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**INTERPRETATION IN PSYCHOTHERAPY:
AN EMPIRICAL PHENOMOLOGICAL-HERMENEUTIC STUDY**

Richard S. Zayed

Dissertation submitted to the Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements for the Ph.D. degree in Clinical Psychology

School of Psychology
Faculty of Social Studies
University of Ottawa

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DEDICATIONS

I would like to dedicate this dissertation to the therapists and patients who participated in this study. Thank you for sharing your lives and therapeutic experiences with me, for your contribution made this dissertation possible. I would also like to dedicate this dissertation to the field of psychotherapy, in hopes that it can maintain an openness and learn from its diversity, and thereby continue to grow, develop, and become more integrative of its diverse approaches and orientations.

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ABSTRACT

As a psychotherapeutic intervention, interpretation has an extensive history dating back to the beginnings of psychotherapy itself. It has been theoretically expounded as the essence of psychotherapy by some theorists, and rejected as unnecessary by others. However, as the major theoretical orientations have begun to converge, interpretation has entered into their contemporary discourses in one form or another. Empirically, interpretation has been addressed extensively, particularly in the psychodynamic and process psychotherapy literatures. However, few qualitative studies have been conducted on the phenomenon as it presents itself in actual therapy sessions, and these qualitative studies have presented with significant limitations.

The present dissertation conducted a phenomenological study of interpretation in psychotherapy by examining the manner in which it presents itself through three sessions of self-identified psychodynamic, humanistic-existential, and cognitive behavioural therapists. These sessions were followed by separate interviews with the therapists and the patients regarding their experiences of the interpretations within the sessions. The three sessions and six interviews were analyzed by using the phenomenological method. The resulting general meaning structure indicated that interpretation was a core therapeutic intervention in all three sessions, and presented as a highly complex phenomenon. Its deeply interrelated main features indicated that interpretation is a highly dialogical phenomenon immersed in therapist and patient contexts and intentions, as well as pre-interpretive and post-interpretive contexts. Both the therapists and patients contributed to the evolution of interpretations in the interpretive dialogue, and in fact patients were found to initiate some of the interpretations. The dialogical nature of interpretation also implied that, through their interrelationship, the therapist and patient dialogued with the interpreted material as a presence beyond their relationship, giving rise to the actual interpretations.

Interpretive threads interweaved throughout the sessions as the interpretations formed layers of thematic development and increased in complexity. These interpretations involved greater or lesser degrees of intuition or reflection. Intuition and reflection counterbalanced each other; the former reflecting the interpretation's grounding in understanding the patient's

experiencing, and the latter reflecting the interpretation's abstraction, complexity, and/or explanatory focus. Through its temporal dimension, interpretation unfolded in the present of the therapeutic dialogue, but reached back into the past and thrust forward into the future, even beyond the session itself. Finally, the present dissertation addressed specific and general patient responses to interpretation, and suggested a novel typology of interpretation.

TABLE OF CONTENTS

DEDICATIONS	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
TABLE OF CONTENTS	vi
I. INTRODUCTION: INTERPRETATION AND PSYCHOTHERAPY AS HUMAN ENDEAVOURS	1
II. PHILOSOPHICAL FOUNDATIONS	7
Husserl: The Father of Phenomenology	8
The Existential Phenomenology of Heidegger	9
Gadamer's Philosophical Hermeneutics	12
Dialogue and the Fusion of Horizons	15
Ricoeur's Phenomenological Hermeneutics	17
The Question and Complexity of Meaning	18
Phenomenological Hermeneutics, the Structure of Narrative, and the Dialectics of Texts	19
The Hermeneutic Circle and the Interpretive Method	24
III. REVIEW OF THE PSYCHOLOGICAL LITERATURE	30
Interpretation in the Psychodynamic Orientation	30
Interpretation in Freudian Psychoanalysis	30
Interpretation in the Expansions of Freudian Psychoanalysis	37
Expanding the Nature of Interpretation	37
The Rules of Interpretation	40
Transference interpretations	43
The Truth-Value and Validation of Interpretations	47
Interpretation in Psychodynamic Approaches Beyond Psychoanalysis	51
Interpretation in Lacan's Linguistic Psychoanalysis	52
Interpretation in Ego Psychology, Object Relations Theory, and Self Psychology	54
Kohut's unique contribution	58
Interpretation in the Interpersonal Approaches	62
Interpretation in the Narrative Orientations	66
Interpretation in the Cognitive-Behavioural Orientations	73
Interpretation in the Humanistic Orientations	76
Alternate Humanistic Positions Regarding Interpretation	78
Interpretation from the Existential-Phenomenological and Hermeneutic Perspectives	81

The Existential-Phenomenological View of Understanding and Interpretation in Psychotherapy	82
The Phenomenological-Hermeneutic Contribution	85
Psychotherapy as a Dialogical and Textual Phenomenon	85
Interpretive Dialogue in Psychotherapy	87
The Role of Theoretical Orientation in Interpretive Dialogue	91
Quantitative Studies of Interpretation	96
Descriptive Studies of Interpretation	96
The Effects of Interpretation on Process Variables	98
Interpretations as a Process Variables Related to Outcome	100
Critiques of the Quantitative Studies of Interpretation	102
Qualitative and Mixed Methods Studies of Interpretation	105
Critiques of the Qualitative and Mixed-Methods Studies of Interpretation	114
IV. RATIONALE FOR THE HUMAN SCIENCE RESEARCH PARADIGM IN PSYCHOLOGICAL RESEARCH	119
The Phenomenological Approach to Psychological Research	122
Qualitative Inquiry Within Psychotherapy Research	127
Rationale for a Phenomenological Study of Interpretation in Psychotherapy	129
V. METHODOLOGY	131
Research Questions	131
A Delineation and Definition of "Interpretation"	131
The Sources of and Rationale for the Data	135
The Procedure of the Study	136
Data Analysis: Using a Phenomenological Method	138
Issues of Validity and Reliability in the Phenomenological Study	144
VI. RESULTS	148
Meaning Structures for the First Participant Pair	149
Situated Meaning Structure of the Interpretations in Therapy Session 1 (S ₁)	149
Situated Meaning Structure of the Interview with Therapist Regarding Interpretations in Therapy Session 1 (S ₁)	152
Situated Meaning Structure of the Interview with Patient Regarding Interpretations in Therapy Session 1 (S ₁)	157
General Meaning Structure of Interpretation for the First Participant Pair	160
Meaning Structures for the Second Participant Pair	165
Situated Meaning Structure of the Interpretations in Therapy Session 2 (S ₂)	165
Situated Meaning Structure of the Interview with Therapist Regarding Interpretations in Therapy Session 2 (S ₂)	168

Situating Meaning Structure of the Interview with Patient Regarding Interpretations in Therapy Session 2 (S_2)	173
General Meaning Structure of Interpretation for the Second Participant Pair	179
Meaning Structures for the Third Participant Pair	185
Situating Meaning Structure of the Interpretations in Therapy Session 3.1 & 3.2 ($S_{3.1}$ & $S_{3.2}$)	186
Situating Meaning Structure of the Interview with Therapist Regarding Interpretations in Therapy Session 3.1-3.2 ($S_{3.1}$ & $S_{3.2}$)	190
Situating Meaning Structure of the Interview with Patient Regarding Interpretations in Therapy Session 3.1-3.2 ($S_{3.1}$ & $S_{3.2}$)	196
General Meaning Structure of Interpretation for the Third Participant Pair	201
General Meaning Structure of the Phenomenon of Interpretation	208
Interpretation as a Core Therapeutic Intervention	208
Interpretation as a Dialogical Phenomenon	208
The Therapeutic Context and General Intentions of Interpretation	212
The Thematization of Interpretation	213
Interpretation and Temporality	215
Interpretation's Level of Reflection	216
Towards a Typology of Interpretation	218
2) Elaborative Interpretations	221
3) Determinant Interpretations	222
4) Confrontational Interpretations	223
General Responses by Patients to Interpretations	225
Interrelating the General Structure of the Phenomenon of Interpretation ..	226
VII. DISCUSSION	230
Interpretation as a Core Therapeutic Intervention	230
Interpretation as a Dialogical Phenomenon	232
Interpretation's Immersion in a Patient-Therapist Interrelationship	232
Interpretation as an Intersubjective Phenomenon	235
Collaboration and Interpretive Style	238
The Interpretation Proper and Its Pre-interpretive and Post-interpretive Contexts	242
The Therapeutic Context and General Intentions of Interpretation	245
Therapists' Interpretive Contexts	245
Therapists' Interpretive Intentions	247
Creating and Discovering Meanings	248
Therapists' Emotional Engagement	249
Creating Reflective Distance	250
Patients' Interpretive Intentions and Contexts	252
The Overlay of Interpretive Contexts and Intentions in the Interpretive Dialogue	254

The Thematization of Interpretation	256
Interpretation and Temporality	259
Interpretation's Level of Reflection	260
The Degree of Intuition or Reflection	260
Interpretive Complexity	262
The Roles of Understanding and Explanation in Interpretation	263
The Issue of Typology	266
Consolidatory Interpretations	267
Elaborative Interpretations	268
Determinant Interpretations	269
Confrontational Interpretations	270
Patients' General Responses to Interpretations	270
Conclusion: Contributions, Limitations, and Future Directions	273
REFERENCES	279
APPENDICES	302
Appendix A	
A Sampling of Pan-Theoretical Definitions of Interpretation	303
Appendix B	
Hill's (1986) Verbal Response System	305
Appendix C	
Recruitment and Consent Forms	309
Recruitment Form for Therapists	310
Recruitment Form for Clients	312
Research Consent Form for Therapists	314
Research Consent Form for Clients	316
Appendix D	
Client Biography Forms	318
Appendix E	
Sample Interview Questions	328
Appendix F	
Sample Data Analysis Tables	330
Therapy Session 1 (S ₁)	331
Therapy Session 2 (S ₂)	333
Therapy Session 3 (S ₃)	335
Appendix G	
Biblical Passage Read By Patient 1 (P ₁)	337
Appendix H	
The Painting of Patient 1 (P ₁)	339

I. INTRODUCTION: INTERPRETATION AND PSYCHOTHERAPY AS HUMAN ENDEAVOURS

“The ubiquitousness of references to ‘interpretation’ throughout psychiatric and psychological literature attests to its perceived importance as a psychotherapeutic procedure. Almost every approach to the study of psychotherapy, whether for or against the use of interpretation, seems compelled to discuss, analyze, criticize, and explore its techniques and effects” (Fessler, 1978, p. 6).

Theorists from various fields have argued that one of the major sociocultural trends witnessed in the Western World since the end of the 18th century is the increase in the sense of isolation and fragmentation experienced by human beings, due to a large extent to dramatic and rapid changes and a resultant increased complexity in all facets of human existence (e.g., Durkheim, 1964; Elkind, 1994; Mook, 1999a; Shorter, 1976; van den Berg, 1974). More than any other period in Western human history, the dramatic technological and sociocultural changes, particularly in the last century, have led to a gradual monadic isolation of the human individual, not only from others but also from him/herself. Along with the recognition of these consequences of modernity and postmodernity came a desire to search for means to retrieve those fragmented and isolated aspects of humanity. Throughout the fields of the humanities and social sciences there recently developed an insight that the search for meanings and reasons underlying human phenomena is fundamentally grounded in the structure and process of interpretation (e.g., Hiley, Bohman, & Shusterman, 1991). As Shusterman (1991, p. 123) argued, “... we are today so preoccupied with interpretation largely because we so rarely feel comfortably at home in the often conflicting worlds of our understanding, that our age is an age of interpretation because it is one of alienation and fragmentation.” Thus any question regarding the nature of a phenomenon, they argue, implies a question regarding its meaning; and its meaning is inextricably linked with interpretation. As Ricoeur put it, “the most fundamental phenomenological presupposition of a philosophy of interpretation is that every question concerning any sort of ‘being’ [étant] is a question about the meaning of that ‘being’” (1985, p. 114). Aside from the recognition of the need for interpretation in our postmodern age, came the philosophical insight that interpretation is an ontological aspect of human existence, is a necessary component of all epistemology, and is thus necessary if we are to come to an understanding of the underlying

meanings and reasons of human phenomena (Heidegger, 1962; Hiley, Bohman, & Shusterman, 1991). Thus, as Bernstein (1988) argued, our last century may also be labelled the age of interpretation.

Psychotherapy¹ has grappled with the issue of complex meanings from its beginnings. Foundational to psychotherapy in general is the search for hidden meanings of human experience and/or behaviour, which have somehow been repressed, isolated or otherwise dissociated from the individual's awareness or consciousness. Individuals with psychological problems are arguably characterized by conflictual hidden meanings which contribute to the complexity and elusiveness of the problematic aspects of their lives. Within psychotherapy, revealing hidden meanings which the patient² has not previously grasped is intimately associated with the realm of interpretation. Freudian psychoanalysis was fundamentally a search for the unconscious meanings which had been repressed and isolated from the consciousness of analysands and which called for interpretation (Breuer & Freud, 1893-1895/1955). While other therapeutic approaches³ conceptualize it differently, most agree that the search for novel meanings of the patient's behaviours and experiences is essential to psychotherapy, meanings which have been unaccounted for by other means and which involves the creation of connections between seemingly isolated aspects of the patient's life and the emergence of novel insights. Interpretation can thus be distinguished from understanding in that understanding synthesizes meanings which are already present and experienced by the patient, and makes them more explicit.

¹ The terms *psychotherapy* or *therapy*, as opposed to *counselling*, are used throughout this dissertation, but are intended to include the counselling field and its contributions. The distinction between the two fields is beyond the scope of this dissertation.

² Unless otherwise required by the theoretical approach or a specific quote, the term *patient* is preferred to the terms *client* or *analysand* throughout this dissertation. Its roots are derived from the word *patience* (as in patiently attending to the healing process) and it refers more directly to the intent by the therapist to heal psychological problems. Psychotherapy is more of a healing relationship than a business relationship, and the latter is implied by the term *client*. The term *therapist* is generally used, unless otherwise indicated by the psychoanalytic approach, which often uses the term *analyst*.

³ Throughout this dissertation, the term *orientations* is used to refer to the three major schools, or forces (Maslow, 1970), of therapeutic treatment: the psychoanalytic/psychodynamic, humanistic/existential phenomenological, and cognitive behavioural. The term *approaches* is used to refer to specific schools within each orientation.

The importance of interpretation to psychotherapy is posited by various authors, who argue that interpretive acts in psychotherapy enable change through offering patients an alternate view regarding the meaning of their experiences and/or behaviours (e.g., Bone, 1968; Fessler, 1978; Gendlin, 1968; Levy, 1963; Meichenbaum, 1988a; Kelly, 1994; Spiegel & Hill, 1989). Although their modes of interpreting and the part interpretation plays varies greatly, interpretation appears to be universal to psychotherapy (Pogge and Dougher, 1992) and interpretation as a technique appears to be essential in most psychotherapies (Claiborn, 1982). Thus while the content of the interpreted material⁴ and the process through which they are presented may differ from one theoretical orientation to another, the phenomenon of interpretation is common to all major orientations (Hammer, 1968; Levy, 1963; Kelly, 1994; Sass, 1988). Furthermore, research on the factors which are effective in psychotherapy has indicated that interpretation seems to be an essential common factor across therapeutic orientations and is used either implicitly or explicitly (Claiborn, 1982; Gazzola, 2001; Hammer, 1968). Yardley (1990) argued that interpretation is one of the most essential features which distinguishes psychotherapy from other forms of dialogue and modes of knowing and understanding another human being, and that interpretative acts⁵ are likely to be present in all approaches of psychotherapy and possibly used more often than is theoretically expected. Snyder emphasized the importance of interpretation to the therapist's role in the therapeutic process by writing, "among the central factors in counseling and psychotherapy, there is perhaps no more important issue than that of interpretation" (1982, p. 96). Spiegel and Hill (1989) wrote that "interpretation plays a central role in both theory and practice and has been found to be one of the most helpful interventions with normal to moderately disturbed clients" (p. 121). Finally, from a psychoanalytic perspective, and as early as 1963, Levy went so far as to write:

⁴ The word *material* is used throughout this dissertation to refer to the events, thoughts, feelings, experiences, and behaviours that have become the focus of therapeutic attention by the patient and/or the therapist.

⁵ A useful distinction can be drawn between the terms *interpretive* and the *interpretative*. In the context of this thesis, *interpretive* refers to any aspect of psychotherapy which involves interpretation, whereas *interpretative* refers specifically to the therapist's explicit act of presenting an interpretation.

interpretation is the most important single activity engaged in by the clinician. Whether engaged in overtly or covertly, intentionally or unintentionally, interpretation underlies every decision, diagnostic formulation, and therapeutic act. Without interpretation, the clinician must take the data furnished him at face value; without interpretation, the clinician is not much further ahead in understanding his patient's behavior than is the patient himself; without interpretation, the clinician is at best a technician who must record whatever presented to him and then hope that some data will appear in actuarial tables or cookbooks so that he can find out what to do next (p. viii).

Already in 1968, Hammer argued that the function of an interpretative act is to bring into the awareness of the patient implicit and/or new meanings and possibilities for the purposes of expanding self-knowledge, broadening the patient's perspective, and promoting change, thereby expanding the realm of freedom, self-direction and control in the patient's life. How these implicit and/or new meanings are revealed, dealt with, and used to facilitate the development of insight by the patient is conducted in a manner that fits the underlying goals of therapy, which themselves are founded upon the theoretical orientation of the therapist.

Irrespective of the manner in which interpretation is defined or conceptualized, it appears that some level or kind of interpretation of a patient's material seems to be essential to most therapeutic endeavours. As Hammer (1968, p. 1) put it,

it may be easily observed that whether the therapist is a Freudian or an Adlerian, a Jungian or a Sullivanian, a Transactionalist or a Rankian, an Existentialist or a Rational Therapist, a Paradigmist, a Neo-Classist, or an Ecclectic, the use of interpretation is a common tool.

As researchers and clinicians in the field of psychotherapy, we are confronted with a psychological literature that presents us with many approaches to the conceptualization of interpretation, with little effort made to reconcile their often contradictory theoretical positions. Given the above stated important role which interpretation plays in psychotherapy, we are also confronted with the fact that, at some level, these approaches have all effectively used their conceptualization of interpretation in practice.

While the existing theoretical conceptualizations, presented by the various orientations, provide us with insight into the phenomenon of interpretation, due to their theoretical nature they cannot capture it as it is lived within actual therapy sessions. They are

thus limited in their understanding of how the phenomenon presents itself in psychotherapy. In response to this limitation, the following dissertation conducted an empirical phenomenological study of the phenomenon of interpretation. Phenomenology includes a qualitative research method which allows us to study interpretation as it presents itself in actual therapy sessions. The purpose of the present study was to utilize this approach to see what novel insights it can provide regarding the phenomenon of interpretation in psychotherapy. This can be contrasted with the conceptual contributions of philosophizing and theorizing about interpretation. Furthermore, few studies have used phenomenology to study the phenomenon of interpretation in psychotherapy, and the following study intended to critique and improve upon these studies that preceded it. It proceeded by examining the manner in which interpretation is revealed through a small number of different therapeutic sessions by therapists of different orientations, and included an interview with both the therapist and the patient regarding those therapeutic sessions. Examining the patient-therapist dialogue in the therapy tapes was intended to provide data regarding the dialogical and intersubjective dimensions of interpretation, whereas the interviews provided data regarding how the patient and therapist meaningfully experience in-session interpretations. This was intended to allow the phenomenon of interpretation to reveal itself as it generally presents itself in the living therapeutic practice, irrespective of how it is theoretically conceptualized by the various orientations.

The following dissertation will first present relevant phenomenological and hermeneutic foundations which provide philosophical insight into the phenomenon of interpretation in general. These foundations not only provide relevant ontological and epistemological ideas regarding interpretation, but they are also the root of the derived phenomenological method used to fulfil the purpose of the present study. This dissertation will then present a review of relevant psychological literature on the phenomenon of interpretation in psychotherapy, which will include both some psychotherapeutic theories as well as the empirical psychological research on the phenomenon. The methodology and its rationale will then be presented, followed by the results of the present study. The discussion chapter will dialogue with the literature and highlight its convergences and divergences with

the results of the present study, as well as the current study's unique contributions. The limitations of the present study and future directions for research will also be addressed.

II. PHILOSOPHICAL FOUNDATIONS

“We can take it as a given that hermeneutic-type processes are at work in each therapist’s office, though with varying degrees of completeness and conscious awareness” (Bouchard & Guérette, 1991, p. 389).

Hermeneutic philosophy examines the art, science, and logic of understanding and interpretation of written texts, and presents its ontological foundations and epistemological justifications (Bleicher, 1980; Madison, 1990; Palmer, 1969). Hermeneutics has a history dating back to Plato and Aristotle and a modern history dating back to the late 18th century in the works of Schleiermacher and Dilthey. There are many branches of contemporary hermeneutics, which can be broadly categorized under the headings of hermeneutical theory, hermeneutic philosophy or phenomenological hermeneutics, and critical hermeneutics (Bleicher, 1980; Madison, 1990). Although this dissertation draws upon some ideas from these various branches of hermeneutics, it will focus upon phenomenological hermeneutics because it uses phenomenology in its methodology. Phenomenological hermeneutics has also been the most commonly applied to psychotherapy (e.g., Barclay, 1992; Bouchard & Guérette, 1991; Friedman, 1985; Martin & Dawda, 1999; Mook, 1994; Sass, 1988; Snyder, 1982). In particular, this dissertation will focus upon phenomenological hermeneutics as a contemporary field which deals with the theory and method of understanding and interpreting human texts. This philosophical branch views interpretation as an ontological aspect of human existence, a necessary component of all epistemology, and thus necessary if we are to come to an understanding of the underlying meanings of human phenomena (Hiley, Bohman, & Shusterman, 1991; Ricoeur, 1985).

This chapter will present the central ontological and epistemological tenets of this philosophy which are most relevant to the current dissertation. It will begin with Husserl as the father of phenomenology. Then it will draw upon the existential phenomenology of Heidegger (1962), who argued for the existential nature of both understanding and interpretation, and their ontologically embedded interrelationship. Gadamer (1994) and Ricoeur (1985) utilized these Heideggerian insights in their own works on understanding and interpretation. Gadamer emphasized the historical character of human understanding, arguing that all understanding is grounded in a *historicity* which includes our past

experiences and cultural and linguistic contexts. He was the first to apply hermeneutics to the spoken word and human dialogue. Ricoeur, in turn, focussed his hermeneutics on the reader and the text. He emphasized the interrelationship between understanding and explanation as different phases of the interpretive process.

Husserl: The Father of Phenomenology

As one of the great philosophers of the twentieth century, the main contributions of Husserl was his introduction and development of phenomenology as an alternative epistemology and methodology for the natural and human sciences. Husserl's (1970) philosophical aim was to develop an epistemology which can be applied to all fields of knowledge, founded upon the primacy of consciousness. Husserl defined *consciousness* as an act of revealing which is fundamental to human nature. He argued that when we examine a particular phenomenon we should let the phenomenon "speak for itself" and allow it to reveal or manifest itself in consciousness. While one examines a phenomenon, if one wishes to remain true to the manner in which that phenomenon reveals itself, one must only *describe* it - to do anything else (any form of analysis) deters from the phenomenon's true nature. Husserl emphasized that, in the process of describing a phenomenon, the avoidance of preconceptions and bias emerging from personal knowledge is essential. He used the term *epoché* to describe this process of *bracketing* experience in order to authentically describe it, devoid of preconceptions and bias.

Intertwined with his philosophy of consciousness, an essential concept for Husserl is his concept of *intentionality* (1970). He developed the concept of intentionality to describe the inherently co-constituted nature of human consciousness with the world. It refers to an act of consciousness which is always directed towards something or someone in the world and makes the world a human world. It thus situates the objects of human consciousness in the world (Kruger, 1979). A related fundamental concept is Husserl's concept of the *life-world*. The life-world refers to human life as always lived in engagement with the world in which it exists, and should never be described in isolation from it. As Palmer wrote, "world is not the whole of all beings but the whole in which the human being always finds himself already immersed, surrounded by its manifestness as revealed through an always grasping,

encompassing understanding” (1969, p. 132).

The Existential Phenomenology of Heidegger

As Husserl’s student, Heidegger followed his epistemological tenets, but sought to develop the ontological underpinnings of that epistemology. Thus Heidegger transformed phenomenology into an existential phenomenology, focussed upon the nature of human existence and its temporal and linguistic dimensions. The concept of intentionality, in the existential phenomenology of Heidegger (1962), became an ontological concept which incorporates the meaning-giving nature of human beings. Heidegger argued that human beings do not *give* meaning to the world in which they live, but rather meaning *arises* as part of our ontologically prior engagement with the world. As Giorgi put it, “meanings are the traces of intentionality. Intentionality is used ... in the sense of referring to man’s being itself, and not just to his awareness. It is in man’s living of this fundamental intentionality that meaning originates” (Giorgi, 1970, p. 160). In fact, we live out meaningful activity prior to reflection upon those meanings, and we live out understandings of our lives (which are present but not yet fully grasped) before we come to the need to reflectively understand them. Following these foundational assertions, existential phenomenology and phenomenological hermeneutics argue that interpretation is an essential component of ordinary human engagement with the world, and as such is embedded in human existence as it is lived in the world. This argument began with Heidegger, who provides us with a hermeneutics of *Dasein* (Kruger, 1988).

Dasein, according to Heidegger, refers to the ontologically embedded nature of human existence within the *immediacy* of its particular life-world. It literally means *being-there* or, more descriptively, *being-in-the-world*. Thus human beings are posited to be inherently immersed and situated in a world that becomes meaningful for them. Heidegger’s concept of *Dasein* is described by Kruger (1979) as follows: “Man’s existence cannot be understood except in the sense of being related to various aspects of the totality of meanings called world” (p. 182). In a similar vein, Merleau-Ponty (1962) wrote that “... there is no inner man, man is in the world, and only in the world does he know himself we are involved in the world and with others in an inextricable tangle” (pp. xi; 454). Thus human

existence is seen as always and already engaged with the world, and meaning emerging out of that engagement with the world. Dasein is marked by *care* towards self and the world. An aspect of that care includes an openness to the meaning of one's being. As engaged and open to the meaning of being, Dasein is inevitably and inextricably engaged in understanding and interpretation.

Heidegger (1962) gives priority to ontological issues; namely, the inextricable modes of Being of humans as entities who understand and interpret. He argued that understanding, as a fundamental structure of human existence, is inherently operative in immediate experience, and it grounds immediate experience in what has previously been experienced. This *pre-understanding* or *fore-structure* of understanding is threefold: it is a *fore-having*, or prior awareness of the function or purpose of things which identifies that which is familiar; it is a *fore-sight*, or an advanced perspective which predicts the occurrence of events; and it is a *fore-conception*, a conceptual system which allows symbolization and potential communication.

Similarly, Heidegger argued that interpretation is constitutive of human existence as Dasein in that humans are existentially interpretive and linguistic. Interpretation is one of the ontological givens which distinguish man from other creatures as a human Dasein, and thus does not simply imply a method but is one of its existential conditions or *esistenziale*. Furthermore, interpretation calls to be expressed through language: it has an inherent speakability through its being structured in the world, and thus can readily be represented in language and articulated. Thus human beings meaningfully disclose themselves to themselves and to others through understanding and interpretation. This disclosure of one's being involves an implicit understanding of its meanings and its possibilities within the context of one's life-world. When its meanings are more illusive or are in the process of unfolding, interpretation is inherently involved as it acts as a revelation of its possible meanings, or a working out of the possibilities opened up by the fore-structure of understanding. It is a projection of understanding that is already rooted in the world. Human beings are, therefore, self-understanding and self-interpreting creatures, formed and constituted by their unfolding meanings, and bringing meanings to light to come to

knowledge of themselves and others. Thus Heidegger inextricably linked *Dasein* with its interpretive existential character (Palmer, 1969). Given that *Dasein* has a hermeneutic structure, and is concerned in a caring fashion with disclosing its meanings, hermeneutics is only secondarily a method. For Heidegger, it is primarily a constitutive or ontological characteristic of *Dasein* as an entity concerned with the meaning of its own being. As he put it, “the phenomenology of *Dasein* is a *hermeneutic* in the primordial sense of this word” (1962, p. 62). Heidegger’s conception of understanding and interpretation, and their fore-structure, implies that lived-understanding and lived-interpretation are always characterized by the involvement they already have with *Dasein*.

Human beings enter situations with a history of understanding, explicated further by interpretation, as a re-understanding based upon their situatedness in time. For Heidegger, *temporality* is the ground in which *Dasein* finds its roots (Palmer, 1969). *Dasein* fundamentally exists in time and space, and is composed of both the past experiences of the individual and the future potentialities of the individual, both of which are existentially interconnected with and centred around the present. Heidegger referred to this characteristic as temporality: the past (as a historical existence) temporally implies the existence of a future, the future completes the past and present, and the present is the aspect of time during which life is encountered. Thus *Dasein*, as embedded in time and space, has a temporal character. As such, it has an implicit but pervasive cultural and linguistic context, with which we are interrelated and from which we cannot separate ourselves. In this manner, human life is historically contingent. As Sass put it, “for the ontological hermeneuticists, then, human beings are constituted by their self-interpretations ... [but they are] embedded in the public and determining facts of language, culture, and history, and are so pervasive as to be nearly invisible” (1988, p. 248). Heidegger referred to this linguistic, cultural, and historical context as part of *pre-understanding* or *fore-structure of understanding*, and argued that all understandings and interpretations contain this pre-understanding (Bleicher, 1980). As he put it, “any interpretation which is to contribute to understanding, must already have understood what is to be interpreted” (1962, p. 194).

Questions of ontology subsume questions of epistemology and methodology, in that

the assumptions which are made regarding the nature of being have implications for the manner in which knowledge is conceptualized and the method used to gain that knowledge (Husserl, 1970). For Heidegger, Dasein already includes within its nature an openness to its meanings through understanding. Thus, he emphasized, understanding is an inherent existential part of being human. At an existential level, understanding lays the foundation for interpretation. He wrote,

In interpretation, understanding does not become something different. It becomes itself. Such interpretation is grounded existentially in Understanding; the latter does not arise from the former. Nor is interpretation the acquiring of information about what is understood; it is rather the working-out of possibilities projected by Understanding (1962, p. 184).

