emphasis is on the pragmatic nature of this theory. Every pane of glass has some function within the totality of the structure. Some were supportive beams, other thicker panes protected thinner ones, and so forth. As such, everything within this theory has a definitive 'functional' nature to it, and is not simply done without some pragmatic goal. The therapeutic relationship thus also fulfils a pragmatic role within this theory as way to intervene in client problems. Intervention is tailored to each specific client to disrupt problematic recursive feedback and establish new behaviour that could maintain the organisation of the relevant client-system (Hoffman, 1981). To achieve this, the therapist uses the therapeutic relationship as the source of information, backdrop of and the medium through which intervention takes place. A positive relational context conducive to trust is indicated as necessary in this process. The therapist facilitates this through the therapeutic relationship.

The relationship is further characterised by the therapist taking what the client brings and using that within the context of intervention (Nardone & Watzlawick, 1993; Watzlawick et al., 1974). This is why glass formed such an important part of this theory-house. The therapist might view the reality of the client through different panes of glass, but it is still something translucent in which the client's reality is distorted as little as possible. The problematic behaviour of a client is embedded within the client's specific perceptual framework. The conceptual framework or reality of the client also forms the base of intervention. As such, the therapist 'learns' the client's language, accepting the client's communication and the meaning attached to their problems. The therapist learns to converse with the client using these forms

of communication and meanings and bases his or her intervention on this framework of meaning. He or she also uses this framework to normalise the client's problem within his or her subjective reality (Matthews, 1997). This process of normalisation and learning of the client's language facilitates an understanding of the client's reality and creates an environment of trust, understanding and positive influence from where the therapist can manipulate and guide a client's actions. This can be seen to be a recursive loop in itself. By facilitating an environment of trust and understanding, the client reveals his or her reality to the therapist. The therapist then uses this reality as the base of the client's therapy and further reinforces trust and understanding.

The weight of the responsibility regarding the therapeutic relationship within this theory falls mostly on the therapist. The therapist generally assumes quite an active, almost expert role within the therapeutic relationship during the beginning stages of the therapy (Watzlawick et al., 1974). The relationship is structured to focus away from problems to solutions. The therapist helps the client to identify and define concretely the problem to be solved, where after the attempted solutions are investigated. The therapist should be aware of the construction of his or herself as an expert, and as such choose his wording of the client system and 'problem' carefully to fit the client-system, rather than his or her own referential framework (Becvar & Becvar, 1994).

The next step represents the shift from therapist to client as expert. The client defines a concrete, reachable goal as therapeutic outcome. The last step is again characterised by collaboration between therapist and client wherein a plan is implemented in the client's terms to resolve the specific problem through the use of strategic interventions such as paradox and reframing. The intervention is exemplified by the therapist playing a leading role, effectively guiding the client to carry out interventions contradictory to their conceptual framework without contradicting the client's beliefs (Hoffman, 1981; Nardone & Watzlawick, 1993). An understanding of the client's perceptual framework and a good therapeutic relationship is needed to affect this. One manipulates the system by using its own rules. The therapist is

viewed as part of the observing system, and functions within it (Matthews, 1997). This is in contrast to 'teaching' the client the language of the therapist and only then performing interventions. This is done by using the client's language and refocusing attention on other aspects of the problem through, for example, reframing. Once this has been achieved, it seems that the power within the relationship shifts to the client. The client is seen as the expert in his or her life and on the specific goal-directed solutions they offer. As such they create solutions for themselves within the framework of the relationship. The therapist within this process only takes an expert role in so much as he or she structures and understands the process of therapy. This takes the form of helping clients construct a unique solution that would fit the client's environment and circumstances. Prochaska and Norcross (1999) describe this as a multi-disciplinary partnership between the expert client and the expert therapist in creating a collective resolution for the client's difficulty.

Change does not only result from the interventions within the context of the therapeutic relationship. The glass of the relationship already intervened where it seemed as if other panes would fold in on each other. As Watzlawick and Nardone (1993) indicate, the relationship itself, insofar as it facilitates communication and interaction between client and therapist, is also conducive to change. Therapeutic process and intervention are seen as two complementary facets, indivisible and mutually affecting change. The relationship is given equal weight in affecting change to intervention techniques in this theory.

This theory contributes to the understanding of the therapeutic relationship as a subjective phenomenon, unique to each and every context. It makes it possible to look through different colours of glass to see reality differently and as a client experiences it. This also allows for interacting differently, according to the pane of glass through which one chooses to look. The use of the therapeutic relationship in differing ways is encouraged, giving rise to a position where the relationship is extremely flexible. One can be a teacher or one can be a follower, for example. It also underscores the importance of the external environment of the client and the way a client's change also changes

the other relationships in the client's system. The focus is thus shifted from a therapeutic relationship with an individual to a therapeutic relationship with a system, even in the absence of other system participants. As such the therapeutic relationship gains another dimension. It is not only an individual-to-individual relationship, but also system-to-system. The subjectivity and active role of the therapist in creating meaning is also emphasised. The therapist cannot hide behind a presumption of being neutral in the relationship, but is brought to centre stage as active co-creator within the process. It allows for the conception of the client's problem in a bigger context than merely the individual one.

2.6 The house without structure - The social constructionist meaning

Walking back to my own plot I reflected on the different contributions these theory-houses had made to the understanding of the therapeutic relationship. I had one last stop. I had to see how my own epistemology uses the therapeutic relationship as an element in constructing psychotherapy.

I arrived at the gate. The gate was possibly the only way that one would know the house was there at all, for this house had a strange habit of changing its structure to fit with the changing surroundings. It was a house without structure. It changed according to who entered it, being in some way dependant on the person for the way it appeared. I knew the appearance of the house when I was there, although every time I visited I also found some new meaning. This time I was looking for the therapeutic relationship. Walking through the house without structure, I was reminded that humans are seen as unable to escape being in relation to each other or their environment, and through this ascribe meaning (Hargens, 1997). My being in relation to the house generated its appearance and meaning for me. Being within relation to others, the environment and oneself is thus a central feature of this theory. With this in mind, I discovered the therapeutic relationship. I was standing in a room resembling a lounge, and decided to sit down. As I touched the sofa, a relationship started. I realised that any relationship comes into existence as soon as one is in contact with something. The same applies with people,

whether this contact is direct or indirect (Lipchik, 1997). Psychotherapy, as such, thus entails being in a relationship from the beginning. This relationship is idiosyncratic and unique for each client-therapist matrix (Sluzki, 1992). Within this relationship identity, efficacy, problems and solutions are given meaning. It is a search for mutual understanding, meaning and exploration based within a communally defined context (Anderson & Goolishian, 1992). Within the therapeutic context the participants in relation to each other construct a specific reality through language. This language could include any of the realities of the houses we have visited. This forms the context and informs the meaning of the relationship. A relationship between a bank manager and a client is different in meaning to that between a client and therapist due to the context and constructs within which it is rooted.

Within the context of therapy, the therapist attempts to renegotiate the self or the identity of the client, to affect a new story or discourse within which the client's life is entrenched. The client's identity is co-constructed within the therapeutic relationship, as is the therapist's identity and function (McGuire, McCabe & Priebe. 2001). The appearance of the house is thus different according to who the client and the therapist are, and so are the resulting identities of the participants. This therapeutic relationship is not something that 'really' exists (Hargens, 1997). It is rather a relational process, a "story" (Hargens, 1997, p.173) between therapist and client. This story attains a certain meaning within a specific theoretical framework (Lipchik, 1997). The way the construct of therapy is viewed informs the way the therapeutic relationship is conducted, and the definition of the participants within this relationship. One could use glass houses, houses without doors or any of the other houses available in the neighbourhood to inform the relationship.

A client presents with his or her socio-political and culturally defined problem within the therapeutic co-construction (McGuire et al., 2001). The therapeutic relationship functions as the medium through which these problems are de-constructed within language interchange between therapist and client. Through the de-construction and re-construction of stories, the client is seen as expert in his or her life (Hargens, 1997; Lipchic, 1997). Indeed, Hargens

(1997, p.175) uses the German word “KundIn” to describe his clients, literally conveying both the idea of client as customer and client as expert in the same word. Clients have the expertise to construct, de-construct and re-construct their realities within the co-constructed bigger (un)truth within which they function. As such a client can re-construct his or her own story to fit better that which is constructed as ‘functional’ within the relevant community, society or culture within which he or she functions. The therapeutic relationship can assist in this re-construction in that it provides another story or context, different from that co-constructed between client and his or her friends, family or other social artefacts. Within this relationship story, the client has the opportunity to re-construct a new story, identity and (un)truth for his or her life. The relationship is not a central focus of the theory. Concepts such as ‘good rapport’ with a client are trusted to the process (Hargens, 1997). The client, in his or her own role as expert, is trusted to join in the co-creation of new (un)truths for their lives.

This brings us to quite a central contribution to the understanding of the therapeutic relationship from this theory. The only thing static in this house has always been the notice board on the way in. On it is an old, yellowed piece of paper. It reads: “I do not know”. In the client being the expert in his or her life, the therapist’s definition changes significantly from being an expert. The therapist adopts a position that does not convey a preconceived frame of understanding, but rather a position of “not-knowing” (Anderson & Goolishian, 1992, p.29). This means leaving one’s frame of understanding and systems of ascribing meaning to behaviour behind in favour of trying to understand the client’s meaning from the client’s perspective (Anderson & Goolishian, 1988). This is the client’s area of expertise. The therapist functions as helper or co-contributor in finding and constructing new stories in expert-client’s lives. The therapist is only an expert in the process of therapy, not the client’s life. As such, he or she is able to help the client de-construct and re-construct new stories within their own belief communities, without resorting to treating a problem through pre-conceived practises (Anderson & Goolishian, 1992). The therapist from this framework empowers clients by ascribing understanding, proficiency, capability and resourcefulness to clients through therapeutic

interaction, and not through ascribing pre-existing meanings to client constructions and behaviour (Hargens, 1997; Lipchik, 1997).

This manifests in framing the relationship in such a manner as to indicate the power of the client within his or her life (Sluzki, 1992). The therapist is only in control in so much as he or she reacts to clients and co-constructs with clients (Anderson & Goolishian, 1988; Lipchik, 1997). Within this co-constructed story, the therapist tries his or her best to establish a relationship of connectedness, constructed as having a deeper meaning than just making clients feel at ease (Lipchik, 1997). The relationship aims at treating client-reality with respect and viewing clients as equal in the process, willing to work with the therapist in a working relationship at re-authoring their lives. As such, the therapist fits him or herself within the relationship into the client's reality, and not the other way around.

The client's reality can be seen as a mould into which the therapist is poured using the therapeutic relationship as a way of constructing and understanding the mould. This entails an attempt to focus on the reality of the client, being aware of one's own reality, but still actively directing attention towards the client's reality (Lipchic, 1997). This translates into the therapeutic identity being brought in line with what a client experiences as helpful within a relationship. The therapist is in a way also a being without structure, relating to the client in a way that fits with the way the client's reality is ordered. As such, the language within the relationship is framed co-operatively within the client's framework.

To be able to fit within this language mould, the therapist uses the therapeutic relationship as a way for the de-construction of the client's framework in both a relational sense and a bodily sense (Andersen, 1997). The therapist uses relational knowing to establish his or her position toward clients and construct some meaning within a relational framework. Bodily knowing is the meaning attributed to constructs before these constructs enter into words. The sensory-biological input is responsible for this meaning. Probably this would best be referred to as 'gut-feeling'. This knowing is used to communicate

understanding and help establish new (un)truths. The therapist shows utmost respect for the client-reality and within the context of the therapeutic relationship, both client and therapist move to a position of a different (un)truth.

Commonalities, as present within most of the theories discussed thus far, is also addressed in social constructionist text. These authors address these commonalities as specific co-constructed stories within specific contexts that could be used as possibilities in therapeutic intervention. These are constructs that worked with certain clients in certain contexts, and coming from a not-knowing position, these constructs are specific to those contexts. One can for example think of the definition of a therapeutic relationship as being linked to professionalism. A therapeutic relationship is characterised by behaviours seen as positive, therapeutic activities that are within the bounds of a therapeutic and ethical norm prescribed by the therapist's belief community (Hargens, 1997). This translates into behaviour within the relationship that is ethical, professional, and in line with the belief community's construct of promoting a good, productive and psychologically healthy life (Lynch, 1997b).

The relationship is geared to provide help, with the therapist only attuning the relationship towards introducing helpful new constructions within the client's life that are in line within the cultural or societal milieu within which the client functions (Lipchic, 1997). Any other type of engagement is constructed as unethical, including conforming to the construct of 'friends' or accepting gifts or services from clients. The client is not befriended, and the relationship should be different from that which the client experiences in his or her daily life. As such, Anderson and Goolishian (1988) indicate that a therapist enquires only within the boundaries of the problem as defined by clients, holds both multiple and contradictory ideas at the same time and demonstrates respect for all of the client's constructions by listening to all presented with equal enthusiasm. This is to facilitate the introduction of alternative stories or realities in the client's life. The relationship created is constructed to be in line with what could be construed to work within the 'outside' reality of a client.

The relationship itself can also include already existing constructions. Lipchik indicates in this regard to the construction of a relationship that carries the meaning of being “emotionally safe” as a potential part of a social constructionist therapeutic relationship (Lipchik, 1997, p.160). The therapist co-constructs with the client an environment or relationship that could be constructed as understanding and accepting. As such, relating to clients in an empathic and affirming manner and avoiding judgment is indicated. This mirrors the previously discussed theories in that these relational constructions are included as being potentially important. These constructions can potentially prove facilitative of a co-constructive process within therapy and the relationship between therapist and client. The relationship is about the creation of difference, which the therapist actively co-constructs with the client differing truths.

The use of oneself can also be appropriate within a therapeutic relationship, although the reality of the client is constructed as always being central to the process of therapy. As Lipchic (1997) indicates, the therapist within this frame avoids the overuse of self-disclosure in the therapeutic relationship. Clients are respected as authors of their own solutions, and where self-disclosure does not fit into the meaning system of the client, parading one’s own life can be counterproductive and disrespectful. This does not preclude the use of self-disclosure, though. When asked a question by a client about one’s personal life, giving a straightforward answer is conducive of the construction of trust. The use of self-disclosure to attain some form of connection is also permissible in so much as it serves its function within the co-constructed reality between therapist and client. This caution related to the self can be linked to the possibility that a client can construct a therapist as an expert from whom they can learn and ‘receive’ solutions. This can potentially lead to the disempowerment of the client in his or her own life. The reality of the client, the collaborative process of therapy and the constructs of power and expertise should all be kept in mind when using self-disclosure as a relational tool or approach.