Heidegger argued that interpretation is ontologically founded upon understanding, and he pointed out that the Husserlian phenomenological descriptive method, which seeks an essential understanding of phenomena, includes an interpretive element. Based upon these arguments, Heidegger referred to his existential-phenomenological philosophy as hermeneutic (Palmer, 1969). As he put it (1962, p. 37),

The logos of a phenomenology of Dasein has the character of hermeneuein (to interpret), through which are made known to Dasein the structure of his own being and the authentic meaning of being given in his understanding. Phenomenology of Dasein is hermeneutics in the original sense of the word, which designates the business of interpretation.

Gadamer (1994) and Ricoeur (1985) utilized all of these conceptions as the foundation for their work on understanding and interpretation.

Gadamer's Philosophical Hermeneutics

Interpretation, for Gadamer, is always based upon understanding, and it is potentially contained in understanding. It is a process of *highlighting* understanding, of concretely applying understanding to the specific circumstances of the individual case. Thus, drawing upon Heideggerian foundations, Gadamer (1994) focussed upon and further explicated the ontology of understanding by revealing its historical nature. He clarifies the conditions in which understanding takes place, which he viewed as foundational to any further interpretive act. He writes (1994, p. xxx), "... how is understanding possible? This is a question which antedates or precedes any interpretive act on the part of subjectivity, and also any methodical

inquiry of the 'interpretive sciences' with their norms and rules." By emphasizing the roles of history and tradition, he reformulates the significance of fore-knowledge, pre-understanding, and prejudice to the ontology of understanding.

Gadamer (1994) carefully examined the influences of tradition and history. He postulated that, as human beings, we are ontologically incapable of standing outside our historical and linguistic influence as objective observers of our own existence. Our tradition and sociohistorical vantage point provide the horizon within which we stand in the world, and we all participate in these pre-existing ways of life. As such our *historicality*, as he termed it, influences our understanding and interpretation. In fact, if we hope to understand the meaning of any phenomenon, we bear upon it our past experiences and our language (i.e., our *heritage*) which form our pre-understanding, otherwise we have no basis upon which we can begin to engage in that understanding. All forms of understanding issue from an inescapable historical and contextual vantage point that assumes a *tradition*: the forms and ways of life in which it is embedded historically and socioculturally. This tradition, the socioculturally grounded conventions and means of practice, guide our understanding through a background of pre-understandings or pre-judgements, which form its horizon of intelligibility. Such pre-understanding is always present and required to orient perception through an inevitable anticipatory understanding, in that things only take on meaning and importance against a background or horizon of intelligibility. Pre-understanding, through its fore-structures, leads to an interplay between past and present as we participate in the determination of meaning, and it provides us access to what is to be understood and interpreted.

Scientific activity also takes place within a context of pre-understanding that derives from human situatedness in the life-world and, in fact, the linguistic and meaningful heritage of those conducting science is indispensable to their understanding and interpretation of the phenomenon they are examining. These help us identify and pose questions, and know what kind of answers make sense. With Gadamer, language and history became foundational factors for an ontology and epistemology of understanding and interpretation. By claiming that pre-judgement is inevitable, and is in fact disclosive through its tradition and history, he

undoes the “prejudice against prejudice” which resulted from Newtonian and Cartesian scientism: “the history of our existence entails that prejudices, in the literal sense of the word, constitute the initial directedness of our whole ability to experience. Prejudices are the basis of our openness to the world” (1994, p. 261). Such prejudices are fundamental to both natural and human sciences, and yet they have both either denied their presence or neglected their importance. Since pre-understanding and its prejudices constitute understanding’s openness towards the world, attempting to dispense with them (as opposed to becoming aware of them) would lead to their deeper concealment and not their eradication.

In hermeneutics the *text* is the hermeneuticist’s object of study, who is engaged in a processing of “reading” it as the “reader” of the “author’s” text. In earlier hermeneutic theories it referred to the written word that requires interpretation (Bleicher, 1980), but Gadamer (1994) and Ricoeur (1985) extended the meaning of the term to include any manifestation or expression of an individual’s (author’s) experiential life-world (e.g., art, speech, writing, play) that is examined (read) for the purpose of understanding and interpretation (Mook, 1994). In the process of understanding and interpretation the reader arrives with meanings already present given the reader’s pre-understanding (i.e., *fore-meanings*) with which s/he naturally engages the text. The reader is dependent on historically effected forms of consciousness which constitute a background that makes available the thematic framework and parameters required for interpretation. Yet the text itself, as a human creation, has an inherent implicit meaningfulness which the reader attempts to render explicit through understanding and interpretation. Thus the text as an object of understanding and interpretation forms a structure, and it only comes to its full being in its representation to an audience (or a reader), and only through representation does it acquire its full meaning. This structure refers to the shared nature of the text and its understanding, guided by its meaning which has transcended the subjectivity of both the author and the reader. Some of what the reader brings to this hermeneutic process is pre-constituted and fundamental to understanding and interpretation (i.e., the reader’s linguistic and historical tradition) and some falls into the realm of presuppositions. While the reader can only become aware of his/her linguistic and historical tradition and how it may influence the

reading of the text (but cannot fully bracket it), s/he must attempt to fully bracket his/her presuppositions and allow him/herself to fully dialogue with the text. Thus as the reader encounters the text and engages it in a dialogue, it is essential s/he become aware of the pre-understanding s/he brings into the hermeneutic situation, and bracket or set aside his presuppositions and allow the text to reveal its meanings as authentically as possible.

Gadamer (1994, pp. 253-4; 238) summarized his position as follows,

... a person trying to understand a text is prepared for it to tell him something. That is why a hermeneutically trained mind must be, from the start, sensitive to the text's newness. But this kind of sensitivity involves neither 'neutrality' in the matter of the object nor the extinction of one's self, but the conscious assimilation of one's own fore-meanings and prejudices The important thing is to be aware of one's own bias, so that the text may present itself in all its newness and thus be able to assert its own truth against one's own fore-meanings.

Therefore, despite the involvement of pre-understanding in the processes of understanding and interpretation, it does not lead to an arbitrariness of truth. Texts still possess a certain objectivity that derives from their necessary groundedness in particular historical modes of existence. They achieve a negotiated and negotiable temporally contingent objectivity and truth, which (like the sociocultural horizons involved) always is subject to ongoing change. Such objectivity is permitted through the methodological discipline of bracketing and the engagement in a genuinely open dialogue. Yet interpretation can never be complete or final, because it always involves both the demands of the text or subject of study and those of the historical or cultural situation of the interpreter.

Dialogue and the Fusion of Horizons

Gadamer's contribution to hermeneutics was not purely an ontological one, for Gadamer developed the practical implications of his ontology, leading us into the realm of methodology. Gadamer described the process of understanding and interpretation as a dialogue between the horizon of the reader and the horizon of meaning of the text, which can be a written text or another person in dialogue. This is a dialogical process which emerges between the horizons of the two partners involved. A reader finds him/herself drawn into engagement with the text, and finds that it has asserted its meaning before s/he is in a position to test its claim of meaning. S/he attempts to grasp its Otherness. S/he questions it

and discovers that it does not fit into his/her horizons of meaning, his/her heritage-based fore-structures of expectation and assumption. The understanding which begins to emerge differs from that contained in either horizon, resulting from the ongoing interplay of an open-ended dialogue. Drawing upon the concept of the Socratic dialogue as a search for truth, Gadamer described this dialogue as a “true conversation” wherein one “opens himself to the other person, truly accepts his point of view as worthy of consideration and gets inside the other to such an extent that he understands not a particular individual, but what he says” (1994, p. 347).

As the reader makes specific contact with the text, the return arc of this relatedness transforms the reader’s holistic understanding and the questions it brings. Thus understanding is never locked into a fixed body of contents, pre-formulated and ready for appropriation. But rather the reader enters into a circular inquiry between what is to be understood and the fore-structures of understanding which are brought to it and are necessary for its understanding. The reader’s previous understanding is shifted by its contact with the text, and in the back and forth movement between it and the text both the meaning of the text and the understanding are transformed. Through such a process, the reader is careful not to impose meanings upon the text, but rather allows the text (as a human creation) to display the meanings already present within it. For Gadamer, engaging in this process implies maintaining allegiance and fidelity to the text as the most essential component of the process, in that the reader must be aware of the workings of the tradition in which s/he is inevitably immersed and which is required to understand the text. Entering the text with a necessary prejudice must be balanced by a self-critical awareness of the limits which prejudice imposes. Thus the reader must always be reflexively aware of the workings of his pre-understanding to maintain allegiance to the text. This working within awareness of the horizon which s/he brings to the dialogue is referred to as *hermeneutic consciousness*.

Hermeneutic consciousness implies a sincere openness to the horizon of the text in a dialogical fashion, integrating the other’s horizon in such a way that one’s own perspective is altered in the process, and involving a critical penetration of one’s own background of pre-understanding and prejudice. The presence of the text, as an other, allows for a critical

distancing from the reader's pre-understanding, which is then re-engaged and transformed in the process. An understanding and interpretation of the text is gradually achieved as the reader attempts to broaden the horizon of his/her understanding through reflection, and then re-engages the text and broadens the horizon of its meaning so that its meaning also evolves. Through this process, eventually a *fusion of the horizons* occurs between the reader's understanding and the meaning of the text. This fusion transcends the horizontal limits of the reader's understanding and the meaning of the text, leading to a broadening of the perspective of both horizons and changing them both. As Gadamer (1994, p. 271) put it,

this placing of ourselves is not the empathy of one individual for another, nor is it the application to another person of our own criteria, but it always involves the attainment of a higher universality that overcomes, not only our own particularity, but also that of the other.

In this way, meaning evolves in the encounter between reader and text, and the text is seen in a new light.

As we have seen, self-regard is necessary in immersing one's self in a situation with another, but as a reader one is also found "there" in the situation. Thus the fusion of horizons forms a "higher universality" that overcomes the particularity of self and other, and their fusion refers to the hermeneutic process of interpretation as it transcends the horizontal limits of the individual. After all, it is only through this transcendence of the perspectives of the reader and the text that the broadening of the perspectives of both horizons is made possible. This implies, according to Gadamer, that the text as an object of understanding and interpretation forms a structure which can only come to its full being in its representation to an audience (or a reader), and only through such representation does it acquire its full meaning. This structure refers to the shared nature of the text and its understanding, guided by its meaning which has transcended the subjectivity of those involved (i.e., the author and the reader). Understanding, through commonality, presents a unity of meaning. As we shall see, this concept of the text's structure will become essential to Ricoeur's contribution to hermeneutics.

Ricoeur's Phenomenological Hermeneutics

Following the works of Heidegger and Gadamer, Ricoeur explicates the hermeneutic

and temporal nature of narrative and the text by drawing upon various dialectics from linguistics. As a methodologist, he elaborates upon the processes involved in understanding and interpretation. The concepts of narrative and the text, and his methodological insights into understanding and interpretation, are the major aspects of his philosophy which are relevant for this dissertation.

The Question and Complexity of Meaning

As we have seen, Heidegger (1962) argued that the human world presents itself as a meaningful whole through the actions of the individual's intentionality and the inherently meaning-giving nature of Dasein. However, the meanings that emerge in Dasein can be highly complex, dense, layered, and conflicted. It is this potential complexity which lead Ricoeur away from pure phenomenology and into the realm of phenomenological hermeneutics. According to Ricoeur, the appropriate understanding of human expressions as a primary focus of phenomenology necessitates the reciprocity of phenomenology and hermeneutics (Ricoeur, 1985). Thus he argued for the need to bring existential phenomenology to the realm of hermeneutics by extending the descriptive method of phenomenology, which aimed at understanding, to include interpretation and explanation:

On the one hand, hermeneutics is erected on the basis of phenomenology and thus preserves something of the philosophy from which it nevertheless differs: *phenomenology remains the unsurpassable presupposition of hermeneutics*. On the other hand, phenomenology cannot constitute itself without a *hermeneutical presupposition*. The hermeneutical condition of phenomenology is linked to the role of *Auslegung* [explication and interpretation] in the fulfilment of its philosophical project (Ricoeur, 1985, p.101).

The reason for the complexity of human meaning, as the basis of Ricoeur's hermeneutic contribution, can be understood through Merleau-Ponty's explication of orders of existence.

Building upon Heidegger's foundations, Merleau-Ponty (1963) distinguished between three different types of orders, the physical, vital, and human, which lead to the formation of three distinct types of structures that are autonomous and thus irreducible to each other. The *physical order* creates structures that are present in the inorganic world, which react to the physical laws of nature in a directly causal, inanimate, and unreflective fashion. The *vital order* creates structures that are present in living organisms, which possess

a limited dialectical relationship between themselves and their world. Living organisms are typically limited to instincts, which react to the actions of things upon the organism and its world. In other words, it involves not a strictly mechanical process between an object or organism and its milieu, as in the physical structures, but rather a dialectical one of mutual influence. The actions that emerge from a vital structure are based upon instinct and are determined to some extent by the characteristic of *signification*. Signification is the intrinsic relation of meaning between the organism and its milieu, so that the organism's reactions are dependent upon the meaning or significance it places upon the actions of the environment.

The meaning-structures embedded in the human world are an order set apart from the orders of the natural world and the animal world. The *human order* refers to the distinct ability of human beings to create structures which allow us to interact with and delineate our response to our world based upon the significance or meaning we give to it. More importantly, the structures of the human order allow us to not only dialectically delineate our response to our world, but to transcend the world, reflect upon it and perceive its possibilities, and hence create, recreate, and transform it based upon our perceptions of it. In other words, human beings can step back from their circumstances, reflect upon them, and thus transform themselves and their environment. This unique fundamental characteristic of human existence is the foundation of human freedom and creativity. Only the human order allows for that ability of human beings to signify and re-signify their world, thereby creating a human world inherently saturated with many levels of signification and meaning. The inherently meaningful nature of human existence suggests various implications for the phenomenon of interpretation, and brings forward various complexities involved in the process of interpretation. Thus, from Ricoeur's perspective, one may ask what sense can be made of meanings found in the text by the reader which were neither explicit, nor intelligible, nor coherent to the author? This question characterizes the complications of meaning which can be found in human situations in general, and psychotherapy in particular.

Phenomenological Hermeneutics, the Structure of Narrative, and the Dialectics of Texts

Ricoeur (1985) views narrative as fundamental to being human. As we narrate, he argued, we understand and describe our being, and we constitute it in the act of narrating it.

As a human agency and action, narrative emplotment represents the manner in which humans organize their experience. It structures that experience by introducing a sequentiality to human consciousness, a storytelling of our lives which give them coherence and meaning. Furthermore, narrativity and temporality form a reciprocal relationship (Mook, 1989). He wrote that “time becomes human time to the extent that it is organized after the manner of a narrative; narrative, in turn, is meaningful to the extent that it portrays features of temporal experience” (1984, p. 31; in Mook, 1989). Human life-narratives are rooted and *prefigured* in temporal action and experience. The activity of emplotment, the story we tell about our lives, organizes or *configures* these actions and experiences into successive events and intelligible and synthesized temporal wholes. This synthesizes the themes, characters, and situations of the story. Finally, the act of reading the text *refigures* the narrative, as it involves the reader’s application of the text to his/her own world of experience and action. Thus, for Ricoeur, the temporal characteristics of everyday actions and experiences possess a pre-narrative structure.

Ricoeur (e.g., 1974; 1976; 1979; 1985) distinguished between *language* as the abstract linguistic system (“la langue”) and *discourse*, which is the language event or the speech event. Drawing upon the structuralist movement, he identified a *text* as an expression of discourse which is fixed into a structure. He further conceptualized the structure of a text as involved in a first dialectic of its event (the temporal context at the moment of its occurrence) and meaning (the enduring aspect which opens up what has been expressed to others). Its meaning, in turn, is organized around the dialectic of sense (the ideal or intended meaning, or the utterer’s meaning) and reference (the meaning of the presented utterance in the world, to which language refers). The utterance meaning points to the extra-linguistic shared reality of the act (the saying/writing), the phenomenon “about which” something is said, and it may not be intuitively present to the awareness of the speaker/author.

Referring to these dialectics, Ricoeur identified four fundamental characteristics of a text. First, it is not the event of discourse that is fixed, but its meaning. Second through the fixation of the discourse’s meaning, the original tie between speaker and discourse is stretched, thus allowing the authored text to stand on its own in that its meaning does not

depend on the intention of the author. The text's utterance meaning is distanced from the subjectivity of the author or the performer, and because it stands on its own it does not always readily disclose itself, thus implicating the necessity of interpretation. Third, the event (e.g., dialogue) ultimately refers to the situation in which it takes place, whereas a text is not bound to a particular place and time. In fact, its very function is to enable the event to transcend its temporality through expression, and the text refers not to a situation common to those involved, but to a world which it opens up. Fourth, as was implied in the Gadamer section, the text's structure does not refer to the concrete reality of the situation, it aims to convey a certain truth by transcending the concrete situation on the basis of which it emerged. As such, it is not addressed to any particular person, but to anyone who can read it. Given this relative independence from the author, when the reader is attempting to understand and interpret a text s/he is forced to primarily attempt to make explicit the meanings of the text, and secondarily what that text explicates regarding what the author wanted to express or the author's intended meanings (Gadamer, 1994; Ricoeur, 1985). This distinction is essential to Ricoeur's approach to understanding and interpretation.

When he addressed the importance of narrative to human existence, Ricoeur provided a possibility for generalizing his model of the text beyond the written work and into human life in general. Ricoeur (1979; 1985) drew an analogy between written textual interpretation and the interpretation of human experience. While his term "text" referred primarily to the completed written form, he extended it to include meaningful expressions and actions:

like a text, human action is an open work, the meaning of which is 'in suspense'. It is because it 'opens up' new references and receives fresh relevance from them, that human deeds also waiting for fresh interpretations which decide their meaning (1985, p. 30).

In particular, the way in which the meaning of verbal utterance and human action may be grasped is similar to the way in which meaning evolves in the reader's encounter with the written text. Meaning of action is like the meaning of a text, although a text is defined by its finished or completed character whereas action is by nature incomplete. Human actions per se are not textual in character, in that texts are much more defined by their completion.

However the meaning structure of action is like the meaning structure of a text. There is a “social fixation” which occurs to the meaningful structure of human discourse and action. This fixation distances their meanings from the interaction from which they arose: “in spoken discourse this means that what the dialogue ultimately refers to [or means] is the situation common to the interlocutors” (Ricoeur, 1971, p. 535). In further arguing this point, Ricoeur stated that “... an action leaves a ‘trace’, it makes its ‘mark’ when it contributes to the emergence of such patterns which become the documents of human action,” and thereby a “... meaning is articulated from within these sedimented or instituted works” (1971, pp. 542 & 543). Thus Ricoeur argued that actions and expressions are shared phenomena that have shared meanings for the participants involved, and may call for interpretation. One must keep in mind, however, that psychotherapy is not simply the case of any speech or action, but is rather autobiographical and the cooperation of the author is enlisted (Kelly, 1994).

For the most part, immediate contact with an author who is also a speaker allows for more direct forms of understanding, in that there is opportunity for access and clarification of the speaker’s intended meaning (Ricoeur, 1979). Immediate human events and communications allow the reader to directly appreciate what is intended. Returning to the distinction between sense and reference, one could argue that what one means when one engages in discourse and action in the presence of the reader could immediately be grasped by the reader as the sense of what is deliberately meant. However, in the same manner that what the text means is not necessarily what the author intended it to mean, speech/action may have more complex meanings which were not intended and not experienced at the time of the speech/action. The written word breaks free from the context of its origins and forms an independent structure. Like the written word, human speech/action breaks free. As such, it can contain sedimented meanings and develop consequences and future meanings which the author could never predict or anticipate, and thus s/he could not have intended nor experienced them at the time of its occurrence. What is presented when the product is finalized is not necessarily what was intended, but should nonetheless be included in the meaning of the act. In such circumstances, the original intention of the author and the

meaning of the speech/action can cease to coincide. As such, it becomes an “open work” whose meaning is “in suspense,” sometimes awaiting fresh interpretations which decide their final meaning, like the text whose “career escapes the finite horizon lived by its author” (Ricoeur, 1979, p. 78). Furthermore, even in a situation wherein the cooperation of the author is enlisted in understanding its meanings, its meanings can become obscure, vague, or problematic, resulting in a lack of intelligibility.

Given these characteristics, verbal utterance and human actions, like texts, are suffused with a potential surplus of meaning which complicates their understanding and interpretation (Ricoeur, 1979). In general, verbal utterances and human actions are potentially rich with a surplus of meanings, creating a tension between what is said linguistically in the world (the utterance meaning) and what is intended in the saying (the utterer’s meaning). Thus the distinction made regarding the written text holds for speech and action: what we mean in the saying refers to the sense of what we are deliberately trying to say (the immediate sense of the event of the saying), and there is a reference or utterance-meaning which is not necessarily intended yet is nonetheless included in the meaning of the speech act. This creates a potential tension between the discovered meaning of the speech/action, based upon the reader’s remaining faithful to it, and the intended meaning of the author. The creation of a surplus of meanings requires the reader/listener to primarily attend to and interpret the meanings of the speech/action itself. Such an analysis of the speech/action is likely to reveal implicit meanings of which the author/speaker is unaware. To appropriate these meanings the reader must break from the literal meaning of the speech/action, the immediate sense of an act or the utterer’s meaning, and move into the realm of interpretation of the utterance’s meaning. Furthermore, the reader may be able to understand an actor more completely than the actor him/herself, because the reader may have access to multiple perspectives and sociocultural contexts that are not available to the actor. Subjectivity is partially unable to see itself and is not wholly transparent to itself. The subject does not have privileged access to self-understanding, and may not be capable of the required distance from the immediacy of his/her experience for such understanding. This tension is an interesting and essential one to the succeeding discussion of psychotherapy that

is presented in this dissertation.

We have seen in Gadamer that the reader's pre-understanding and fore-knowledge are necessary to and influence the understanding and interpretation of the text. These implications are maintained by Ricoeur as well, but he clarifies an important methodological point regarding the relativity of the meaning of a text. Ricoeur argued that a further implication of conceptualizing the text as a structure is that its meanings are neither fixed or immutable, nor widely open-ended. The meanings which emerge from a text are certainly influenced by the reader, in that a German reader in the 17th century and a reader in the 21st century (with English as his/her first language) may derive different meanings from a 17th century German poem. However, a text presents only a finite space of interpretations. Assuming that the reader is methodologically rigorous, in following methodological safeguards which will be discussed, and given that the text has a structure independent from the reader, the number of possible interpretations of a text are limited. Thus, Ricoeur argued, there is not just one interpretation, but on the other hand there is not an infinite number of them, and in fact using the hermeneutic method readers can agree upon a single most probable interpretation. Even though interpretation is not definitive, it is also not arbitrary. For Ricoeur (1981), hermeneutics needs to allow for the discovery of "truth", even a tentative one. The process of interpretation which he outlines, described below, provides a standard for choosing among different interpretations through their appeal to reason (logical analysis) and the evidence found within the text. However, as Gadamer has shown us, since all methods are situated in their historicity, no method can develop an absolutely definitive set of standards, criteria, or rules by which interpretations can be evaluated as true or false.

The Hermeneutic Circle and the Interpretive Method

Methodologically, hermeneutics has always struggled with how to render the meaning of a text considering that the meaning is inevitably mediated by the reader's own subjectivity. As a response to this dilemma, the *hermeneutic circle* is a basic dialectical methodological process wherein the reader always understands the meaning of the parts of the text within some understanding of the meaning of the whole of the text, which in turn is understood through understanding its constituent parts. This process of inherent circularity maintains a totality of meaningful coherence, wherein the parts rely on the whole and the

whole relies on the parts to assure consistency in their meaning. As Gadamer put it, “the harmony of all the details with the whole is the criterion of correct understanding. The failure of achieve this harmony means that understanding has failed” (1994, p. 259). Ricoeur further explicated this process as follows:

Starting with a first often vague and intuitive understanding of the text as a whole, its different parts are interpreted, and out of these interpretations the parts are again related to the totality, and so on. In the hermeneutic tradition this circularity is not a “vicious circle”, but a “*circulus fructuosus*”, or spiral, which implies a possibility of a continuously deepening understanding of meaning (Ricoeur, 1971, p. 188).

The implication of the hermeneutic circle, even with Ricoeur’s clarification of its spiral nature, is that the meaning of a text is always open to further exploration and deepening. However, in practice, a practical final meaning can be reached: “In principle, such hermeneutical explication of the text is an infinite process, while it ends in practice when one has reached a sensible meaning, a valid unitary meaning, free of inner contradictions interpretation of meaning ends, when one has reached a ‘good Gestalt’” (Kvale, 1983, pp. 185-186).

From an ontological perspective, Heidegger (1962) described the hermeneutic circle as a part of the finite and situated character of all human knowing, as humans are a being always engaged in understanding and interpretation. Understanding is engaged in an ontological hermeneutic circle in as far as it projects specific possibilities and anticipations of meaning into the future, on the basis of a holistic understanding of the present, which in turn informs that holistic understanding. For Gadamer (1994), the reader’s and the text’s horizons of understanding engage in a dialogue through the hermeneutic circle.

Ricoeur methodologically expanded upon the concept of the hermeneutic circle through his explication of the dialectics of interpretation. He began with Dilthey’s hermeneutics, which introduced the distinction between the natural sciences and the human sciences at a time when psychology was consumed by the natural sciences. Dilthey argued that explanation was the domain of the former and understanding and interpretation were the domain of the latter (Palmer, 1969). Ricoeur (e.g., 1985) rejected this dichotomy, presented arguments for the interrelated nature of understanding and interpretation, and re-introduced explanation as an essential component of hermeneutics. He argued that some texts have

multiple levels of implied and obscure meanings aside from their literal meaning (e.g., metaphorical, symbolic). A full understanding of those meanings implies and requires interpretation to aid in the process of unfolding and grasping the full range of the text's meanings. Furthermore, understanding necessarily goes beyond a pure description of the text and is related to a process of interpretation. In fact, one cannot completely grasp the meaning of a text with multiple levels of complexity without elaborating upon it through interpretation. The individually situated nature of experience, and the epistemological inability of human knowledge to completely transcend our individual perceptions and contextual history, necessitate that a person attempting to understand another's discourse (i.e., another's text) engage in some level of interpretation. Since the reader is not the author of the text, s/he must interpret the meanings of a multi-layered text if s/he ever hopes to understand the full range of meanings present within. On the other hand, interpretation requires previous understanding so that it is grounded in the text as it presents itself. As Shusterman (1991, pp. 120-121) put it,

... though interpretation of the text must be based on some prior understanding of it, this understanding itself requires interpretation of the text for its own clarification and justification But that clarificatory and justificatory interpretation depends again on the very understanding it has to sharpen or validate. And so the hermeneutic circle revolves in a cycle of understanding and interpretation understanding grounds and guides interpretation, while interpretation enlarges, validates, or corrects understanding.

Ricoeur (e.g., 1974; 1976; 1985) argued that the interpretation of meaning follows a set of dialectical procedures. In referring to these dialectics, he returns to the concept of the hermeneutic circle, and outlines the dialectic of *distanciation* and *appropriation* as aspects of it. Appropriation of the life-world and the text, engaging and re-engaging their meaning and thereby allowing one's own horizon to be enlarged, was the focus of Gadamer's hermeneutics. Ricoeur places this essential hermeneutic concept into a dialectic with his concept of distanciation. In contrast to appropriation, distanciation involves a process of standing back, reflecting upon the text from a distance, and thereby enlarging the horizon of the text (Mook, 1994; 1999b). Through this dialectic of engagement and distance, understanding and interpretation are gradually achieved.

Founded upon the philosophical implications for interpretation from Heidegger, Gadamer, and his own works, Ricoeur (1974) defines interpretation as follows:

Interpretation, we will say, is the work of thought which consists in deciphering the hidden meaning in the apparent meaning, in unfolding the levels of meaning implied in the literal meaning there is interpretation whenever there is multiple meaning, and it is in interpretation that the plurality of meanings is made manifest (p. 13).

Interpretation is the act of deciphering, unfolding, and explicating the unintelligible or hidden meanings of a text/speech/action, through phases of synthetic understanding and analytic explanation, in an attempt to gain a more comprehensive understanding of it. Thus for Ricoeur interpretation refers to a dialectical process that encompasses both understanding and explanation. Understanding and explanation represents a form of the part-whole relation of a hermeneutic circle, which undergoes a circular dialectic through phases until interpretation is achieved. Given Gadamer's argument regarding the inherent relationship of understanding and interpretation, Ricoeur's theory of interpretation involves the two phases of basic understanding and comprehensive understanding (Mook, 1991; 1994). For Ricoeur, to understand is to grasp and be grasped by the meaning of a text as a holistic pattern of meanings: "... in understanding we comprehend or grasp as a whole the chain of partial meanings in one act of synthesis" (Ricoeur, 1974, p. 72). At both of these phases of understanding, one must engage in the dialectic of distancing and appropriation.

As the first phase, the *basic understanding* of the text takes into account the various potential meanings as they are present in the text itself (Mook, 1994). The text is read as a whole to arrive at an intuitive and synthetic understanding of the structure of interrelated meanings. As an intuitive grasp, it empathically appropriates the meaning of the text and then subjects that meaning to validating questioning through distancing, which limits the possibilities of meanings based on a logic of probability. Ricoeur (1976) also argued that this level of understanding takes into account the greatest range of material furnished by the text (the principle of plenitude) and offers a convergence between the aspects which it takes into account (principle of congruence). It can roughly be equated with the phenomenological method, which involves a basic understanding of that which reveals itself. By utilizing the principles of the hermeneutic circle, one can distance one's self from the biased fore-

knowledge of understanding which (as Gadamer argued) enters into all text-reader relationships. At this phase, and drawing from Gadamer, Ricoeur argued that understanding expands the perspective of the reader: “to understand is to receive an enlarged self from the apprehension of proposed worlds which are the genuine object of interpretation” (Ricoeur, 1981, p, 183).

Basic understanding is sufficient when meanings are not vague or obscure, as it allows the reader to capture the full range of meaning without further analysis. However, in complex and multi-layered phenomena such as psychotherapeutic texts, a deeper analysis is sometimes required (Mook, 1994). When basic understanding is insufficient to grasp the multiple meanings of a text, making sense out of the meaning of the text becomes problematic. The text becomes unintelligible, and a surplus of conflicting meanings begin to emerge as one begins to struggle with its potential meanings. At this point, a more sophisticated mode of understanding is required, which is supported by explanatory procedures.

As the second phase of interpretation, *comprehensive understanding* involves explanation, but defined and used differently from the natural sciences (Mook, 1994). Ricoeur defines explanation as the process of explicating, unfolding, and exploring the range of possible meanings of the text through analysis of its structure. As he put it, “... in explanation we ex-plicate or unfold the range of propositions and meanings” (Ricoeur, 1976, p. 72). It explores the structurally deeper meanings of the text, referring to the structures of meaning which organize the text but are not intuitively present to awareness. Explanation aids in a more comprehensive understanding of the text by unfolding the range of propositions and meanings by drawing upon explanatory hypotheses and potentially relevant theoretical frames of reference. This suggests various possible meanings, which all need to be submitted to the hermeneutic circle for further verification and validation, thus analytically selecting the ones that are most probable based upon part-whole relationships. At this phase, new meaning is revealed which is contained yet hidden in the text, and this meaning is both discovered and created through engagement with the text. As such, this second phase involves a more sophisticated and comprehensive mode, and it expands the

perspective (i.e., the meaning) of the text. Armed with these new more comprehensive meanings, the reader comprehends or grasps as a whole a fuller pattern of meanings in one act of descriptive synthesis. However, following Gadamer, Ricoeur (1985) argued that such an expansion of meaning is never an imposition. The text, as a subject of interpretation, has its own meaning and can be said to resist being understood and appropriated as “similar” to things and events in the history of the reader. Through its inherent meaningfulness it challenges the reader and demands to be seen as it is, if the reader would only listen to it.

III. REVIEW OF THE PSYCHOLOGICAL LITERATURE

“... we have ... no precise knowledge of what ‘interpretation’ is and what effect it has upon our patients ... We should gain much, I think, from a clear grasp of problems such as this” (Strachey, 1934, p. 127).

As a subject of speculation, conceptualization, and empirical study, interpretation has a long history, with the various orientations offering a vast amount of psychotherapy literature on the subject. Dating back over 100 years to the beginnings of the psychoanalytic treatment of pathology, a review of this literature is truly a massive undertaking. What follows attempts to address the major theoretical developments at conceptualizing interpretation and the empirical attempts at studying it. The theoretical review will focus upon major developments regarding the phenomenon itself, as opposed to other associated developments (e.g., regarding what is interpreted or the content of interpretations). The empirical research that is directly related to a specific orientation will be presented with its relevant theory, whereas the empirical research that is not related to a specific orientation will be presented separately.

Interpretation in the Psychodynamic Orientation

The three major theoretical orientations within psychotherapy (i.e., psychoanalytic/psychodynamic, humanistic/existential phenomenological, and cognitive-behavioural) have all addressed the phenomena of understanding and interpretation. The psychodynamic approaches have generally embraced interpretation as their primary therapeutic modality. Given Freud’s foundational contributions to the literature, this discussion will begin with his conceptualization of interpretation, followed by a review of the major expansions of the Freudian position, and finally a review of psychodynamic developments in interpretation beyond psychoanalysis.

Interpretation in Freudian Psychoanalysis

As the main vehicle of insight, interpretation was described by Freud (1912/1958) as the major curative factor in psychoanalysis which results in therapeutic change. The major historical and contemporary voices within Freudian psychoanalysis emphasize Freud’s position. Bibring (1954) described it as the supreme agent in the hierarchy of therapeutic principles, Barton writes that “the whole point of analysis is summarized in the experience

fostered by, and leading into the act of interpretation” (1974, p. 33), and Greenson writes that “the most important analytic procedure is interpretation; all others are subordinate to it both theoretically and practically. All analytic procedures are either steps which lead to an interpretation or make an interpretation effective” (1967, p. 37). Finally, according to the American Psychoanalytic Association glossary (Moore & Fine, 1990, p. 103), “interpretation is the central therapeutic activity of the analyst during treatment.”

Freud (1937/1958) distinguished between interpretation and construction, or reconstruction. Interpretation is used in reference to a single element of the analysand’s material, “interpretation applies to something that one does to some single element of the material, such as an association or parapraxis” (p. 261), whereas construction links current material to its developmental and unconscious precursors. A construction tends to be more tentative and incomplete, and is expressed as a building process which integrates ongoing emerging material. It lays before the analysand a coherent collection of interpreted material. At a meta-psychological level, interpretation is justified as the inverse of repression, as it undoes the motivation behind repression’s distortion (Sciacchitano, 1997).

Freud argued that *repression* is due to the patient’s efforts to avoid anxiety and other emotions that arise from unassimilable conflicts and unacceptable impulses. However these materials, which are too threatening to fully enter consciousness, do seep into conscious awareness in distorted and disguised form due to their energetic push. The method of interpretation was developed to identify the repressed thoughts or feelings which underlie the overt disguised material. While hints of Freud’s concept of interpretation are first found in his writings as early as 1895, it first explicitly emerged in Freud’s *Interpretation of Dreams* (1900) and referred to the uncovering and revealing of the hidden meanings of the latent content of the dream as it appeared in the apparently meaningless manifest content. Although Freud’s term, *deutung*, was translated as interpretation, it has often been argued as more accurately meaning explanation (e.g., Aron, 1992; Lepper, 1996; Tosone, 1998), or even the objective clarification of facts or hidden meanings (Pancheri, 1998; Rosen, 1974; Sciacchitano, 1997). The actual dictionary meaning of the German word is both explanation and interpretation (Haas, 2003). Drawing upon archeology, Freud (1904/1958) also

conceived of it as a process of excavation of the underlying facts of the analysand's manifestations. Like an archeologist's strainer, the analyst distills the covert repressed thought or feeling from the overt disguised form. This uncovering and assignment of meaning (*bedeutung*) to the analysand's material conveys knowledge about his/her unconscious psychic life. Psychoanalysis was thus conceived as the science of translating the manifest material as products of the unconscious, which contained historical traumas and events, fantasies, conflicts, and impulses. It was directed at the specific etiological agents of the patient's suffering. The content of those products is anything that emerges with distorted and hidden meanings, or condensed and symbolic meanings, from the unconscious: dreams, memories, parapraxes, symptoms, behaviours, defences, transference, and resistance (Moore & Fine, 1990). Each of these mental materials were seen as meaningfully connected to the rest, and as they are interpreted by the analyst they begin to cohere in the form of a construction of key unconscious issues which influence the analysand. The translation of the manifest into the latent content was often communicated immediately to the analysand who was "given" that insight, which led to an *abreaction* of strangulated affect (Freud, 1904/1958).

Freud (e.g., 1912/1958; 1913/1958) quickly began to realize that the most curative psychoanalysis required the analyst to decide when to present interpretations based on the analysand's present position. He thus began to concern himself with the technical rules of psychoanalysis, which dictate the level/timing (depth), type (resistance, transference, conflicts), and order of interpretation. As Bone (1968) put it, "... the analyst comes progressively to understand the patient and, periodically, tactfully reveals him to himself. He is occupied with preparing the patient for his interpretations and with the *what, when, and how* of interpreting" (p. 172). Freud's first observation was that an effective interpretation requires not only the correct content, and preparatory analysis of resistance, but a *positive transference* at the time of the interpretation to allow the repressed material to enter consciousness and be tolerable (Freud, 1913/1958). Positive transference provides a sufficient connection to the analyst of sufficient intensity to counterbalance the analysand's resistance. Furthermore, the neurotic dimension of transference came to be viewed as one of

the most important carriers of the analysand's unconscious conflicts into consciousness, and as a primary manifestation of resistance. Its interpretation involves helping the analysand understand the way the early relationships distort the analysand's relationships and connectedness in the present, particularly with the analyst (Freud, 1912/1958). Through an apt transference interpretation, the analysand is able to understand his/her primordial feelings and conflicts associated with his/her parents and the Oedipal situation, and to reconstruct past unsuccessful developmental experiences.

For Freud (1912/1958), *resistance* to free association and the uncovering of unconscious material is conceived as a surface phenomenon that blocks access to greater depth and warded-off material, in an attempt to avoid the pain and anxiety associated with that material. Interpreting too prematurely or late, or too deeply or superficially, would exacerbate this resistance. Since the analyst must reduce resistance as much as possible, the *timing* of interpretations became important in psychoanalysis. Freud (1913/1958) argued that the analyst must begin with "surface" material, what the analyst surmises are the analysand's conscious (or slightly unconscious) and highly charged affectively urgent material, then progressively to deeper unconscious and primitive/historical material (Greenson, 1967). As Freud (1927/1958) put it,

as a rule we put off telling of a construction or explanation till he himself has so nearly arrived at it that only a single step remains to be taken, though that step is in fact the decisive synthesis. If we proceeded in another way and overwhelmed him with our interpretations before he was prepared for them, our information would either produce no effect or it would provoke a violent outbreak of resistance which would make the progress of our work more difficult or might threaten to stop it altogether (p. 35).

Through his growing conceptualization of interpretation's technical aspects, Freud (1913/1958) began to discuss the concept of *working through*. He found that insight and behaviour change are not the product of a single interpretation but required repetition. Working through is this process of overcoming resistance through repetition, elaboration, and integration. An interpretation is thus strengthened by multiple similar interpretations of related content, which need to be repeated throughout therapy even when the analysand claims to understand the point. Thus when s/he subsequently encounters other behaviours

that can be more readily understood in the framework of the interpretation, the insight is both deepened and reinforced. This allows a progressive awareness of warded-off unconscious content which brings the analysand to a higher level of understanding and cohesion.

Freud noticed that an inexact interpretations often leads to premature closure and act as a new defence blocking off further free association (Glover, 1931). As such, "one works to the best of one's power ... as the representative of a freer or superior view of the world" (Freud, 1895/1958, p. 282). Thus Freud (1937/1958) developed what has been referred to as the *tally argument* or *the necessary condition thesis*. For him, precise and true or correct insight into the etiology of the analysand's condition and his/her unconscious dynamics is the only condition of therapeutic cure. This tallies with what is real in the analysand, and when s/he recognizes the truthfulness of its insight, it leads to recollection and confirmation and subsequent improvement in symptomatology. The second model of interpretative validations, what has been referred to as the *jigsaw puzzle model*, adds that interpretations should have a coherent correspondence with the underlying reality (Freud, 1923/1958). As such, it must integrate all of the material including the responses to the interpretation such as the remission of symptoms, as well as convergence from various case materials and other cases. The pieces of underlying truth are finite and exhaustive, and they are gradually discovered and pieced together. As Freud put it,

if one succeeds in arranging the confused heap of fragments, each of which bears upon it an unintelligible piece of drawing, so that the picture acquires a meaning, so that there is no gap anywhere in the design and so that the whole fits into the frame - if all these conditions are fulfilled, then one knows that one has solved the puzzle and that there is no alternate solution (1923/1958, p. 116).

As was fitting of his *Zeitgeist*, Freud's formulation of the truth value of interpretations is clearly a classical formulation of the correspondence theory of truth, arguing that one must interpret in a way which accurately reflects or corresponds to the underlying objective and determinate reality of the analysand. The analyst's view of an analysand's confirmatory or contrary responses is dependent upon the analyst's certainty regarding the rest of the analysand's material (i.e., the data that is presented). Analysands can be deceived by inaccurate interpretations and self-deceiving regarding accurate

interpretations, both possibilities potentially serving as resistance. Immediate positive displays of affect may simply reflect the interpretation's interaction with underlying analysand dynamics, such as libidinal gratification of the desire to receive anything from the analyst. On the other hand, intense and vigorous rejection could be defensive refusal of the interpretation, as it may reflect the analysand's anxiety towards the identified unconscious material. As Freud put it, "indeed, the truer the guess, the more violent will be the resistance" (1913/1958, p. 140). As such, current and future material must be used to interpret the meaning of the analysand's reaction. It is future emerging evidence which further confirms or denies the veracity of the interpretation: subsequent associations must fit the content of the interpretation, new memories may complete and extend the interpretation, "fresh" analytic material may emerge including aggravations of the condition/symptoms. Freud argued that making progress in the long-term and achieving a cure are ultimately indicative of the truth of the interpretation. Furthermore, regardless of the analysand's response, the analyst must always represent his/her interpretation as correct, so that its potential truth can remain independent of the analysand: "it is of course of great importance for the progress of the analysis that one should always turn out to be in the right vis-à-vis the patient, otherwise one would always be dependent on what he chose to tell one" (1895, p. 281). Following this reasoning, the stance of the analyst became important in psychoanalysis.

The role of the analysand in psychoanalysis is to provide associations and manifest content that require interpretation, offering the data for observation (Freud, 1912/1958). The analyst must keep consciousness at bay and listen with his unconscious to the analysand's unconscious; s/he must surrender over to unconscious mental activity in a state of evenly suspended attention. This allows the analyst to avoid the biases of focussing on certain aspects and pursuing his/her expectations, and to avoid contributing data, all of which interfere with objectively coming to know the truth. Thus the analyst's stance must be one of invisibility, anonymity, unemotionality, and reserve. As Freud (1912/1958, pp. 115 & 118) put it,

I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside his feelings, even his human

sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible The physician should be impenetrable to the patient, and like a mirror, reflect nothing but what is shown to him.

According to Freud, insight is the primary vehicle of curative change which is gradually gained through the analyst's accurate and well timed interpretations. From a *topographic* perspective (mind conceived in terms of unconscious, preconscious, and conscious), interpretation results in the translation of meaning from a symbolic unconscious code and world of images (founded upon irrational *primary process thinking*) into a more coherent and organized conscious code which involves language and communication (founded upon rational *secondary process thinking*) (Arlow, 1987; Saari, 1988). To interpret means "to make an unconscious psychic phenomenon conscious. More precisely", it means to make conscious the unconscious meaning, source, history, mode, or cause of a given psychic event" (Greenson, 1967, p. 309). This *talking cure* allows the analysand to understand and master the unconscious threatening material, by putting into words what was previously incomprehensible and naming the previously unnamed content of his/her inner world (Deri, 1968). Such insight leads to mastery of the unconscious by the analyst and analysand (Snyder, 1982). Fromm-Reichmann (1950, p. 80) summarizes it succinctly as follows:

by interpretation the psychiatrist translates into the language of awareness, thereby bringing into the open what the patient communicates to him without being conscious of its contents or of its dynamics, revealing connections with other experiences, or various implications pertaining in its historical or present emotional background.

From a *structural* perspective (psyche conceived as an id, ego, and superego), interpretation leads to depth change in the psychic structure by enlarging the ego's strength at the expense of the unconscious: "where id was, there ego shall be" (Freud, 1933/1958, p. 80). Thus interpretations are directed at the ego to enhance its mastery of the id, superego, and reality, and they always consider its structure and strengths and weaknesses and defensive constellations in the process (Ruttenberg, 1993). Psychic energy is re-distributed from these agencies to the ego, shifting the structural balance between them. As such, the analysand's psychic structure ceases to limit his/her capacity for living, becomes more adaptive and

capable of incorporating more experiencing, and s/he is free to “love and work” (Freud, 1933/1958).

Interpretation in the Expansions of Freudian Psychoanalysis

Without drastically modifying Freud’s basic psychoanalysis, various theorists expanded many aspects of it, including its central concept of interpretation. What follows is a general review of these expansions, organized according some broad categories. It is also a review of the relevant empirical literature, which primarily examines the technical rules for interpretation. However, it is important to note that much of the psychodynamic literature on interpretation is founded upon clinical theory and experience, with little empirical examination of its various aspects of stated importance (Spiegel & Hill, 1989).

Expanding the Nature of Interpretation

Many psychoanalytic theorists have expanded the very concept of interpretation and the manner in which it functions in psychoanalysis. According to some, Freud alluded that interpretation does not emerge out of conscious explanation in analysis, but rather emerges out of the unconscious drift and analyst intuition (e.g., Bergmann, 1968; Blomfield, 1982; Kris, 1951), requiring the analyst to be receptive at different levels of psychic life. As Greenson put it, “the analyst uses his own unconscious, his empathy and intuition, as well as his theoretical knowledge, for arriving at an interpretation” (1967, p. 39). The analyst must assume (and be able to tolerate) an attitude of regression in the service of the patient’s ego, in the presence of ambiguity and obscurity, and enter it by joining with the flow of the patient’s unconscious so that s/he can enter the patient’s repressed and regressive material. The analyst free plays with associations and fully indulges in his/her own unconscious feelings and reactions on the one hand, and then logically scrutinizes the emerging insights on the other. S/he struggles with these unconscious intuitions, and as they form into an interpretation there is a leap from unconscious interpretation to being drawn to its expression, which is evident through the illuminating surprise that is experienced as penetrating the consciousness of the analyst. Thus an interpretation suddenly and unexpectedly emerges for both patient and analyst (Arlow, 1979), and upon its immediate emergence it is rarely theoretically well formulated and logically consistent. In its process of expression, it undergoes a process of formation and formulation. As such, interpretations are

not directed, timed, purposefully controlled, and seamlessly presented, but naturally flow through the analyst (Duncan, 1989). In many ways the specific therapeutic direction is unpredictable, yet there is therapeutic enrichment without point-to-point connections. Parment (1994) similarly views interpretation as emerging out of an intersubjective space or field which unfolds between analyst and patient, where conscious and unconscious processes flow and are registered and acted upon by both. De Racker (1961) further argues that the specific formulation of an interpretation, aside from its content, emerges out of such unconscious intuitions and is what determines the success of an interpretation.

Fenichel (1945) also expanded the concept of interpretation by arguing that its therapeutic effect results from its splitting the patient's ego into an observing and experiencing part, so that the former can judge the irrational character of the latter's defences. This makes the patient the recipient and the subject of interpretation: his/her observing ego confronts the experiencing ego with something it has heretofore warded off or denied, so that its attention is called to the clinical material. Initially, the analyst becomes the "judging ego" of the analysis, putting intellectual meaning to the patient's expressions, until the patient has developed the skill to do it him/herself (Cornyetz, 1968). Other prominent analysts have argued that interpretation is not a single act or isolated moment, but a prolonged and dynamic process that is present and verified throughout the course of treatment (e.g., Bibring, 1954; Lowenstein, 1951). At very least, rather than speak of static interpretation it would be more correct to speak of the "interpretative process" of installments and gradual transition, and of the preparation of the ego to receive interpretations as part of this process (Karpf, 1980). As Arlow (1987) put it, "interpretation, is not a 'one shot' experience Interpretation is a process that unfolds in logical sequence, a process that involves contingent relationships of various expressions of wish and defense" (p. 76). As such, it requires various other interventions which allow it to be possible and effective. Bibring (1954), for example, outlined four: suggestion, abreaction, manipulation, and clarification. Fromm-Reichmann (e.g., 1950), on the other hand, emphasized the importance of patients "unearthing" their own interpretation. As such, she emphasized the face-to-face model of analysis, wherein the patient no longer lay prone with the analyst

behind him/her. As she (1950, pp. 127-128) put it,

make a point of instigating the patient's interest in cleverly discovering for himself the hidden meaning of his intricate communications ... Any interpretation which a patient is able to unearth for himself is more impressive to him, hence more likely to produce an immediate and lasting curative effect, than any interpretation offered by the therapist.

Levy (1963) radically expanded the manner in which interpretation is conceptualized in psychoanalysis. Equating its inferred statements with a factual status, he argued that psychoanalysis interprets "deep unconscious" phenomena as if they were facts, and it justifies its inferences by the very theory it utilizes to make the interpretations regarding the patient's psyche in the first place. He concluded that interpretation does not uncover truth, but rather provides an alternative theory-based construction of the patient's material which presents a healthier and more useful re-construal. Insight then becomes the extent to which the patient is willing and able to accept the analyst's construction. As he put it "... [interpretation] consists of bringing an alternate frame of reference, or language system, to bear upon a set of observations or behaviors, with the end in view of making them more amenable to manipulation" (p. 7). Levy drew upon previously made links to social psychology research on attitude change and behavioural compliance to explain the interpretative process and interpretative depth. He argued that interpretation presents a discrepancy between an analyst's and patient's constructions, and that the extent of the inferential link between the patient's material and the analyst's statement is equivalent to the interpretation's depth.

Levy identified two aspects of interpretation, both of which create the above mentioned discrepancy. The *semantic aspect* of interpretation is concerned with describing the patient's material in the conceptual language of the analyst's theory, and this reclassification enables the patient to construe and talk about his/her material in new more adaptive terms. The *propositional aspect* is concerned with syntax and structure of the theory, identifying relationships among events in the material, accounting for them, and identifying the implications of these relations. Levy argues that the efficacy of interpretations is not due to their content value per se but rather due to their ability to reduce dissonance between factors in the patient's life, and as long as the dissonance they reduce is less than the

dissonance the interpretations themselves create, they will be accepted.

The Rules of Interpretation

Freud set out certain rules regarding the depth, timing, frequency, and type of interpretation which were elaborated by future psychoanalysts. Fenichel (1941) began with the psychoanalytic insight that the presence of defences and resistances implies that the unconscious conflicts and impulses are too anxiety provoking to be dealt with by the patient. He and others (e.g., Josephs, 1992) argued that while the classical technique recognizes this insight, it is too conservative in focussing on the unconscious conflicts, and that resistance to unconscious processes needs to be addressed directly, vigorously, and systematically. Thus the analyst must respect the patient's active defences and resistances, and first conduct preparatory interpretations of them so that the patient can be brought to a state of readiness and can tolerate the upcoming difficult revelations. The patient's resistances are pointed out in a way that will support, not tear down, the ego's defences, so that the patient can begin to realize and become intrigued by the connections and oscillating dynamic between defences and expressed derivatives (or surface manifestations of underlying conflicts). As a result of preparation, s/he is more likely to experience the interpretation as meaningful, as it renders less resistance because it is removed from the heavily defended unconscious conflicts at the time.

There are many implications to Fenichel's rule of interpretation. Along with many other classical and contemporary psychoanalysts (e.g., Fenichel, 1945; Greenson, 1967; Ruttenberg, 1993), Fenichel argued that interpretations should begin at the surface with the least repressed material, that which is most available to the ego, and gradually proceed to the deepest repressed material. This essential rule can be stated through the various dimensions of analysis which it implies: the analyst interprets defences/resistances, transference, and impulse derivatives (ego material or process dimensions) before conflicts and impulses (id material or content dimensions); s/he interprets material related to the current life situation (relationship with others), then transference (relationship with the analyst), and finally the patient's past (genetic and etiological/pathogenic material). Once the analyst reaches the level of interpreting instincts and conflicts, given the psyche's economic tendency towards overdetermination, the analyst can focus on the most important instinctual conflict at that

moment and successfully continue treatment as well as meet the patient where s/he is affectively and developmentally.

A common restatement of this general rule refers to the *depth* of the interpretation. In fact, this debate as to the level of psychic depth at which an interpretation is aimed is directly related to the debate as to where analytic work effectively takes place (Busch, 1998). Depth in psychodynamic theories literally refers to the distance of material from the surface of what the patient is capable of bringing into consciousness and knowing. Deep interpretations are intended to bring to the surface those elements that are most dystonic and farthest from the patient's awareness, and which assaults or challenge the patient's psychic equilibrium. According to the above mentioned theorists, interpretations that are moderately deep (slightly beyond the patient's recognition) are much more beneficial than interpretations that go far beyond the patient's awareness (too deep) or that stay very close to the patient's awareness (too superficial). The former may be too threatening or overwhelming to the ego, and they do not stimulate easy expression because there is no direct connection with consciousness. The latter only utilize what is already part of the conscious ego, and so do not provide encouragement for further exploration, and they may be seized onto by the patient and used to avoid going deeper. Moderate interpretations, on the other hand, encourage free expression by making new connections of materials which are close to conscious, thus being slightly discrepant from the patient's preceding content and addressing unconscious conflict just beyond the patient's awareness (Claiborne, 1982). Wilson (1981) clarified the nature of this structural change process using Piaget's cognitive theory. He argued that interpretations must be sufficiently similar to the patient's current structures to be meaningful (capable of assimilation), but different enough to engender change (thus requiring some amount of accommodation of the current structures if it is to be incorporated). Moderate interpretations maximally challenge the patient's psychic structures and maximally engage his/her intrinsic motivational process by being novel and discrepant enough to engage the patient's curiosity without being incomprehensible.

Empirical research has been conducted on the depth of interpretation, attempting to test the structural "place" in the psyche wherein interpretation is actually found to be most

effective. Studies of depth have found that “moderate” interpretations (but not “superficial” or “deep” interpretations) are associated with less resistance and more exploration and insight immediately after the interpretations, and they have the highest associations with positive therapeutic change (Crits-Christoph, Barber, Baranackie, & Cooper, 1993; Harway, Dittman, Raush, Bordin, & Rigler, 1955; Speisman, 1959). Furthermore, the most change was found to be effected gradually in a series of moderate interpretations.

A related rule which the above mentioned theorists discuss refers to *dosage*. The dosage of interpretation should be such that it causes as little psychic pain as possible and prevents leaving the patient defenceless by “bombarding” him/her beyond his/her ability to comprehend. Regardless of its accuracy, an interpretation can harm the progress of treatment inasmuch as it does not consider the patient’s defences, level of tolerance, and affective state at the moment. As such, the analyst should not interpret until considerable associative material (verbal or behavioural) has been obtained, and at that time only interpret gradually:

Since interpretation means helping something unconscious to become conscious by naming it at the moment it is striving to break through, effective interpretations can be given only at one specific point, namely, where the patient’s immediate interest is momentarily centered (Fenichel, 1941, p. 25).

Lowenstein (1951) referred to the dosage rule as *timing*, and argued that an interpretation should be given when the patient is neither overwhelmed by emotional reaction to the event to be interpreted nor completely removed from the material. This interpretation also needs to be given in “installments” throughout therapy and repeated across different domains of the same theme to allow for working through. He argued for a necessary preparatory process, which culminates in interpretation, that requires stages of other interventions, namely preparation, confrontation, and clarification. Greenson (1967) similarly argued that an affective component of the experience to which the interpretation refers must be strongly salient and experientially felt by the patient before the experience is interpreted. Interpretations should be intense and highly pertinent, and thus sufficiently close to the surface of patient’s psyche while still remaining emotionally meaningful as opposed to intellectually understood (Joyce & Piper, 1996; Laufer, 1994). Only then will an interpretation represent a therapeutic truth for the patient. In other words, interpretations

should address patient's central emotional concerns (Saul, 1963). As such, insight is only facilitated if the interpretation corresponds to some particular derivatives of the patient's conflicts, and the wording of interpretations becomes important: "the wording of an interpretation considerably determines its dynamic effect" (Lowenstein, 1963, p. 9).

Lowenstein (1963) further outlined the implications of his position regarding the *style, formulation, or wording* of an interpretation. He argued that in conveying interpretative meaning the analyst must use concise and jargon free everyday language, must include references to time, and must have evidence to support the plausibility of the interpretation. This implies that the more specific an interpretation is, the better, as it will then naturally become smaller and more digestible. In fact, vague interpretations are not only confusing but they also bolster resistances. Furthermore, unless the analyst uses the patient's own words when interpreting, which acknowledges his/her experience, the words create an inevitable therapeutic barrier and distance which frustrates the patient. Following Klein's theories, De Racker (1961) draws a parallel from interpretation to the feeding situation. He similarly argues that the manner in which the interpretation is given (its formulation) is essential in providing the healthy contact required to overcome the patient's overwhelming anxiety and helping him/her. Thus the analyst must participate in a real connected way with him/her, and respond to the style of formulation needed by him/her, in the same vital manner that the mother intuitively responds to the child resulting in successful early development.

Transference interpretations. A discussion regarding the rules of interpretation implies a typology of interpretations, including (for example) impulse interpretations, conflict interpretations, transference interpretations, resistance interpretations, defence interpretations, and shallow, moderate, and deep interpretations. However, emphasizing the types per se does not seem relevant as they are directly related to the rules. Along with the previously listed types of interpretations, two dimensions of type that seem to be common in the psychoanalytic literature are: whether the interpretation is vertical (relates present reality to past experience) or horizontal (refers to common denominators in the present), and whether the interpretation is general (aims at larger themes) or specific (directed towards a particular idiosyncratic phenomenon). In their study, Piper, Debbane, de Carufel, and

Bienvenu (1987) examined specific but multi-component interpretations (addressing wishes, anxiety, conflicts, and relations), and found that they relate to positive therapeutic outcome more than single-component interpretations, according to therapist ratings of objectives and overall usefulness of therapy.

Along with the previously mentioned rules, Lowenstein (1951) argues that material appearing in the transference should take interpretative primacy, and this rule has become the preference of all of the psychodynamic approaches. Strachey's (1934) classical paper on *mutative interpretations* was actually the first to emphasize the importance of transference interpretations. Mutative interpretations are those which lead to ultimate therapeutic change by inducing proximal change in the structures of the psyche and breaking the vicious cycles underlying pathology. They have three characteristics: they are emotionally immediate in that the patient experiences them as something actual, they are specific (detailed and concrete), and they are transference interpretation in that the giver of the interpretations and the object of the impulses or wishes that are interpreted are the same. They are potent and effective because they interpret the conflict or dynamic processes at the moment of their activity, which makes them highly affectively charged yet simultaneously targeting material that is either developmentally early (historical) or strongly repressed (structurally deep in the unconscious; Frances & Perry, 1983). A premature interpretation, lacking in that immediacy, negates its efficacy; and extra-transference interpretations are less effective and more risky as they are distant in both time and space and devoid of immediate energy.

According to Strachey (1934), mutative interpretations undergo two phases. In the first phase, the patient is immediately immersed in and re-experiences his/her unresolved conflict(s) in relation with the analyst (i.e., cathexises the analyst as the object of conflict). This occurs through the analyst's working towards enabling the release of the patient's id-impulses, which are projected onto him/her at the moment at which they are interpreted. In the second phase, the analyst directs the patient to distinguish between the phantasy object and the real analyst, thereby allowing at a critical moment the release of id-energy and its emergence into consciousness. This is particularly potent because it is likely the only time in which the object the impulses is directed against does not behave like the original object.

Instead, the analyst-object accepts the impulses without anger, anxiety, or defensiveness, and brings insight through interpretation. This allows the patient to experience the contrast between his/her negative phantasies projected on the analyst and his experience of the analyst as benevolent, which leads to insight that the material projected onto the analyst are actually related to an archaic/past phantasy object and not a real object. S/he also realizes the similarities between his/her current transference attitude and his/her repetitive maladaptive patterns of relatedness in the past. This breaks the circle of projection, and the patient introjects the good analyst-object, producing deep structural changes and corrective experiences.