The conclusion that one can construct at this point is that the social constructionist informed relationship is not aimed at change, but as a space for conversing in which new meaning evolves through this interchange (Anderson & Goolishian, 1992). It is about discovering new structures. As such a client's change or re-construction is viewed as the creation of new meaning through interaction in language, creation of the "not-yet-said" (Anderson & Goolishian, 1988, p.381). The client is the expert in providing the content of therapy, while the therapist is the expert at the process of therapy. The relationship forms both technique and the backdrop for change (Lipchic, 1997). Andersen (1997, p.126) views this as "therapy as relationship", rather than therapy as a methodical process. The person is in relationships the whole time, redefining, re-constructing who he or she is. The therapeutic relationship constitutes a certain way of being and re-construction or, in other words, 'change'. The therapeutic relationship, and the process in general, is considered to be effective when the client's constructions change within the process to include other realities different from the problem-saturated discourses (Sluzki, 1992).

As I came out of the house, I looked upon the basic principles of social constructionism that form the foundations of my own house. They were set and I could start to build.

CHAPTER 4

BUILDING INSTRUCTIONS FOR DUMMIES: METHOD OF CONSTRUCTION

1. ABOUT THE MANUAL: AN INTRODUCTION

I had to start constructing my house. Building houses not being my forte, I decided first to go and consult the manuals on how to construct houses (or dissertations) in general. What I discovered was that I needed to decide on a methodology that would enable me to construct a social constructionist therapeutic relationship. I needed to find a way to build that would fit with my foundations and also allow me to integrate that which I saw in the neighbourhood. To do this I chose a qualitative research design. It is an existing way of generating knowledge based within scientific theory, allowing for the creation of unique meanings, consistent with the social constructionist position. Owen (1992) demonstrates this fit by referring to qualitative research as a personal experience methodology. The methodology allows one to observe and appreciate the personal/subjective connection between object/phenomenon and researcher. The methodology highlights the relationship or conversation between the researcher and subject of the study, and the subsequent meanings derived from this as an interactional process based in language. The researcher is permitted to enter the meaning worlds of the participants, subjects, objects or phenomena under study and participate actively in the creation of meaning. This is in keeping with the social constructionist position of subjectivity, co-creativity of meaning and the central role of language (Gergen, 1985).

This choice of methodology allowed for a different way of constructing a therapeutic relationship from this vantage point. Maione and Chenail (1999) refer in this regard to qualitative research as a fitting way to research and understand especially psychotherapy, as it allows for observing both the

process and change within psychotherapeutic outcome. Qualitative inquiry provides a ‘natural’, richly descriptive account of phenomena and is suited to discovering new bases of knowledge. It is suited for researching the unique challenges, meanings and constructions each individual case brings within the context of an individual case. I could, according to this building method, construct something different and real for myself.

This construction could have been done in numerous ways. Qualitative research is seen as a cover term for a collection of methodologies devoted to accounting for social experiences and events using various ways of description and interpretation (Chenial, 1992; Maione & Chenail, 1999). As such, a variety of measures and procedures can be used to construct a unique design for each study. These methods all share a concern with the exploration of meanings and perceptual experiences, and were thus in line with the objective of this project. Consistent with this way of building, I could choose a number of methods that would fit with the house I wanted to construct.

Chenail (1992) sees this type of building methodology as an almost natural outflow of therapeutic interaction with clients. Within interaction with clients, therapists analyse, perform, adapt, reflect and critically evaluate their own interaction with clients and the clients’ interaction with them. If one were to systematise and formalise these daily interactions, this would constitute qualitative research. In the same way, the therapeutic relationship between the clients and myself was already in existence. This document formed the formal and systematic account of our interaction and the generation of meaning around the interaction, representing the building process and outcome. The qualitative method also allows for the inclusion and acknowledgement of context within the relationship between participant and researcher. Therefore, differing methods and constructions can be used to find meaning within the clinical context. This again linked with the basic goal of the study: to construct another meaning with relevance to the therapeutic relationship.

I chose the case study method as my method of constructing this house. Case study research seemed to be a suitable method for studying relationships in general, because of the flexibility and inclusion of diverse methods of data gathering and analysis in its structure (Chenail, 1992). A case study is described as a study of a process or phenomenon within a real-life situation in which multiple sources of knowledge are used (McBurney, 1994; Patton, 1980; Schwandt, 1997). The study usually encompasses a limited number of participants and is aimed at gaining in-depth knowledge about the phenomenon being studied, which is not, in the traditional sense, aimed at generating a general (un)truth (Hancock, 2002; Tellis, 1997). Case study methodology allows for a multitude of perspectives to be analysed, and the researcher considers both the different contexts and the interactions between these contexts in which the research is performed. This includes a focus on the individual, biased experiences of participants and researchers (Gordon, 2000). Using a variety of data-collection techniques, informed by the individual participants and the researcher, allows for the collection, documentation and analysis of these biased experiences. The focus is thus not on reductionism, but on weaving a complex tapestry of experience and perception embedded in differing contexts.

2. THE 'HOW TO' OF DIY RESEARCH

The case study process can be reduced to a few easy DIY steps that are easily executable. For this study, or house, the steps included a description of the setting or the plot, the way the researcher gained access to objects of study, the process of generating and collection of data, the way of processing and analysing data and the way of re-presentation and methods of quality control in the study (Maione & Chenail, 1999).

2.1 The plot thickens

This study was undertaken within the broad context of academic study within clinical psychology. This dissertation forms part of the University of Pretoria's requirements for attaining a Masters Degree in Clinical Psychology. It was

carried out within the clinical field of psychotherapy with psychiatric patients to produce what Chenail (1992) terms as context-appropriate clinical research from practical work with clients. This is described as being work that is relevant due to its nature and source; the research flows from the work being done, and further provides avenues for reflecting and bettering the work that is done. As such this project would contribute to a broadening base of theoretical knowledge in applied psychotherapy. This could be seen as constituting the community, context or setting within which this house was built.

This neighbourhood of psychotherapy manifested in my study in a very specific physical context. This was a military medical hospital in South Africa. It focused on the therapeutic relationship as it was constructed between clients and myself as therapist. Psychotherapy took place in a private office on the grounds of the hospital. These clients were all admitted to the hospital's psychiatric ward where I started seeing them as part of their treatment.

The military hospital is structured in much the same way as other state hospitals, with different wards catering to different medical conditions. Within this facility a psychiatric ward exists to which people with mental disorders are admitted. Their disorders range from neurotic conditions to more severe psychotic mental disorders. A so-called holistic approach to the treatment of these disorders is taken, with psychiatrists, clinical psychologists, social workers, occupational therapists and nursing staff working as a multi-disciplinary team in treating the admitted patients. Each patient is seen by a psychiatrist before being admitted and diagnosed according to either the DSM-IV or the ICD 10. I was engaged in my internship at this hospital. The provision of psychotherapeutic 'treatment' to admitted patients within the psychiatric ward formed a core part of my internship at the above-mentioned institution. These patients were allocated on ward rounds, which took place twice a week. Process notes were kept about each patient. These process notes were coded according to the ICD 10 manual and captured on computer.

Permission for the study was obtained from the military institution and the University of Pretoria's ethical committee. After the completion of this process, three possible participants were approached to participate in the study. This took place after the fifth session with each particular client, as positivistic literature indicates that the relationship has then developed appropriately and changes little after the fifth session (Bachelor & Hovath, 1999). Within the process of recruitment, informed consent was gained. This incorporated an explanation of the research process and the use of the results, as well as a guarantee of anonymity. Therefore pseudonyms were used throughout the documentation of this study, and all information that could reasonably be used to identify the three clients was changed. Appointments were set up at the participants' leisure to gather the necessary information. This then constituted the context in which I built my house. Next we examine the building material used in this study.

2.2 About making bricks

One can buy building material such as bricks, or one could choose to make it oneself. The process is similar with qualitative research. The qualitative way of studying phenomena can be viewed from the vantage point of an insider or outsider (Maione & Chenail, 1999). Insider qualitative research takes the form of getting intimately involved in the research process. One would for example interview participants, observe, note one's perceptions and reflections, and so forth. This perspective allows for attaining what the researcher believes is the best meaning for the object or phenomenon under study. In effect you make your own bricks in the insider perspective. Outsider qualitative research is characterised by the researcher not having physical contact with the research field. It is still regarded as subjective in that the researcher 'discovers' patterns and constructs meaning in the records and artefacts he studies. This represents the researcher buying the bricks he uses in his building from a supplier, never having to go through the process of being involved in their making. Both these forms of qualitative research include a presentation of the researcher's own meanings and reasons for the way in which he or she works, as well as her own role and participation within the research.

I chose to make my bricks. This study was performed from the insider perspective. The participants under study were all therapy clients of mine. Using the insider perspective allowed for what Merha (2002) refers to as bias in qualitative research. This incorporates the reflection of how and why certain meanings were developed within the research process and creates space for the research process as a process of self-discovery. This was again linked to and consistent with my own personal reasons for studying this, as well as the subjective nature of research from a constructionist position.

To make my bricks, I decided to use two different sources of clay. One source represented my own subjective opinion, whereas the second source represented the opinions and experiences of my clients.

2.2.1 Gathering clay from the backyard

Observation and field notes represented the clay I gathered from my own backyard. It involved my subjective observation and meanings attached to the process my clients go through in therapy. Observation is described as the watching and noting of behaviour as it naturally occurs (Banister, Burman, Parker, Taylor & Tindall, 1994). The type of observation used in this study can be described as participant observation (Trochim, 2001). I was directly involved in the context and the lives of my participants. Fox (2000) indicates that observation encompasses more than using vision to produce a meaning of a phenomenon or experience. It includes the use of all five senses and the interpretation of the data perceived through those senses. This is a process in which the observer actively participates through the attribution of meaning to sensory data.

Field notes are described as the systematic and selective writing up of observations (McBurney, 1994). Field notes within the therapeutic context and within the context of this study would be in the form of so-called process notes. Within the context of psychotherapy, process notes form the field notes of the interaction between therapist and client and a systematic recording of

the therapeutic process between these two participants by the therapist. Banister et al. (1994) suggest the following structure for the recording of the observations:

- Description of the context takes the form of describing the environment in which the therapy takes place, as has been done in this chapter.
- Description of the participants, including the 'observer', is important. In this study the 'participants' are both therapist and client. This description will include physical data, for example if the client appears well groomed and rested.
- Description of the actions by these two parties includes what is described or constructed in academic literature as interventions and the effects these interventions had on the client's observable behaviour. Non-verbal behaviours can also be noted, such as moving closer, moving forward, facial expressions and other non-verbal phenomena.
- Interpretation and re-interpretation, which is the giving or constructing of meaning attached to the noted behaviours through the use of language.
- Feelings of the observer relate to the effect that the client had on the therapist, and the related thoughts and feelings around this.

This structure was loosely followed in this research project, but when necessary and as the process evolved, it was customised to fit my needs. Extensive reflection on the research process was attempted in order to facilitate an awareness of conditions that could influence the therapeutic relationship. My own constructions regarding the therapeutic relationship were also indicated, as I was part-and-parcel of the construction of the research and the relationship (Gergen, 1994).

2.2.2 Importing clay from others

The therapeutic relationship is a relationship between a therapist and a client, a co-constructive process within psychotherapy. As such any account of a therapeutic relationship should include a methodology aimed at gaining meaning from the client's perspective. This position is mirrored in Gordon's (2000) argument that any qualitative inquiry into psychotherapy is incomplete without an understanding of the client's role and power within the psychotherapeutic process. The client is not just a passive, empty vessel within the therapeutic process, but an active co-creating force. Therefore qualitative research in psychotherapy should also include a number of views, as the context in which psychotherapy, the therapist and the client are embedded differs. This again links to the importance of subjective factors, as each client will have his or her own set of meanings attributed to any therapeutic process with any given therapist. These sets of meanings have to be explored in order to attempt to make sense of how experience is generated and (un)truth constructed, and this forms an important part of the qualitative research process. Similarly, I also needed to account for the clay used for my bricks that I got from other sources. This clay was provided by the input of my clients or participants in this study.

Within this study unstructured interviews were used as a way to accomplish this. The unstructured interview is described as a process with very little structure where the researcher approaches the interview with the aim of discussing a restricted amount of topics and frames consecutive questions according to the interviewee's preceding response (Mathers, Fox & Hunn, 2002; Trochim, 2001). No preconceived plan is in place as to how an interview will proceed, and the interviewer and interviewee actively co-construct the process as it goes along. The researcher follows up on cues or leads provided by the interviewee throughout the process. This is to facilitate the interviewer's understanding of the interviewee's belief community throughout the interview. As such the researcher constructs the process from his or her side to facilitate this understanding.

A intern psychologist other than myself conducted the unstructured interviews with the three participants. This was done for a specific reason within this study. Although Bourdeau (2000) indicates that the process of psychotherapy and qualitative research share some of the same tenets, she cautions against what can be constructed as dual roles within therapy. Qualitative research could, like psychotherapy, be geared towards empowerment of people, or in making a difference within the social structures (including psychotherapy itself) of communities. In this project, for example, research results could be applied to my own interaction with clients, possibly as a way to improve therapeutic interaction through the therapeutic relationship. As such it empowers both myself as researcher and practitioner and allows for a more satisfying and empowering experience for the client. Qualitative research is also structurally similar to psychotherapy, involving the researcher immersing his or herself within the meaning world of other people and trying to unravel and understand this world. A therapist is also constructed as having a specific and special meaning within a client's life, indicative of some form of social influence and power within the client's life. On the other hand, there are differences between psychotherapy and qualitative research. The definition of the process is different, giving rise to differing constructions of power as a researcher and as a therapist, as well as the concept of boundaries and ethics. These differences influence the research process and it would constitute a boundary violation if I were to fulfil both the role of interviewer and therapist within the context of my relationship with any particular client. I wanted to keep the impact of the research, in so much as it affects the therapy with the client, to a minimum. For that reason it was decided that someone other than myself would conduct the interviews. This also served to maintain my identity as therapist with the client, and to try to avoid a situation that could be counter-productive in the therapeutic process. These interviews were audio taped and transcribed for analysis. The therapeutic process continued as 'normal', both before the interview and afterwards. After this process was completed, I conducted an unstructured interview with the interviewing psychologist. The additional psychologist added another layer of context and meaning to the study, and I felt it important to include this within

the study, as it facilitated a broader understanding, and was in keeping with the reflexive stance evoked within social constructionist epistemology.

1.4 Baking the bricks and putting them together: the making of a house

The next step, of course, was baking the clay bricks and putting them together to form some meaning. I could have used to bricks to build a number of things, but the specific meaning I wanted to generate, was that of a house. As such I needed a specific way to plan and execute this project to give me the desired outcome. This step, representing the actual process of building a specific meaning, constitutes the analysis of the information that was gathered in the preceding steps. This was done in the context of this study using thematic analysis as described by Aronson (1994) and Kvale (1996). Thematic analysis is constructed as especially useful when attempting to understand a participant's experience or meaning world, and is described as a process of intuitively analysing and interpreting data. It starts after the interviews have been transcribed and is used to identify themes or meaning units within the data collected. This will include the conversation between interviewer and client, interviewer and therapist and the therapist's conversation with him or herself regarding the client.

The construction of themes is done in a systematic way, starting with immersion, which involves becomming familiar with the text by reading and re-reading it several times (Kvale, 1996). From the transcribed interviews and process notes, examples of experiences and meanings are listed (Aronson, 1994; Kvale, 1996). This can be presented in the form of direct quotes or paraphrasing common ideas. This essentially entails the generation of categories. Ways of understanding and interpreting what has been read are constructed. These constructions constitute conceptual categories or labels into which certain data can be divided. All data that could fall into these categories are identified and allocated.

The themes that emerged within the analysis of the three types of conversations are chronicles that, pieced together, form as comprehensive a picture as possible of the collective meaning and experience (Aronson, 1994). The themes should form a coherent pattern when threaded together. The data is re-read, and categories that do not fit, or seem to be less useful within the chronicle, are discarded. Kvale (1996) sees this as establishing the stability of themes by repeating the grouping process after a period of time has elapsed. This is also indicated within the more general qualitative methodology as allowing for the general application of the research (Maione & Chenail, 1999). Repeated immersion in the topic and results gives rise to a position where the researcher establishes a construct, in his or her opinion, that best communicates the meaning of the specific context and phenomenon. This is done through repeated interaction with the data until saturation is reached.

After saturation has been reached, a general pattern should emerge in the data, allowing for the next step in the process. This step is known as merging. More general headings are generated through the merging of similar categories. Data is then re-read and the revised list of categories/themes is revised again. This step is known as checking categories. Linking the categories follows this. Relationships between categories are constructed and a holistic picture is generated about what has been found. This allows for the whole pattern to appear, and a holistic impression of the process and results is generated.

The next step is to build a pertinent argument for choosing the themes. Relating the themes to the relevant literature accomplishes this. By referring to the literature, the researcher expands the information that allowed and influenced him or her to make certain inferences from the data. Once this process is complete, the researcher formulates a construction or meaning of the results obtained and writes this up. These results are then communicated in detail in text. In this study this is the dissertation you are reading. This representation of the findings again allows for interaction between reader and text, creating a process where the reader can also establish a conveyed meaning from the text.

The last step within the research process revolves around giving appropriate feedback. The participants, fellow psychologist, the military institution and the University of Pretoria are privy to the results of this study. The results will be made available to the university and to the military institution in the form of a written dissertation. The fellow psychologist and participants will be given verbal feedback of the results. This will include making time and space available to answer any questions regarding the research process, the results and its implications.

I had my plan and the building could begin.

CHAPTER 5

THE HOUSE

In this chapter you find the completed structure of the house. This structure was built using the themes identified in the thematic analysis. The themes represent the bricks put together to form specific meanings, based on the unstructured interviews with the three clients. This chapter is dedicated to meanings generated by the clients and put into a specific structure. Therefore the chapter mainly focuses on the contributions of the clients to the understanding of what a therapeutic relationship might encompass. This is somewhat idealistic, as I cannot objectively distance myself from the feedback given by the clients in regard to the therapeutic relationship (Gergen, 1985). The information was still used in a certain way and put into a certain structure by me, and thus also encompasses the way in which I see therapeutic relationships. This structure is thus co-constructed, although I tried to stay within the meanings that the clients indicated.

1. INTRODUCING MY CONSTRUCTION TEAM

I did not construct this house alone. I had help from a very special construction crew. This construction crew consists of the three clients that helped me in the making of this house. Similar to the architect's important role in the construction of the house, the construction crew also formed an important part of the construction of this dissertation. Their storylines and histories cannot be objectively separated from the information they supplied. Therefore I also had to introduce the people that helped, their individual stories and the way in which these stories manifested in the relationship between them and myself.

I knew my construction crew beforehand[1]. In fact, I handpicked them to help me build this house. They are three very different people with three very different histories and life tales. Each of them came to me in the hope of building, for themselves, through our interaction, a new house or to make alterations to the house (context) in which they now live. Here follows a brief account of their contexts, given life in their stories and in my process notes and observations.

Alice was an amazing plumber. She knew her way around the deep, dark holes plumbers use to install pipes. Alice[2] learnt this skill in the hole she lived in. This is her story. The story started with her fall down the rabbit hole into the wonderland of diagnosis. She clung for dear life to the shrinking and growing mushrooms these diagnostic labels provided for her. She hoped that it would provide a truth for dealing with the place in which she found herself. She was an isolated woman, unable and unwilling to make interpersonal contact. In our relationship, her story slowly evolved. She was a very lonely person, living in a hole in the middle of the desert. This hole was round, just suddenly descending into the ground in the middle of a blistering dessert. It was not marked with any warning sign to caution visitors of its existence. It was deep and dark and clammy. In my first session with Alice, I stumbled onto, or more specifically into, this hole. In this hole she felt safe, although it also isolated her and made it impossible to make effective contact with any person that was not willing to go into the hole. I discovered that she would sometimes even cut herself to fill the hole with pain. If there was pain, she was not alone, and she knew she still existed in the darkness. So, in every therapy I went to visit her in the hole. Initially my impression was that she did not like me being there with her. So I just sat with her, asked her how long I could stay and then left when she wanted it so. Later she started asking me to come and visit her. Then we would just sit and talk about living in the hole. Gradually I also felt more comfortable to start moving around in this hole,

[1] The metaphors used for these three clients are metaphors used and given meaning to in their individual therapies and in my process notes.
[2] Alice was diagnosed with Borderline Personality Disorder and severe recurrent episodes of Major Depression. She brought in the metaphor of living in a hole in the middle of the desert in our third session. This formed a significant metaphor throughout therapy.

touching things she allowed. In this hole we discovered some objects, both useful to her, and some really dangerous and scary to her. We lived in this hole for a number of sessions, exploring the dark, now and then letting light enter into the hole to see what else might be down there. Slowly she also started to go out of the hole into the desert of her life. I climbed out with her, walking just behind her. To her this desert was a lonely place, difficult to face, and so we kept the hole as a place to go to for shade during the hottest days. Within the desert we explored her loneliness, but also the hidden beauty and life under each rock, hidden in the crevices of the earth. She even started to reach out to some of these life forms to try and ease her loneliness, and sometimes some of them reached out to her. She also became aware of her power in this place. I think she sometimes wanted me to stay in this world with her, but knew that it was not to be. I learned in this process that deep, dark holes are sometimes nifty places to hide away when the sun wants to burn the skin of your bones. It can be a sanctuary. When I last saw her and said goodbye in this sanctuary of hers, she was planning to bring in a small tree, watered by a small spring she found beyond a sand dune.

Carlos[3] is probably the king of constructors. He could build a facade in seconds and isolate himself totally from the outside world. He learnt this skill in the circus. He was what one would call a clown, with a painted-on smile and a happy-go-lucky attitude. Most of the time his act was one of laughter, pretending to be the epitome of what a happy person ***should*** be. When this got too much he would sometimes get out his metal ball on the chain, the one with the spikes, and swing it around. He never hurt anyone with it, it was an act, but for a while others would keep their distance from him. Because Carlos never removed his face, no one ever saw anything other than happy Carlos, except when he swung his metal ball, of course. I got to know Carlos in this circus ring. He had swung his ball again, this time aiming at himself. He was banished from his caravan, sent to come and perform in the ring, as the ringmaster thought this would be an adequate place to get rid of his little ball

[3] Carlos was diagnosed with atypical Major Depression. This was his first episode. He use to come into my office smiling, but sometimes aggressive. In this interaction we authored the story of the clown with the spiked ball.

swinging tendencies. Initially my role was just to sit in the stand and wait for him to stop swinging his ball round and round. At first he did not like me being there, right in the front row. He swung his ball even more aggressively than before, sometimes aiming it right at me. I would move one row back, or shift one seat to the left or the right, waiting for him to join me on his own. At some point he stopped, and came and sat five chairs from me. We did not talk much, we just looked at his circus ring. Slowly, with every passing session, we started talking more, about the ring, about his make-up, about his performances. In this process he also moved closer, stopping one chair away from me. Sometimes he would still do his ball act, or the clown act, but this was when I tried to move beyond that one chair space. Later I learned to allow this space. Within our discussions I could sometimes see the tears flowing beneath the surface of what had become an almost permanent leathery mask, fashioned into a clown face. With some sessions, some of the mask started peeling away in dry, flaky bits that fell to the ground like pieces of lead. Sometimes fresh makeup would be applied, or he would shift a chair away. Mostly, however, he lost makeup in sessions and stayed that one chair's distance away from me. Later on his face could even move slightly. He showed me his iron ball and told me the secret of what was inside. When last I saw him, he was contemplating making a little hole in the ball. His face was more his own. I could see not a clown anymore, but a harlequin, wearing less and showing more.

Troy[4] had an incredible ability. She could carry the weight of many people on her shoulders. As such she was perfect for helping me put in the roof of the house. Troy came to therapy as the saviour no-one would save. She had lost much of what was hers in the preceding two years, and in this process ended up protecting the rest of her family from the sadness in this. In a way she reminded me of a matriarch of a herd of elephants. She was standing alone, leading a herd of rather rambunctious young bull elephants that actually should have been out of the herd by now. She had lost her partner, the one

[4] Troy was diagnosed with Bipolar II Disorder, mixed episode. She rarely manifested hypomanic symptoms. She carried a huge amount of responsibility in her family, maybe as

that could always keep the rest of the herd in line. She missed him so. Nobody noticed. It was all about the herd, looking out for water in the dry Kalahari that they chose to make their home. In this process she lost herself in between the dunes. Her body was there. That which made her 'Troy' was not. She closed off her insides; her once-sharp black eyes became pale, as if covered by cataracts. She could not see beyond the vast emptiness on her inside, beyond that gaping wound that the losses left her with, and the pieces of herself that went missing with the injury. In this she started a very peculiar habit: she started walking backwards. Although the herd would push her forward, she would always be facing in the direction from whence they came. Her herd carried on as usual, making it clear that she was responsible for them, but at the same time reacting to her hurt by taking away from her the pride that was left. She was to lead from the back, being forced to walk at the back of the line, but also having the responsibility of finding the water they needed daily. I think in a way this would have been comical had it not been so sad. In this process she lost even more of herself. It was at this point that I met her. She reacted so willingly to the attention and recognition of her sadness that it was sometimes difficult for me to not pull back in fear of being crushed. It was sometimes like being with an elephant who wanted to sit on my lap. She would come into my place of being and want to share more than was in my nature to give in such a relationship. I tried to let her be, in the best way I could, without compromising my position of distance from her herd. Within this she moved up really close to me, just talking about the void, the empty hole, the raw injury inside her. This void was bigger than her vast size, probably bigger than the stretch of skeleton coast she use to visit during her younger days. Most of the time I just sat with her great body heaving in sadness, groping towards comfort. She used to revisit the place where the bones of her partner lay, fondling the now dry bones spread over the earth. In the end, sharing this sacred experience with me seemed to have provided comfort for her. It was as if the void slowly filled up in her; her grey body regained some of its formidable stature. Her eyes started filling up with that which was lost in the sand dunes. She assembled her partner's bones in a

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much as her sadness. In this the story evolved of the matriarch elephant pining for her dead

heap, covered it with stones and planted a Baobab tree in remembrance. I learned to trust a once empty elephant with a void I sometimes felt no way around. When I saw her the last time, she was busy taking lead of the herd, getting them into line fast and even making it clear that for some of them, the time in the herd was done. Her eyes shone bright again, although if one looked closely, there was something different there, sadness mixed with happiness, a contradiction one would not usually expect.

Together we built three different spaces in our therapies, mainly in the way these three construction-team experts indicated. In these spaces there was a unique and individual therapeutic relationship between us. Each of these clients had come to therapy for their own reasons, as was quite evident from their stories. Consequently the therapeutic relationship was also very different with each of them. They each had their own interpretation of what the therapist and the therapeutic relationship meant for them, as was evident in their interviews. But I also perceived common themes between them. These common themes formed the structure of the house we constructed together.

2. THE HOUSE WITH THREE ROOMS

We were finished before we knew it. There it was, a house with three distinctive rooms, created by us. I remember stepping inside to see what I could find. This was the house of a therapeutic relationship, built on a social constructionist foundation.

2.1 Close, closer, connection

As I entered the first room, a tingling sensation went through my whole body. I felt connected to who I was. This was a room filled with close connection. I looked around. The room had plain brick walls. There was no door and in the corner a bookshelf was propped up against the wall. There was a big question mark on the floor. This was where the light in the room seemed to come from.

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partner.

There was also a glass structure in the middle of the room. At either side it had marks indicating where to put your feet, and on the glass itself two hands were drawn. I explored and thought about its construction.

The construction of this room was a gradual process. It symbolised the therapeutic relationship's start from a position of distance, where probably the only closeness is in the therapist and client being in the same room. This distance, for us, evolved slowly into a sense of closeness during the therapeutic process. This closeness allows for the process to continue, even if uncomfortable and difficult issues are dealt with in the client's life. Alice expressed this as having a close relationship where she could go through issues that were sometimes very uncomfortable to face. Carlos expressed the development of closeness as a process slowly evolving from the first session: *"Uhm, the first few sessions was… It was something like you keep your distance and I keep mine. After that I was more comfortable with him. He did not push me to talk. I think, later I could talk to him.[5]"* In the same way the process is also one of distance for me. I usually start with a very open interaction with my clients, allowing them to come forward and indicate the way in which they wanted me to connect with them.

This open interaction could be constructed as waiting for the client. In the room of connection, we worked at the pace of each individual construction member. It was a very gradual process. In the same way, the development of closeness during the therapeutic process is done at the client's pace, allowing him or her to come close and retract as he or she sees fit. As a therapist, I matched the pace of the client in this development, waiting for them to indicate where and when to interact. In the case of Carlos, I tried always to be one step behind him in where we were in terms of closeness or distance in the relationship. I matched the behaviour he showed me in therapy, trying to talk and interact in the same way he did. In this process he found a place where he could connect to me. This he constructed as me becoming more *"relaxed"* and in a sense also more "*personal"* and *"emotional"* with him. As

my client moves closer, so do I, in a way mirroring the level of closeness that the client is comfortable with. In my relationship with Carlos specifically, this was very evident. When I tried to overstep his level of comfort in terms of the emotional distance between us, he would start acting out or retract from the relationship. As a result of my allowing the relationship to develop at his pace, I think a more connected working relationship developed than would have been the case if I had kept pushing his boundaries, instead of trusting him to indicate the level of closeness with which he was comfortable and working from there.