Considerable empirical research has been conducted on transference interpretations. A series of studies have examined the impact of interpretations on various process variables, rated by independent judges (Azim, Piper, McCallum, & Joyce, 1988; Joyce, Duncan, and Piper, 1995; Joyce and Piper, 1996; Piper, Azim, Joyce, and McCallum, 1991). They defined an interpretative episode as containing one or more dynamic components of wish, anxiety, defence, and dynamic expression (affect, cognitions, and behaviours), as well as the object addressed by the intervention which identifies the process in which it engages the patient. These studies found that transference interpretations were capable of the most immediate impact among other types of interpretations, provided that the patient has shown indications of being able to tolerate them (i.e., s/he has good object relations) and that they accurately reflect his/her ongoing experiencing. A consistent transference focus (consistent with the therapist's initial formulation) was directly associated with engagement (in the form of dynamic work, exploration of defensive operations, or resistance), disclosure and exploration of immediate experiencing and emotions, patients' confidence (lack of withdrawal and reluctance to engage in the therapeutic process), enhanced therapeutic alliance, and the expression of conflict evident historically, currently, and in the immediate therapeutic relationship. Some of these studies add that interpretative simplicity (directness and concreteness), resembling moderate interpretative depth, was directly associated with all of these previously mentioned factors because of ease of assimilation. Some of these studies have also associated transference interpretations with eventual positive therapeutic outcome

measures (immediately following analysis and 5 months later). Piper, Debbane, Bienvenu, de Carufel, and Garant (1986) found a significant relationship between proportion of transference interpretations and outcome across 5 of their 17 outcome measures. However, these researchers actually consistently found in their studies that low proportions of transference interpretations were significantly inversely related to good alliance, which may have mediated their significant relationship with eventual outcome.

Early studies of the sheer frequency of transference interpretations indicated that high rates are related to positive therapeutic outcome, particularly negative transference interpretations and in contrast with other object interpretations, and particularly for outcome measures such as capacity for friendship, capacity for intimacy, capacity to use support, self-esteem, and assertiveness (Malan, 1976; Marziali & Sullivan, 1980; Marziali, 1984; in Crits-Christoph, Barber, Baranackie, & Cooper, 1993). However, later researches (including the previously discussed studies) have contradicted these earlier studies and found that excessive use of transference interpretations can decrease their utility and hinder therapeutic progress by increasing resistance (Crits-Christoph, Barber, Baranackie, & Cooper, 1993). Adjusting for pretreatment suitability and number of sessions through regression analysis, Høglend (1993) found an inverse relationship between frequency of transference interpretations and treatment outcome measured using the Global Assessment Scale (at various points of follow-up years later). Other studies (Connolly et al., 1999; Piper, Azim, Joyce, & McCallum, 1991) have added that, with patients with high quality object relations or interpersonal relationships, moderate levels of transference interpretations (as opposed to high or low levels) resulted in good outcomes as indicated by the Beck Depression Inventory, measures of general symptoms, and patient objectives for therapy. Patients with low quality object relations or interpersonal relationships, on the other hand, had good outcomes only at low levels of transference interpretations. This interaction of quality of relationships and frequency of transference interpretations in predicting outcome was significant even when controlling for early improvement in the therapy. Thus the relationship between frequency of transference interpretations and outcome efficacy is not a simple and direct one.

Other researchers have attempted to identify other factors which interact with

transference interpretation frequency and lead to efficacy. Piper, Joyce, McCallum, and Azim (1993) examined the quantity and quality of interpretations and outcome. Quality was defined as the correspondence of the transference interpretations with the therapist's initial dynamic formulation of each case, so that they maintain an ongoing focus on the patient's central issues. They found that, for patients with high quality object relations, there is an interaction between frequency of transference interpretations and the quality of transference interpretations in the prediction of 6-month follow-up outcomes. Better outcomes were associated with relatively low frequencies of transference interpretations, but a high level of correspondence with the dynamic formulation. McCullough et al.'s study (Crits-Christoph, Barber, Baranackie, & Cooper, 1993) showed the potential connection of these quality transference interpretations with process variables. They found that transference interpretations followed by patients' affect, as opposed to defensiveness, were positively correlated with favourable outcome. Winston, McCullough, and Laikin (1993; in Hackbert, 1999) found that these patients who responded with affect not only had a successful outcome, but were more likely to have meaningful relationships and less social isolation. Foreman and Marmar (1985) examined the frequency of use of different interventions with patients with initially poor alliance, three subsequently improving and three not improving in alliance and outcome. Their study clarifies an essential issue in relation to frequency: the improved cases were characterized by greater use of interpretations that addressed the defences the patient used to cope with feelings in relation to the therapist and others. As such, transference interpretations must be sensitive to the patient's resistances and defences for their use to be effective. Conducting them with that sensitivity may enhance their quality, leading to certain types of patient-affect which result in the interpretations' positive outcomes.

The Truth-Value and Validation of Interpretations

The nature and importance of the truth-value or accuracy of an interpretation, and its effects on treatment, is an issue of continuing debate in the psychoanalytic literature. Some theorists claim that inexact interpretations have a detrimental effect on the patient and on future treatment, possibly creating pseudo-transference neurosis and experienced as a painful or frightening disillusionment which repeats misunderstandings or empathic failures suffered

in the past (Kumin, 1989). Others suggest that such interpretations nevertheless contribute to helping the patient (Crits-Christoph, Barber, Baranackie, & Cooper, 1993). There are some theorists who emphasize that slightly inexact interpretations are problematic because they are believed by the patient but are structurally ineffective, thereby strengthening the patient's repression, and increasing his/her ego defences because its near accuracy represents a danger to the patient's psyche. Clearly inexact interpretations, on the other hand, are rejected by the patient and their detrimental effect on the relationship is repairable by a sensitive analyst (Kumin, 1989).

But how does one determine the accuracy or truth of an interpretation, whether it matches the true meanings of the unconscious material of the patient? Psychoanalytic theorists have contradicted and expanded Freud's tally argument and jigsaw puzzle model of determining accuracy. Greenson argued that patients' acceptance of an interpretation is a required component, and it is a likely support for its validity under ordinary circumstances: "we need the patient's responses to determine the validity of our interpretations" (1967, p. 39). The patient's subsequent associations, as well as his/her entire demeanor (both verbal and non-verbal), can and should also be observed for indirect validations of the interpretation. It should lead to the emergence of content indicating less distortion and relaxed defences/resistance, a new flexibility of attitude and trust in the therapeutic process, and increased self-observation or insight (Joyce & Piper, 1996; Snyder, 1968). Yet others added criteria such as a feeling of surprise at the emergence of what was unconsciously "known" as its repressed energy is released, and the explanatory and heuristic value of the interpretation (its predictive ability regarding the patient's behaviour). However, Fenichel (1941) and Greenson (1967) emphasized that, while improvement of symptoms is a necessary eventual consequence of the efficacy and correctness of interpretation, it is not always a sufficient indication because there can be a paradoxical worsening of symptoms and symptom remission. Sometimes even incorrect interpretations may alleviate symptoms without removing underlying conflict and its resistance, and thus not be ultimately curative. Greenson (1967, pp. 300-301) summarized complexity validating interpretation as follows:

If my interpretation is correct, he will agree with me and accept it not only verbally but also emotionally, and he will add certain details or memories or other

embellishments to my confrontations. Many times, however, the patient needs time to contemplate ... If my intervention is incorrect, the patient will reveal its incorrectness not merely by verbally denying it but by some form of resistance and avoidance behavior. However, it may be that the confrontation was correct in content but wrong in its timing ... It is not always easy to determine whether the patient's response indicates acceptance or rejection, thoughtfulness or escapism, or a combination of all of these elements.

It is clear from the psychoanalytic literature that correct and confirmed interpretations are at least necessary for the curative effects of psychoanalysis to occur. However, many feel that these criteria continue to present a practical problem of confirmation, particularly because they do not account for a patient potentially assenting to a false interpretation in the service of resistance and fully taking it up (Pogge, 1986). Furthermore, once the domain of "indirect" confirmations is entered, they argue that there are no reliable means of determining correctness. Rubovits-Seitz (1992) argued that the lack of interpretative reliability across analysts is due to various factors: the various analytic methods of interpretation, the individual idiosyncratic styles, the problem of susceptibility to countertransference distortions, and the reductive selection of data by means of selective attention and heuristic shortcuts for processing the data (e.g., the confirmatory bias, overvaluing, oversimplification, focussing upon the first plausible explanation). The limitations and uncertainties of interpretive methodology make errors inevitable and frequent. To remedy these natural human tendencies, Rubovits-Seitz and others (e.g., Hirsch, 1967; 1976; Wisdom, 1967) argue that analysts should base their interpretations upon the surrounding context of empirical events, consider the uncertainty in every interpretation, and use systematic error-detecting, error-correcting, and validating procedures (e.g., falsifiable and disconfirming tests, using circumstantial details to test the validity of the overall interpretation).

The theories discussed so far have focussed upon correct interpretations of content and the criteria for determining them. However, Kumin (1989) argued that the most serious failures of interpretation are not content related, as errors of content are not experienced by patients as hurtful and they frequently will correct the error through subsequent associations. Empathically false interpretations, on the other hand, are interpretations which can contain

content that has a factual basis and is intellectually convincing, but they are premature or overwhelming and ignore the destructive meaning within the transference. They do not preserve the self-esteem of the patient, and can be compulsively clever and preempt his/her capacity to be creative. By being presented at a point other than the point of urgency, they deprive the patient of the therapeutic opportunity to create a link for him/herself. Kumin (1989) argued that patients are not necessarily aware of such errors, but they seriously interfere with the alliance and the therapeutic progress, and may induce non-therapeutic regression. Thus emotional meaningfulness to the patient becomes the criterion of interpretive accuracy.

The previous discussions of interpretative validity and truth-value have followed Freud's main approach, which relied on a correspondence with the "real" meaning of the material. Many theorists question this presumed classical authority and validity of the technique of interpretation (Nelson, 2001). von der Tann & Boening (1999) argued that analysts can never arrive at a "correct" interpretation in the sense of a complete and true understanding. At most, it can only be sufficient enough to further analysis, and it is complicated because countertransference always enters the analytic situation in the form of the analyst's personality and natural style and identifications, which (although subjective) are necessary for good analysis. Ornstein and Ornstein (1985) and Casement (1986) argued that what is ultimately significant is not what the analyst believes s/he has imparted, but what the patient experiences in connection to what the analyst imparted. Thus what constitutes the totality of "the interpretation" includes all that is conscious and unconscious in the analyst's intervention, the impact on the patient, the patient's response, the impact of that response on the analyst, and further interventions.

Bernstein (1988) asked how an analyst can discern when an interpretation is blindly or willfully arbitrary or idiosyncratic, and responds that this is difficult to answer because there is no absolute legitimizing matrix of evaluations which can be used. However, this does not imply that interpretations are based on assumptions and beliefs that are epistemologically arbitrary. The refutation of objectivism does not imply relativism, and interpretations do make validity claims which can be evaluated using various criteria. Hirsch

(1967; 1976) similarly argued that analysts can gain enough distance to allow for “objective” social science, but one that does not rely on verification in the manner of the natural sciences. Instead of attempting to use a method of verifications of “true” data, these theorists argued that the method of validation should involve the logic of argument, dialogue, and probability. Hirsch (1967; 1976) suggested the use of alternative hypotheses, following the hermeneutic method wherein a particular construction is not only used because it is plausible, but because it is the most plausible among alternative constructions at a given time. To claim the validity of an interpretation, it thus must be argued to be superior over rival interpretations, allowing some “more correct” understandings. However, the “correct” understandings should ultimately be checked with the original intentions of the author/patient, who is ultimately the object of interpretation. In fact, some argue that psychoanalytic truth must lie in the subjectivity of the patient (Raphling, 1997) and the felt meanings which they experience at the moment of interpretation (Laufer, 1994).

Levy (1963) followed a similar line of argument but came to a different conclusion regarding the validation of interpretations. As opposed to placing the patient as the validator of interpretation, he argued that interpretations have a certain truth value within a particular frame of reference and context, and can be evaluated based upon the logic and rules of the language system adopted by the interpreter. Thus, for Levy, the truth of an interpretation is related to its function, as it can be judged based upon theoretical consistency (logically and psychologically) and appropriateness given the patient’s state of mind or the context of the undertaking given what is presented. An interpretation is thus “correct” when it is consistent with the theory that generated it and the data present, and it is “appropriate” when it facilitates the desired change. As he (pp. 9-10) put it,

truth value cannot be the basis for making one interpretation and not the other, and the making of one does not imply that any other one is untrue; the choice is made simply on the basis of consistency with the interpreter’s orientation and purpose at the time.

Interpretation in Psychodynamic Approaches Beyond Psychoanalysis

Wolf (1993) wrote that “the role of interpretation in psychoanalysis depends on the function it is intended to perform” (p. 28). As the classical positions of psychoanalysis evolved and eventually transformed into psychoanalytic and psychodynamic therapies, their

conceptualizations of interpretation also transformed. Abend (2000) identified the first set of major theoretical changes as related to the content of interpretations; namely, the nature or types of insight/self-knowledge which patients need to achieve curative effects. While all of the psychodynamic orientations agree on the importance of unconscious mental life, they differ in the emphasis they place on the attainment of insight regarding it. In fact, reference to the unconscious was gradually lost (Pancheri, 1998) as the scope of treatment broadened and was redefined based upon patients with pre-oedipal or personality pathology, which required a broadening of the transformative interventions used along with interpretation (Wolf, 1993). The second set of major theoretical changes revolved around the nature and influence of the relationship between therapist and patient on the course and outcome of analysis.

The psychodynamic orientations can be categorized according to two theoretical models: the drive-structural model and relational-structural model (Pancheri, 1998) or, alternatively, the conflict model and the developmental deficits model (Tosone, 1998). In the conflict model interpretation and insight begin early in treatment and focus on transference and unconscious dynamics. They ultimately work with material that is distant from the patient's observable experience, and countertransference is used to understand the patient. The developmental deficits model, on the other hand, emphasizes the value of the therapeutic relationship. Change partially occurs through the relationship, characterized by caring for the patient through holding and providing a sense of security, and countertransference is used as an instrument of change. Despite their important differences, however, interpretation remains the major curative factor in these models (Arlow, 1987). It is still regarded as the therapist's central activity around which other aspects of treatment are organized to maximize its effectiveness (Tosone, 1998). What follows is a review of the major psychodynamic theorists and movements in reconceptualizing interpretation, organized around the specific relevant approaches. Since theoretical changes related to the content of what is to be interpreted does not alter the conceptualization of interpretation itself, these psychodynamic contributions will not be emphasized in this review.

Interpretation in Lacan's Linguistic Psychoanalysis

Lacan's (e.g., 1968) linguistic focus conceptualized speech and the human meanings

it reveals as the foundation of psychoanalysis, given his interest in the problems being faced by the patient in trying to give conscious words to unconscious things (Burgoyne, 1997, Hamburg, 1992; Steiner, 1976). For Lacan language is rooted in overall symbolic operations and a structural grammatical psyche, and psychoanalysis is an applied linguistics. In emphasizing the alienation of human consciousness from self-knowledge, he argued that full human understanding of the psyche is not possible, for beyond the two speakers in analysis lies an unconscious realm that is irreducible to their dialogue. This realm, which psychoanalysis calls the unconscious, is deep-structured like language and has a syntax in the same sense that grammar (i.e., Chomsky's *transformational generative grammar*) and culture (Lévi-Strauss' *binary symbolic arrangements*) have deep-structures. Possessing a deep-structure, the unconscious as the signifier bears unconscious meaning within an act of symbolic signification which manifests as the patient's material. By possessing a quality of otherness (the *alter-other*), it represents a discourse of the Other which absolutely transcends yet structures the intersubjective or trans-individual relation between the two psychoanalytic subjects. As a discourse of the Other, it belongs to no speaking subject, but calls to the analyst and patient to interpret its meanings.

For Lacan, therapy is the discovery and reading of the Other's language, discovered in the unconscious aspects of the discourse in which meaning is embedded awaiting interpretation. The unconscious represents a gap which the patient needs to fill in order to reestablish the continuity of conscious speech. The task of the analyst, as the logician linguist or anthropologist, is to interpret the deep-lying structures and constraints of the patient's discourse, or to access the patient's alienated world of symbolic transactions. The patient's pathological condition resolves itself in language-analysis, because symptoms are linguistically structured as an unconscious language of enunciation (*parole*) which must be brought to light. Thus "... analysis teases into open utterance and daylight the shaping pathologies, the vital cancers of internal language" (Steiner, 1976, p. 258). It is the translation of the patient's untranslatable interior statements, or the bringing into utterance the internal roots of the unsaid. Ultimately, analysis is the identification and recognition of signifiers.

Within this context, interpretation is the recognition of and naming of what is unnamed and unnameable by the patient (i.e., unconscious or repressed). The analyst experiences the difference between the manifest discourse of the patient and the unconscious creation of the Other. Interpretation operates by his/her following the chains of these signified materials in manifest discourse, and the networks constructed by their intersections, to their signifiers. Only such construction of the signifying terms will provide a platform from which the unconscious and its meaning can be discerned. Following signifiers to their anticipated meaning, and tracing them to each other, leads the analyst to the unconscious meaning. In this process, a not-fully-knowable transference is created with the third "person" in the room (the unconscious), which is placed in question by the analyst's interpretations. This transference discourse creates a gap between the patient and the analyst as fully knowable subject and object, and a corresponding gap identifies for the patient his/her alienation as subject from objective self-knowledge. Hence interpretations seek to replace disharmony and division within the patient's symbolic structure. This de-alienation performs a necessary linguistic function so that, through his/her interpretations, the analyst can follow their chains of meaning and unveil the signifiers of the patient's signified (i.e., the patient's material), which are the symbolic organizing principle underlying representation, language, and analytic discourse. In naming and recognizing the unnamed through interpretation, the analyst and patient bring forth a new presence in the world, which gives the patient the freedom to identify and create what was implicit. This is essentially a replacement of one signifying chain for another along a linguistic path that links to the patient's unconscious. In fact, Lacan viewed interpretation as the ultimate linguistic act, as it is essentially the operation of an active word and *a logos* upon the discourse of the unknowable.

Interpretation in Ego Psychology, Object Relations Theory, and Self Psychology

The major changes in the content of analysis arguably began with transactional analysis and character analysis. These movements developed as their primary focus the interpretation of overriding personality patterns underlying the patient's symptoms, in contrast to the historical sources of the symptoms themselves which are the focus of classical psychoanalysis (Abt, 1968). Reich (e.g., 1973) emphasized that the symptoms which psychoanalysis treats are derivatives of character structure, and that treatment must focus

upon the patient's character structure and nuclear conflicts which define his/her style of being (Josephs, 1997). Given his emphasis upon negative transference, his approach to interpretation also marked an important shift from a focus upon the content of the patient's statements to a focus upon the processes within treatment.

Ego psychology and object relations theory followed similar trends. They view the patient's historical material as only truly relevant to the manner in which it is experienced and reenacted in the present (Pogge, 1986). Moving from a "why" to a "what" model (Claiborn, 1982), interpretation in these approaches is used less to establish the source of problems than to analyse the present behaviour and experiencing and to point out their interpersonal effects. According to these approaches, pathology is derived from arrests, distortions, and deficits in the ongoing developmental process and personality of the patient, which ultimately form the sources of psychodynamic conflicts. Therapeutic action derives from the opportunity for the acquisition of new psychic structures that compensate for or ameliorate these deleterious effects. In fact, theorists from both an ego and object relations perspective argue that psychoanalytic interpretations can be inappropriate, particularly for lower functioning (pre-oedipal level) patients such as patients suffering from borderline and psychotic states. According to Kernberg (e.g., 1984) and Masterson (e.g., 1976), such patients are not sufficiently integrated to take in classical interpretations, which are likely to activate primitive defences (e.g., splitting or projective identification). Winnicott (e.g., 1989) went further and argued that classical interpretations can have negative effects on the patient and the therapeutic relationship. They run the dangerous risk of preempting the patient's comprehending the material by him/herself, and thereby prevent experiencing a sense of competence and engaging in creative synthesis which are crucial to the acquisition of a strong ego and a new psychic structure. He was deeply critical of the compulsively clever and pretentious character which sometimes emerges in classical interpretations, imposing the analyst's ideas and thus violating the patient's freedom and retraumatizing him/her.

Ego psychology focuses upon the interpretation of ego defences, as they are indicators of developmental arrests in the ego (Josephs, 1992). Such interpretations do link defence analysis to the interpretation of transference, but such links are made in the context

of the triggering stimuli of the here-and-now therapeutic interaction (primarily resistance), as well as triggering the preconscious processes that are thought to be crucial to ego development and a cohesive self (e.g., integration, autonomy, resilience, flexibility, and adaptability). The therapeutic climate, viewed as partially curative in and of itself, becomes the foundation upon which defence and conflict analysis can be conducted. Borrowing from Kris, these theorists view some regression in the service of the ego, along with helping the patient develop autonomous conflict-free spheres of ego functioning (e.g., reality testing), as necessary for treatment (e.g., Hartmann, 1964). They also elaborate Fenichel's division of the ego into an experiencing and observing aspect. The observing aspect, which utilizes the autonomous ego functions such as reasoning and rational criteria, is necessary as only it can properly understand the intended meanings of interpretations without transference distortions, thus allowing deeper levels of conflict and defence analysis.

Object relations theorists obviously differ in content from ego psychologists in their focus upon the objects in the patient's life and their various relationships. They emphasize here-and-now transference analysis which is determined by the conflicts which are most salient at the moment in the therapy and in the patient's current dealing with reality outside therapy, as well as by the treatment goals and the life goals of the patient. This stance is strikingly different from the classical one, which interprets transference so that content interpretations could proceed. Interpretation of defence mechanisms is also used to strengthen the severely regressed egos of lower functioning patients, which makes them ego-dystonic and strengthens patient's capacity for further analytic work. Furthermore, in preparation for interpretation, one of the analyst's functions in this approach is to allow him/herself to be utilized by the patient as a primary object whose chief function is recognition of and being with the patient. This necessary atmosphere which (as ego psychology also argues) provides a curative dimension in and of itself, expresses the patient's need for a primary object relationship, in contrast to classical psychoanalysis which would view it as a wish for gratification or a defence against a hidden wish. In fact, Kohut (e.g., 1959) critiqued the classical stance of abstinence and neutrality, which is meant to deny the patient gratification, as motivated by an anxiety-driven need of analysts to keep

their passions in check. A stronger person is less vulnerable and can afford to be more flexible, emotionally close, spontaneous, and empathically responsive to patients (Wolf, 1993). Winnicott (e.g., 1954) described this atmosphere as a necessary containment or holding environment which promotes safety and protection, and facilitates a growth promoting therapeutic regression to dependency on the analyst, so that a bond of affective attunement occurs between them. The holding environment allows the patient to borrow the analyst's strength and capacity and act as an auxiliary ego, and thus enables self-interpretations. This auxiliary ego serves as a transitional phenomenon, which allows the patient him/herself to contribute interpretations, and hence develop a sense of competence and creativity and (given these developments) allows further ego strengthening and growth.

The holding atmosphere is, of course, sometimes disrupted by defence/resistance analysis. But object relations theorists encourage their patients to verbalize this aspect of negative transference so that it can be dealt with and reestablish the analyst as a necessary primary object. Acknowledging and analysing these therapeutic failures, whether original failures in token form (through regression) or real failures (which remind the patient of the original failures), recognizes the patient's perspective and rectifies the failures, and allows the patient to become appropriately angry (Kumin, 1989). Winnicott viewed such transference interpretations, and interpretations in general, as part of the holding environment which allows the patient's further self-exploration. As Winnicott put it, "whenever we understand a patient in a deep way and show that we do so by a correct and well-timed interpretation we are in fact holding the patient" (1954, p. 261). As the patient relates to the analyst's interpretations, they satisfy unmet primitive needs for holding, mirroring, and affective attunement (maternal provisions which a dependent infant requires). Again, Winnicott (1965, p. 240) wrote that

the analyst is holding the patient, and this often takes the form of conveying in words at the appropriate moment something that shows that the analyst knows and understands the deepest anxiety that is being experienced, or that is waiting to be experienced.

Furthermore, primarily in reference to child psychoanalysis, Winnicott emphasized that interpretations emerge from the analyst through spontaneous, playful, and authentic

participation with the patient, which allows the patient to become more spontaneous, playful, and authentic. For Winnicott, interpretation requires imaginative play from both parties, and it blurs the boundaries between what is found and created. Like the squiggle game, interpretation does not come from the analyst or the patient. It is not deliberately planned, but rather spontaneously emerges through the play between analyst and patient (Mook, 1994). Thus the analyst must tolerate not having objective and certain knowledge, and in fact the need felt for understanding and interpretation is rooted in analyst's anxiety to do something for the patient. This stance has three important implications. First, instead of imposing, the analyst must provide the patient with an interpretation and observe the way in which it is accepted, while understanding resistance as the patient's rightful hesitation. S/he is an active participant who takes what the analyst has to offer and reshapes it in accord with his/her own needs. Second, the patient chooses which interpretations to identify with and cling to, and they may be useful not because they provide new information but because they represent a link with the analyst. Third, it is essential for the patient to realize that the analyst has not yet completely understood everything, so that the patient can share in the interpretative process. As he put it, "I think I interpret mainly to let the patient know the limits of my understanding" (Winnicott, 1989, p. 219).

Kohut's unique contribution. In many ways, Kohut fully flushed out the implications of these theories for interpretation. According to Kohut (1959), the first phase of analysis requires an "understanding psychology" which is characterized by what he referred to as the "difficult project" of *empathic understanding* or *introspective empathy*. This empathy involves an attunement and immersion (a thinking and feeling) into the patient's experience, and a "vicarious introspection" of his/her inner life, in an attempt to understand it. He wrote that empathy is a "powerful emotional bond between people empathy *per se*, the mere presence of empathy, has ... a beneficial, in a broad sense, a therapeutic effect - both in the clinical setting and in human life" (p. 397). The analyst establishes and maintains contact, reflecting back the patient's own immediate self-understanding and emotional experiencing, and remains with the patient's subjective frame of reference without making efforts to go beyond it. Such mirroring activity provides a

facilitating container which mitigates the patient's loneliness and confirms the patient's feelings and memories given his/her past experiences and current distress. This phase establishes trust in the analyst's capacity to understand and provides the patient with an optimal responsiveness through interactive and warmly caring human contact.

Kohut theorized that the primary selfobject needs of patients have been met with rejection or disappointment by caregivers, creating repeated and complex experiences of selfobject failure (Stolorow, 1993), and producing an incoherent self-structure. Furthermore, the caregivers were also unable to provide attuned responsiveness to the child's painful emotional reactions, leading to perception that these painful feelings are unwelcome or damaging to the caregiver. Thus they were defensively repressed in order to preserve the needed bond. As such, the patient experiences a secondary selfobject longing for an attuned response that would modulate, contain, and ameliorate these painful affective states, and this becomes a source of a lifelong inner conflict and vulnerability to traumatic states. In therapy, these archaic needs (or developmental longings) for selfobject responsiveness become mobilized and the availability of the therapist as a caring and understanding selfobject satisfies them, healing missing psychological structures and functions, reanimating stalled development, and fuelling therapeutic transformation.

While empathy alone performs a curative function in Kohut's theory, it is insufficient in disclosing unconscious or repressed aspects of the self (as it leaves defensive operations intact) and creating sustainable personality change. However, by spontaneously stimulating archaic selfobject needs, empathy performs an additional function by acting as a data collection mode of observation and insight for the purpose of making interpretations in dynamic and genetic terms (Stolorow, 1993). It is these interpretations which are necessary for fundamental change to occur, providing unified self-understanding across conflicting aspects by linking the present to the past. This "explaining psychology" utilizes inferences and theory building as its methods and the search for causes as its objective. Yet Kohut always emphasized that "interpretation in the absence of intimacy may prove little more than an intellectual exercise" (Lomas, 1987, p. 5). Furthermore, the new experience of being understood by the analyst through an empathic interpretation is at least as important as the

explanation itself. As Stolorow put it, "... if an interpretation is to produce a therapeutic effect, it must provide the patient with *a new experience of being deeply understood*" (1993, pp. 35-36).

For Kohut, interpretation entails making empathic inferences about the principles organizing the patient's experience. Given the idealized form of selfobject which the analyst takes, transference repetitions of experiences of primary selfobject empathic failure inevitably occur in analysis. The analyst interprets these particular developmental needs and longings and selfobject transferences that the patient is experiencing, in the context of their legitimate origins and the patient's current affect. This genetic interpretation places the understanding arrived at by the patient and analyst into a developmental context, and the meaning and motivation for the patient's immediate subjective experience in a temporal and biographical perspective. The analyst investigates and interprets various elements of the patient's legitimate expectations and disappointments (i.e., the *rupture*) from the patient's subjective frame of reference (e.g., qualities and activities of the analyst that produced the rupture, its impact on the analytic bond and patient's self-experience, early developmental traumas it replicates, and the patient's expectations and fears on how the analyst will respond to the articulation of the painful feelings that follow the rupture). Thus change occurs through a series of *optimal failures or disappointments*, which do not reproduce trauma, but gradually through interpretation shift the burden of cohesion from the analyst (as internalized selfobject) to the patient's more autonomous self. As Kohut put it, "... the spontaneously established selfobject transference to the analyst ... is disrupted time and again by the analyst's unavoidable, yet only temporary and thus nontraumatic, empathy failures - that is, his 'optimal failures'" (1984, p. 66).

Resistance, viewed as a fear that past experiences will be repeated in the therapeutic situation, is also interpreted as the patient's experience of the therapist failure as not caring, not listening, or being concerned with his/her own agenda. The therapist's acknowledgement, that s/he did something to precipitate the patient's perception of him/her given the patient's dynamics, is an interpretation which is used to repair and strengthen the selfobject tie and restore the therapeutic process. Such an admission also provides the patient

with an experience of having been efficacious, in contrast to expectations of feeling helpless and impotent as in childhood and life, as well as increasing confidence that emotional reactions to primary object rejection and disappointment will be contained by the analyst. As such, for Kohut the analyst's interpretations are not disembodied transmissions of insights about the analytic relationship; they are an inherent, inseparable component of that bond:

Every transference interpretation that successfully illuminates for the patient his unconscious past simultaneously crystallizes an elusive present - the novelty of the therapist as an understanding presence. Perception of self and other are perforce transformed ... to allow for the new experience (1984, p. 60).