To get to a room of connection, we used certain building techniques. These were evident in the structure of the room. The facilitation of closeness or being more 'relaxed', to use Troy and Carlos' words, was partly facilitated by me showing certain physical behaviours. These behaviours would fit the constructions of being open and accepting in the therapeutic space. Carlos points in this regard to my body language in therapy as a way of creating a sense of closeness and trust: *"Umm, the way he was sitting, the way he talked. It made me relax a bit. Also, I could bring anything I wanted to talk about."* Showing certain physical behaviours, however, seems not to be the only reason a client would move closer in a relationship. As a therapist, I base my physical behaviours on the idea of following the client. I start with (what could be given the meaning of) being open and accepting, creating space for the client to bring what they need to bring to therapy when they need to bring it. For me this entails trusting the client before the client trusts you. This entails not pushing clients to conform to one's expectations or therapeutic constructions of what a 'therapeutic space' should or should not be. Troy perceived this in our relationship as being able to bring anything she needed without me pushing her to go to certain 'issues' or constructions that I perceive as important in the therapeutic process: *"You can come in and say how things are going and you can talk to him. He doesn't force you to do it. He's never ever forced me to talk."*

[5] The quotations of the three clients were entered directly into the text as a way to reflect the

As I walked around the room, I stepped on the question mark. The light in the room became brighter. I remembered why. I base my position of trust in the client on the only fact I am sure of in therapy: one does not know the particular client or his or her life. The question mark signified this position of not-knowing. I tried to trust the client to show me his or her life in the way he or she saw fit. As a result, they light up the room in their own way as experts in the therapeutic space. I tried to frame this space as different from the expectations of the environment, in which a client might be forced to talk or rejected when they talk about certain subject matter. As Carlos put it: *"He did not push me to go to personal with my stuff. There was, uhm, if I did not want to talk… [silence]. I can talk about anything when I want to without being pushed. Also my personal stuff."* This entailed creating a sense of unconditional acceptance into which these three clients could bring anything they wanted. Carlos responded to this therapeutic ideal by bringing his personal stuff, indicating that this position has the possibility of creating a sense of trust in the therapist.

Therefore the question mark did not just signify my trust as a therapist in the client. It also represented a space that could be filled by a client in whichever way he or she wanted. This position of acceptance of what the client brings demanded from me respect for the client and their story. Although I know for myself that I probably have some expectations of how clients should behave within a therapeutic context, for example by confessing their problems and talking about themselves rather than the weather, this is mediated by respecting what the client brings. I tried to accept the clients for who they were at a certain point and respect what they were willing to bring to the relational space in therapy. As Carlos put it: *"People just want you to be okay and be the old Carlos. He did not, I could do what I want."* As a result, Carlos did not need to act in a certain way or pretend, but could live his reality in the relationship, allowing for new realities to be opened up. Troy also commented on this in her interview: *"He accepts, you know, that I can come and sit down and say anything."… "But I will not pretend in front of him just for the sake of*

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co-constructed nature of the text.

getting out." This respect seemed to be a reciprocal process in the relationship. As Carlos indicated, the respect shown by me in not pushing him, was returned by him respecting me. This did not mean that I never challenged what he, or any other client, brought. Challenge, for me, is respecting what the client brings, but not reacting passively to it. My role is not that of a passive bystander. I am actively involved in the re-authoring process of a client's life. Part of my work is to introduce new constructions that a client could choose to use. In Carlos' case the challenge was made emotionally, and he responded by adding a new way of being in his behaviour: *"Scary. Nobody ever challenged me in that way. Most people just challenge me physically. [He challenged me] emotionally. It was the first time someone really had the guts to come near my emotions. Umm, it was scary to start out. It later got normal. I could stand up or give it back."*

It seemed that by respecting their realities and trusting them to bring to therapy what they needed, a sense of trust in me also developed from their side. This trust seemed to originate in me behaving differently than others in the clients' environments. This different behaviour could be constructed as acceptance and trust in the client. This trust seemed also to be linked with my being constructed as reliable in my interaction with a clients, as Troy indicated: *"He doesn't tell me he'd do this or do that and never does…"* In my relationship with Carlos this took the form of me not backing down when he used to swing his iron ball. I trusted that he needed to swing it, but I would be there when he decided to stop and to accept what he wanted to bring: *"He doesn't back down. If I look him in the eye, he doesn't look away. I can be angry and stuff, and he doesn't back down."* He could communicate his anger in the relationship without me running screaming for the door. As such, our relationship also included direct, congruent communication. This represented the plain brick walls in the room. They were not covered to try and make them beautiful or acceptable. Rather, they were accepted as being beautiful in their own right. Communication in my relationships with these three clients was not painted in social agendas or covered in political wallpaper. Rather, I tried to trust the client to be in a relationship where both of us could communicate our thoughts, feelings and experiences of each other in an open way, a way

without doors. Troy related to this our communication as being very *"honest"* with each other. This allowance for honesty seemed to be linked to me taking a non-judgemental and non-rejecting attitude towards what clients bring. Troy indicates: *"Ja, so Hannes doesn't give you the impression that, you know, I'm god, I know everything or you're talking through your neck, or something."* I give meaning to the concept of judgement as being any intrusive activity within the relationship with the client that is aimed at satisfying some therapeutic ideal of understanding the client faster than the client is ready to be understood. Carlos experienced this in his previous relationships with other psychologists that attempted to gain some form of understanding using intrusive questions or test material to judge his 'condition': *"I did not usually want to talk to those people. They pushed me as well. Asked questions that are personal the whole time. I just had to answer questions or do tests, that's all."* In our relationship I tried to overcome this construction of psychologists as being intrusive by waiting and allowing for Carlos to bring what he needed to bring to therapy. By using this non-judgemental attitude, I invited the three clients to react in a more open way towards me.

It seemed that these three clients, through this process of openness, acceptance and trust, also experienced the relationship as being focused on them and this gave them the feeling that they were important. Troy comments on this in her interview: *"The way he treats you. You're important to him."* This, in turn, seemed to lead to a trusting connection between them and myself. This connection was given the meaning of the me being understanding, as Alice comments: *"I trust him and I think on the moment he is the only one who is knowing what is going on inside me."* I feel that one does understand the client better by focusing on him or her and allowing him or her to bring what he or she thinks is important and this also facilitates a closer connection between the client and therapist. In my relationship with Carlos, this led to a position where the he experienced me in such a way as to suggest that I have been through the experiences and truths he brought to therapy. I construct this as the relationship being so close that the client re-experiences what brought him or her to therapy, with the therapist being present in this process this time. The glass structure represented this place in

the relationship. The therapist and client were so close to each other that they stood palm to palm, with only the pane of glass separating them. In this pane of glass the client saw his own reflection where the therapist's image should be. In a sense I took on the reflection of the client in the relationship. This reflection constituted my understanding of the particular client. The understanding seemed to be related to the client constructing me as being able to really listen to what they brought and them being able to really talk to me, as Alice and Carlos pointed out respectively. In my interaction with these three clients I think the aspect of really listening was related to being silent enough in the conversation to allow them to say what was necessary. This implied not asking too many questions, but rather accepting and trusting what was brought to the conversation by the client. The closeness of the relationship seemed to be dependant on the acceptance of what the client brings and the ability to be there in the relationship and listen to what clients are communicating.

The concept of understanding was also linked in our therapies to me possessing some form of knowledge about human functioning through my role as a psychologist. This was the bookshelf in the corner of the room. This was probably the one element in this room that made me uncomfortable as a therapist. It seemed that Troy thought of this knowledge as being used in this relationship to judge the adequacy of her life story: *"He's, umm, an understanding, sympathetic person. He's the type of person that won't say to you, listen, I think you talk nonsense, unless he knows you talk nonsense."* The role of power that the definition of being a psychologist brings is quite evident in this statement for me. I was experienced as both a sympathetic, accepting person, but also perceived as one who judges the constructions that are brought. Therefore she seemed to give me influence in the relationship and in her life. Within my relationship with these clients, I tried to use this influence-construction cautiously. I felt that acceptance of the reality of the client and what he or she brought was important. The construction of the therapist as influential is part of this reality, and therefore also important. Responsibility and respect (ethics) were the two essential factors I used in mediating the use of this influence in a client's life. I felt that the influence

could be used to help introduce new alternatives to the client's story, but should never be aimed at taking away responsibility from the client and/or disrespecting her. This is why working from the client's framework was such an important factor for me. A client also accepts what the therapist brings because of his or her position in society. As such the alternative realities brought in as options by myself as a therapist should fit the contexts, communities and realities in which my clients function.

My influence and understanding in these relationships seemed to be not only related to the knowledge I was constructed as having, but also linked to my general ability as a psychologist. Think about Carlos for a moment. In his history he had met a few psychologists. He seemed to have experienced all of these interactions as negative. Given his history, I felt that it would be unlikely that he would give me any credibility or influence in his life, or even allow a connection, if he did not judge my competence as good. It seemed that through these three clients judging me as being a good psychologist, a connection could develop. Alice*: "He's my therapist. Mm, I like him very much.";* Troy: *"And I think he is a good psychologist.";* Carlos: *"I told him I respect him and he is a good psychologist."* If the psychologist was accepted as a "good psychologist", facilitation of a close connection could take place and that which a psychologist communicated, was also given more impact within the therapeutic relationship.

Through this understanding, knowledge, influence, acceptance, credibility and trust it seemed that closeness developed between the three clients and myself. This closeness was reciprocal in the sense that the client experienced the therapist as caring for them, and also cared for the therapist, as Troy pointed out: *"The thing that we call each other by name. I'm not a stranger to him. I'm not a missus or a number or a favourite person."* In my opinion this caring also related to how I really felt about the client. In trying to see the innate humanness and uniqueness of every individual, trying to accept their story unconditionally, I also start caring for the client. In this room the care formed the connection, the basic feeling that flowed through you. I stepped into the next room through the door-less frame.

2.2 The room of power

This room had less in it than the room of connection. It was dark, with a spotlight right in the middle of the room throwing a circle on a small stage, a blackboard and a chair. The spotlight itself was mounted on a swivel mechanism. It could be moved at will.

I remembered why we decided on a movable spotlight. In most of my therapies I often feel that I am in the spotlight at the beginning of therapy. This was also my experience with Troy and Alice. In the beginning I was endowed with ultimate healing powers as a part of the beginning relationship. It was power beyond mere influence. I was the saviour and needed to take the lead and provide quick and effective answers to their problem stories. They constructed their storylines as being dependent on the intervention and help of the therapist. This possibly represented their reaction to my acceptance of their stories, and the therapeutic context also being constructed as a space where accentuation of their problems took place. This position changed in our relationships, although there was still a sense of me being a giver in the relationship and Troy, Carlos and Alice being receivers. Troy indicated this in her interview: *"The goals he gives me [laughs]. I laugh at him, because I can't actually remember at this stage what I want in my life."* This was also evident in Carlos' construction of me as therapist: *" I would like to tell him that he gives me many things to think about. If I get a problem, I can just tell him, and he will help me."* I feel that in the beginning of the relationship the therapist is put in a very specific role as helper, a source of relief from problems and a person that could potentially have the answer to difficulties in a client's life. This was a basic expectation and construction that existed in being a psychologist for these three clients, but it seemed as if, through the development of the relationships, the clients started to realise their own power in their lives. The spotlight was moved to the client. Carlos: *"Uhm, people think they screw up your brain and change everything in your life. It's actually not. I had the choice. Hannes did not push me. It's 95% your own stuff to change."* This indicated a move towards sharing of power in the relationship in

that Carlos realised that he had the power to change his reality. I was not held primarily responsible for constructing a new storyline for him.

The responsibility and power in telling new storylines ultimately rested on the clients, bringing what was necessary to the relationship, and facilitating the re-authoring thereof. Alice clearly indicated this in her interview: *"I don't think he carries me."* She saw the responsibility as lying with her to bring what was necessary into the relationship, bear her problems for herself and also to find her own answers. My role was to facilitate this process by allowing her to explore her reality in the context of a safe, supporting relationship without imposing judgement on at that which she looks. Allowing the client to take the responsibility was sometimes very difficult for me. I tried to allow clients to bring what they need to, and to allow them to take responsibility for that which they brought and the realities they wanted to construct in relationship with me. I tried to walk behind them, ready to catch them if necessary, but not to carry their lives for them. It was, however, sometimes exceptionally difficult not to take the responsibility and in effect diminish the client's power in his or her life. I cared for these clients during the process of therapy, and sometimes it was difficult to not want to play the role of saviour, rather than that of therapist. Troy seemed to sense this inconsistency in me and remarked on it in her interview: *"I can say, Hannes, I don't want to talk about x today, because I'm cross with him, and he'll leave it. Next time he might ask me about it and why, but that time I might be in the mood to tell him, or I say bugger you man, I don't want to talk about it."* I would have wanted to talk about that specific incident in the belief that it might be useful for Troy, acting from my own reality. She would correct me if I was wrong, she is the expert in her life. Again the empowerment of the client is evident. She is able to tell me to back off, to accept her role as expert in this relationship.

From this it seemed clear that my role did not involve taking the spotlight and writing on the blackboard the solutions that the client needed. Rather my role was more that of an audience member in some interactive play. I could shout suggestions from the chair I was sitting on next to the little stage. I was not to take the stage. The actor or actress could accept or reject these suggestions.

This represented the introduction of new possibilities into these three clients' lives, with them having the right to accept or reject these alternative truths or realities. Troy experienced this as a guiding process where new possibilities were introduced: *"There's no pressure on me, and, umm, he'll sit with me, listen quietly and say let's try something next week, do this way and that, but he's never pressured me."* In essence I wanted the client to be responsible for their own new stories and my role to involve the facilitation of a process whereby this can become possible, as happened with Alice: *"… if you go home and think about it the answers somehow just came from inside … He just triggers it."* My role as therapist thus facilitated a space where the client could choose to change. He or she could find new meanings, which could be constructed as answers for his or her problems. My responsibility would be the creation of a space where these new realities could be acted out. I would be the audience; the actor (client) would need to perform new ways of being. This facilitation of the space was done in the form of a therapeutic relationship.

Through the facilitation of the therapeutic relationship, empowerment, or power in their lives was authored. Alice's states: *"Uhm. When I came out of hospital and went home I was like a dead person. I just lived from day to day. Now I am living again, after a very long, long time. I'm doing things again, things I thought I would never ever do again. I've for example, I've put my machines, my naaldwerkmasjiene, I've put it away. I never wanted to see them again. It's been standing there for eight years. I've now taken them out and started making things again."* This empowerment is not necessarily only a positive experience, but has negative aspects as well, as Alice indicates: *"It is negative in the way that I think especially my husband, uhm, he's, uhm, used to me asking him what must I do now and everything, and now I'm just doing it even if he doesn't like it."* She was empowered, but also experienced the negative aspect of the new story in herself and the difference it has introduced in her life. In this room, the client's role was to take the stage, move the spotlight onto them as the focus of the session, and use the blackboard to write up a new story. Through standing in this spotlight, using the blackboard and interacting with the audience (myself), they found new stories related to

themselves. Carlos found a new story in being able to see himself as important in his life and not caring what other people thought about him. Troy found the self that she had lost.