As the patient's narcissistic injury and vulnerability, as well as his/her new selfobject experiences with the therapist, is interpreted by the analyst and internalized by the patient, *transmuting internalizations* occur. New meanings emerge for the patient regarding his/her historically-derived psychic organization, particularly regarding the heritage of his/her traumatic developmental failure which gradually becomes integrated and transformed. New meanings also emerge regarding the analyst as the secondarily longed for, receptive, attuned, and understanding parent, who eventually alleviates the patient's painful emotions to experiences of primary selfobject failure. As such, the patient's nuclear self-structure is supported and strengthened through withdrawal of narcissistic cathexis from the selfobject, and secondary process reasoning is stimulated and supported as a cohesion-producing activity. Through such interactions with a receptive therapist, the patient's self-structure is also changed, becoming more empowered through recognitions of self-worth at the level of the nuclear ideal, ambitions and talents. This fosters a new self-reflective capacity, affect tolerance, and integration of intrapsychic organization, which creates a new healthy self not prone to fragmentation or weakening.

Similar to other object relations and ego psychology theorists, for Kohut the ultimate truth-value and accuracy of interpretations is not as important as their usefulness and efficacy in explaining empathic failure in such a way as to strengthen the patient's self-structure. Given his focus upon the subjective, ultimately the veracity of interpretations lies with the patient, as s/he is best able to attest to its accuracy as a reflection of an experienced inner state (Stolorow, 1993). Furthermore, it is clear in Kohut's theory that the analyst is

much more of an interacting participant, using his/her person in the therapeutic process. However, unlike the following theorists, at a conceptual level he remains focussed upon the patient's internal dynamics which interpretations bring to light.

Interpretation in the Interpersonal Approaches

The value and importance of the therapeutic relationship in analysis was reconsidered and reevaluated beginning with Klein and Ferenszi (Pancheri, 1998) but highly elaborated by Sullivan (e.g., 1953). These theorists reassessed the impact of subjectivity on the understanding of patients, the nature of the mutual engagement of patient and analyst, and they questioned the analyst's authoritative stance as an external observer and scientific interpreter of the patient's "intrapsychic world" (Raphling, 1997). They marked the beginnings of the interpersonal movement and "relational" theories, which moved from the intrapsychic to the interpersonal (Josephs, 1992; Crits-Christoph & Connolly-Gibbons, 2002), and reconceptualize analysis as a profoundly intersubjective dialogue between two universes (Stolorow, 1993): "The superordinate goal of analysis - to know one's own mind - can be achieved only in relation to the mind of another" (Raphling, 1997, p. 245). According to these theorists, traditional psychoanalysis conceals interpersonal reality and leads to mystification. Transference and countertransference are inevitable and together form a dyadic intersubjective system of reciprocal influence, to which the organizing activities of both participants make ongoing co-determining contributions. According to Stolorow and Atwood (1997), the classical stance

... serves to disavow the vulnerability inherent in the awareness that all human experience is embedded in constitutive relational systems it disavows the deeply personal impact of the analyst's emotional engagement with his/her patients and denies all the ways in which the analyst and his/her own psychological organization are profoundly implicated in all the phenomena he or she observes and seeks to treat (pp. 439-440).

Aron (1992) similarly critiques the concept of analyst neutrality: "only the most hackneyed and barren of interpretations could be so (secondary) 'processed' that it would be a rational bit of information devoid of the humanity and subjectivity of the analyst" (p. 478).

Furthermore, these theorists criticize the view that interpretation reconstructs the past, on the basis that the actual past is less important than the individual's current living of it.

For Sullivan (e.g., 1953) and his successors, the scope of conscious awareness is mediated by the *interpersonal or analytic field*. Founded in dialogue, this interpersonal field brings two separate subjective experiences into mutual interaction, limiting their individual subjectivity and creating a shared terrain (Raphling, 1997). As Lichtenberg (1999) put it, “through the spoken word - heard and given back - the two individual fields open the way to that confluence which will lead to the creation of the *analytic field*” (p. 94). In this approach, the analyst must establish him/herself as a subject participant-observer in the analytic field (Aron, 1992; Lichtenberg, 1999; Merendino, 1997). Unless s/he is actively enacting an artificial relationship, the analyst inevitably enters into participation and enacts with the patient various relational patterns as a response to relational demands (rather than out of a therapeutic strategy). However, given the analyst’s commitment to reflection and inquiry, once s/he gains sufficient insight s/he must work his/her way out of participation as an observer through interpretation. Only through interpretation can an analyst recognize the nature of the shared experience and interaction with the patient. Meanwhile, the analyst still recognizes that the interpretative act is in itself a participation in another cycle of enactment: “... an interpretation, if it is intersubjectively constituted, must have consequences for both partners in the dialogue” (Aron, 1992, p. 502). Hence interpretation impacts and changes the patient and the analyst, their relationship, and allows for new possibilities and further interpretations which build upon the previous ones (Stolorow, 1993).

In this approach the centrality of the relationship with the analyst is the pivotal therapeutic experience, and the basis of interpretation of dynamics which play out in the therapeutic situation. In fact, “an interpretation is an interpersonal participation. It is an observation from within the interaction rather than from outside it” (Aron, 1992, p. 504). By implication, interpretations for Sullivan (e.g., 1953) are focussed upon transference as the here-and-now interaction of the analyst and patient, the oscillating intersubjective field created by them, and the principles which unconsciously organize these experiences (Chalfin, 1992; Crits-Christoph & Connolly-Gibbons, 2002). Inasmuch as patients utilize

projective identification⁶, they place into their analysis dissociated aspects of themselves, thus much of the material that needs interpretation exists for the analyst as his/her subjectivity as well as between the analyst and the patient (Aron, 1992). Countertransference indicates to the analyst the manner in which s/he is reacting to the patient, which provides the analyst with further material for analysis. Within the interpersonal approach, the analyst is free to provide material regarding the patient, sharing associations and experiences even before s/he knows their meaning or significance in the hopes that these will emerge. By sharing in this way, and interpreting countertransference, the analyst increases the patient's insight into the ways s/he may be unwittingly affecting others.

If the therapy process is to truly be intersubjective, and thereby lead to helpful interpretations, the emotional involvement of the analyst is necessary. As Parment put it,

... the analyst can not be just an observer, mechanically giving interpretations, but has to be included and emotionally involved in the analysis our interventions also say something about our own inner world. Whose reality the analyst has spoken, the patient's or the analyst's, is not easy to know (1994, p. 230).

Thus Sullivan emphasizes that the insight gained through here-and-now transference interpretations is curative only in the context of the novel relational experience and emotional engagement with the analyst. In fact, interpretation's value does not fully lie in the insight it conveys, but rather its relational aspects. While interpreting the manner in which the patient's dynamics are affecting him/her, the analyst remains connected to the patient and reacts in a caring and understanding manner without narcissistic injury. This analytic stance provides the patient with a novel relational experience, referred to as a *corrective emotional experience*. This corrective acceptance opposes the patient's rejecting childhood experiences that emphasized *not-me personifications* which were interpersonally damaging to the patient's *self-system*. Such emotional availability and engagement disconfirms the patient's transference expectations, in that the analyst does not react to him/her in a manner that is typical of others given the patient's dynamics. Furthermore, through checking and encouraging disagreement, the analyst presents him/herself as a human being who struggles

⁶ Projective identification is a defence mechanism through which the patient ascribes aspects of him/herself to others, and regards his/her affective reactions to these projected aspects as justifiable.

with interpretation, increasing the relational symmetry between them and allowing for the patient's conflicts to emerge in an atmosphere where conflict is acceptable (Aron, 1992).

This approach also emphasises that interpretations are never "completed" by the analyst, and thus s/he must remain open to the patient's interpretative perspective (Raphling, 1997; Stolorow & Atwood, 1997). In fact, when the patient interprets the analyst, and his/her countertransference, it allows a reflective moment regarding the dialogue and can mark and facilitate change. Another interesting implication is that the problem of seeking correctness or truth of interpretation actually only emerges in a paradigm which conceptualizes interpretation as something that is brought to the session by the analyst alone. In a dialogical paradigm, the correctness of an interpretation is inherent to its coherence to the cooperative nature of the relationship between analyst and patient. It is the result of an accord reached by negotiation between analyst and patient, wherein they first highlight discordance (with the associated anxiety of independence for the patient) then they reach concordance and create a shared meaning. Furthermore, the issue of timing is also only fully a concern in other conceptualizations of interpretation, in that they slowly introduce interpretation to the patient as opposed to naturally co-discovering it in the dialogue.

From an intersubjective perspective, the analyst's interpretations provide a counterpoint to or alternative perspective to the patient's experience (as opposed to an "objective" truth). Raphling (1997) emphasizes that since a phenomenon becomes what it is by comparison to what it is not, the alteration of meaning requires a dialogical context, and experience takes on meaning only in relation to otherness: "this difference ... is perhaps the most informative experience by which a patient delineates a sense of self and learns of the powerful unconscious intrapsychic forces that shape self experience" (Raphling, 1997, p. 255). The analyst's subjective otherness provides a sustained and emotionally intense contrast to the patient's sense of reality and inner experience. By objectifying his/her experience through an interpretative frame of reference, the analyst overcomes the resistance represented by the patient's defensive belief that his/her reality is the only possible one. This provides perspective and insight, introducing new awareness of self-experience, self-reflection, and possibilities. As a corrective emotional experience occurs for the patient,

transformation occurs within the patient's self-system, which was forged within the child-caregiver system of reciprocal mutual influence.

Interpretation in the Narrative Orientations

Given postmodernity's arguments for diversity, it is not surprising that the narrative psychotherapy literature encompasses a large number of approaches from the narrative psychodynamic approaches of Spence (e.g., 1982) and Schafer (e.g., 1992) to the postmodernist approaches of White and Epston (e.g., 1990) or Goolishian and Anderson (e.g., 1987). Despite their differences, these approaches all strive to understand the patient's narrative account and move from the interpretation of specific symbols and their underlying psychic structures (as objective causal laws) to understanding the contextual and configurational nature of the patient's meanings. The narrative meanings are seen as essential to both psychological health and, when they become maladaptive, as the source of pathology. When they address the issue of interpretation these approaches also have much in common. However, only the narrative approaches that are psychodynamically derived address the issue of interpretation in great detail.

There exists an epistemological debate within the psychodynamic literature, emerging as a result of the influence of hermeneutic and postmodern philosophies. This debate relates to whether analysis is concerned mainly with explaining objective causal laws and on their basis assigning meaning to achieve a cure, or with a striving to understand narrative accounts and alter meanings, or a hybrid of the two. The former deals with interpreting intrapsychic structures, dynamics and forces, and the latter deals with interpreting the implicit meanings of the patient's experiencing. Ricoeur (1970) argues that analysis requires an integration of these two positions: understanding underlying meanings and explaining dynamic processes on the basis of these meanings. Grünbaum (1984), on the other hand, argues that the former are the appropriate focus, as a hermeneutic conceptualization of analysis is not only ill-founded, but it "castrates" the analytic tradition's ability to appropriately interpret historical facts.

Spence (e.g., 1982, 1987, 1988, 1992) views this classical position as a seeking of historical truths, a reconstruction of objective facts and real events of the patient's

experience as they existed before and independently of analytic exploration. He writes: "the belief in an archaeology of the mind or of the session carries with it the idea that the pieces of the past remain intact and can be recovered unchanged" (Spence, 1982, p. 111). Such an approach, and its basis in a correspondence theory of truth, has been widely critiqued by narrative theorists (Saks, 1999; Steele, 1979; Woolfolk & Messer, 1988; Wyatt, 1986). They argue that the concept of correspondence with the patient's psyche or correspondence with life events, matching with an underlying body of truth or an external source of reference, are inappropriate foundations of interpretation and its validation. This approach neglects the fact that historical remembering is only meaningful within the therapeutic context, as the past can only ever be retrieved as an interpretation which has its referentiality and motivation in present concerns. There are no theory-free and method-free facts, and the facts are what the individual makes them out to be based upon what s/he introduces as narrative organization. Thus the "true" nature of the analytic data is ambiguous and derived through dialogue, mutual influence, and co-creation, which is further affected by the therapist's theoretical and subjective influences:

to offer an Oedipal story as one alternative is a mark of good therapy; to insist on it as the only story is to fall under the influence of a delusion Therapists who think that psychoanalysis is a science are prone, in my experience, to use standard metaphor in place of innovative artistry (Spence, 1989, p. 519-520).

As such, according to these theorists Freud has confused therapeutic effectiveness with theoretical truth. Analytic interpretation possesses a narrative truth: it has its own persuasive appeal and therapeutic clout, but does not represent a true recovery or faithful reworking of the past. Narrative or coherence theories of truth are more appropriate and reasonable in that they argue that interpretative meaning should present satisfying and intelligible story by lending coherence and shape or structure to the event described therein. As such, narrative truth is constructed in the therapeutic encounter through shared meaning, and the absolute truth value of an interpretation is irrelevant. As Spence (1982, pp. 171 & 271) put it:

an entirely imaginary interpretation may achieve a certain truth status in the analytic space once stated, it becomes partially true; as it is repeated and extended, it becomes familiar; and as its familiarity adds to its plausibility, it becomes completely

true thinking about interpretation in this manner, we see that questions about their historical truth are either impossible to answer - as in the case of creative utterances - or relatively unimportant.

Rather than a natural science concerned with explanations through causes, Schafer (e.g., 1981, 1985, 1992) argues that analysis should be hermeneutic because it is an interpretive discipline, dealing with language and narration. It is closer to the humanities in that its essence are meanings and subjective experience, and its methods are those that promote their clarification and organization (Roth, 1991). Meaning, rather than facts or causes, are central; and even facts and causes have a narrative character and hold no truth value in and of themselves. Interpretation is a process of "meaning-reorganization" as opposed to uncovering "hidden and disguised reality" (Fingarette, 1963). Even if narratives are effective by reference to underlying causal sources, in that the therapist may give the patient an alternative causal account to diminish the force of the patient's own view of the relevant causation, they are still narratives regarding cause and not true causes in and of themselves. As Steele (1979, p. 59) put it,

psychoanalysis through language constructs meaningful life histories and does not provide causal explanations For analyses and case studies do not disclose facts about objects, they construct life stories. To understand a story we do not quantify it, we participate in it and interpret it.

According to Schafer (1992), analysis must be conceived hermeneutically because human existence itself is inherently narrated. Human reality and experience are arranged as a chronicle, and the significance of events and their meanings are bound into the story one tells of one's life and its reasons. Reality is never simply given, self-evident, or pre-narrational, but is a function of the sense the individual makes of his/her experience. Thus human beings are always engaged in *emplotment*, story making which defines the meaning of relevant events and their relations, and we are all "hungry for the right kind of narrative to fill a gap in memory or understanding" (Spence, 1989, p. 519). Furthermore, one has choice regarding how one constructs one's experience, and a narrator invests events with one of the multiple meanings based upon their adequate responsiveness to his/her purposes. Histories may be better or worse, relative to some purposes, but no history is the true one. As such, all narratives are fictive in the sense that the significance given to events and the way of relating

them is a consequence of the mode of telling; they are not factual in that there is no essential nature that events possess. Yet, once chosen, the narrative storyline constrains which further meanings can be integrated for it to remain coherent.

According to these theorists, once human life is constructed in the form of narratives, they provide a continuity and coherence. As Spence (1989, pp. 521-522) put it,

... we are all the time constructing narratives about our past and future, and that the core of our identity is really a narrative thread that gives meaning to our life provided - and this is the big if - that it is never broken Part of our sense of self depends on our being able to go backwards and forwards in time and weave a story about who we are, how we got that way, and where we are going, a story that is continuously nourishing and self-satisfying.

A natural implication is that psychopathological symptoms are quasi-autonomous systems of meaning: "On this view, the self is a telling. From time to time and from person to person, this telling varies in the degree to which it is unified, stable, and acceptable" (Spence, 1992, p. 218). Thus psychopathology is seen as an incoherent or inadequate narrative accounts of self. Patients suffer from alienated or disclaimed aspects of their life experiences, which cannot be reconciled with or accommodated by their life story, leading their life story to be incomplete and their narrative and behavioural actions to be disclaimed. These have been maneuvered beyond the patient's awareness, and the patient further shields him/herself from them through his/her problems. Essentially, patients are constrained by the plot that they are living.

As a demystifying activity, analysis works with the nature of false consciousness and its illusions and self-deceptions, and it serves a narrative function of retelling or revisioning stories. Being intersubjective, both the therapist and patient are coauthors of the text being interpreted, co-constructed, and co-constituted. It takes place in a field of language and speech, where the therapist uses his/her subjectivity in order to facilitate the dialogue and mutual understanding. Given the multiple meanings and narrative constructions which can be provided to make events coherent, interpretations within this context are reasonable, continuous, convincing and satisfying narratives which have a sense of capturing a truth (Benvenuto, 1998; Steele, 1979). They have that sense because they are internally consistent and comprehensive enough to account or provide a context and continuity for the patient's

material, to unite the scattered happenings of his/her life and reclaim disclaimed actions, to accommodate/incorporate new or parallel material, to swallow the occasional unexplained event, and to allow the patient to function more adaptively in his/her life. Kalt (1983) refers to this as a process of *de-mythologizing* what is unfamiliar to bring about self-knowledge, thereby helping the patient to understand what is ego-alien, strange, or curious by moving it into a realm where it is comprehensible. This allays the patient's anxiety and provides a manner by which to regain control and change. Remaining faithful to the clinical landscape of events, the therapist selects, organizes, and formulates events in relation to each other. As Schaefer put it, the therapist

reconstructs the narration of lives that each of us unknowingly 'writes' this reconstruction does not take place by calling on general laws, as happens in the natural sciences - i.e. "Heat always expands metals" - but by reconstructing specific, singular, causal sequences and that a *causal force* be attributed to them in relation to the subjects' actual problems Their origin lies not in what is real for the scientific researcher, but in what is real for the subject (1992, p. 38 & 40).

Given the power dynamics and potential domination present in the session, Habermas (e.g., 1971) and Bohman (1991) view faithfulness to the patient's dialogue as an ethical responsibility, and argue that the analyst must interpret based upon the purposes and perspective of the patient:

True interpretations require this moral responsibility, if others are to be disclosed for their own possibilities, not for their possibilities relative to my purposes moral responsibility demands that interpretive dialogue with others be disclosures of their point of view, not the imposition of purposes and norms upon them and interpretations are irresponsible and inaccurate to the extent that they do not do so (Bohman, 1991, p. 152).

Only then can interpretation fulfill its aim of a liberating transformation in which present actions are freed from the psychological constraints of the past and the "unconscious," which have been suppressed historically and currently yet subjugate the patient through their suppression. As Barclay (1992, p. 114) warns,

domination arises in the interpreter who assumes himself or herself capable of understanding the meaning of the subject's life story more clearly than the subject The history of psychiatry, as both Foucault (1954/76 and 1965/73) and Szasz (1970) indicate, can be seen as a history of domination.

The process of providing interpretations alters the manner in which significance is

assigned to the patient's material and how their connections are depicted, revealing not only its new potential meanings but its intentional content (revealing its reasons within the patient's agency). This enables the patient to gradually see his/her life as continuous, coherent, and thus meaningful. The patient's past is reconstructed to make the present more unified and intelligible within a narrative structure, which creates an integrated and coherent life story by linking disconnected elements of the patient's life and the meanings of these chains of events together into a general plot. This *re-employment* recreates the patient's reality, gives the sense that the facts are understandable and understood, and a new truth is constructed (Schaefer, 1992). It is further convincing because "there is satisfaction in seeing a tangled life reduced to a relatively small number of organizing principles" (Spence, 1982, p. 163). Thus interpretations do not arrive at meanings that are fixed significations, but are meant to open possibilities for action and experience, bring separate ideas together in a new and potentially productive combinations, to help the patient abandon old and unhealthy interpretations which are dissonant with the new interpretations, and to allow him/her the freedom to construct new and healthier meanings and significations. They essentially provide the patient with another world to live in, with new possibilities for action and new options for engaging with the world.

The curative effect of a new narrative lies in its rhetorical force; its capacity to carry the conviction of a good story, having aesthetic appeal, and making the patient's material "sayable" through language (Spence, 1982). Hence an interpretation may be inexact in its correspondence to the past, but to the extent that it allows a new life plot to emerge, it makes experience meaningful and accessible to the patient. Ultimately, interpretation is a pragmatic means to an end, a speech act used in the hopes of leading to additional clarifying material or therapeutic effect and an "increased possibility of change." Spence (1982) writes that ".... they have no more provable correspondence with reality than a painting or a piece of music" (p. 276). Saks (1999) similarly draws an analogy between interpretation and literature, where the analyst's task of configuring is associated with the historian's obligation to narrative structuring of meaning or the playwright's responsibility for depicting a dramatic structure of meaning and a logic of motivation (reasons, intentions, origins, and significance).

Schaefer (e.g., 1992) agrees with these theorists, but argues that the process requires one or another psychodynamic storyline or reality. The analyst's theoretical storyline is necessary because it guides the analyst's judgement regarding the aptness of his/her interventions. To the extent that an analyst enters into a particular analytic world and makes a commitment to that world, there are facts, and those facts, those theoretical storylines, are necessary for shaping the analyst's interpretations. As he put it,

every psychological theory is a narrative development. It is a narrative development, not of theory-free or prenarrational events, but of events that have already and necessarily been rendered in the terms of one or another theory or narrative strategy, even if only incompletely and inconsistently (1981, p. 24).

Liria (2000) similarly argues that the different interpretations proposed by different orientations offer new versions or narratives of the problems which patients experience. These narratives are useful not because they possess any sort of truth value, but rather because they present accounts that are different from the patient's accounts. Liria argues that psychotherapy is a technology and not a science, thus the truth value of its assumptions is irrelevant. What is relevant is their usefulness in remaining within the patient's frame of reference and yet challenging the consistency of the narrative originally provided by the patient. This reduces the thematic cohesion of the stories supporting the problematic experience and behaviour, thereby making them obsolete (Sluzki, 1992). Viewing this as a metaphorical process of imaginary stories, Sepping (1999) adds that it is healing because it allows the person the freedom to reconstruct through imaginative possibilities and plurality of meanings. This implies that any therapeutic orientation can be used in limitless possible variations as long as it is ultimately useful in allowing the patient's liberation. According to these theorists, this accounts for the fact that contradictory therapeutic orientations can be systematically effective (i.e., the identified "Dodo Bird" efficacy of therapy), regardless of the truth or falsity of their assumptions.

Following a coherence theory of truth, other theorists have suggested criteria for the evaluation of interpretations in addition to faithfulness to the patient's material and their pragmatic value (e.g., Hanley, 1990; Mendel, 1964; Schaefer, 1992). Schaefer (1992) argues that narratives are not imperfect constructions for which analysts must settle, as Spence's

more realist argument dictates. They are the only modes through which we can access reality. As he put it,

narrative is not an alternative to truth or reality; rather, it is the mode in which, inevitably, truth and reality are presented. We have only versions of the true and real. Narratively unmediated, definitive access to truth and reality cannot be demonstrated (1992, xv).

From a postmodern perspective, Chessick (1996) similarly argues that to the extent that human “sciences” rely on texts or narratives that arise in the analytic situation, they are subject to deconstruction and continued reinterpretation. However, deconstruction can allow for an openness to the Other without the nihilism of irreducible equivocation and undecidability of meaning, and can lead to the presence of a tentative “truth.” This truth, as adequacy of a re-employment, is determined by coherence, consistency, comprehensiveness, and plausibility or common sense, which withstand further scrutiny and alternative interpretations. Ultimately “... in complex instances that concern us most, we cannot count on incontestable proofs of superiority, and we resort to, or submit to, rhetorical, ethical, and aesthetic persuasiveness to decide what is better or best” (Schaefer, 1992, p. 56).

Interpretation in the Cognitive-Behavioural Orientations

With their stance that anything non-behavioural, or “mentalistic,” is epiphenomenal to behaviour and therefore irrelevant to the psychological study of the organism, most of classical behaviourism dismisses interpretation as an introspectionist tool (Watson, 1930). All traditions in psychology that emphasize the importance of mental states, uniquely accessible to human beings by virtue of self-report, and the search for personal meanings as the foundations of behaviour, were dismissed as unscientific and naive. As such, most of classical behaviourism provides no articulation of the phenomenon of interpretation. However, Ferster (1979) exceptionally argues, from a Skinnerian perspective, that interpretation is essentially the provision of a functional analysis of the patient’s behaviour observed outside and during the therapy session. Therapists infer, based upon reported contingencies, a functional relationship between environmental events and the observed behaviour. They then identify a dimension of the stimulus complex which is controlling the patient’s behaviour, but which the patient has never previously noted. Appropriate timing of

an interpretation is related to its effectiveness at increasing self-observation responses and discriminating the behavioural contingencies. These self-observation responses are inherently reinforcing as they lead to more adaptive and reinforced responses to the environment. The ultimate success of interpretation is related to whether behavioural change occurs beyond the immediate therapeutic intervention.

With the emergence of the cognitive revolution, and the subsequent development of cognitive-behavioural therapy as a modification of radical behaviourism, a new perspective on interpretation emerged. Although they do not directly critique the classical behavioural position against interpretation, these theorists include the term in their discussions and reflections regarding therapy. Extending Ferster's argument, Hackbert (1999) similarly argues that the analysis of contingencies of behaviour and seeking cognitive patterns as the basis of behaviour are interpretative in nature, given the fact that they are explanations that are logically based. Meichenbaum (1988a; 1988b) argues that such attributions of meaning and value to the "brute data," through the functional analysis of the behaviour and cognitions, are hermeneutic in nature. By searching for the patient's mental representations, the therapist is essentially searching for the underlying meanings which the patient makes of his/her reality for the purpose of challenging its maladaptive nature. Given their similarities in searching for the underlying meaning making process of the patient, and the attribution of meaning to it, Meichenbaum (1988a) argues that there is no discontinuity between cognitive-behavioural empiricism and hermeneutics. For Meichenbaum, addressing cognitions is in fact hermeneutic, thus indicating that cognitive-behavioural therapy has already integrated the insights provided by hermeneutics. As he put it,

We are all in the business of interpretation, imputing motives, reading beyond the surface meaning, looking for and creating patterns. In some basic way each of us, as a professional and lay person, is conducting hermeneutic inquiry ... both in our clinical practice and scientific endeavors. Our preconceptions influence what behavior we choose to interpret and how we interpret it (1988b, p. 86).

Two studies (Flowers & Booraem, 1990; Stiles, Shapiro, & Firth-Cozens, 1989) have shown, through empirical research on therapist verbal response modes, that cognitive-behavioural therapists do indeed use interpretations. Their studies are more appropriately elaborated in *The Empirical Research* section of the dissertation.

Thus interpretation, from a cognitive-behavioural perspective, is conceptualized as the inferences which a therapist makes regarding the thoughts and beliefs that underlie the patient's maladaptive behaviours and self-defeating attitudes towards self and others, of which the patient is at least partially unaware. The patient holds to one or more pathological beliefs, such as absolutism, moralism, perfectionism, and dogmatism. These irrational beliefs do not follow a coherent logic in that they set up false premises and then make reasonable logical deductions from those premises, or they set up valid premises and then make illogical deductions from them. As such, the therapist challenges their validity either directly by pointing out or illustrating their illogical basis, or indirectly by either presenting the patient with behaviours that contradict these cognitions or pointing out the patient's belief in contradictory and more logical cognitions. Ellis (1968) argues that he interprets these illogical and inconsistent modes of thinking of the patient, using his/her material as illustrative data to teach him/her how to understand and change behaviour. Interpretations are phrased in the form of questions rather than declarative statements so that the patient can learn to question his/her own thinking. According to Ellis' highly imperative variation of CBT, the therapist must forcefully, persuasively, and persistently keep confronting the patient with these interpretations, to show the persistence of the upsetting beliefs through which the patient creates and maintains his/her difficulties. He writes: "the RET therapist directly and vigorously *attacks* the clients' illogical thought processes and evasions and forces them ... into positions where they no longer employ self-defeating mechanisms and irrational thinking" (Ellis, 1977, p. 218). Ellis (1968, pp. 232 & 236-237) summarizes his position as follows:

... I employ interpretations so that he comes to understand much more fully what he is thinking and doing and uses his insight into his own (and into others') behavior to change fundamentally some of the aspects of his functioning and malfunctioning ... the rational therapist knows right from the start that the patient is upsetting himself by believing strongly in one or more irrational ideas, and the therapist can usually quickly surmise which of these ideas a particular patient believes He does not wait for a patient to be ready for major interpretations. Instead, he makes the patient ready by presenting the realities of the patient's presumably shameful ideas or feelings.

Through these process, the CBT therapist teaches the patient to accept his/her irrational hypotheses as hypotheses, not facts, and to demand observable data as

substantiating evidence for these hypotheses through experimentation. This emphasis on the acceptance of reality, uncertainty, and tolerance, leads to the surrendering of emotional disturbances, which are the inevitable consequences of the patient's irrational premises. The therapist also directly teaches a rational way of thinking, which provides direct control over behaviour.

Interpretation in the Humanistic Orientations

Placing themselves in stark contrast and reaction to the psychodynamic orientations, the classical humanistic orientations (e.g., Perls, 1969; Rogers, 1951) conceive of interpretation as an unnecessary intervention for increased self-awareness and insight in therapy. In fact, it must be rejected because it hinders their essential therapeutic intervention, namely, empathic understanding and the reflection of that understanding. "In Person-Centred Therapy as developed by Carl Rogers interpretation is taboo" (Troemel-Ploetz, 1980, p. 247). Perls similarly feels that "gestalt therapy is an experiential therapy, rather than a verbal or interpretive therapy" (1969, pp. 63-64). According to Rogers (1951), patients must remain the primary locus of identification, symbolization, and evaluation of their experiences and their meanings. The therapist must only reflect those feelings and meanings to assist the movement towards self-exploration and deeper inner experiencing. The similar emphasis of Gestalt therapy is upon awareness of inner experiences through attending to the here-and-now, as well as confronting the defences which the patient uses to avoid self-awareness. According to both approaches, this awareness allows the patient to develop an understanding of his/her experiencing, and thus insight and deeper meanings evolve. Furthermore, awareness of personal experience and meaning liberates the patient by leading to self-determination and healthy choices.

Therapists from these approaches claim to describe what they perceive without interpreting so that meaning can emerge from the patient through awareness. An essential implication is a focus upon the what and how, the processes within the session, and not the why, which is provided by interpretations. According to these approaches, interpretation is a therapeutic mistake which introduces an external and abstract theoretical frame of reference and presents an explanatory judgement from that frame of reference. It involves the use of

technical vocabulary to impose insights and meanings, themselves of questionable value, upon the patient, often distancing the patient from the therapist emotionally. As such when the therapist is interpreting s/he "... is viewing the person as an object, rather than as a person" (Rogers, 1951, p. 45). During interpretation, the reflective therapist goes beyond what is expressed by the patient, communicating that the therapist is more knowledgeable than the patient. Attributing a different understanding of the patient's utterances from the one that s/he intended, interpretations violate the necessary and sufficient conditions of therapy, including a lack empathic understanding and unconditional positive regard (Rogers, 1957). Gendlin, in discussing Roger's position, wrote that

in the client-centered usage of words, 'interpretation' stands for a bad response. The term refers to that sort of response which introduces intellectually or diagnostically relevant material which actually moves the client away from his experiential track and into intellectualizing (1968, p. 219).

Given these difficulties, interpretations are threatening to the patient, and create a dependence upon the therapist. Due to their intellectualized nature they promote a retreat from feelings into argument and intellectual discussion. They also tend to slow the process of therapy by violating the patient-determined rate of exploration and experiencing, they undermine experiencing and self-confidence by showing a lack of faith in the patient's capacities, and they violate the patient's autonomy and integrity by not according enough respect to his/her way of seeing the world. As Schonbar put it, "Rogers believes that, to the degree that the therapist views himself as having more insight into the client than the client does, he is being disrespectful of him thus inhibiting his growth" (1968, p. 56). In fact, "... it is a central aspect of the mythical power of the therapist and that it is just this granting of mythical power to another person that is the core of the client's difficulty" (Snyder, 1982, p. 97). Mahrer, Dessaulles, Gervaise, and Nadler (1987) similarly argue that interpretations are manifestations of the medical model, wherein the expert is seen as curing an illness. They serve the purpose of elevating the therapist's status and ego through the patient's validation of them: they "serve to enhance the elevated role of the therapist as grand interpreter whose pronouncements are to be valued by the client" (p. 39). From a Gestalt perspective, Polster and Polster (1974, p. 46) agree:

interpretations and symbolic equations are bold attempts at divination, exciting drama for the divine knowers. This is a special game, ingeniously played, offering challenge and self-confirmation for excellence in psychological marksmanship The risk is that one learns to mistrust the foreground and to depend on an external authority to explain reality.

Clearly, from a classical humanistic perspective, if personality change in a positive direction is to be achieved as the goal of psychotherapy, then interpretation must be avoided at all costs.

Alternate Humanistic Positions Regarding Interpretation

Many contemporary humanistic theorists critique the classical humanistic argument that psychotherapy must be concerned purely with understanding, and thus must reject all notions of interpretation. Some argue that, while it is essential to follow the attitudinal requirements of Rogerian theory, they are not necessarily inconsistent with an interpretive stance, and in fact interpretation cannot be avoided. As Snyder put it,

Rogers was ostensibly concerned with demystifying the power of the therapist. As a result of this concern, it can be thought that he simply went too far in not seeing that the activity that he considers accurate empathy is clearly interpretation, though of a more emotional basis than that developed by Freud (1982, p. 98).

Rogers (1951) tends to lump interpretations with probing questions, reassurance, criticism, praise, and objective descriptions, and argues that these all constitute judgements of the patient which are experienced as moral evaluations or evaluations of causes and patterns. His critique seems to be mostly directly at intellectualized interpretations, a critique which he shares with Perls (1969). However, all approaches address these potential problems with interpretation, and argue for the power of "lived interpretations" rather than "talked about interpretations" (Nielson, 1980). There are "good" classical humanistic interventions that nevertheless have interpretative properties and therefore are formally even comparable to certain interpretative psychoanalytic responses (Troemel-Ploetz, 1980). Kruger writes that "... by emphasizing certain words we still indirectly do a certain amount of interpretation, therefore the so called client-centred psychotherapy cannot be regarded as being outside the sphere of interpretation" (1988, p. 11). As such, "the 'interpretation' Rogers argues against may simply be bad therapy, by anyone's definition, dressed up as a straw-man" (Pogge, 1986, p. 195).

Gendlin (1968) and Schonbar (1968) argue that, at certain points in therapy, humanistic therapists must symbolize and interconnect implicit meanings which the patient is not fully aware of and cannot fully verbalize. Rogers himself states that “the client-centred therapistseeks for the meaning implicit in the present inner experience toward which the client’s words or conceptions point” (in Arieti, 1966, p. 190). These more interpretative responses are based upon close empathic contact, and the manner in which they are presented is tentative and respectfully communicates to the patient that s/he’s more knowledgeable than the therapist regarding his/her reality. Thus they do not violate the Rogerian necessary and sufficient conditions, yet they clearly require interpretations of the patient’s experiencing and feelings (Bone, 1968). Even Rogerian responses lie upon a continuum of inference and extent of patient awareness, of reflecting immediate patient expression or expressing broader therapeutic insights (Gazzola, 2001; Schonbar, 1968). Greenberg and Elliott (1997) argue that a false dichotomy between empathic responding and interpretation has been created and that empathy-based interpretations are possible. While empathy accesses implicit meanings that are not in awareness, these meanings are readily available. Interpretations are higher inference interventions and bring out what’s hidden, defended against, or avoided. But to remain humanistic, these interpretations must retain a tentative exploratory style in order to explicate feeling and meaning without invalidating or contradicting the patient’s expressions.

Gendlin (1968) argues that “the client’s concrete felt sense is always complex and implicitly full of many facets” (p. 212), and s/he is sometimes puzzled, confused, inhibited, and incapable of experientially exploring felt meanings. The therapist sometimes gains an experiential felt sense of these implicit meanings, which are unbearable and thus not conceptually or expressively possible for the patient. S/he imagines for the patient the tentative directions into which his/her further explicating might lead him/her, and what s/he might find if s/he attends to his/her felt meaning. Interpretation is the explication of these implicit felt meanings, carrying into words the felt sense of the patient so that it is understood in terms of its cognized meanings and patterns. Greenberg and Elliott (1997) refer to these as empathy-based interpretations, and describe them as going beyond the

patient's frame of reference or what s/he has overtly recognized, utilizing theory and intellectual understanding. However, they remain "experience-near" in that they emanate from within the patient's frame of reference and make as few inferences as possible from the patient's material. This allows hidden and avoided facets of experiencing and meaning, which were beyond awareness, to emerge and be explicated.

As experiential, the client can refer to it *directly*, and it always involves many implicit aspects and complex reactions. If the therapist's response points to the implicitly complex experiencing, it is much easier for the client to continue to feel and search into what he is up against The therapist's experiential responses draw the client's attention directly to his own felt meaning (pp. 210-211).

Nielson (1980) similarly argues that a Gestalt therapist does not simply describe, s/he interprets the meaning behind physical gestures and postures. Gestalt experiments (e.g., two-chair or empty-chair) present an interpretation regarding the issues underlying the patient's problems, particularly as they theoretically shift from conflicts with others to conflicts within self through engaging in a dialogue between parts of the self.

Some researchers who have examined humanistic therapy sessions argue that humanistic therapists do conduct interpretations despite their theoretical claims. Weinrach (1990, cited in Gazzola, 2001), analyzed the classical session between Rogers and Gloria and found that 34% of his interventions were interpretations. Menahan (1996, cited in Gazzola, 2001) found that Rogers' interpretations were followed by therapeutic movement. Troemel-Ploetz (1980) conducted a systematic linguistic analysis of therapist interventions and found that some effective and empathic person-centred responses are similar to effective interpretations. These interventions presented the therapist's tentative formulation of the patient's implicit experiencing, while retaining congruence with the patient. They operated in implicit ways with the patient's utterances, indirectly formulated so that they can be rejected and assure autonomous action for the patient. Thus although they were combined with a genuine and empathic response which is congruent, they contained restructuring and interpretative properties, offering radically new meaning, implied explanations, and new avenues which the patient could not have intended at the time. Troemel-Ploetz (1980) further argues that therapists are guided by intuition and utilize a natural language, and they are not fully aware of the complexity of their activities. Thus humanistic therapists may deny their

interpretations despite conducting them.

Gazzola & Stalikas (1997) argue that interpretations seem to have been one of Rogers' most helpful interventions. Using a sample of Rogers' sessions, they identified interpretations using Hill's system (Hill, 1986) and compared interpretations that facilitated in-session change with those that did not lead to such change. They found that interpretations were used infrequently (3.6%) but consistently by Rogers, and that they were more associated with immediate progress and more valuable in-session therapeutic phenomena than any other intervention. Namely, 76.5% of Rogers' interpretations were followed by good moments using Mahrer's Scale (Mahrer & Nadler, 1986), and 100% were followed by higher levels of experiencing using the Client Experiencing Scale (with those followed by good moments having highest levels). The qualitative analysis aspect of the study found that there were four main differences between Rogers' interpretations and those of non-humanistic therapists, and more versus less effective Rogerian interpretations: 1) They were phrased more tentatively; 2) they were delivered using the "voice of the client"; 3) they flowed from and focussed upon the immediate ideas and feelings that the patient expressed at the moment; and 4) their correctness was verified with the patients. This study showed that only certain types of interpretations interrupt patient experiencing, and interpretations can be delivered with content and form which is consistent with Person-Centred theory.

Interpretation from the Existential-Phenomenological and Hermeneutic Perspectives

This dissertation drew its basic ideas and its methodology from phenomenological hermeneutic theory and research. As such, the phenomenological hermeneutic approach to interpretation in psychotherapy, at a theoretical level, needs to be presented to provide a context for the current study. The phenomenological hermeneutic position will be presented below, beginning with the existential-phenomenological view of interpretation and then developing a phenomenological hermeneutic contribution to that view. While this phenomenological hermeneutic perspective is the one which is most compatible with the current study given its orientation, this perspective, along with the previously presented perspectives, were bracketed as much as possible when the current phenomenological study was conducted to allow the phenomenon to more fully reveal itself.

The Existential-Phenomenological View of Understanding and Interpretation in Psychotherapy

Although the humanistic approaches were guided by some of the principles of existential phenomenology in their development, at a fundamental level they are not systematically founded upon the existential phenomenological philosophies from which they drew some of their key ideas. However, there exist a group of therapeutic approaches which are more or less founded upon these philosophies, with their principle representatives being Binswanger (e.g., 1963), Boss (e.g., 1963), Frankl (e.g., 1969), Friedman (e.g., 1985), Laing (e.g., 1967), May (e.g., 1958), van den Berg (e.g., 1971), van Kaam (e.g., 1962), and Yalom (e.g., 1980).

Existential-phenomenological therapists criticize the classical attempt to use the medical model of disease for mental illness, which assumes that reality is a given entity that could be tested and pathology is faulty reality-testing. Mental functions are reduced conceptually to certain autonomous natural processes of a few hypothetical agencies of the mind (Holt, 1968). In this model, the therapist as objective scientist defines normality and passes judgement upon patient's success or failure at apprehending it correctly. This is the basis for the traditional views of interpretation as an uncovering of the "true" or "real" meaning of the patient's problematic life story. Imbedded in the natural scientific paradigm, these views objectify psychological existence, and substitute the therapist's theoretically-derived principles and meanings for those of the patient. As Boss put it,

one can talk of the 'symbolic' meaning of a thing only if one has previously mutilated the meaning-content of this thing and reduced it to its pure utilitarian aspects of an isolated object. Once this has been done, it becomes necessary, of course, to re-introduce in the form of 'symbolic interpretation' all of the meaningful connotations which have been stripped from the subject (1963, p. 35).

Interpretation, from an existential phenomenological perspective, is founded upon a careful description and understanding of the patient's experientially-lived meanings (e.g., Binswanger, 1963; Boss, 1963). As Kruger (1988) put it, "... psychological interpretation is first of all and centrally concerned with understanding ..." (p. vii). A basic level of empathic understanding is required before any interpretive dialogue can be engaged in (Kelly, 1994), as it refers to the propensity of the therapist, sensed and trusted by the patient, to remain

attuned and loyal to the patient's experiential meanings. Understanding in psychotherapy involves a gradual process through which the therapist dialogically elucidates with the patient his/her implicit meaning-matrix which underlies his/her experience and behaviour.

From an existential-phenomenological perspective, the psychotherapeutic relationship can be seen as an intersubjective phenomenon existing between subjects (Barclay, 1992), a meeting between individuals which recognizes their difference or otherness, mediating a dialogue of self and other which forms an intersubjective realm between them. It can be said to exist in the *realm-of-the-in-between* (Friedman, 1985). Each participant brings his/her own private meaning-context within which the other is understood, but experiences his/her stream of consciousness and the other's in "a single intentional Act that embraces them both" (Schutz, 1967) and, as such,

the world of the We is not private to either of us, but is our world, the one common inter-subjective world which is right there in front of us It is only from the face-to-face relationship, from the common lived experience of the world in the We, that the inter-subjective world can be constituted (pp. 103 & 171).

Each selects his/her words with a view of what has been understood by the listener, with an intentional reference to the other's meaning-context. As such it is a dynamic interaction, influenced in its process of meaning-establishment by memories of what has been said and anticipations of what is yet to be said. It is not grasped reflectively by the participants but is lived through their experiencing of it together.

Based upon the existential philosophy of Buber, Friedman (1985) argues that genuine understanding can only arise in the encounter *between* the patient and the therapist, in *the realm of the interhuman*. He argues that empathy occurs when the other is able to understand the subject from the point of view of the subject. As such empathy, receptive listening, is necessary but insufficient to bring about self-understanding. It is based upon the assumption that people know themselves at a deep level, which rests on the essentialist view that there is a real, core "inner self" within the individual which only needs to be tapped. It relies on a direct fidelity between words and underlying experience, assuming that when the two match healing occurs, and it does not appreciate the constitutive nature of therapeutic dialogue and understanding. In contrast Friedman argues that dialogue, as a genuine encounter with an

otherness who resists as well as empathically reflects and confirms, is the healing function of therapy.

The relationship between understanding and interpretation is not simply of the former laying the foundation for the latter, because understanding itself is limited in its capacity to fully capture the implicit meanings of the patient. Understanding does not provide a direct experiencing of the life-world of the patient, thereby requiring the therapist to conduct an imaginative leap and cognitive elucidation to gain an understanding of its meanings. The therapist seeks to grasp the life-world of the other through imaginative reconstructing of experience and meaning (Schutz, 1967). Given the mystery which the other sometimes represents, understanding necessarily contains an interpretive element, wherein the therapist may need to interpret the patient's presenting experiences and his/her behaviours in an attempt to understand him/her (Barclay, 1992). Hence the individually situated nature of experience, and the epistemological inability of human knowledge to directly experience the life-world of another (Laing, 1967), necessitate that at certain points a therapist interpret a patient's presenting experiences and behaviours in the process of coming to an understanding of him/her. Interpretation bridges the gap between the "pattern finding" therapist and the "pattern making" patient (Spence, 1988).

Psychological difficulties always imply the presence of latent or implicit meanings, as well as new meanings to be discovered and established through therapeutic dialogue. Particularly given the patient's difficulties, his/her way of being-in-the-world indicates various ways that his/her being is not being expressed. Holt (1968) conceptualizes the unconscious dimensions of a patient's existence as a type of communication disturbance with him/herself, wherein intentionality is split-off, desymbolized and self-alienated, and no longer has meaning and reasons for the patient. Beyond its necessary involvements in understanding, interpretation opens up and elucidates new modes and new meanings by broadening the patient's constricted horizons of being. Through his/her deep understanding of the patient's Dasein, the therapist's interpretation reveals deeper and more implicit pre-reflective meanings (Boss, 1963): "... interpretation is using language to present the patient's pre-reflective world to him, to give him insight, to reveal to him that is where his essence

lives" (Heaton, 1972, p. 141). As such, interpretation uncovers the patient's hidden existential-a-priori, it reveals the meaning-matrix which grounds the patient's experience of the world (Binswanger, 1963). Interpretations exist in the context of the patient's "becoming aware of his own existence" (May, 1958, p. 86).

Interpretation allows the patient to reappropriate "unconscious" meanings, and as such resymbolize the desymbolized (Holt, 1968). In addition to its always fitting into the experience and the frame of reference of the patient, Yalom (1980) argues that the existential approach to interpretation fundamentally differs in its addressing the givens of existence. These givens, at the very least, include the basic issues of death, freedom and responsibility, and meaning versus meaninglessness. These issues enter into therapy not as derivatives to be explained, but rather as the explanations of other derivatives.

The Phenomenological-Hermeneutic Contribution

Some theorists have integrated the fruitful contributions of phenomenological hermeneutics into their existential phenomenological conceptions. They recognized that phenomenological hermeneutics broadens the ontological (Gadamer, 1994) and epistemological (Ricoeur, 1985) conceptions of existential phenomenology. The implications embedded in Heidegger's hermeneutic insights, and his conceptualization of Dasein as ontologically interpretive, opened the possibility for later developments in hermeneutics by Gadamer and Ricoeur. Their contributions have direct implications for the manner in which the phenomenological hermeneutic perspective could conceptualize interpretation in psychotherapy.

Psychotherapy as a Dialogical and Textual Phenomenon

Based upon the works of Bouchard and Guérette (1991), Gadamer (1994), Mook (1994;1999b), Ricoeur (1970), and others, the concept of the hermeneutic circle between reader and text allows one to draw an analogy to the interpretative psychotherapeutic situation and conceptualize the therapist as the reader, and the patient's narrative and in-session expressions as the "text" s/he is attempting to read. As Ricoeur (1970) argues, the patient-subject's discourse is comparable to a text which is to be deciphered. Of course, the patient him/herself is also engaged in a process wherein s/he is a reader attempting to read the "text" that is the therapist's expressions in the sessions. As such, the therapist and patient

are engaged in a dialogue and attempting to understand and interpret each other's living textual meanings in service of the patient's well-being.

What then is the relationship between the dialogue and the experience of those engaged in the dialogue? Kelly (1994), in addressing this issue, asked: "if a dialogue is experienced, in what sense is it an 'experience' and in what sense can an experience be something that occurs not within but between people and then who is it experienced by?" (p. 68). To resolve this dilemma, existential-phenomenologists (e.g., Friedman, 1985) would argue that a dialogue is lived through experience. But in a truly engaged therapeutic encounter characterized by openness and belonging, such experience is present at a shared level in a realm-in-between the participants. It is only in this encounter that the fusion of the therapist's and patient's horizons could occur, leading dialogically to therapeutic understanding and interpretation.

Furthermore, self-reflection depends greatly upon gaining distancing from one's experience and behaviour to be able to re-engage it and appropriate it in a new light (Ricoeur, 1985). The immersive nature of the life-world makes it difficult to see beyond. As such subjectivity does not have total clarity and transparency to itself, but rather is partially unable to see itself through introspection. The subject, particularly the one with psychological problems, does not have a privileged access to self-understanding (Sass, 1988). The distant perspective one can take towards one's self is better at allowing one to reflect on and perceive the patterns of experience and behaviour and meaningfully integrate them. Dialogue, through engaging one with an other and creating a realm-in-between, is capable of providing that distance. The other in a dialogue provides disclosive possibilities through the distancing which his/her otherness allows. Friedman (1985) similarly argues that the therapist's opposition, as a unique and genuine otherness, creates a dialogical tension which enables the patient's self-understanding to evolve far beyond empathic receptive listening. When the presenting problems of the patient are discussed in therapy, they exist in that shared realm of belongingness created through dialogue, which allows their examination in a different light to illuminate their implicit meanings and to find new understandings and meanings with respect to them.

Thus psychotherapy could be conceptualized from a phenomenological hermeneutic perspective as involving the therapist and patient encountering each other and entering a dialogue, creating a realm in-between them to which they both belong. Throughout the therapy, they would distantiate and reflect upon the text that emerges in-between them, and re-engage each other anew (through a fusion of horizons) and share the explicated and novel meanings and new ways of being which are illuminated. As such, different ways of feeling, behaving, and thinking become possible. However one must always remember that psychotherapy is a specialized form of dialogue, to which the therapist brings therapeutic expertise to heal the patient, and to which the patient brings expertise regarding his/her life-world and seeks to be healed (Bergsma & Mook, 1998).

As psychotherapy can be viewed as a dialogical phenomenon occurring in the shared experiential space between two individuals, it arguably presents us with a textual experiential structure aside from the participants' individual involvement in it. As we have seen, Ricoeur (1979; 1985) drew an analogy between texts and the nature of human experience and its expression. Mook (1989; 1999b) takes up this analogy and argues that we can speak of a therapeutic-text and its inherent textual structure. The therapist and patient are readers of the patient's life as a text, of which they are the audience, and they enter into a dialogue with it and each other in an attempt to understand and interpret it. The interpretation of human experience is analogous to textual interpretation because it is also taken up with the interpretation of "signs" and "objectivations" which call to be rendered meaningful. As such the therapeutic-text, and the interpretive acts occurring within it, can be studied as an entity that presents itself to us as a text experienced between the patient and the therapist, which includes aspects of the subjective experiences of those participating in it.

Interpretive Dialogue in Psychotherapy

Drawing upon Heidegger's philosophy, Martin and Thompson (2003) argue that "human life involves a constant flow of interpretation and reinterpretation" (p. 2). When everyday routines are interrupted or disrupted in some way that requires our conscious reflective attention, we begin to notice things about our taken-for-granted world of practices and meanings. Some of these things that are noticed by the patient are considered maladaptive or unhealthy and are not understandable to him/her. Thus the key to

psychotherapy is its interpretive activity, which penetrates and goes beyond the assumptions, conventions, and intelligences implicit in everyday functioning as it makes use of them:

[In] hermeneutic inquiry, within or outside psychotherapy ... we must seek to take advantage of our inevitable background of both insights and prejudices in an ongoing, dynamic process of interpretation that constantly and critically challenges our existing understanding, even as it makes use of it (Martin & Thompson, 2003, p. 4).

Given the notion of psychotherapy as dialogue presented above, one can begin to understand therapeutic interpretation as a dialogical process whose structure supercedes the immediate experiences of either party in the dialogue. Sass (1988) argues that interpersonal understanding does not depend on capturing the inner experiences of others, but rather "requires only the careful elucidation and interpretation of shared and objectified forms" (p. 250). Psychotherapy is not the exploration and interpretation of unique and private subjectivities, and meaning is not a determinate inner object residing in the mind of the speaker. Therapeutic meaning is shared and resides in dialogue, and much of that meaning is ambiguous and requires interpretation. As he put it,

the hermeneutic view of insight would see it as an exploratory, dialogic interpretive process in which therapist and patient play closely analogous roles - each in a nondogmatic way bringing to bear habitual preconceptions in order to illuminate meanings that lie, in a sense, not in the patient's mind but in the text-dialogue they have before them, i.e., the patient's actions and reported experiences (p. 262).

Furthermore interpretation is not simply a verbal activity, but an experiential meeting which engages the manner in which each person lives his/her world (verbally, bodily, intellectually, and emotionally): "the therapist interprets to the client in the very act of his/her being" (Snyder, 1982, p. 99). The therapist's full authentic openness to self and other are required, as well as a questioning of pre-understandings and prejudices. As Lepper (1996) put it,

interpretation is an embodied act which happens in relation to, and in response to, the communicative acts of others. It occurs in the context of a particular moment in time, co-sustained by the partners to the interaction, each of whom attend to the ongoing success (or failure) of the engagement (p. 227).

Bouchard and Gu  rette (1991) agree that understanding and interpretation are dialogical processes, which presuppose a shared basis of experience and pre-understanding that make them possible. But they also emphasize that not all therapeutic activity is engaged

in interpretation. As Mook (1994) also argues, much of the time in psychotherapy the process of understanding is primary, and there is not necessarily a search for deeper meanings of the patient's experience and behaviour. Interpretation enters into psychotherapy when "the two partners commit themselves to a common project of elucidating and unveiling hidden, obscure, and incoherent truths" (p. 386). Aside from the linguistic meaning of the patient's material there sometimes lies a deeper meaning which is not self-evident, and the patient and therapist attempt to understand the patient's life-text by unveiling and constructing of meaning that has been hidden. Language provides a set of perspectives and "serves as a vehicle for uncovering, translating, and constructing the hidden, obscure and incoherent truths of the unconscious mind" (Bouchard, 1995, p. 537).

However, if hermeneutic reconstructions are to help restore a certain continuity and cohesion to the personality, the patient's life-narrative must always remain the major consideration (Bouchard & Guérette, 1991). Interpretations which address this life-narrative restore meaning by recovering what the patient intends as it is signified in his/her life-text, and engender new self-understandings. These interpretations must be concerned with narrative truth, but they also must not lose sight of the purpose of therapy, which is to galvanize the patient's life energy towards healing and not simply towards aesthetic meaning. Martin and Thompson (2003) clarify that the interpretative act in psychotherapy involves both the discovery of implicit meaning in the text of the patient's life-world and the imparting of new meaning to that life-world: "... if insight thematizes what was previously horizontal, then it involves not just a discovery but also a radical transformation (and, possibly, an alienation) of what had previously been a taken-for-granted foundation of existence" (Sass, 1988, p. 262). Kelly (1994) also views the process of interpretation as both a discovery and a creation, it is "as much about constructing intelligibility as it is about discovering it, as much about unmasking as creating meaning ... interpretation both tells us about the world and structures the world which it discovers" (p. 124). This is always founded upon understanding the patient's life-world so that the theoretical preconceptions of the therapist never form the sole basis of interpretation. It must be plausible from the perspective of the patient so that his/her experience can serve both catalytic and grounding functions for

it.

One implication of the dialogical nature of interpretation is that meaning should not be given or imposed upon the patient's experience and behaviour, but discovered and created with the assistance of therapists' expertise. Yet, as we have seen from a phenomenological hermeneutic point of view, there is a tension between the author and the text such that the text may express meanings that remain implicit to the author. Similarly in psychotherapy the therapist, through therapeutic dialogue, may identify implicit meanings in the patient's text of experience and behaviour that are not within the patient's awareness. Furthermore, the narratives of patients often contain these implicit meanings due to their density: their multiple levels and layers of significance (Goldman, 1978). They require a "hermeneutics of suspicion" which explores what is pre-reflectively hidden in the patient's world and not consciously present (Ricoeur, 1970). This process identifies patterns of influence and common themes, and previously unrecognized connections, that more comprehensively capture the intentional phenomenal horizon of the patient, and that underlie his/her manifest problems and modes of relatedness (Martin & Dawda, 1999). This process may contradict the patient's existing self perceptions and taken-for-granted purposes and meanings. It is the therapist, with the required training and distance, who is more capable of interpreting these phenomena more critically and completely, making them intelligible. Therapists bring tacit knowledge regarding what constitutes "health" (which is embedded in sociocultural history and is ultimately a moral and political stance), as well as tacit knowledge about tacit knowledge (the backgrounds and pre-understandings which shape and contextualize the patient's understandings). All of these factors lead to a tension that is created between the discovered meaning of the therapist and the intended meaning of the patient (Ricoeur, 1979; 1981/1985). The therapist endeavours to make these explicit to the patient through the interpretation s/he offers, while remaining faithful to the patient's meanings and life-world.

From this perspective, therapeutic interpretation allows patients to achieve a self-distancing from their previously assumed, but unexamined, convictions and actions. They are invited to examine how implicit and previously unexamined aspects are connected, and how these influence their understandings, beliefs, experiences, and actions (Martin &

Dawda, 1999). Through interpretation "... new space is opened by the therapist – and the client is invited to inhabit this new space. Interpretation is an invitation The client is invited to see his experience from within a new context" (Fessler, 1978, p. 203). However this process, being dialogical, also reveals similar gaps in the therapist's understanding of the patient by the patient. Through openness and an attitude of "good will" and betterment of the patient, therapy as a social practice seeks to enlarge the horizons of intelligibility of both participants, and therefore the patient's possibilities for being and understanding (Baydala, 1999). As such, interpretation is a process of reciprocal enlightenment of heretofore unaddressed meanings, experiences, and actions: "it is a cooperative undertaking between a critically interpretive, dialogically open therapist and a client who comes to strive for a reciprocal critical openness" (Martin & Dawda, 1999, p. 475). The patient gradually learns this process of self-reflexivity and insight, which is an essential gain in itself from therapy as it shifts the patient's horizon of intelligibility leading to envisioning of possibilities for more prudent action. Thus therapy truly helps patients gain a more extensive and penetrating understanding of their being-in-the-world in relation to those concerns that bring them to therapy. Through the power of narrative to create new worlds, the new life-text produces a surplus of new meanings, each of which is a suggestion of a new way of being-in-the-world. As such, it extends the possibilities their world contains with respect to their concerns, extending their care (in a Heideggerian sense) for themselves and leading to greater psychological health. This makes them effective moral agents in personal and interpersonal engagements: they come to care about what is good for the self in a way that contributes to general public welfare, which itself leads to personal well-being (Baydala, 1999).

The Role of Theoretical Orientation in Interpretive Dialogue

The potentially important role which theoretical orientation, and its preconceptions, may play in therapeutic dialogue has rarely been examined (Mahrer, 1988; Maione & Chenail, 1999; Pogge & Dougher, 1992). Yet any approach to psychotherapy has its own linguistic filtering system through which the information provided by the patient is made to fit the theoretical proposition of the theory (Gazzola & Stalikas, 1997). This filtering system is required if the therapist is to make any sense of the patient's material, as a therapist

operating from a given theoretical orientation must categorize patient information to fit his/her theory of human change. Yardley (1990, p. 45) warns that “there are difficulties in achieving understanding because therapists have both theoretical and personal styles/blocks which preclude certain types of hearing.” Furthermore, since the theoretical orientations differ in their philosophies, ontological and epistemological foundations, and intentions, what counts as ideal and appropriate notions and preconceptions varies from orientation to orientation: “for the most part the clinical literature is written by idealists who try to promote a pure version of their favored technical approach” (Josephs, 1997, p. 22). These can be understood as hermeneutic principles governing the meaning of patient’s presentations, essentially bringing unfamiliar meanings into the realm of the familiar:

a hermeneutic principle is, for each sectarian or professional group, something like the rules of the game or the grammar of the theoretical stance they have adopted. Whatever can be fitted into the ‘grammar’ of their governing principle has meaning for that group, and what cannot be fitted does not have meaning (Kalt, 1983, p. 96).

Furthermore, therapists are thoroughly embedded within this theoretical system, which implicitly structures their inquiries, questions, and interpretations (Duncan, 1989). As Jager (1967) put it, “to think within a particular theoretical framework means to be caught up in ‘a certain *pre-structured* field of a phenomenon which never becomes the overt theme of a theory; it merely announces itself covertly throughout” (p. 31). Through his theoretical account of three different orientations and their approach to a fictitious patient, Barton (1974) demonstrates that psychotherapy is a process of convincing the patient of the therapist’s pathway to healing, and not of disclosure of what is “really true” of the patient. The therapist is convinced of his own theory without realizing that the “convincedness” is a central part of the cure, and s/he lives out that theory with the patient, transforming certain aspects of the patient’s material (and not others) and opening up certain possibilities (and not others). To the degree that the patient is also convinced, these meanings are personalized and s/he achieves health (Saari, 1988).