I went to sit on the stage. I felt the warm glow of the light. I thought of the effect of the room, the power this spotlight, stage and blackboard could hold. I also realised something. Although this room is in a house and represents a safe living space for clients, it is also important to remember that clients eventually leave the house and go back to their realities. This stage did not only have an effect when one stood on it. Clients also took home the stories written down and acted out here. This was evident in the effects of standing on the stage in the lives of Carlos, Troy and Alice outside of therapy. The therapeutic relationship was not just a construct that had influence within the therapeutic space, but influenced the rest of their lives through the space it created for new constructions or storylines. Carlos experienced this in a very specific way, being able to accept his own story as valuable, irrespective of other narratives around him: *"Now I don't think about other people or what they are thinking of me. I don't just try and do what they want me to do. I look at myself also and I do what I feel I want to do."* Alice gained a sense of superiority in her re-construction within the context of the relationship: *"… they said we are going to feel superior to our family because of all the things they learned us, all the sielkundige goed wat hulle met ons gewerk het, and, umm, I think that is the way now with my family."* Troy saw the process of empowerment through the relationship as getting her old self back, being able to be more of the person she was in interaction with others before the losses in her life incapacitated her.

It was clear that these clients found something new on this stage. What did it mean? I glanced at the shiny surface of the stage and saw a reflection of myself. Even though this stage was a forum for change, my face had not changed because I was sitting on the stage. I was still myself because I wanted to be myself. I realised something important. Being on this stage did not imply having to become a totally new person. It was about exploring new truths, not becoming a new truth (unless you wanted to). The empowerment

implied on this stage was non-threatening in that it did not entail re-constructing a whole person. Carlos experienced this as staying himself while also changing: *"It won't change your life or anything. You stay yourself still. You just have to put… It helps you with problems."* I did not expect him to do anything else but be himself in our relationship. This required a process of empowerment within the relationship that matched Carlos' needs. He wanted to be the 'real' Carlos, and not be changed into something else. I matched my expectations in our therapy with this. This process seemed to be different for each client, according to the reflection they wanted to see on the stage floor. Alice just wanted to appear lighter, having the stage as an outlet: *"It feels like lifting a weight off my shoulders... It's like all the things that make me sad I've talked about them now, and it's not so sad anymore."* Empowerment can take many forms and incorporate many different stories. It is dependent on the interaction of the client and the therapist, and more specifically on the needs of the particular client.

There was something else that struck me about the chair. It was marked 'therapist'. It faced the blackboard of the client. It was in a perfect position to receive instruction from the client. The empowerment of these clients was also a parallel process with the empowerment of myself in the relationship. As a therapist in these three therapies I also found new truths for myself and changed in ways similar to my clients. With Troy I learned to handle a challenge of my own boundaries in therapy, whereas Carlos taught me how to sit with aggression. Alice taught me the insides of being so sad that you feel that you are losing yourself. As such the relationship did not form a one-way empowering tool, but also indirectly focused on myself as therapist as an inextricable part of the therapeutic reality. These clients influenced and changed my behaviour and reality in the therapeutic storyline as much as I changed theirs. This was a nice thought. I walked out.

2.3 Mirror, mirror on the wall

As I walked into the next room, I was greeted by a myriad of mirrors. The whole room was covered in mirrors, from ceiling to floor. I stepped in. I could

see two different reflections of myself. In the one reflection I was wearing a tie and a suit, with a sword hanging by my side. In the other one a red cross was evident on my mostly white uniform, also with a sword hanging by my side. “Strange,” I whispered to myself.

This room symbolised the context in which the relationship with these three clients was based. The mirrors on the wall reflected these contexts. The first reflection, the one of myself in a suit, represented the professional nature of the relationship with them. In my relationship with Alice, she gave me a very distinct, professional definition in regard to our relationship: *“Mm, a friend… A friend is more personal. He is a therapist.”* As such the definition of the relationship was put in a different context than that of a friendship relationship. This was exemplified in her respecting my personal life, and me interacting in a specific way as sanctioned by certain rules. The responsibility for keeping the relationship professional was essentially mine, as I had to function within the guidelines and ethical codes provided by the Health Professions Council of South Africa. Although elements existed that were the same as in a close friendship (both for her and for myself), the definition was undeniably different. Troy, on the other hand, defined the relationship between her and myself as being equal to a very good friendship. At first glance this might have seemed that the frame she used to attribute meaning was the same as in a friendship relationship, but it was also clear that her expectations differed from those in a social relationship. She expected the relationship to focus on her needs, and away from my own. The relationship was ultimately geared towards her needs, and not mine. This could be constructed as the cardinal difference between a therapeutic relationship and a friendship relationship. It might be that both these clients experienced the relationship as very close, but used different constructions in attributing meaning to this closeness. For Alice this closeness originated from a sense of a professional having a relationship with her that is non-threatening, whereas her other relationships were often experienced as threatening. Troy experienced the relationship differently, but still put the friendship within a professional definition. Carlos recognised the different context as well. He experienced the distinction as being in a different conversation when compared to his conversations outside of therapy.

This definition of the relationship being professional influenced the connection between the clients and myself in a number of ways. Alice saw the fact that I was a trained professional as the key to my understanding of her within therapy: *"He is somebody that has learned to listen to me. He's a professional."* Being trained to deal with human problems made me a reliable resource to utilise in crisis situations for her. Through this recourse she could find relief from her problems. This professional relationship was thus also constructed as being of help. The link between the professional nature and the helping nature of the relationship seemed to reside in the different type of help and rules that the relationship entailed. The nature of the relationship was less personal, but more geared at helping a person with their problems without becoming a possible liability in the client's life. As a result of my being a professional, in the context of the confidentiality and non-reciprocity that entailed, Alice was willing to risk more. She felt safe within the context of a relationship, as her personal problems and personal life would be protected and respected. She would also not have to carry the burden of having to return the help at some point. This definition of a professional helping relationship was attained by talking about these clients' problems and focussing on them as people. Troy indicated this as an important part of her therapeutic experience: *"He focuses completely and utterly on me. His whole focus, his whole attitude is that I'm here to help you, I'm not here to break you down."* The relationship focused on her personhood. Through this process of focussing on the personhood of the client, rather that their problems, I believe a space is facilitated where they could experience me as helpful. It also enabled a process of helping to develop, where they could be helped to help themselves, as Alice indicated: *"… so it helps me to talk to him." … "And this time I was in therapy and it's all better."* As such, the relationship became also a context of healing for the client, and as a therapist, I feel one should be aware of this expectation in the relationship. Clients come for help, not to idly talk about their lives. It is a relationship where they show that which they would ordinarily hide. Alice referred to this in her interview: *"To tell somebody all my bad things… It's a way of opening up and dealing with things you don't even know is inside you."*

I found that the professional nature of the relationship could be used to evoke some form of connection and trust in the therapist. In the case of these clients, the trust was based on the definition of the therapist as being professional and thus having to operate within certain rules or ethics that ultimately protect the client. This was, however, not the only component in being defined as a professional. One becomes a professional by gaining certain knowledge. This knowledge was seen as a key component in my ability to understand where they came from and to help with their problems. This led to a position where the clients trusted in this knowledge and also trusted in me as a professional person, and subsequently also in the relationship between us. As Alice pointed out, the professional definition was unmistakably conducive to trust and opening up within the relationship: *"I think if it was social I wouldn't have told him a few stuff I have told him."*

In this professional definition, space was created for the client's problems without imposing the feeling that he or she was hurting or burdening me with it. Troy: *"I can talk to them [*her family*], but [sighs] it's a feeling you get, you are upsetting them."* As such, the professional nature of the therapeutic relationship allowed the her to divulge her problems without having to worry about the effect of this divulgence on her relationships within her own environment, or feeling that she had burdened someone unnecessarily with it. By definition the therapeutic relationship was aimed at serving their needs. Therefore the give-and-take nature of a relationship was somewhat altered, providing a context where they gave their problematic storylines and I helped them in constructing new/alternative storylines. I was rewarded by receiving experience and income. The clients did not have to return the favour by listening to my problems or worrying about whether or not their problems would be 'safe' with me, as is often the case in social relationships. This is epitomised in Alice's case where she seemed to want to react to the therapeutic relationship as one would react within a social relationship, but also realised that the relationship was different and focused on her, and not the therapist. Alice seemed to feel guilty about burdening me with her troubles, but the professional definition seemed to help facilitate a process

where she could still de-construct her problem in relationship with me, even if she felt guilty about the possible impact on me: *"He just listens. And I think my perception of him is that he is professional enough that when he goes home it stays in the office."* This allowed again for a differing connection with the clients in which they could risk more and de-construct and re-construct their own stories.

Although the professional context had some positive effects on the relationship, it also had its drawbacks. It was a double-edged sword. The professional nature of the relationship could put the client in doubt as to the care or concern of the therapist for his or her well-being, leaving him or her. feeling isolated, or like 'just another client' in the process, as Alice reflected: *"Sometimes I wonder, you know. He sees many patients and maybe, mm, maybe he saw two or three before me and here I come moaning and groaning at him also, if he doesn't get tired of all this." O*n the other hand Troy seemed to find the professional definition as enough consolation to avoid feeling non-special in that she experienced me as being fair because of the fact that I am a professional: *"What Hannes does for me or you, he does for everyone. So he's really fair. Uhm, I also feel that he's serious about his job. Exceptionally serious."* What seemed important here was that the clients still experienced the relationship as special and specific to them, although they might realised that the therapist had multiple therapeutic relationships at any given time. The professionalism of the relationship did not seem to detract from the feeling of closeness and respect for the value and uniqueness of each individual relationship.

The second reflection, the one with the red cross, symbolised the helping nature of the relationship. In the same way that a paramedic or doctor tends to the wounds of the patient, the psychologist tends to the reality of the client. In my relationships with these three clients, they were the focus of the relationship, and the construction of the relationship was non-reciprocal, in that my personal life and problems were kept out of therapy. This allowed for them to manifest their problems more easily and was positive in that it created a space of difference, in which they were the absolute focus, and could de-

construct their reality. Carlos: *"It was strange, because I'm not use to it. To be taken care of and just talk about yourself."* The professional relationship was thus one in which taking care of him was central. As such the relationship within a therapeutic frame was one sided in terms of taking care of needs. I took care of the clients, although, as indicated previously, care did also develop for my well-being. This one-sided nature of the relationship is again a double-edged sword. It could leave the client with the feeling that the person to whom they were talking was a stranger. Alice experienced this as something she did not like in the relationship. Within the process she frequently enquired about my personal life, which I would usually meet with an honest, but rather ambiguous answer. Within the interview she seemed to have wanted more. This demonstrated in essence the ambivalence between the nature of the relationship as being 'professional', and the fact that therapists do get involved in peoples' lives in an intimate way. With Troy this was very clear with her definition of the therapist as a "very good friend", while maintaining that the relationship between us was different from a social one. This left me having to maintain a delicate balance in the therapy. Making oneself known in therapy is, in my opinion, a worthwhile route to follow. This making oneself known, however, is limited to the extent to which it facilitates client connection without interfering with the professional nature of the relationship.

3. CHRISTENING THE HOUSE

This was the house we built. We needed to name it. But naming the house would be a difficult task. Setting out the differences and themes identified in building this house and giving meaning to each room could be linked to trying to flatten a ball of yarn without losing any of the individual threads' connections to each other. The way the themes were set out in the previous sections was rather linear. The process of a relationship, in opposition, seemed to be more circular, with different themes connecting and re-connecting at certain places, like threads in a ball of yarn. Should someone else look at the building material, they would probably be able to construct quite a different house.

The name of the house had to reflect this complexity. I thought about how and what we used in our construction. Then a thought came to mind. It was something Troy had said: *"Everybody sees it* [therapy] *different."* The difference. That was what was so complex and difficult to capture. In a sense this house was like the social constructionist house. It changed shape according to context. The therapeutic relationship also changes shape according to the context in which it is based. It is a relationship of difference, both in experience and in conceptualisation. The clients experienced the relationship as significantly different from any other relationships in their lives. The actual components they constructed as important for themselves within their particular therapeutic relationship, differed, as well as the nature of the relationship when compared to other relationships in their lives. In general this difference could be said to lie in the openness and connection of a therapeutic relationship, the empowering aspect of the relationship and the specific context in which it is based. I also experienced the relationship with every client as different. Different therapists would probably experience the relationships differently. Different theorists explain and highlight different aspects of the relationship. I named this house The House of Difference. I am sure that there are other ways to de-construct this reality, and the reader is encouraged to differ from me in the way in which I constructed this house, and also give it other meanings.

I stepped outside.

CHAPTER 6

FROM HOUSE TO HOME

1. THE MAKING OF A HOME

As any good architect will tell you, it is not only the physical structure that makes a house a home. It is the spaces, the feelings, the nuances, the flow of the house, the integration with the context, the neighbourhood, and the sense of belonging it evokes. All of this contributes to make a house not just a physical structure, but also a home. This is what I wanted to achieve in this project. I did not merely want to build a physical structure resembling a house, but also a home incorporating and reflecting the context in which it was built, in which I could feel comfortable and at home. I wanted to construct a therapeutic relationship from a social constructionist position that would give a different perspective and make it something real for me in the context of my work, the home base from which I could work in my interactions with clients. I also wanted this home to be settled in a bigger context of an epistemology and psychotherapeutic theory.

This was the problem I faced: how to take this physical structure in front of me and give it the meanings of 'home'. I reflected back on the process of how I came here. I realised that it would not become a home in the process of documentation of its building (this dissertation) alone. It needed to be placed back into the bigger context of which it now formed part. In the same way as each individual house's character contributes to the whole character of the neighbourhood, my house now had to contribute to the character of the psychotherapeutic neighbourhood. It was not only a personal experience in my interactions with three clients that I happened to document. The study was also performed in the context of academic contribution and the broadening of knowledge. I started with the reflection on why I wanted to do the study, what I wanted to reach. In this process I had found new meanings for myself, but also other meanings in my epistemology and in the broader academic and

psychological context or neighbourhood in which I function. In the section that follows, I reflect on some of these developments and the way these developments made this study a home for me in the bigger context of psychotherapeutic theory.

1.1 The bigger picture: From architect to home to neighbourhood

I did not experience the process of making the house a home alone. One of my consultant architects in this process was Jocelyn, the intern psychologist[1] responsible for conducting the unstructured interviews with the three clients. Through our interaction and unstructured interview, another layer of meaning evolved that was created beyond those of the interviews themselves. Also numerous interactions with my promoter, supervisors, colleagues, friends and clients contributed to the meanings in this dissertation and in the journey from house to home. I reflect here on some of these interactions, now and then using quotes from my interview with Jocelyn, to reflect these other meanings that culminated in the house becoming a home in a specific neighbourhood.

I again start with myself as the architect of the house. In the process of the construction of this dissertation, I also went through a very personal journey of development. One of my psychologist friends remarks on a regular basis: *"If you want to know something about a [psychology] masters student, just look at the dissertation topic they chose."* This has rung very true for me. Relationships, and especially therapeutic relationships, were a daunting prospect for me as a beginning psychotherapist. I tended to want to take control and responsibility away from my clients. I feared sometimes that something bad would happen if I did trust the client or myself to do something that was not written in one or other textbook on psychotherapy. Additionally, I wanted relationships that mirrored exactly those of, for example, Rogers or Fairbairn or Watzlawick. This led to me having very short and disappointing therapies with a number of clients. Something was missing. I wanted to find a

[1] Jocelyn Hall was a registered intern psychologist at the time of the study

new meaning regarding the therapeutic relationship for myself, something more real and workable than my originally quite rigid therapeutic relationship.