As with any other aspect of therapy, interpretations are not precluded from being developed through and justified by the theoretical orientation of the therapist. Thus interpretations are theory guided interventions (Gazzola, 2001). While interpretation is

present in all psychotherapy (Bone, 1968), its nature is directly related to therapist's view of healing based upon his/her theoretical orientation: "to the extent that the analyst enters into a particular psychoanalytic world ... and makes a commitment to the world, there are facts, and those facts, those theoretical story-lines, shape the analyst's interpretations" (Shaffer, 1983, p. 242; cited in Murray, 2001). Thus the content of an interpretation is dependent upon the therapist's theoretical orientation, in addition to his/her purposes with the patient and the material offered by the patient (Claiborn, 1982; Levy, 1963). Given these arguments, Levy (1963) states that "insight" should be understood as the extent to which the patient's interpretation of events matches the therapist's, and "resistance" should be understood as the ease with which the patient accepts the therapist's alternate interpretation. A further logical implication is that an interpretation can only be evaluated from the standpoint of utility, and not truth or falsity. He (pp. 9-10) writes that:

truth value cannot be the basis for making one interpretation and not the other, and the making of one does not imply that any other one is untrue; the choice is made simply on the basis of consistency with the interpreter's orientation and purposes at the moment.

Theory permits the therapist to direct attention and recognition to the patient's material, and structures his/her observations thereby making interpretation possible. However, different theories vary in their capacity to enhance access to the patient's world, and as such must be chosen and used carefully and selectively (Kohut, 1984). Stolorow (1993) writes that

when *any* theoretical system is elevated to the status of a metapsychology whose categories are presumed to be universally and centrally salient for all persons, then I believe such a theory actually has a constricting impact on analysts' efforts to comprehend the uniqueness of their patients' psychological worlds (p. 33).

Interpretations, and the theories which ground them, can obscure the patient's material: "paradoxically, interpretations obscure the very influence processes by which they operate, creating an illusion of choice and autonomy for the client, who is actually the recipient of persuasive discrepant communications from a socially powerful counselor" (Claiborn, 1982, p. 450). Recognizing the potential negative impact of such preconceptions, Stolorow and Atwood warn that "... analysts must recognize the impact of their guiding frameworks in

both delimiting their grasp of their patients' subjective worlds and in codetermining the course of the analytic process" (1997, p. 38).

Unfortunately, such preconceptions often remain implicit given their embeddedness, as well as the convictions of the various orientations regarding the superiority of their techniques. Implicitly, different approaches to interpretation tend to assume that the patient's experience will fit into their structure and be made more intelligible because of it:

Hardly any Freudian would deny that a Jungian [sic] or Rogersian [sic] might produce therapeutic results, and vice versa; but arrogance leads any school to suppose that only they can *truly interpret* that event. A Freudian analyst stated that 'an effective analyst can belong to any school, but the cure is always Freudian'; obviously, an analyst of any other school could turn the aphorism to his advantage (Benvenuto, 1998, p. 24).

Training in psychotherapy indoctrinates the novice therapist with theories that are deeply, implicitly, and pre-reflectively used to engage future patients. This inevitably leads to the formulation of interpretations which are deeply influenced by hidden preconceptions. Given its comprehensiveness and ability to throw light upon patients' meanings, interpretation is a very compelling therapeutic act. An unreflective approach to interpretation which does not question its theoretical underpinnings thus runs a grave risk of imposing psychological theory onto the patient's life-world. Bergsma and Mook (1998) argue that the imposition of these preconceptions, particularly when they occur implicitly without the acknowledgement of the therapist or the awareness of the patient, presents a serious ethical problem and potential ethical violation.

However, to become caught up in one's theoretical orientation does not condemn a therapist to a determined therapeutic existence. Some theorists (Casement, 1986; Stolorow & Atwood, 1997) recommend care and deep reflection and a stance of genuine discovery, so that therapists do not transfer onto patients interpretations which are only based upon familiarity with theory or other clinical experience. Casement (1986, p. 93) writes,

... let us wonder what is happening when our theoretical orientation becomes obtrusively evident in what we are saying to patients. Are we imposing our theory upon what we are hearing? I think of this as 'jelly-moulding', giving a shape to clinical material that is not inherent to it.

Raphling (1997) recommends that, regardless of his/her theoretical orientation and its

influence, a therapist must achieve a highly personal understanding of the patient, and that the success of therapy depends more upon this understanding. As Lepper (1996, p. 227) put it,

... it is because we “select snippets” in relation to our theories - to demonstrate our cherished convictions and beliefs - that we’re condemned to the circular theorizing and debating in which we often get caught what we have to do is to give up selecting snippets according to what we already know, and enter into a new domain of not-knowing.

Duncan (1989) agrees with the above presented arguments and states that research is required on the way in which interpretive meaning-transformation becomes convincing for the therapist and the patient, and the role which both the therapist and patient play in this meaning-transformation. In their study, Gazzola and Stalikas (1997) found that interpretations varied dramatically, taking the content and form of whatever the therapist’s orientation advocates. As such, it may be conceptualized as another type of intervention within that orientation. In another study, Gazzola (2001) further found and argued that the curative agents conceptualized by the orientations to be the key to therapy may simply be a difference in labels used to describe more basic phenomena, and that one of these phenomena is interpretation. Furthermore, there may simply be a discrepancy between therapist’s professed and observed practice. Troemel-Ploetz’s (1980) argues that good practitioners of different orientations have more in common than their theorizing about their practice would lead one to believe:

there are, after all, a certain range of communication strategies and certain instrumentarium available in verbal psychotherapy, certain ways in which language can be used in an interaction to make someone change what she or he is saying without using force. Therapists of all persuasions must work with this instrumentarium adjusting it to the varying requirements of their different theories. Thus we may find a preference and a greater frequency of one type of intervention in a given form of psychotherapy but it stands to reason that the effective interventions most typically used in different forms of therapy have similar properties that account for their therapeutic effect (pp. 256-257).

In fact, her research has shown that theory-specific interventions (such as interpretation) have common linguistic properties in terms of how they operate with the utterances of patients, as well as the manner in which they help patients change. This explains how

different therapies can justly claim therapeutic success based on different techniques and treatments. Claiborn (1982) similarly argues that

approaches to counseling and psychotherapy use different concepts of interpretation because they set forth different views of change. Yet it is not parsimonious to assume that interpretations function differently in each approach according to the theorist's descriptions ... Instead, it seems preferable to determine common elements in interpretation and use these as the basis for hypothesizing that interpretations in different approaches function similarly (p. 440).

Much of the pan-theoretical empirical research regarding interpretation is based upon this argument (Spiegel & Hill, 1989).

Quantitative Studies of Interpretation

Although the theoretical literature provides some insight into the potential nature of interpretation, it must be studied empirically by examining how it actually emerges in actual therapy sessions so that our theoretical/clinical claims can have validity and relevance. Much interpretation research is generated by the psychodynamic schools where interpretation is viewed as the core therapeutic technique (Gazzola & Stalikas, 1997), and that research has already been addressed in the dissertation along with other research that is relevant to the other orientations. The process psychotherapy literature is another major stream of quantitative research which has examined interpretation as one type of pan-theoretical "verbal response mode." These studies typically involve independent trained raters/judges, who evaluate transcripts or tapes of psychotherapy sessions using various measures and categorize therapist statements using pan-theoretical coding systems. The literature has been organized below according to the purposes of the studies: whether they examined descriptive factors of the phenomenon, examined its effects on process variables, or examined its effects on outcome.

Descriptive Studies of Interpretation

Regardless of therapeutic orientation, interpretation is consistently rated by patients among the most helpful therapist interventions, but also as a relatively infrequently used intervention by independent raters/judges (Gazzola, 2001; Hill, 1989; Spiegel & Hill, 1989). Various studies have found that it represents approximately 10% of therapist interventions across orientations (Gazzola, 2001; Tosone, Crits-Christoph, and Luborsky, 1999). Crits-

Christoph & Connolly-Gibbons (2002) found that the proportion of therapist statements classified as interpretations across their studies were similar: 10 ± 7 per session in client-centred therapy (CT) and 11 ± 8 in interpersonal therapy (IPT), representing 10% of statements. Piper, Debbane, de Carufel, and Bienvenu's (1987) added that the average duration of psychodynamic interpretations was 18.6 seconds (compared to 4 seconds for non-interpretative interventions), representing 14% of all interventions but 44% of the therapist's speaking time in the session. Researchers have also found that more interpretations, and more helpful ones, seem to occur in the final portions of sessions and treatments (Hill, Carter, & O'Farrell, 1983; O'Farrell, Hill, & Patten, 1986).

Other studies have found that the frequency of interpretation varies across orientations. Strupp (1955) found that psychoanalysts use interpretations 10% of the time, significantly more than Rogerian therapists (3.6% of the time). Piper, Azim, Joyce, and McCallum (1991) and Piper, McCallum, Azim, & Joyce (1993) argued that interpretations do distinguish psychodynamic from other forms of therapy. They found that per session the average number of interventions was 44, and that the average number of interpretations in psychodynamic therapy was 11 ± 4 , representing 25% of interventions. Stiles, Shapiro, and Firth-Cozens (1989) examined two therapists who were trained, confident in, and used manualized IPT and CBT. These therapists used more interpretations in IPT than in CBT, despite a lack of therapist differences in intent when using these orientations. Yet Flowers and Booraem (1990) found no significant differences in frequency of interpretations between psychodynamic and CBT group therapies.

Thus it seems that, despite possible differences in frequency, the literature generally indicates that interpretation is used in all orientations, and not just the psychodynamic ones. We had already seen that they are used by humanistic therapists, and now we have seen that it is also used by CBT therapists. However, not all interpretations are equally effective and, as Gazzola and Stalikas (1997) argue, the literature needs to address the characteristics of an effective interpretation. Jones & Gelso (1988) examined the differential effects of absolute (assured and final) and tentative (with a question at the end) styles of interpretation. When asked to select a preference for a therapist in role-played sessions, the participants found the

tentative therapist more appealing (more helpful, would want to see again) regardless of the patient type.

The Effects of Interpretation on Process Variables

The usefulness of interpretations in facilitating therapeutic process has been examined in relation to various therapeutic factors. Generally speaking, interpretation has been linked to various in-session process variables, and it seems to systematically influence the patient's responses in a positive direction (Gazzola & Stalikas, 1997). Part of this effect is probably due to its being rated as one of the most effective techniques and helpful responses in moving the therapeutic process forward by objective raters, therapists, and patients (Elliott, Barker, Caskey, & Pistrang, 1982; Gazzola, 2001; Hill et al., 1988; Spiegel & Hill, 1989). Dowd and Boroto (1982) found that viewers of videotaped sessions were more willing to see a counsellor who provided interpretations as opposed to a counsellor of who did not, indicating that patients may view interpretation as an essential component of psychotherapy. Perhaps interpretations are rated so well because good ones indicate to the patient that the therapist has a grasp of his/her material and understands his/her world well, which enhances the therapeutic relationship (Spiegel & Hill, 1989). In fact, some studies have found that, regardless of content and even when interpretations were perceived as "farfetched", the therapists using interpretations were perceived by participants as empathic, genuine, expert, caring and trustworthy, and as arousing low resistance (Claiborn, 1982; Claiborn, Ward, & Strong, 1981; Strong, Wambach, Lopez, & Cooper, 1979). Some of these researchers concluded that the interpretations reinforced patient disclosure, enhanced therapist credibility, and communicated positive therapeutic attitudes.

Perhaps interpretations are perceived so positively because they lead to meaningful in-session therapeutic phenomena. In reviewing the literature, Gazzola (2001) notes that interpretation is one of the few interventions that has been consistently related to good process variables. Gazzola and Stalikas (1997) found that it was related to good moments in therapy. In comparison to other interventions, Frank and Sweetland (1962) and Garduk and Haggard (1972) found that following interpretations patients expressed more transference-related material, affect, and understanding and insight. Auerswald (1974) similarly found that, in contrast to restatements, interpretations produced more self-referent affect which

increased over time. Claiborn (1982) argues that an interpretation will lead to defensive reactions and lessened exploration, or positive reactions and increased exploration, depending upon the form which it takes (the how) as well as its content (the what). An interpretation will inhibit further exploration if it is closed-ended and authoritative (as in the Helner & Jessell (1974) study), whereas it will promote exploration if it follows other types of responses (such as reflection) and is phrased tentatively (as in the Claiborn (1979) study). After reviewing the literature Gazzola and Stalikas (1997) agree, and include as fundamental aspects of interpretative form the therapist's nonverbals, the grammatical structure, the explicitness of theoretical content, and the positioning of interpretations in the therapeutic dialogue. The previously addressed literature on transference interpretations concurs with these conclusions.

Perhaps the most widely researched meaningful process phenomenon in relation to interpretation is the level of patient experiencing. This is usually measured by the Client Experiencing Scale, which is a 7-point scale used by judges to describe a patient's level of involvement in terms of insight, working through, and high quality exploration of experience and affect leading to self-understanding. Various studies have found that interpretation is associated with a decrease in intellectual descriptions of the problem and increased experiencing and insight (Hill, Carter, & O'Farrell, 1983; O'Farrell, Hill, & Patton, 1986; Hill et al., 1988). However this facilitation may be dependent upon the patient's current level of experiencing, making timing an essential aspect of interpretation, which is consistent with the psychodynamic literature. Hill et al. (1988) found that when patients were at low levels of experiencing, interpretations were one of the most helpful interventions, but when patients were at high levels, interpretations were no more helpful than other interventions. Joyce, Duncan, and Piper (1995) examined patients' working episodes, defined as any change of more than one standard deviation in experiencing before or after an interpretation, relative to the sampling distribution of experiencing within the session. During those episodes, they found that interpretations arose from the patient's own experiential state, and they were aimed at the patient's own movement towards clarity. Thus as long as the therapist attends to the patient's experiencing, the appropriate timing of an interpretation evolves naturally from

the therapist-patient interaction. As is also consistent with later psychodynamic theories, Hackbert's (1999) study found that interpretations that describe the therapeutic relationship and capture the patient's immediate experience were more effective in producing emotional expression than the other conditions (i.e., supportive therapy and interpretations that just specify behaviour patterns in past relationships).

Considerable research has been conducted upon the process effects of the accuracy of interpretations which are compatible with a Kohutian and interpersonal approach to therapy. The accuracy of the interpretations were evaluated by independent judges using various criteria. These studies have found that interpretations which were accurate with this dynamic formulation (but not those that were not) significantly increased the patient's immediate experiencing (Joyce, Duncan, & Piper, 1995; Silberschatz, Fretter, & Curtis, 1986), working through responses (Cris-Christoph, Schuller, & Connolly, 1988), the quality of the therapeutic alliance (Cris-Christoph, Barber, and Kurcias, 1993), and positive treatment progress and outcomes at termination and at 6-month and 1-year follow-ups (Barber, Cris-Christoph, & Luborsky, 1996; Cris-Christoph, Cooper, & Luborsky, 1988; Silberschatz, Fretter, and Curtis, 1986). Caspar (2000) found that the form of these interpretations influenced their efficacy as much as content, and could counteract the effects of content, thus increasing the amount of explained variance.

Interpretations as a Process Variables Related to Outcome

Supporting the above discussed psychodynamic research on the outcome efficacy of interpretation, the process psychotherapy literature has found that interpretation is among the most effective interventions in contributing to immediate and distal positive therapeutic outcome (Gazzola, 2001; Hill, 1989; Spiegel & Hill, 1989). Interestingly, Hill et. al. (1988) found no significant relationships between the frequency of interpretations and treatment outcome, again indicating that simple frequency is not related to therapeutic progress.

Some researchers have attempted to discriminate the different qualities which mediate the relationship between interpretations and outcome. Beck and Strong (1982) found that interpretations with positive connotations (as opposed to negative ones) were more readily accepted and contributed to enduring behaviour change immediately and at a three week follow-up. Flowers and Booraem (1990) compared four types of interpretations in

psychodynamic and CBT group therapy. Not surprisingly, they found that the psychodynamic group used more interpretations which presented motives for behaviour and described past relationships, whereas the CBT group used more interpretations which identified the impact of behaviours on the environment and identified behaviour patterns. They also found that the pattern interpretations were most effective across therapies, particularly when followed by impact interpretations. Historical interpretations were effective in both, but the psychodynamic orientation diluted their effectiveness using terminology that was too conceptual and difficult for patients to understand.

Claiborn (1982) examined whether different theoretically proposed mechanisms of interpretation can account for its effectiveness. He proposed three theoretical models from the literature: the relationship, discrepancy, and content models. The relationship model posits that, regardless of content, interpretations enhance the therapeutic relationship, thereby producing change. They reinforce patients' exploration of feelings and attitudes, help patients accept them, enhance the therapist's credibility, and communicate a therapeutic attitude which conveys interest and understanding. Claiborn (1982) argues that this model accounts for studies which demonstrate no difference attributable to interpretative content, despite positive change and patient change in beliefs in the direction of the interpretations. This has been found among measures of outcome, patient motivation, expectation to change, and behaviour change (e.g., Abramowitz & Jackson, 1974; Claiborn, Ward & Strong, 1981; Colby, 1961; Hoffman & Teglasi, 1982; Noblin, Timmons, & Reynard, 1963; Strong, Wambach, Lopez, & Cooper, 1979).

The discrepancy model argues that (regardless of content) interpretations effect change by creating a cognitive dissonance between the patient's views and the therapist's views. They change the way the patient construes problems and considers solutions by challenging his/her assumptive world and providing a more coherent framework. The studies which support this model found that casting a patient's material into any coherent and meaningful framework can be beneficial if it motivates patients towards change (Lieberman, Yalom, & Miles, 1973), for example by increasing the seriousness with which they view their problem (Claiborn et al., 1981; Strong, Wambach, Lopez, & Cooper, 1979). This

occurred despite producing large differences in the way patients construed their problems (Hoffman & Teglasi, 1982) and yet changing their negative emotions, attributional styles, and problem-related attributions (Claiborn & Dowd, 1985). As is consistent with the psychodynamic literature, these studies have also found that interpretations that were moderately discrepant from the frame of reference of the patients were the most effective.

The final more classical content model accounts for change by attributing it to the interpretation's meaning, which is linked to theoretical orientation. Claiborn (1982) argues that perhaps content is important, but it does not correspond to differences in theoretical content, but rather higher order concepts relevant to interpretation content across orientations. He presents attribution theory as such a higher order concept, arguing that the therapist's content must be sufficiently discrepant from the patient's beliefs on dimensions directly relevant to the problem. He concludes that the discrepancy model is the most coherent and consistent one given the research. However, Spiegel and Hill (1989) argue that his evidence does not show that content and relationship are non-essential to effective interpretation. For example, as we have seen research has shown that interpretative form or style, a relational dimension, is an important determinant of how patients react to interpretation.

In conclusion, and despite the various approaches used and their methodological problems (which are elaborated below), the quantitative literature points to some general and important findings regarding interpretation in psychotherapy. Interpretation is an ubiquitous phenomenon found in therapy sessions regardless of orientation. It is generally perceived as an effective and important intervention, it leads process variables which are essential for successful therapy, and it ultimately leads to positive therapeutic outcomes.

Critiques of the Quantitative Studies of Interpretation

The quantitative literature has presented interesting relationships between interpretation and process and outcome variables. However, it has been critiqued from statistical and epistemological positions. Many researchers have outlined the statistical flaws of some of these studies (Crits-Christoph, Barber, Baranackie, & Cooper, 1993; Gazzola, 2001; Spiegel & Hill, 1989). Some of the difficulties relate to an often encountered problem in psychological research: the nature of correlational designs. Causality and prediction is

difficult to determine when potential third variables can account for the observed effects. Process and outcome correlations are confounded by many therapeutic variables (e.g., the therapeutic relationship, therapist modification of intervention based on patient responsiveness). As Spiegel and Hill (1989) argue, some of these studies also present a faulty linear relationship between the variables. The immediate impact of a complex intervention cannot be assessed using a correlation to find the outcome. This is particularly true following the notion of increasing frequency or quality of a single intervention to improve outcome, using the drug metaphor. Psychotherapy is a complex phenomenon, and different processes may be important at different times, thus successful outcomes cannot be attributed to a single aspect or factor. For this reason, these correlations can be misleading, as they often do not distinguish type of therapist versus type of intervention or even type of interpretation.

Session sampling bias, depending on which sessions or parts of sessions are sampled, is also a major problem in some of these studies. Although they attempt to provide a diversity of sampling strategies, these can never capture the whole therapeutic process within and across sessions. Furthermore, small sample size creates broad confidence intervals in the correlations, which inflates significance and deters from accurately estimating the actual size of the relationship. Some studies use manual-based psychotherapies, which standardize their approach (enhancing internal validity) but are not representative of real psychotherapy sessions (reducing external validity). For example, within these manualized approaches therapists are generally inclined to continue to implement the protocol regardless of the patient's response and other process issues. A lack of external validity, by not directly studying the ongoing therapy in a naturalistic manner, is a major methodological flaw. Furthermore, in many studies, not simply the manualized ones, the non-verbal aspects and the timing in terms of readiness of the patient are not addressed. Finally, Spiegel and Hill (1989) comment on the general lack of not only methodological rigour, but direct relevance to practice, of quantitative interpretation research. These studies perpetuate the "uniformity myth": the assumption that all patients are equally receptive to all therapists at the same points in therapy and that they react the same way to therapeutic interventions.

From an epistemological perspective, the above presented quantitative literature does not seem to address what may be the most fundamental question facing research on the phenomenon of interpretation: "What is the phenomenon of interpretation and how does it present itself in psychotherapy?" It seems that research has been conducted regarding aspects of interpretation according to theory or a particular pan-theoretical definition. But very few studies present us with a description of the phenomenon of interpretation as it actually unfolds in a therapeutic context, neither from a specific orientation nor generally across orientation. Murray (1991) wrote,

Traditionally, both theory and research have been concerned with how this procedure should be technically applied rather than with how it is actually experienced although the traditional literature can be seen as speaking of the same phenomenon, their differentiation of this phenomenon has been limited by a reduction of the complexity of the whole to brief and often cursory theoretical and technical representations of its components (pp. 1 & 169).

One of the reasons for this gap may be related to the critiques which phenomenological researchers have launched regarding quantitative studies of interpretation. Phenomenological researchers have argued that these studies are coloured by the researchers' unacknowledged assumptions, and thus they approach the phenomenon with preconceived notions. As Fessler put it,

the implicit aim of traditional investigators has been not to understand interpretation as it does in fact occur in therapy but to state how it *must* occur according to their unquestioned pre-suppositions. And, in doing so, they have obscured a full unbiased study of the phenomenon ... (1978, p. 9)

Some of these preconceived notions (e.g., Fessler, 1978; Kelly, 1994) are: that understanding and interpretation are distinct phenomena and do not require each other; that the therapist has a conscious intent to interpret based upon a preconceived and specific frame of reference; that the fragmentation of the "therapeutic technique" into specific aspects to be studied does not disrupt the context of interpretation which may be necessary to understanding it; that the patient does not play a role in shaping the nature of therapeutic interpretation; and that the phenomenon of interpretation is monological and unidirectional in that the therapist simply provides the patient with a pre-constructed interpretation. On this basis, studies reduce interpretation to simply that part which encompasses the therapist's

conscious effort to convey his message. Mahrer (2000) argued that the implicit nature of such preconceptions in psychotherapy renders them immune to challenge, study, and change. The present dissertation intends to bring to light and address these preconceived assumptions. Spiegel and Hill (1989) agree that one of the major methodological flaws within the quantitative literature is the fact that studies on interpretation have examined the phenomenon with little regard for the patient-therapist relationship. This is surprising given the essential role which the therapeutic relationship plays in therapeutic outcome, the fact that all techniques operate within the confines of that human relationship, and the fact the patient's contribution to that relationship is particularly important. The present dissertation attempts to take into account the relational nature of interpretation and the patient's experiencing and contribution to it, and examines *both* the interpretative acts of the therapist and the interpretative acts of the patient. Similar to the following studies, it attempts to address interpretation in a "naturalistic" qualitative manner, examining how it is actually lived in the session.

Qualitative and Mixed Methods Studies of Interpretation

Little qualitative or mixed-methods research in general has been conducted on interpretation and related phenomena. Some qualitative studies have examined the therapist's rhetorical role in the construction of problems in therapy (e.g., Davis, 1986; Miller, 1987), or the manner in which therapists reformulate, restructure, or reframe patients' words and stories to create new meanings and new possibilities in the conversation (e.g., Aronsson & Cederborg, 1996; Chenail, 1993; Gale, 1991; Gale & Newfield, 1992; Grossen & Apotheloz, 1996; Troemel-Ploetz, 1977). Yet very few have examined the phenomenon of interpretation. What follows is a review of two mixed methods and four qualitative studies on interpretation in psychotherapy.

Pogge and Dougher (1992) conducted a mixed methods study which examined the evaluation of particular interpretations by ten "insight-oriented" (mainly psychodynamic) participant-therapists. They found 10 dimensions which these therapists utilized to identify and distinguish sound and appropriate from unsound and inappropriate therapeutic interpretations: style, accuracy, timing, body movement, change in patient defences or affect,

emergence of new material, linking past to present, references to transference, and sufficiency of information base. Pogge and Dougher were innovative in their attempt at identifying comprehensive dimensions of evaluation. However, they only examined the evaluation of interpretations by observers, and not the manner in which the therapist experienced them and evaluated them for him/herself, which is the aim of qualitative research. Furthermore, Pogge and Dougher argue that their observers provided “data filtered as little as possible through the formal theoretical constructs used by the therapist” (p. 250). This clearly disregards the role which orientation plays in the types of interpretations made by the examined therapist and its role in the evaluations of the participant-therapists. A cursory examination of their statements suggests that their judgements were in fact founded upon at least some biases from their theoretical orientation. For instance, they viewed interpretations that “linked the past with the present” as “good” interpretations. The researchers seem to have ignored the fact that using “insight-oriented” participant-therapists is bound to produce psychodynamic dimensions, which do not represent the dimensions that all therapists would use to evaluate the soundness of an interpretation.

Examining sessions of master therapists (either originating the approach or closely associated with it) in Client Centred Therapy (CCT), Rational Emotive Behaviour Therapy (REBT), and Gestalt Therapy (GT), Gazzola (2001) conducted two simultaneous studies of interpretations using the Hill system (Hill, 1986) to identify them through independent judges. The first, a quantitative study, found that interpretations represented 7.93% of all interventions with no significant difference across orientations. He also found that interpretation was the intervention most associated with subsequent patient good moments (using Mahrer’s system; Mahrer & Nadler, 1986), particularly for CCT and GT as opposed to REBT. Furthermore, interpretation was more associated with good moments than the primary interventions advocated by all three approaches.

The second study was qualitative, and Gazzola reported its methodology as heavily influenced by grounded theory and Elliott’s process analysis. Gazzola asked judges to describe the interpretations based upon the themes he pulled from the literature. He categorized their responses, then provided a frequency count of the categories. In CCT,

interpretations were focussed on feelings towards self, phrased in the here-and-now, and were supportive, caring, and tentatively delivered. In REBT, the focus was on the origins and causes of feelings, using here-and-now absolute and factual phrasing, being directive and challenging, and making use of rhetorical questions. In GT, the focus was on feelings and defences, using absolute and factual here-and-now phrasing, and alternating between challenging and supportive tones. REBT was the most theoretically based and experience distant model, being theory driven and proposing causal relationships between the patient's experiences. Gazzola also found that interpretations with feeling and needs content (excluding explaining causes or origins of the patient's feelings), tentative style, supportive caring tone, and using the first person voice of the patient, were all generally followed by good moments. Interpretations of behaviour were the least associated with good moments. Patients across the orientations accepted the majority of the therapists' interpretations, and typically explored feelings and thoughts following interpretations. New understandings or realizations followed half of the interpretations, with the exception of CCT perhaps due to lack of specific insight as a therapeutic goal. The interaction between the therapist and patient subsequent to interpretation was also very consistent with theory. CCT was characterized by an open and comfortable exchange, with an egalitarian and permissive style. GT was characterized by a moderately open exchange, patient frustration and discomfort, pursuit of uneasiness, with a moderately didactic, egalitarian, permissive, and a power struggle style. REBT was characterized by a purely didactic therapist driven exchange, patient frustration and discomfort, therapist repetition, and a power struggle style.

While Gazzola's study was extensive and provided an interesting exploration of interpretation within a variety of approaches, from a qualitative perspective his methodology was (self-admittedly) unusual and problematic. Using the descriptions of independent judges as the basis of the data, as opposed to the sessions themselves or the patients and therapists who actually experienced the session, is a major limitation of his qualitative study. Observers' perceptions are bound to abstract from the phenomenon itself, and such an approach presumes that the phenomenon is uniform and has the same "objective" observable meaning for all of the participants. Furthermore, the selection of themes for the judges to use

in describing the interpretations, based upon a literature review, pre-structured their descriptions based upon the arbitrary selections of the researcher. To varying degrees, the following four studies used a more well established and systematic qualitative method.

Kruger's (1988) phenomenologically oriented investigation of therapists' interpretations asked therapists to provide interpretations of a case study presented to them, as well as to provide a description of instances of interpretations in one of their own cases. On the basis of these descriptions, he identified the themes which they used in their interpretations. Kruger discovered themes for each interpretative case, such as transference, guilt, existential possibilities/growth, unconscious, repetition, acceptance vs. abandonment, and alienation. Kruger's study, while an interesting and broad exploration of therapeutic interpretation, contained several major flaws. The descriptions by the therapists he used did not examine the phenomenon itself, but rather relied upon therapist historical recall. From a qualitative perspective, one needs to study the actual phenomenon and the manner in which it is lived and experienced, and not the reflective second-hand accounts of therapists outside of the session. Furthermore, the therapists were providing broad case interpretations as opposed to specific lived interpretations. A therapist, immersed in the process of therapy, would provide specific interpretations with less broad meta-theoretical discussion and justification. The study also suffers from the creation of an artificial situation, where therapists are asked to reflect on interpretation, without the immediate dialogical and contextual dimensions of interpretation. Some participants in the study actually complained about the artificial nature of the study, and that they were missing the case history, the patient as a person, and the context of the therapy from which the material emerged. Finally, the validity of the reflective accounts for elucidating the phenomenon of interpretation is brought into question through Fessler's (1978), Kelly's (1994), and Murray's (1991) studies, which found that in actual therapy sessions therapists do not stand outside the dialogue and provide an interpretation from a distant and abstract perspective. The phenomenological studies of Fessler (1978), Kelly (1994), and Murray (1991) attempted to more directly examine interpretation as it presents itself in psychotherapy.