Consequently this rigid therapeutic storyline started to feature as a major part of my supervision. Through this interaction with my supervisor, I started experimenting with different ways of being in relationships, and also reading up on what relationships look like from different theoretical perspectives. When the time came for me to decide on how to fill my research plot, I also decided to make the therapeutic relationship the topic of my master's dissertation. In the process of these interactions and the writing of this dissertation, I think that I have found a new meaning for myself in a not-knowing relationship where I can be comfortable in letting the client take the lead, or experimenting with different ways of being as indicated by the client. Experientially this process provided me with new meanings.

These new meanings were not limited to my actual experience, but also to my theoretical and academic constructions. Within my chosen theoretical frame, this study also contributed to seeing certain theoretical constructs, including the therapeutic relationship, in a different light. In the process of writing the dissertation, I reified the relationship for myself, taking it out of the textbooks and making it something that also belongs to me theoretically, something almost touchable and real. I also realised that as soon as you want to touch this reified construct, it changed. It could not be made real in a physical, wordless sense. It is a forever-changing construct changing in meaning through interaction. Through the interactions with clients, colleagues, supervisors and promoters, I found new and real ways to construct and give meaning in a therapeutic relationship.

By experiencing and constructing a different theory, I found myself able to connect to people/clients on a very intimate level to a place where I could in a sense feel what they felt. My therapies improved. I also became more aware of my own input, my co-constructive effect on the therapeutic space and relationship, and how my own feelings, thoughts, perceptions or truths can be used or abused in the therapeutic space. This has made the therapeutic

relationship something very real, almost living, for me. It goes beyond the description in words in the document that you are reading. It is beyond the physical structure of the house. It highlighted what Lynch (1997a) refers to as the experiences and meanings that go beyond what could be communicated in words. The therapeutic relationship forms a way of understanding and interacting with people and can be framed in language, but this understanding and interaction also goes beyond the words in which we find refuge. It is a connection. I feel that that neither this house, nor any other theory regarding the therapeutic relationship, totally describes what the relationship between therapist and client is like. There is an element that goes beyond words. A house is more than walls, doors, roofs, windows, and so forth. It is the spaces, the interaction between the spaces, the people that live in the house that make a house a home. In the same way, the therapeutic relationship is more than that which I constructed it to be in this text, as Jocelyn stated: *"…it is a connection on an emotional level and I don't think it has language all by itself. It's just something we put around it to make it easier for us to understand… it's something that evolves on its own. It's not as linear a concept as language forces it to be. It's much more reciprocal, it's complex. It's hard to put into words… In that it's an interaction. It's an interface of two worlds, between you and the client. It's an exchange of information, ideas and understanding."* The connection between therapist and client cannot be adequately explained. It is more than a physical, cognitive, emotional, moral, ethical, value-based, context based interaction. It is a **CONNECTION**.

Apart from the personal gratification I got from this project, I also feel that in the context of my practical work with clients, this study has made a profound contribution. I do not think I said something unique or objectively true about the therapeutic relationship, as Jocelyn also indicates: *"From that, various themes came up, themes of trust, themes of honesty, themes of caring, themes of containment, of congruence. It was stuff I would have expected."* Rather I feel that I have produced something in the line with what Chenail (1992) speaks of as context-appropriate clinical research from practical interaction with clients. My work with clients informed this research, and this research further informs my work with clients. As such it has made a

difference in the way in which I work with clients. It has been a contribution in what Lincoln and Guba (1985) term “local theory”. It is based on meanings that were generated in a specific time, context and place, and cannot be taken and used in another context to achieve the same results. It is based in a specific temporal frame and context, and has meaning because of and informs that specific context. In this process my home was built in a position where it could influence and speak to client-visitors.

I feel that this journey has also contributed more than just personal or practical application. Indeed, one of the preconditions for attaining the plot of land is that one makes some form of impact in the neighbourhood in which one chooses to build. In order to build my home, I had to make some form of contribution to the neighbourhood of psychotherapeutic theory through my study of the therapeutic relationship from a social constructionist perspective. I think this has been the case. Probably the most obvious contribution would be the accentuation of the central role of the therapeutic relationship in therapeutic theory. One need only to think back on the walk through the therapeutic neighbourhood and the information given by the three clients to realise this. The therapeutic relationship can be constructed as an important commonality in psychotherapy, irrespective of the emphasis placed on it by the therapist’s theoretical foundation (Bachelor & Hovath, 1999). This importance, from a social constructionist perspective, seems to be linked to the therapeutic relationship’s nature. The therapeutic relationship is, like all relationships, a context of giving meaning through language interchange (Gergen, 1985; Durheim, 1997). The important difference, though, is that clients define the therapeutic relationship and other social relationships differently. As was indicated, the therapeutic relationship is one of context. This context includes the relationship as a powerful, helpful force in the client’s life in which they can find new stories for themselves. Being defined as such renders the therapeutic relationship potentially more potent as a forum for re-constructing a client’s life than for example a social conversation. This gives it central importance in therapeutic work with clients.

The fact that the therapeutic relationship appears to be such an important common factor leads me to another possible contribution or comment that this dissertation could make. Gergen (1994a) indicates that social constructionism is about searching for new truths, as well as acknowledging existing truths. I think this dissertation was a search for new truths, as well as an acknowledgement of existing truths. Through the process of writing, I again realised the usefulness of looking at the different truths. The three clients did not use exclusively cognitive or behavioural or intrapsychic language to give meaning to the therapeutic relationship. Rather, their meanings included a variety of truths and experiences. In the same way I tried to incorporate the contributions of different theories into the text. Through this process I think a richer description or meaning could take form than would have been the case had I restricted myself to one specific theory. Therefore I want to add my voice to those of authors like Prochaska and Norcross (1999), who aim to see the usefulness of different theories in the practise of psychotherapy. I do not advocate the integration of therapeutic theories, but rather an appreciation for different truths, and a discourse of context. What I mean by this is that I hope this dissertation reflected a sense of openness to different meanings in the therapeutic relationship without being exclusively anchored in one theory, and an acknowledgement of these different meanings as valuable sources of meaning in interacting with clients. I trust that the reader will also, through the interaction with this text, gain an appreciation of the importance of other discourses.

I also want to emphasise the possible contribution this dissertation has made in the broader conceptualisation, the political frame in which psychologists and clients function when in relationship to each other. Clients and therapists have preconceived roles and powers in the relationship. The therapist is constructed as the healer/helper/expert according to a pre-conceived theoretical framework and within the community in which he or she functions (Lynch, 1997b). I have indicated in this study that through this definition, the therapist has power and influence in the client's life through the therapeutic relationship. What I want to accentuate here is an awareness of this power and the possible negative influence this could have on a client's life. Goldberg

(2001) shares this sentiment. It seems that the role of ethics and morals becomes important here. Ethics, morals and one's own subjective experience of being human, are, in my opinion, the guiding meanings one should use in psychotherapy. Working from a social constructionist position and allowing for multiple realities, meanings and ways of interaction does not, in my opinion, mean relinquishing ideas such as not causing harm in relation to clients. Rather it allows for interacting with clients in what Goldberg (2001) calls using one's humanity in relationship to clients. Being a good, ethical therapist encompasses more than just following ethics and moral guidelines. It involves incorporating your own compassion or humanness into the therapeutic space and allowing the client's needs to direct the use of this humanness to a point where it allows for growth and useful new storylines in the client's life.

Closely related to the construction of the therapist is the construction of the client. Clients are often constructed as tortured souls resorting to unacceptable, predetermined, culturally bound behaviours (Owen, 1992). As such they are open to manipulation, waiting for a saviour. Although some of this story was present in my interaction with the three clients, my general experience in this dissertation was different from the socially held construction of clients as helpless beings. All three of these clients exhibited strength in the meanings they attributed to their lives, whether it was considered pathological or not. They were able to live meaningful lives, even if this meaning was not consistent with what was thought to be useful in society. Carlos, Troy and Alice had meaning in being a clown, a matriarch elephant and a girl living in a hole, respectively. The therapeutic interaction was their choice, as was the resulting change as well. Lazarus (1994) also mirrors this critique in indicating that a lot of therapists construct their clients as fragile beings, unable to make decisions for themselves. I propose another construction of a client in relationship to a therapist. A client is someone who chooses certain meanings for his or her life at a given time. These meanings might not coincide with what their context or community allows for, which results in causing problem-storylines in living in these contexts. A client can choose to change this meaning at any given time. A client is the co-creator of his or her

reality, and therefore a powerful, responsible being in his or her own right. Context has influence, but context is also defined and informed by the client.

The last concept I want to touch on in this section is the therapeutic relationship's connection with change. Different authors (e.g. Egan, 1998) indicate that the therapeutic relationship is either a mechanism for change, or the backdrop for implementing mechanisms (interventions) for change. I want to propose another construct in this regard. The therapeutic relationship could also be constructed as the change or new storyline in itself. It is a story formed in interaction using language as medium between two people constructed as a therapist and a client. If this language based interaction in language is then seen as formative of meaning (Gergen, 1985), it stands to reason that the relationship itself is another different meaning in the client's life. This already a new story, different from the old meanings and structures that informed the client's life.

This then is the way in which the house speaks in the neighbourhood, and how it informs and is informed by its psychotherapeutic context. I have a home in a nice little neighbourhood on the far side of psychology.

1.2 The caution sign on the gate

This house might be completed, and it is a home for me, but I want to warn visitors about this house. It is not perfect. It is not an ultimate or objective truth. Read this at your own risk. If anything were accentuated through this study, it would be the subjective and different meanings that could be used in interactions with clients and the different bases of truth (or contexts) that one could use in these interactions. The therapeutic relationship in this study provides a metaphor for this. It is not a rigid structure that can be used in every interaction in the same way. It is not one truth, but a subjectively, co-created construct or story in the context of therapeutic interaction with a specific person that will differ accordingly (Hargens, 1997). This study then also comments on difference. Although commonalities exist in terms of the themes that were found in the construction of the therapeutic relationship,

these commonalities are still dependent on my interpretation of them as being commonalities. It is quite possible that every client used them in their own, subjective way. Jocelyn: *"I think your therapies are characterised by certain things, that experience of certain things were the same in all three. It's like your understanding, empathy or congruence is interpreted differently. One will take it as friendship, the other takes it as a therapist's work."* In the same way this study stresses the subjective nature of the therapeutic relationship and therapeutic theory in general. Every one is going to see it differently and take subjective meaning from it. It is not a study aimed at generalisation. Although commonalities were found, one should realise that what is given meaning here is from an academic frame of reference, as Jocelyn notes: *"That's an artificial distinction that we draw as therapists having come from our frame of reference, being educated in a specific way."* This is both a positive and negative point of the study. The meanings are different, but still framed in academic language. It could very well be that the clients have different meanings attached to the words they used, from those that were generated in the study.

Apart from the academic context, the personal context in which this study was based is also important in evaluating that which has been given meaning in this text. The role of values, morals, ethics and personal experience in the therapeutic process has also been set out (Gergen, 1985). I cannot be separate from my background, morals values, and so forth. In the same way the client cannot be separate from these factors. Therefore the therapeutic relationship is at any given time dependent on the context in which it resides, as well as the different contexts of the therapist and the client. Context cannot be separated from that which happens in the relationship and it forms an important backdrop for the therapeutic relationship as well as for deciding on appropriate ways in which to interact with a client. The study emphasises the important role these contextual factors have in the manifestation and the understanding of the therapeutic relationship. This is also a warning against merely taking what was represented here and applying it to other contexts.

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APENDIX A

INTERVIEW TRANSCRIPTS

TRANSCRIPT - ALICE

JOCELYN: Describe your relationship with Hannes for me.

ALICE: He's my therapist. Uhm, I like him very much. I trust him and I think on the moment he is the only one who is knowing what is going on inside me.

JOCELYN: Ok, so you feel that he understands you?

ALICE: Yes.

JOCELYN: Ok, what's that like for you?

ALICE: It helps me.

JOCELYN: Mm-mm. How does it help you?

ALICE: I haven't got many friends or somebody I can really talk to, so it helps me to talk to him.

JOCELYN: What does it feel like when you talk to him?

ALICE: It feels like lifting a weight off my shoulders.

JOCELYN: Ok, cool. Is your relationship with Hannes like with a friend, or is it different than with a normal friendship.

ALICE: No, it's different.

JOCELYN: How's that?

ALICE: He is that, uhm, thing that he is a therapist and not a friend.

JOCELYN: Mm, what's the difference?

ALICE: Uhm, a friend… A friend is more personal. He is a therapist.

JOCELYN: So what is a therapist for you. What does a therapist do?

ALICE: He is somebody that has learned to listen to me. He's a professional.

JOCELYN: Ok, cool. So, its not like a social relationship?

ALICE: No.

JOCELYN: Ok, mm…

ALICE: I think if it was social I wouldn't have told him a few stuff I have told him.

JOCELYN: Ok, so there's something in him being a professional that allows you to tell him more than you would normally?

ALICE: Yes.

JOCELYN: Ok, how does it feel for you that he knows things about you other people don't know?

ALICE: Sometimes I feel guilty.

JOCELYN: Guilty? How so?

ALICE: To tell somebody all my bad things.

JOCELYN: Ok, so do you feel guilty or a little bit embarrassed sometimes?

ALICE: Embarrassed sometimes, but mostly guilty to put my load on somebody else.

JOCELYN: Ok, I see. So you think he's strong enough t carry it for you?

ALICE: Yes.

JOCELYN: Mm-mm.

ALICE: Because I don't think he carry it for me.

JOCELYN: What does he do with it?

ALICE: He just listens. And I think my perception of him is that he is professional enough that when he goes home it stays in the office.

JOCELYN: Ok, so..

ALICE: I don't think he carries me.

JOCELYN: Ok, so do you think he thinks of you outside of therapy?

ALICE: No, I don't think so.

JOCELYN: Not, uhm, would it make a difference if he did think of you outside of therapy?

ALICE: It would be nice to think somebody thinks of you.

JOCELYN: Ok, you don't think anybody does?

ALICE: Uhm, my husband, my children, some people I know maybe.

JOCELYN: If you could change something in your relationship with Hannes, what would you change?

ALICE: … That he gave me more direct answers to tell me what to do (Laughs).

JOCELYN: Ok, so you want him to give you advice and solutions for your problems?

ALICE: Yes. But I know that's not the way things work.

JOCELYN: Mmm-mmm. Os, so he pushes you sometimes to think of answers for yourself?

ALICE: Yes.

JOCELYN: So what's that like for you?

ALICE: Its a… its working.

JOCELYN: Mmm, how does it work?

ALICE: Because if you go home and think about it the answers somehow just came from inside.

JOCELYN: Ok, so you feel like somehow in your relationship with Hannes you got your own answers?

ALICE: Yes. He just triggers it.

JOCELYN: Ok, so you facilitate your own process?

ALICE: Yes.

JOCELYN: Ok, I understand. What part of your relationship with Hannes works the best for you?

ALICE: That he listens.

JOCELYN: Mmm-mmm.

ALICE: He really listens.

JOCELYN: What do you think he feels about you?

ALICE: I don't know.

JOCELYN: Can you guess?

ALICE: No. Sometimes I wonder, you know. He sees many patients and maybe, mmm, maybe he saw two or three before me and here I come moaning and groaning at him also, if he doesn't get tired of all this.

JOCELYN: Do you ever get the feeling of him that he's tired of you?

ALICE: No.

JOCELYN: Ok.

ALICE: That's why I said I sometimes feel guilty. Here's another person nagging at him.

JOCELYN: Do you feel sometimes for yourself that your just another client?

ALICE: Yes.

JOCELYN: And for him? Do you think your just another client or…

ALICE: No.

JOCELYN: Ok so you feel…

ALICE: No, he never gave me that impression.

JOCELYN: Ok, that's just your impression of yourself?

ALICE: Yes.

JOCELYN: Mmm, does he challenge you in therapy?

ALICE: Yes, mmm, I can't give you an example. He would drag something out of me and then challenge me with it.

JOCELYN: He pressures you to look at parts of yourself.

ALICE: Ja, ja.

JOCELYN: What's it like for you?

ALICE: Usually I feel uncomfortable and, mmm, and sometimes it's very emotional. I cry a bit.

JOCELYN: Ok. What does he do when you cry? How do you feel about crying in front of him?

ALICE: I don't like it.

JOCELYN: Why's that?

ALICE: I normally don't like to cry.

JOCELYN: Why not, if you don't mind me asking?

ALICE: (laughs) It makes me feel weak.

JOCELYN: Ok, so you think Hannes find things of you as weak?

ALICE: I don't think so. He don't give the impression.

JOCELYN: Ok, ok, mmm, do you think your relationship is going to change in the future?

ALICE: No.

JOCELYN: Ok, so it's like you trust him to be there for you?

ALICE: Yes.

JOCELYN: Ok, do you feel like the things he talks about that are difficult… Do you feel you need to talk about them or like he's making you talk about them and you don't need to.

ALICE: You know, sometimes I come here and I think, O hell, what am I going to tell him today and then something just come up and its like a whole bubble that's bursting.

JOCELYN: Ok, so its like you bring it anyway and he just sits with you?

ALICE: Ja.

JOCELYN: Ok.

ALICE: And it's coming from nowhere. I don't know where he gets it from.

JOCELYN: But is it true for you?

ALICE: Yes.

JOCELYN: Ok. Is it a comfortable space to be in for you to be in with him, or is it uncomfortable sometimes?

ALICE: Sometimes it is uncomfortable.

JOCELYN: Is that discomfort because of how emotional you feel?

ALICE: Yes, its part of it for me.

JOCELYN: Do you ever feel that he is uncomfortable with it?

ALICE: No.

JOCELYN: Ok, mmm, how do you think your relationship with Hannes has affected the rest of your life?

ALICE: It has changed many things in my life.

JOCELYN: Really? Like what for example?

ALICE: Mmm. When I came out of hospital and went home I was like a dead person. I just lived from day to day. Now I am living again, after a very long, long time. I'm doing things again, things I thought I would never ever do again. I've for example, I've put my machines, my naaldwerkmasjiene, I've put it away. I never wanted to see them again. It's been standing there for eight years. I've now taken them out and started making things again.

JOCELYN: Ok, so you feel your life has improved as a result of your therapy?

ALICE: Yes.

JOCELYN: Can you tell me, was there a specific thing that happened in therapy or a specific feeling that you got from therapy that created this change?

A; It must be because for the last seven years I just took pills for my depression. I wasn't in therapy.

JOCELYN: Ok.

ALICE: Just once with the family clinic.

JOCELYN: Ok.

ALICE: And this time I was in therapy and it's all better.

JOCELYN: Ok, so the therapy has been better for you than the medicine?

ALICE: Yes.

JOCELYN: Ok, mmm, do you think you have any idea what it is about the therapy that's different?

ALICE: I think it's all the things that I've buried inside me.

JOCELYN: Mmm.

ALICE: That is now coming out. And I haven't put them away, but it is now in the open.

JOCELYN: Mmm-mmm, and that feels better for you.

ALICE: Yes.

JOCELYN: How does it feel?

ALICE: Lighter.

JOCELYN: Ok.

ALICE: It's like all the things that make me sad I've talked about them now, and it's not so sad anymore.

JOCELYN: Ok, so it's almost as if talking about them and being sad about them, allowing yourself to be sad about them helped and that changed something for you.

ALICE: Ja.

JOCELYN: Ok, what would you tell other people about therapy if somebody asks about therapy?

ALICE: I would definitely tell them to go.

JOCELYN: Mm, what would you say about it?

ALICE: It's a way of opening up and dealing with things you don't even know is inside you.

JOCELYN: Ok.

ALICE: Agh, my English is terrible.

JOCELYN: Your English is way more better than my Afrikaans, I promise. Ok, I should have asked you this before. How did you meet Hannes? What made you decide to come for therapy or what happened?

ALICE: When I was in hospital in ward seven, he came to me.

JOCELYN: Ok, so you were admitted for?

ALICE: Depression.

JOCELYN: Ok. How long have you seen him? You've seen him for five sessions, I think.

ALICE: No.

JOCELYN: How many sessions have you seen him?

ALICE: Jis, I don't know. It's now… July, August, September – four months.

JOCELYN: And you feel that in four months your life has changed?

ALICE: Yes.

JOCELYN: Has it had any negative effects in your life?

ALICE: No.

JOCELYN: As a result of the therapy, has there been anything negative that's happening in the rest of your life?

ALICE: You know, we were at a course when we lived up at the border, and it was just our women. They took us on a course and it was very intense, they were working with us because we were living on the border, and, mmm, they said we are going to feel superior to our family because of all the things they learned us, all the sielkundige goed wat hulle met ons gewerk het, and, mmm, I think that is the way now with my family.

JOCELYN: Ok, so it's almost…

ALICE: It feels like I know better than them how to handle myself now.

JOCELYN: Ok.

ALICE: In the past now I was looking up at them now please tell me what to do, tell me how to handle myself. Please live my life for me and now I look at them and I say “I’m living my own life”.

JOCELYN: Shoe. What does that feel like for you?

ALICE: Nice.

JOCELYN: Is that nice. So it’s been different for you but not necessarily negative?

ALICE: It is negative in the way that I think especially my husband, mmm, he’s, mmm, use to me asking him what must I do now and everything, and now I’m just doing it even if he doesn’t like it.

JOCELYN: Ok, so its almost like in bringing you closer to yourself, you’ve moved further away from other people in your life?

ALICE: Yes.

JOCELYN: And sometimes it’s difficult for other people to accept the changes in you?

ALICE: Yes.

JOCELYN: Ok.

ALICE: They’re so use looking after me.

JOCELYN: So that’s almost like that’s a loss then?

ALICE: I don't think so.

JOCELYN: How do you think they experience it?

ALICE:… Mmm, the children I think, mmm, they are more open with me now. They seem to come with their problems more to me now.

JOCELYN: Ok.

ALICE: In the past they always went to their dad.

JOCELYN: Ok, so it's almost like there's more of you present?

ALICE: Ja.

JOCELYN: Do you see your therapy continuing for a long time into the future?

ALICE: No.

JOCELYN: How long do you think about?

ALICE: I said to Hannes the day I come here and he doesn't make me cry (laughs). But I don't think… Maybe a month.

JOCELYN: I don't know. I think that's something you and Hannes will have to decide on. Is it difficult for you when you think about ending your relationship with him?

ALICE: Yes.

JOCELYN: It seems quite sad for you. It's like there is quite a strong support for you.

ALICE: Yes.

JOCELYN: Ok. And how are you feeling about talking about him?

ALICE: (laughs). He's a nice person.

JOCELYN: What is it like for you when I'm asking questions about him?

ALICE: It's strange.

JOCELYN: Strange how?

ALICE: (laughs). I'm just talking about him, you know, what I see. But it is actually a person that I don't know.

JOCELYN: Ok. You feel like he knows you well, but you don't know him.

ALICE: Ja.

JOCELYN: Is that a problem for you in any way?

ALICE: No, no. I understand how it works.

JOCELYN: Ok. So this was something all about you where you didn't have to give him anything?

ALICE: Yes. But I would have liked to.

JOCELYN: Ok, so you would have liked to have returned some of the stuff he gave you?

ALICE: Yes.

JOCELYN: Ok. So it's like you say you care about him.

ALICE: Yes.

JOCELYN: Ok. Thank you very much for that.

END

TRANSCRIPT – TROY

JOCELYN: Can you describe your relationship with Hannes for me?

TROY: Fabulous.

JOCELYN: Fabulous. How do you mean?

TROY: He's, mmm, an understanding, sympathetic person. He's the type of person that won't say to you, listen, I think you talk nonsense, unless he knows you talk nonsense.

JOCELYN: So you feel like he's honest with you?

TROY: He's very honest. The goals he gives me (laughs). I laugh at him, because I can't actually remember at this stage what I want in my life. As my children say, I've got Alzheimer's light. I keep on forgetting. Mmm, He doesn't tell me he'd do this or do that and never does, so he's a very honest person. I like him.

JOCELYN: So you feel he's reliable?

TROY: Very much so. And I think he is a good psychologist. So, no, I mean…

JOCELYN: What for you is the most useful thing in your relationship with Hannes?

TROY: The thing that we call each other by name. I'm not a stranger to him. I'm not a missus or a number or a favourite person. What Hannes does for me or you, he does for everyone. So he's really fair. Mmm, I also feel that he's serious about his job. Exceptionally serious.

JOCELYN: What does he do that gives you that impression?

TROY: I… The way he treats you. You're important to him. You can come in and say ho things are going and you can talk to him. He doesn't force you to do it. He's never ever forced me to talk.

JOCELYN: So, what effect did that have on you, the fact that he doesn't force you to do anything?

TROY: I'm much more relaxed with him. Much more.

JOCELYN: So there's less pressure on you?

TROY: Ja. There's no pressure on me, and, mmm, he'll sit with me, listen quietly and say let's try something next week, do this way and that, but he's never pressured me. And he is punctual, he's very punctual. He's very committed. I just like him in general. He's somebody I can talk to. The same with the psychiatrist. I talk to him and say, listen, I'm not happy with this, and he helps. It's important for me to have somebody to talk to who I can say, Hannes, I feel like crying today and he would leave it.

JOCELYN: So you feel like you can be honest with him as well?

TROY: I can be honest with him. I can say, Hannes, I had a terrible week, I'm down in the dumps again.

JOCELYN: Is it the same for you in relationships outside therapy that you can be that honest?

TROY: No, not at the moment.

JOCELYN: Ok, so this is not like a social relationship to you?

TROY: No, it isn't.

JOCELYN: What…

TROY: It's just, he's a different person altogether. We had therapy…my mouth is dry. H will help me set a goal for myself. I'm not here because I committed suicide, I'm here because I lost my family. And he understands that.

JOCELYN: Ok, so you feel like he sees the real you?

TROY: I can say, Hannes, I don't want to talk about x today, because I'm cross with him, and he'll leave it. Next time he might ask me about it and why, but that time I might be in the mood to tell him, or I say bugger you man, I don't want to talk about it. But, Hannes, I can't describe him. He's fantastic, fabulous person.

JOCELYN: Mmm, how do you see the difference between therapy, your relationships with Hannes and your relationships outside of therapy? What is the difference between them?

TROY: At the moment it's a bit tight.

JOCELYN: What's a bit tight? What do you mean?

TROY: My one son is in America, so I don't see him much. The other one, the youngest one, I see him when I see him. The eldest one use to come around a lot and visit me, every morning, every afternoon and every evening. There's a bit of family hassle going on. I don't like it. I can talk to them, but (sighs) it's a feeling you get, you are upsetting them.

JOCELYN: So Hannes is more accepting of stuff?

TROY: He accepts, you know, that I can come and sit down and say anything. I find him very nice. I always say to people, if you want to go to a psychologist,

go to Hannes. A lot of people laugh at me. On the other hand he's like a child to me.

JOCELYN: What do you mean?

TROY: He's 24, I'm 64. My youngest son is older than what he is. You understand what I mean?

JOCELYN: So, despite the age difference, he still can take care of you?

TROY: Ja, so Hannes doesn't give you the impression that, you know, I'm god, I know everything or you're talking through your neck, or something. It's like somebody said to me – I have a habit of making my mouth dry. How can he tell me I made a habit of it.

JOCELYN: If you could change one thing about your relationship with Hannes, what would it be?

TROY: Nothing.

JOCELYN: Nothing. You like it exactly as it is?

TROY: I am happy with it exactly the way it is.

JOCELYN: What effect did therapy have on your relationships outside of therapy? Has it changed your relationship with your family?

TROY: To an extent, yes.

JOCELYN: Ok, how's that?

TROY: Because they all went through the same thing I did.

JOCELYN: Ok, so how are your relationships with them different now as a result of your relationship with Hannes?

TROY: I'm becoming more positive. I'm getting back to where I was. I was a strict, hard mother.

JOCELYN: And you're definitely going back there again?

TROY: I'm going back.

JOCELYN: Is that what you want to do?

TROY: Yes. I want to be myself. I can get as drunk as anybody else on a glass of water without using liquor, and I can be the bell of the ball. I was always a happy person. I always laughed and joked, but as I say, if it wasn't for Hannes and the psychiatrist. I went to them, they accepted the fact that I'm not suicidal. I think in that respect I respect them. They were honest with me.

JOCELYN: So that means a lot to you?

TROY: It means a lot to me that I can… I've still got a long way to go with Hannes, but I can talk to him. He's a person's person. He really is. I go to his office, and he says "Kom in Troy", and he'll have a glass of water for me with my dry mouth.

JOCELYN: How do you think Hannes feels about you?

TROY: I don't know.

JOCELYN: If you could guess, what is your feeling?

TROY: I think he's a really good friend.

JOCELYN: He's a really good friend?

TROY: Ja.

JOCELYN: What do you think he feels for you as a really good friend?

TROY: The interest is there. He takes the time.

JOCELYN: He's interested in you?

TROY: He takes the time to talk to me.

JOCELYN: So he focuses on you?

TROY: He focuses completely and utterly on me. His whole focus, his whole attitude is that I'm here to help you, I'm not here to break you down.

JOCELYN: Ok. Do you find that he sometimes says things in therapy that are difficult to hear?

TROY: No. And if he does, I'll say, say it again. But he's never given me the feeling that he's not interested in his patients.

JOCELYN: So you've never felt rejected by him?

TROY: No.

JOCELYN: If you had to describe therapy to somebody who was thinking of going, how would you describe it?

TROY: I don't know. I won't be able to. I think if I came with a suicidal stripe or something like that, it would be different from the way it is now.

JOCELYN: Ok, so knowing the therapy you had with Hannes, how would you describe therapy to somebody else? If I asked you if I should go for therapy, what would you tell me about it?

TROY: I'll say to you do so, but I don't know what you're going through or what's wrong with you. Everybody sees it different.

JOCELYN: Mmm-mmm. How do you see it?

TROY: I am frustrated at this moment. I'm in the ward. What do you do here? You eat, sleep, and drink. I can also do that at my house and I don't have to listen to other people.

JOCELYN: How do you think Hannes will respond to your frustration?

TROY: I think he's gonna laugh at me. "Helen, jong, kom ons begin van voor af". No, I don't think he's going to laugh at me. I can't see the Psychiatrist, because he went to the mental institution today and I have an appointment with him tomorrow. I feel in the therapist's respect, therapy is helping. But I will not pretend in front of him just for the sake of getting out.

JOCELYN: Ok. Thank you very much for your time.

END

TRANSCRIPT – HANNES & JOCELYN

HANNES: Mmm, what was your experience about interviewing the three clients about the therapeutic relationship?

JOCELYN: It was quite strange as a therapist to be speaking to a client about another therapist. It was strange, it was kind of, … talking about you was strange in the 3rd person. I'm trying to think strange how. Mmm, it was like talking about you behind your back kind of, even though we were talking like… the stuff that came out from the clients was good stuff.

HANNES: Ok, so what was your impression of, let's say the therapeutic relationship in general from that?

JOCELYN: From that various themes came up, themes of trust, themes of honesty, themes of caring, themes of containment, of congruence. It was stuff I would have expected. I got more insight into your therapy as a fellow therapist or colleague. Mmm, I kind of saw you in a different light in that.

HANNES: How so?

JOCELYN: Mmm, I'm not entirely sure how. I just so much saw the caring reflected in that which you give them, and that for me was quite a special thing to look at. They all felt so held and contained by you, and they all had so much respect for you as therapist. It was cool to see.

HANNES: Do you think the respect is something they have for me or for themselves in the process?

JOCELYN: I don't know. It's a bit of both. I mean, how can you draw a line between it really? But respect for you as therapist was clear.

HANNES: Ok. And specifically as a therapist?

JOCELYN: There's a bit of confusion there. I know it's academic to draw the distinction, but, mmm, I sort of, I can't remember who, but one of them spoke of you as a friend, your like a really good friend. And, mmm, ja, that was another thing for me. Being able to draw the distinction between a friend, a social relationship and a a-social relationship. I realise that this is an artificial kind of therapeutic jargon construct, because people just experience a close relationship and from want of a better term, they call it a friendship relationship.

HANNES: So it doesn't really… The definition isn't that important?

JOCELYN: No. That's exactly it. I mean, I found myself in the interviews going to specific goals, like I want them to say a specific thing. But that's my language and I have to kind of draw back from it, pushing them to say specific things from my psychology speak, instead of just listening what they say.

HANNES: And the language that you used pushed them towards…

JOCELYN: It is like, for example, drawing a distinction between a friendship and an a-social relationship. That's an artificial distinction that we draw as therapists having come from our frame of reference, being educated in a specific way.

HANNES: When they uses their language, did it fit or link to the way we language what we do?

JOCELYN: It did, but with a bit of a twist, kind of like, honesty and congruence became synonyms. I kind of had to reframe congruence into Hannes is honest with you in what he does. In that way I was translating what was in my head in a way they would get it.

HANNES: And from their side?

JOCELYN: I think so. I didn't get the impression that there was a lack of connection there, or a miscommunication. I don't know. My own questions evolved over the three interviews. I had a much clearer idea of what I was asking for based on the end. It was pretty much a learning experience for me as well.

HANNES: Did the clients find it difficult to put the relationship-thing in words?

JOCELYN: Ja, especially the first guy.

HANNES: So you had to do a lot of work?

JOCELYN: Ja, I had to do a lot of reflection and stuff like that. I don't think people speak psychology-speak naturally. It's stuff that we know, and it's hard for them to put a connection like that into words, because it is a connection on an emotional level and I don't think it has language all by itself. It's just something we put around it to make it easier for us to understand.

HANNES: So, it's almost a given. It's not something you have to think about. A technique or…

JOCELYN: Ja, it's something that evolves on its own. It's not as linear a concept as language forces it to be. It's much more reciprocal, it's complex. It's hard to put into words.

HANNES: Reciprocal in what way?

JOCELYN: In that it's an interaction. It's an interface of two worlds, between you and the client. It's an exchange of information, ideas and understanding.

HANNES: So you see it almost as two three dimensional objects coming together at one point and that's almost creating a six dimensional type of thing?

JOCELYN: Absolutely.

HANNES: Mmm, with you, what did it do to the way you think about therapy afterwards?

JOCELYN: Mmm, I'm not sure. In my actual interviews with the clients, I wondered how some of my clients would respond to some of the questions.

HANNES: Ok. Between the three of them you said there were certain themes that came out a lot. Why do you think that is?

JOCELYN: I think your therapies are characterised by certain things, that experience of certain things were the same in all three. It's like your understanding, empathy or congruence is interpreted differently. One will take it as friendship, the other takes it as a therapist's work. Two of them were able to take it much more to hart and think you care about them.

HANNES: Do you think it is important if you care about the client?

JOCELYN: I genuinely do.

HANNES: What do you mean with caring?

JOCELYN: Mmm, being present, being attentive, giving a shit.

HANNES: So did you think the clients the interviews as intrusive?

JOCELYN: I don't think so. That was not the impression that I got. I was wondering if, because of the fact that we were talking about their therapy, if they would feel protective of you. I think I asked all of them if there was something they could change, what would it be. And all of them said nothing.

HANNES: Do you think there would be stuff they did not say?

JOCELYN: No. Intellectually I can think, yes, maybe. But gut-feel, no. The theme that came up a lot was the unconditional acceptance. They seem to feel that they could say anything without feeling that you felt they were fucked up.

HANNES: The fact that you and I are friends, do you think that it influenced the way…

JOCELYN: It's impossible to say. Mmm, I don't know. Possibly I had ideas in my head of what I was looking for because I know you. But it also comes from who I am and training, and respect for how you work and the client.

HANNES: Ok, Thanks.

END

TRANSCRIPT - CARLOS

JOCELYN: Mmm. I think Hannes would have told you. This interview is about you're experience of therapy with him, or the therapeutic process. Do you have any thoughts on that? What was it like for you to be in therapy?

CARLOS: It was…. It was nice.

JOCELYN: Mmm, could you tell me a bit more about the quality of the relationship you felt? How would you describe it?

CARLOS: Mmm, the first few sessions was… It was something like you keep your distance and I keep mine. After that I was more comfortable with him. He did not push me talk. I think, later I could talk to him.

JOCELYN: Ok. So you felt like you trusted him a bit more. How did he respond?

CARLOS: I think he was also a bit more relaxed and he asked more personal questions. More, mmm, emotional questions than in the beginning.

JOCELYN: What part was the most helpful for you?

CARLOS: Meaning what?

JOCELYN: Of the whole therapeutic process, what element was most helpful?

CARLOS: (silence). I don't know how to answer that.

JOCELYN: Ok, fine. How is speaking to Hannes different than speaking to me?

CARLOS: I'm more relaxed with him.

JOCELYN: Did you feel like this with him in the beginning?

CARLOS: A bit more strange.

JOCELYN: A bit more strange. Mmm, if you could say what was it that made it less strange as the process went on, what would that be?

CARLOS: Mmm, the way he was sitting, the way he talked. It made me relax a bit. Also, I could bring anything I wanted to talk about. He did not push me to go to personal with my stuff. There was, mmm, if I did not want to talk… (silence). I can talk about anything when I want to without being pushed. Also my personal stuff.

JOCELYN: Ok, so you felt that he would meet you in the change that you gave him. So you felt he was strong enough for you.

CARLOS: Yes.

JOCELYN: Ok, what was that like for you? Was it a new experience?

CARLOS: Yes it was. It was different from usual talking to other people.

JOCELYN: Why do you think that is?

CARLOS: I don't know.

JOCELYN: What do you think about Hannes made it different?

CARLOS: Mmm, in a way I could talk to him. He listened to my stuff. I did not need to be the clown or be one way. He also knows what I talk about, like he's been through it. It wasn't like talking to someone who doesn't know what it is about.

JOCELYN: Ok, so in a way you felt understood. There was some kind of shared experience.

CARLOS: Yes.

JOCELYN: So, that shared experience, what effect did that have on you?

CARLOS: I could talk about my past. It also… I think it was easier for him to see what I mean and what is not nice. I did not have to explain and explain. He just knew what to ask.

JOCELYN: Ok, so you feel like it helped him to know where to look in your kind of thing?

CARLOS: Ja.

JOCELYN: Ok, so it's almost like he's guided you through a process?

CARLOS: Yes.

JOCELYN: What was it like to be guided like that?

CARLOS: It was strange, because I'm not use to it. To be taken care of and just talk about yourself. People just want you to be ok and be the old Carlos. He did not, I could do what I want.

JOCELYN: Was that helping for you?

CARLOS: Yes.

JOCELYN: How?

CARLOS: Mmm, the way I spoke. He listened without telling me I should be okay or asking me what is wrong with me or stuff like that. I can just (silence). I can talk and he listens.

JOCELYN: So he's somebody who's standing with you?

CARLOS: Yes.

Ok, so it seems like you feel very connected to him?

CARLOS: Yes.

JOCELYN: Mmm-mmm. And how do you feel about him at the moment?

CARLOS: Respectfull. I respect the way he treats me. I had a guy next to me who's also going to be one of Hannes' patients. He asked me what I think about him and so. I told him I respect him and he is a good psychologist. He's better that the others.

JOCELYN: Ok, so you have been to a psychologist before?

CARLOS: Ja.

JOCELYN: Ok, how is this different?

CARLOS: I'm not just sitting in a chair with him asking questions until the time is over. Or asking me to draw a picture or do a test.

JOCELYN: Ok. It felt like Hannes understood you?

CARLOS: Ja.

JOCELYN: Ok, mmm, has it changed your conceptions of therapy?\

CARLOS: Yes.

JOCELYN: How so?

CARLOS: It's made me more open. I did not usually want to talk to those people. They pushed me as well. Asked questions that are personal the whole time. I just had to answer questions or do tests, that's all.

JOCELYN: So it felt like he was more open to your stuff and that helped you to open up?

CARLOS: Ja.

JOCELYN: Ok, mmm, was that experience of opening up now life, has that only occurred with Hannes, or do you get that elsewhere as well?

CARLOS: First time.

JOCELYN: First time ever? That must have been a very powerful experience for you?

CARLOS: It was. It was scary to tell a stranger my stuff. I in the beginning didn't want to. It was strange talking to someone all about yourself.

JOCELYN: Do you talk about therapy to other people outside your relationship with Hannes?

CARLOS: Ja, sometimes.

JOCELYN: Ok, so what would you tell somebody about therapy who's never been in therapy before?

CARLOS: Don't be scared. It's not only sissy's who go to psychologists. Cause, there is a thing, if you go to a psychologist, you are a sissy or mad. It's not true.

JOCELYN: So it takes courage to go for therapy?

CARLOS: Yes.

JOCELYN: What is it about therapy that makes it so scary?

CARLOS: Mmm, people think they screw up your brain and change everything in your life. It's actually not. I had the choice. Hannes did not push me. It's 95% your own stuff to change.

JOCELYN: Ok, I think your right. Absolutely. How is therapy different from what people say?

CARLOS: It won't change your life or anything. You stay yourself still. You just have to put… It helps you with problems.

JOCELYN: So it's almost like you get to stay who you are. So there are no expectations of you?

CARLOS: There's no expectation. There is… If I have a problem, we try and solve it. I try and solve it and he helps me to do it.

JOCELYN: Ok, so you feel like as a result, you have a lot more power.

CARLOS: Yes. I can easier solve my own problems.

JOCELYN: Ok. Can you think of something in the relationship with Hannes that helped create that for you?

CARLOS: Mmm… His guts.

JOCELYN: His guts. Tell me a bit more about that?

CARLOS: He doesn't back down. If I look him in the eye, he doesn't look away. I can be angry and stuff, and he doesn't back down.

JOCELYN: Ok, so he was brave enough to sit with you. Did that teach you something.

CARLOS: Yes… I could look at him and he would not look away first. Usually people back down.

JOCELYN: It seems like you experienced therapy as scary, but you also expected Hannes to be scared of you?

CARLOS: Yes.

JOCELYN: What's that like?

CARLOS: A different experience.

JOCELYN: It seems like it's quite hard for you to put the relationship into words?

CARLOS: Ja, I'm no good with words. It's difficult.

JOCELYN: Mmm, what would you like to tell Hannes about your therapy experience?

CARLOS: What would I like to tell him. I would like to tell him that he gives me many things to think about. If I get a problem, I can just tell him, and he will help me.

JOCELYN: This was a new experience for you. Correct me if I'm wrong. It seems as if overall you're experience of therapy was comfortable, you felt contained, you felt cared for, mmm, but also challenged.

CARLOS: Yes, also challenged.

JOCELYN: What is it like being challenged by Hannes?

CARLOS: Scary. Nobody ever challenged me in that way. Most people just challenge me physically.

JOCELYN: Mmm-mmm. How did he challenge you?

CARLOS: Emotionally. It was the first time someone really had the guts to come near my emotions.

JOCELYN: What was it like?

CARLOS: Mmm, it was scary to start out. It later got normal. I could stand up or give it back.

JOCELYN: Do you think you changed more as a result of his challenging or as a result of his holding?

CARLOS: I can't say.

JOCELYN: So it's difficult to say which is more important?

CARLOS: Yes.

JOCELYN: Do you see this impacting on the rest of your life outside of therapy?

CARLOS: Yes.

JOCELYN: How so?

CARLOS: (laughs). My emotions are easier to feel. I use to put them away and try not to feel them. I would rather make a joke or get into my car and get drunk or just drive or something. Now it's different than before.

JOCELYN: Ok, so it is kind of like feeling it in the moment?

CARLOS: Ja. I don't run away from the emotional stuff, even if it is scary.

JOCELYN: Will it have other effects?

CARLOS: Don't know.

JOCELYN: So it feels like your still early in the process. Has therapy changed the way you see yourself?

CARLOS: Ja.

JOCELYN: How so?

CARLOS: Now I don't think about other people or what they are thinking of me. I don't just try and do what they want me to do. I look at myself also and I do what I feel I want to do.

JOCELYN: Ok, so in caring for you, Hannes helped you to care for yourself?

CARLOS: Ja, I can see myself as important.

JOCELYN: It's like you feel more connected to yourself now?

CARLOS: Yes.

JOCELYN: Ok, thank you very much for that.

END