Fessler (1978) conducted a phenomenological study aimed at capturing the

phenomenon of interpretation as experienced by both the therapist and patient. Fessler invited two humanistically-oriented therapists to provide one and two tape recorded sessions (respectively). He reviewed the sessions, identified the first 3 to 4 minute interpretative act that emerged from each, and then interviewed the two therapists and the three patients regarding their experience of them. During the interview he played back the interpretative excerpts, and recorded the interviews regarding them. The final stage of the analysis, arriving at a general structure interpretation, was conducted across these interviews and his summarized reflections on the sessions. Fessler found that therapists did not “give” an interpretation, because it was not a fixed experience or isolated incident, but rather an event that unfolded over time. It emerged out of the ongoing developing meanings which exist in the dual contexts of the speaker and the listener and their intentional structures. Fessler wrote that,

what is expressed at any moment in therapy ... is two-sided – it has meaning in a dual context. On the one hand, it refers to the whole intentional structure of the speaker ... a whole network of meanings that are the speaker’s and out of which his expressions emerge. On the other hand, these same words simultaneously have meaning within another context – the context of the listener (1978, p. 198).

The therapists’ meaning structure included their (always evolving and shifting) overall ideas of “health” and “pathology,” their understanding of the patient’s meaning context, and general and specific intentions with the patient. The patients’ meaning context included their (always evolving and shifting) self-understanding, their understanding of the therapist’s meaning context, and general and specific intentions in therapy. Therapists were also aware that their patients may have their own different meaning regarding those phenomena (i.e., aware of the dual contexts), and were concerned about understanding the patients’ views and accenting their meanings.

As long as the meanings that the therapist heard his/her patient expressing was contributing to the developing overall meaning flow that was consistent with the therapist’s intentions with that patient, s/he allowed the flow to continue (through silence, encouragement, agreement). Such a convergence further developed the patient’s emerging meaning. However, when they were not consistent, the therapist felt a vague uneasiness, felt a distancing from the patient, and pre-reflectively sensed that something was left unsaid (i.e.,

a divergence of meanings). Interpretations began with a moment where the therapist stopped the ongoing flow of the patient's speech, and began to express his/her emerging alternate meanings for what the patient has been saying:

Psychotherapeutic "interpretation" refers to a specific moment where the therapist experiences a divergence between the client's expressions and his intentions with this client, and attempts to stop the client's on-going expression in order to open up an alternate view that is more congruent with his intentions (Fessler, 1978, p. 231).

These meanings were grounded in his/her general intentions and, feeling called upon to speak, s/he gradually shifted the therapeutic dialogue from what s/he understood as the patient's meanings towards these meanings. The therapist's interpretation concretized the patient's fringe possibilities of meaning based upon the patient's material. However s/he was sensitive to the patient's understanding of the interpretation and feeling of distance and divergence once it is conveyed. S/he made this "new space habitable" by oscillating back to conveying his/her understanding of the patient's meanings, and then repeating and redirecting towards further concrete thematization of his/her interpretation.

The patient, on the other hand, was not aware of the dual context and the fringe possibilities of his/her expressed material. S/he was primarily concerned with his/her narrow network of meanings and with being understood. As s/he felt understood, s/he was willing to follow the therapist, and when feeling misunderstood, s/he may resist and become further entrenched, forcing the therapist to stray from the alternative interpretative view and follow him/her more closely. Thus both therapist and patient divergencies inter-flow through expressed meanings, encroach on each other's contexts, and contribute to their evolution and convergence. As such, "... as an intercorporeal *event*, the phenomenon of interpretation is not 'in' the experience of the participants but emerges between and through them" (Fessler, 1978, p. 272).

Kelly's (1994) study drew upon various dimensions of hermeneutic philosophy and brought them to bear upon psychotherapy. He wanted to tease out what is relevant in hermeneutic philosophy to the specific interpretative features of therapeutic dialogue. It was predominantly theoretical and contained a relatively minor empirical study. By his own account, he was not able to develop a general structure of interpretation as much as to

describe its features. Kelly used the same basic design as Fessler, examining how three “conversation based insight-oriented therapists” and three corresponding patients experienced specific interpretative events in therapy. However, Kelly conducted a different type of analysis. Based upon phenomenological hermeneutics, he argues that “... the interpretative meeting does not wholly encompass the separate patient and therapist subjectivities, it is a third type of being, which lies between them and through which ... both their separate subjectivities and their togetherness is mediated” (p. 136). Kelly further argues that, in Fessler’s study, the dialogical dimension of the interpretive acts were lost at the level of separate patient and therapist experiences and researcher reflections. The dialogical process of interpretation could only be accessed in the moments of therapy. As such, he attempted to develop a method, which he vaguely described as comparable to a “grounded theory approach” and a “grounded hermeneutic approach,” and elucidated the general dialogical structure of interpretation from the therapist-patient pairs or sets of experiences of interpretation. Kelly essentially took the interview protocols which he collected from the therapists and patients, and set contextually equivalent parts of their interview together. He then clustered them and analysed them as a dialogue.

Kelly found that interpretation was experienced as an intersubjective space or context which allowed the patient’s and therapist’s perspectives to meet and fuse without losing sight of the separate subjectivities. Interpretative dialogue was characterized by the therapist and patient striving together to develop an understanding of unintelligible and inexplicable meanings of experience, which lie beyond what has been grasped. “A wedge is driven between subjective understanding and that which is understood” (p. 112), which leads to uneasiness as it undermines self-understanding. As they struggle and attempt to imagine these deeper or undisclosed meanings, the otherness which the therapist represents provides the patient with a distancing which breaks from the subjective meaning of the material. This allows a relief from appropriatory belonging and the access and emergence of experientially felt meanings which may otherwise be far too intense, immersive, and immediate to be fully understood: “Through the fusion of horizons with the ‘other’ (defined as another constituted world), we are released from our subjectivism” (p. 139). These

meanings emerge as a gradual shift and recognition of the patient's overriding themes and general modes of engaging in life. Exploration of these themes expands the patient's understanding of inherent or underlying patterns that consolidate his/her, and it reveals particular modes of relating to the self and the world which are problematic. It also reveals alternative modes of relating. This interpretative dialogue is a discovery to the extent that it flows from the network of understandings already accepted as meaningful. It is a construction to the extent that it creates new meaning through the distance which the dialogue provides.

Kelly also found that the therapist tends to lead the unifying process of weaving thematic linkages and overarching accounts, thereby questioning the patient's existing self-understanding and offering a new perspective with which the patient can understand his/her own experience. The patient, on the other hand, tends to hold the interpretative dialogue accountable for the descriptive details of experience as it was/is lived. To the extent that s/he feels that the thematic generalization does not faithfully represent it, the patient experiences an unsettling and disorienting blurring of distinctions and a moving away from the problems with which s/he desires help. In fact, interpretation loses some of the experiential texture and immediacy of the particulars, and as such creates some resistance for the patient. Thus a tension is often created, as the immediacy of the patient to his/her appropriated experience (which assures the relevance to the patient's life) conflicts with the distancing provided by the therapist (which allows for the emergence of alternate meanings). Furthermore, "the patient can assimilate the therapist's insights insofar as these appear to be an extension of the patient's own self-understanding rather than a replacement of the patient's own self-understanding" (Kelly, 1994, p. 75). A balance is gradually struck which relieves the patient's anxieties and allows the interpretative dialogue to continue, and they are both surprised by the direction it takes. Through the patient's need for greater coherence and integration, his/her old self-understanding is doubted and rejected for the more elaborate and articulated general account, which incorporates new data and new meaning. Central themes begin to influence what is brought into the session even when unplanned, which leads to a deepening of emotional involvement/engagement in the session and a heightened interest,

and makes explicable new and other experiences which were not directly used to generate the interpretation.

Murray (1991) conducted a study of interpretations enabling immediate insight, insight defined as "... a transformation of the client's perspective in their style of interacting with others" (p. 77). With the exception of selecting several segments from a single session of an unspecified orientation, and interviewing only the therapist, Murray followed Fessler's basic design. Murray found that his data could be categorized along four themes which were deeply intertwined. The first theme, the therapist's *Therapeutic Intention*, was a directive to help the patient gain insight through opening up the patient's ambiguous horizons, based upon what he viewed as helpful generally and during that actual encounter. Murray's second theme, *Temporality*, referred to the therapist's historical pre-suppositions (theoretical knowledge and experience) about therapy which overlap with the present encounter, shaping his understanding of the patient while he attempts to remain open to the patient. *Co-constitution* refers to the interpersonal nature of interpretation as a cooperative dialogue with the patient, out of which a mutual understanding and a new meaning can emerge. Finally, *Explication* refers to the process of emergence of new meaning that most essentially characterizes interpretation, which emerges at an intuitive level from within the common ground of mutual understanding.

The four themes outlined by Murray interrelated within the three phases which the therapist experienced during his interpretations. During the first phase, *Paragenesis*, the therapist's presuppositions from the past served to familiarize him with what the patient presented at the moment. As the patient's dysfunctional way of interpreting appeared to be incongruent with a positive therapeutic intention, the therapist began to feel uneasy, and urgently interested in becoming more active. Based upon what he historically knows about the patient's meanings, the therapist began focussing on the ambiguities in the patient's interpretation, empathically inviting the patient to put it into question while they explored the therapist's views. Through this process, the therapist gradually developed a historically and deductively justified intuitive expression of new meanings which are aligned with his therapeutic intentions. These conceptions were then challenged by the patient's

confirmations and disconfirmations.

In the second phase, *Transcendence*, the patient's previous opposition at being addressed from a distant historical context shattered the therapist's historically-based presuppositions. The therapist surpassed them, and a new intuition emerged unencumbered by the bias of prior understandings. Securely grounded in the context of the problem in their current encounter, the therapist's intuition was transformed into a trial interpretation. This interpretation slowly re-gestalted out of the parts of the patient's current story, and it formed the basis for the possibility of resolution given their re-aligned intent and sense of closeness (indicated by the patients' positive reactions and openness). Feeling confident in his developing interpretation, which was still compatible with his therapeutic intention, the therapist employed evidence from the patient's corroboration to support his interpretation as he made it.

During the final phase, *Conception*, the therapist imagined fulfilment of his therapeutic intent as the recurrent themes connected, and he took a determined stance and articulated his formal interpretative statement. With a view toward enabling immediate insight, it was very specific and clear relative to the previous stage, and was articulated in a form that was acceptable to the patient's current receptivity. In his anticipation of how he imagined the patient's future response, he prepared to negotiate and summate the interpretation. Yet he remained flexible, reformulating it according to his perception of the patient's current response.

Critiques of the Qualitative and Mixed-Methods Studies of Interpretation

Despite their important contribution to the qualitative study of interpretation in psychotherapy, both in terms of content and methodological development, three major critiques can be raised regarding the presented qualitative and mixed methods studies that have been conducted. These critiques relate to the use of a systematic and/or explicit method of analysis, the issue of systematically and/or explicitly identifying the phenomenon, and the recognition of the essential role which theoretical orientation plays in the interpretations they examined. Since Pogge and Dougher (1992) studied therapists' evaluations of interpretation, rather than interpretation itself, the limitations of their study are not as relevant to the present dissertation and are not presented in this summary.

Fessler (1978) and Murray (1991) used a systematic and explicit methodology to analyse their data, and the present dissertation draws upon this methodology. However, Murray's study used data from only one session and the therapist interview regarding the session. This made his sampling highly idiosyncratic and incomprehensive, particularly when he provides no rationale for selecting that particular therapist other than stating that he was experienced. Kelly's study used a method which he states was comparable to a "grounded theory approach" and "grounded hermeneutic approach." He described developing an "interpretative reading guide" (theoretical questions based upon his review of the literature) and used it to extricate from the clusters of data the features which clarified the questions he asked of it. As such, his analysis was "inseparable from ongoing exploration of the literature" (p. 57). This method of analysis is vague and theoretically driven, and thus inconsistent with most qualitative research. Kruger recognized that a phenomenological method was the ideal, but chose to extract "the significant themes as I saw them" (1988, p. 57) in a seemingly unsystematic manner. As a result, his study became simply a summary of the various specific themes which he identified as used by the therapists in their interpretative practices. Finally, Gazzola's (2001) mixed method design was innovative and appropriately separated the quantitative and qualitative aspects of the study, and his quantitative analyses were systematic and appropriate. However, his qualitative design of using pre-established themes and independent judges' descriptions of these themes is inconsistent with the aims of most qualitative research, which is interested in the individuals who actually experienced the phenomenon. This mixture of different methods sheds some doubt upon some of the results of these studies, and makes their results difficult to compare.

The second critique relates to the manner in which these studies chose to identify the phenomenon of interpretation. Kruger (1988) selected the excerpts he distributed to the participant-therapists, whereas Fessler (1978) and Kelly (1994) selected particular excerpts which represented interpretation, and then interviewed the patients and therapists regarding those excerpts. Murray (1991) used the same method as Fessler and Kelly, but selected multiple excerpts from a single session. One of the strengths of Gazzola's (2001) study was that he sampled many more interpretations from the therapy sessions, but then he asked

judges who did not experience the interpretations to describe them in isolation of the rest of the session. These methods are problematic because examining a phenomenon in isolation outside the context of the rest of the session reduces its comprehensibility. Fragmenting the phenomenon from its context can deeply limit or alter its meaningfulness. Furthermore, aside from Gazzola's study which used Hill's system (Hill, 1986), these studies neither explained nor made explicit their method of selecting these excerpts as "interpretations." While Murray's (1991) study provided more structure to his selection of excerpts by examining interpretations which enabled immediate insight as he defined it, he does not provide a comprehensive rationale for selecting this type of interpretation or ignoring other types of interpretation. Another limitation of having the researcher identify the interpretative excerpts is that it excludes the likely valuable input of the patient and therapist regarding what they considered as interpretative events in the sessions. In fact, Kelly (1994) reported that the excerpts he chose as natural shifts in the interpretative process did not coincide with the natural shifts experienced by the participants. All of these limitations prevented a more naturalistic examination of the phenomenon as it presented itself in the actual sessions, and it sheds doubt on whether these studies examined the actual phenomenon of interpretation fully.

As has been argued above, due to its dialogical nature interpretation does not exist "in" the experiences of the therapist or patient, but rather in a realm of experiencing shared between them. From the perspective of this argument, therapeutic interpretation as a dialogical textual structure should ideally be observed and studied in the dialogue itself as it unfolds and is experienced by its participants. The studies of Kruger (1988) and Gazzola (2001) did not directly address the experiences of the therapist and patient as they lived through the interpretations, let alone addressing its dialogical nature. In an attempt to address this dialogical dimension, Fessler (1978) included his reflections as a "pre-personal perspective" to the session. However, he did not systematically analyse the session data itself and thus did not capture its dialogical aspects as they presented themselves. Murray (1991) examined the experience of a single therapist, and neglected the perspective of the patient, despite the opposing arguments of Fessler (1978) which preceded his study. Finally, Kelly

(1994) agreed that the dialogical nature of the session has been neglected in studies of interpretation, and he was innovative in truly attempting to account for it in his study. However, he reconstructed the individual experiences of the patient and therapist into a dialogue after the occurrence of the actual dialogue. These experiences do not fully represent it, since the dialogical phenomenon does not fully exist in their individual nature. Furthermore, he removed parts of the data when they could not be fitted into his dialogical construction because they represented only the patient's or the therapist's experience. Such an approach is bound to lose essential data, and is surprising given his critique of previous studies.

With the exception of Gazzola's (2001) study, the third and final critique relates to these studies' general disregard for the previously argued essential role which theoretical orientation plays in interpretation. As such, the generalizability of the phenomenon they examined is questionable. Fessler (1978) recognizes that studying two humanistically oriented therapists limits his conclusions because they may not be representative of other orientations. However, he argued that in the different orientations there may be some minor variations, but that the basic structure of interpretation would remain the same. This structure could in fact be quite different given the different manner in which we have seen the theoretical orientations conceptualize interpretation. Both Kruger (1988) and Murray (1991) ignored the issue of orientation in their studies. Finally, Kelly (1994) directly acknowledges that therapeutic orientations most likely differ in the type of interpretative practices they employ. Yet his study did not address this issue, and his therapists were of an unspecified "insight-oriented" approach.

We have seen that phenomenologically and hermeneutically grounded theorists have argued that interpretation in psychotherapy can be conceptualized as a dialogical phenomenon occurring between the patient and therapist. Our interest lies in these dialogical interpretative events themselves, which are present in the experiential textual structure of psychotherapy sessions. The current study is timely given the dearth of methodologically sound qualitative studies of interpretation in psychotherapy, and given that there appears to be only one study which examined the potentially important role of therapeutic orientation in

interpretative practices. Considering the central role of interpretation in psychotherapy, valuable commonalities may be present across the various orientations which are worthy of exploration. Towards that end, this dissertation aimed at studying the phenomenon of interpretation in psychotherapy, as a dialogical phenomenon, using a systematic phenomenological method. It attempted to further remedy the difficulties of some previous studies by utilizing a systematic definition to identify excerpts as “interpretation,” by viewing and analysing interpretive excerpts within the context of the overall sessions, and by including excerpts which the patient and the therapist identify as “interpretation.” Finally, the current study recruited experienced therapists from a variety of different orientations, thereby allowing us to potentially capture the meaning structure of interpretation within and across different therapeutic orientations. The phenomenological method used in the current study falls under the rubric of the human science approaches.

IV. RATIONALE FOR THE HUMAN SCIENCE RESEARCH PARADIGM IN PSYCHOLOGICAL RESEARCH

“The central question of the modern age is how our natural view of the world - the experience of the world that we have as we simply live out our lives - is related to the unassailable and anonymous authority that confronts us in the pronouncements of science” (Gadamer, 1994, p. 23).

The scientific status of psychology emerged in the middle to late 19th century as it sought its independence from philosophy as well as the other sciences. At that time, a variety of diverse schools and methodologies emerged, which included introspection, experimentation, and phenomenology (Giorgi, 1970; Karlsson, 1993). These methods had divergent ontological views of human nature and, as such, divergent epistemological concerns. Dilthey (1977) classified the various methodologies under the rubric of *natural sciences* and *human sciences*. The natural science approaches are founded upon the ontology and epistemology of the Enlightenment’s empiricism in the 17th century and logical positivistic philosophy in the 19th century, along with the corresponding emergence and development of the “hard” sciences of physics, chemistry, and biology. Utilizing the hypothetico-deductive method, they avoid introspective methodologies, and strive for empirical verification through experimentation, with its requirements of variable operational definition, quantification and measurement, normalization, and mathematical analysis. The human science approaches, on the other hand, are founded upon the ontology and epistemology of rationalist and phenomenological philosophy. They have been extensively utilized by the arts and social sciences, and to a lesser extent psychology, to examine human phenomena, sometimes as the primary approaches and at other times as complementary approaches to natural science (Giorgi, 1970). They utilize ethnographic, phenomenological, interpretive, and collaborative methodologies (commonly referred to as qualitative methodologies), with their focus upon understanding the totality of experience as it is lived and presents itself preceding its formulation by the scientific community. Giorgi (1970) further elaborated the distinction between natural and human science research in psychology, and developed a human science methodology in the form of a systematic phenomenological method for the study of psychological phenomena.

Bohman, Hiley, and Shusterman (1991) criticize positivistic philosophy for its

limited view of the unity of science, which demands a reduction of all sciences, including the social and behavioural sciences, to the ontology and methods of positivistic physics. This approach presupposes the neutrality of observation, the “givenness” of experience, the independence of empirical data from theoretical frameworks, and the ideal of a univocal language. As such, it clearly demarcates the scientific enterprise from qualitative and interpretive disciplines, and implies that its view is the privileged one regarding knowledge. However, beginning in the 20th century within the natural sciences themselves, positivism has been critiqued extensively. With theorists such as Einstein and Heisenberg, interpretive conceptions and the fundamental influence (and indispensable bias) of the observer entered into natural scientific inquiry (Kuhn, 1970). Natural science theorists (e.g., Kuhn, 1991) began to argue that contemporary science has forgotten its foundation as residing in experience, and has become a world of idealized mathematics. Even natural science belongs to a meaningful field of human activity, with a significance that cannot be disentangled from its meaning and history (Kuhn, 1991). As such, understanding of the natural world, our culture, and ourselves sometimes raises interpretive problems:

recent directions in the philosophy of science and the philosophy of language are merging with the hermeneutic tradition and developments in the various interpretive disciplines to bring questions about interpretation to the center of philosophical discussion (Bohman, Hiley, and Shusterman, 1991, p. 4).

Understanding of the natural world can therefore be termed singularly hermeneutic, since the natural world cannot not interpret back. But there is a dialogical relationship between researchers and their human subject matter which is doubly hermeneutic, because human beings can and do interpret back creating an interpretive loop (Bohman, Hiley, & Shusterman, 1991; Kuhn, 1991).

As a further implication, these theorists argue that the natural sciences do not have special access to the truth about ultimate reality. Even if it is assumed that the reality of the natural sciences exists “in itself” and independent of its apprehension, it can only be known through encountering it and can be explained and made intelligible only through those individuals making it intelligible:

the understanding of being establishes what can count as a fact in whatever domain, but it does not determine what the facts are ... intelligibility is not a property of

things; it is relative to Dasein. When Dasein does not exist, things are neither intelligible nor unintelligible (Dreyfus, 1991, p. 31).

As such, progress in the natural sciences does not imply that their knowledge and methods are the “correct” ones, and their approach to reality is not necessarily the ultimate or privileged one.

Despite their differing methodologies, both the natural and human science approaches are committed to the basic principles of science, striving to be methodical, systematic, and critical in pursuit of knowledge. They both exist, in one form or another, today in psychological research. However, psychology generally adheres to the natural scientific approaches to research, for it was by imitating the natural scientific methods that psychology hoped to become as successful as the natural sciences (Giorgi, 1970). However, as argued above, the methodology one uses should be determined by the subject matter under study (Giorgi, 1970; Karlsson, 1993, Polkinghorne, 1989). The fact that psychology has not been able to match the success of the natural sciences has often been blamed on the complexity of the subject matter, as well as on the youth of psychology as a science. But this argument presupposes that the essence of the subject matter of psychology and the natural sciences is the same, and that the difficulty lies in a difference in complexity as opposed to a difference in structure. Proponents of the human science approach to psychology argue that we have not achieved the success of the natural sciences because our mainstream has not recognized that its subject matter is distinctly different from that of the natural sciences, and thus has not integrated the potentially highly fruitful contributions of human science methodology. In arguing for the appropriateness of multiple methods to research, Polkinghorne (1983) wrote that

... the researcher must try to select the research system that is appropriate for answering the particular questions he or she is addressing. The availability of various systems also means that many more kinds of questions can be addressed by the researcher. These increased possibilities place greater responsibility on researchers, requiring that they becoming something more than mere technicians, that they become, in fact, methodologists (p. 280).

Habermas (1971) distinguished between three different knowledge interests which guide the sciences: technical, hermeneutical, and critical/emancipatory. All of these forms of

knowledge are essential and legitimate depending upon the nature of the subject matter that is studied. The technical interest of knowledge has as its goals manipulation, control, and prediction of nature. This interest is prevalent in the natural sciences and mainstream psychology, and is fruitful depending upon the topic of study. It provides great practical aid for society, but is not the only one that is legitimate. According to Habermas, such research can easily become divorced from human life and its ethical implications, and as such no longer serve human beings. Human science, with its qualitative and phenomenological research, can be said to follow the hermeneutical interest of knowledge, which provides a deeper and a self-reflective understanding of a phenomenon. It is as essential and it provides a great compliment to psychology's mainstream technical interest (Karlsson, 1993; Polkinghorne, 1983). The third knowledge interest, the critical or emancipatory, holds social action and social liberation at the core and purpose of its methods. Salner (1989) makes a coherent argument for the need of these multiple epistemologies:

... when we accept the inevitability of limits and constraints on human understanding ... then we can accept the reality that all epistemologies and the methodologies that flow from them are human and thus partial. We can go even further and say that each partially adequate epistemology needs other, differing, though also partially adequate epistemologies; it is in confronting the very differences and conflicts between them that our human understanding is enlarged and advanced no set of epistemological assumptions can be judged from within those assumptions; we must step out into a meta-epistemological framework in order to judge the epistemology, and so on into an infinite regress leaving us with the impossibility of ever arriving at a "complete" epistemology. This is not to say that there is no "true" reality; it is simply to recognize that reality appears to human beings in the briefest of temporary glimmers, captured by language ever so inadequately to generate the conflicts of interpretation that compromise reasonable human discourse (pp. 58-59).

The Phenomenological Approach to Psychological Research

Proponents of a specifically phenomenological approach within psychology argue that the natural scientific methods of enquiry are limited in their ability to capture the nature of lived experiences and understand their patterns of meaning (e.g., Giorgi, 1970; Husserl, 1970; Karlsson, 1993; Kruger, 1979; Polkinghorne, 1989; Valle, King, & Halling, 1989). Nature is to be captured at an explanatory level, but for human life to be fully captured it must also be understood (Dilthey, 1977). In psychology research one attempts to capture the

nature of a being who is also trying to understand and interpret his/her world, as opposed to the beings one attempts to capture in natural science research, which are inanimate and non-conscious: “for the *objects* of such enquiry are the product of *subjects* capable of action and understanding, so that our knowledge of the social and historical world cannot be sharply separated from the subjects who make up that world” (Thompson, 1996, p. 361). As such, the subject matter of the human sciences must consist of meanings and signifiers, as opposed to non-intentional causal events. Phenomenology attempts to understand that being, which complements the natural science’s attempt to explain its existence. As Karlsson (1993) put it, “psychology should instead ground itself in line with an unprejudiced analysis of the *psychological* in our experience and not proceed from natural science and its methodology” (p. 13).

The data used in phenomenological research is descriptive and derives from observation, written protocols, and transcribed interviews. It utilizes observations, spoken texts, and written texts because they are a primary means of accessing the life-worlds and meanings of participants (Jensen, 1989). Phenomenological data answers more of the *what* and *how* of a phenomenon, and it attempts to primarily understand it. This can be contrasted with the explanatory focus of natural science methods, which are quantitatively and statistically based, and answer more of the *why* something is in terms of deterministic causal relationships. In fact, Karlsson (1993) argues that there is an epistemological priority to “the essence of what something is and how it comes about” in contrast to “the reason that (or why) something is,” and thus explanation requires the “what” and “how” of the phenomenon. This allows phenomenology to capture qualities of human experience rather than quantification of behavioural variables (Giorgi, 1971), and the essential uniqueness of participants rather than the identification of nomothetic patterns.

Ultimately, sciences search for a “truth” of some kind. However, given their different knowledge interests, different approaches of science utilize different concepts of “truth.” Mainstream quantitative psychology is interested in the statistical correlation of “facts,” and holds that “facts” represent something “objective” and independent of the subject and its subjective understanding. Existential phenomenology rejects the idea that there exist

objective facts independent of the subject and his/her consciousness. Objective facts are always present in relation to someone, a subject, who holds facts in consciousness and actively perceives them. Consciousness, on the other hand, always intends an object in the world. In this manner the concept of intentionality links subject and object in an ontological interrelationship:

The traditional dichotomization of subject and object, along with the attendant belief that the object can be apprehended by the observing researcher in all of its autonomous reality through the use of uncontaminated human perception, is untenable Both subjectivism and objectivism are viewed by human science researchers as myths (Salner, 1989, pp. 50-51).

As such, phenomenological research does not endorse mainstream psychology's use of the "correspondence theory of truth," which essentially refers to the relationship between a statement and a corresponding fact, or language descriptions and their accordance with an independent objective reality. This presupposes the existence of a structured world of "things" and "objects" which is outside, and independent of, the conscious subject, and which retains the possibility of objectively knowing it through the senses. Phenomenology argues that the world cannot be known outside the consciousness of the subjects who come to know it and, as such, the objects of the world and the subject meaningfully co-constitute each other. It makes the epistemological argument that facts do not exist without meaning, and that meaning provides the context for the truth value of facts. This is particularly relevant for a science which studies human beings, who have an intentional relationship with their world and consciously and meaningful interrelate with it. Human beings, who are the "objects" of study, are thus subjects being studied by subjects, both of whom meaningfully intend their "objective world." Human beings interpret their worlds and themselves (they are self-interpreting), and their actions are always bound up with beings-for-whom they are meaningful. Assuming that it is the intentional responses of participants (rather than determined reactions) that are examined (Giorgi, 1971), the goal for phenomenology is to grasp what these meanings are for their agents (Taylor, 1980). It is not interested in "facts" per se, but the meaning of those "facts" for the experiencing participant. By analysing the descriptions of a phenomenon, phenomenology seeks to achieve an understanding of the essential meaning of that phenomenon.

Utilizing a “coherence theory of truth,” phenomenology argues that truth depends on the consistency between the different meaningful statements describing the phenomenon. If a statement is in coherence with other statements in a system of statements, it is said to be true (Ernerstvedt, 1989). As such, different understandings and interpretations can come to a larger or smaller degree of fitting the meaning of the phenomenon, and it is a search for the most coherent meaning (from competing meanings) that is consistent with all of the constituents of the text (transcripts and protocols) of the phenomenon (Karlsson, 1989). Coherence also refers to the unity and internal consistency (non-contradiction within) of those meanings, their intelligibility, their comprehensiveness (completeness in incorporating the totality of the lived experience), and their relative credibility or plausibility. As a result, for a phenomenological researcher to be able to capture the meaning of the phenomenon, s/he cannot be neutral and detached. Rather than being viewed as an independent factor as in the natural sciences, the researcher must enter into a dialogue with the participants and the phenomenon in an attempt to descriptively and comprehensively capture, and gain a deeper understanding of, the fundamental coherent meanings of the phenomenon (Giorgi, 1971).

Hypothesis testing, which is only appropriate when directly studying “why” questions, and which requires stated causal (and deterministic) relationships between variables and statistical procedures for analysis, is not used in phenomenological research. This approach to research restricts one to the information one is seeking, and risks missing other relevant information regarding the phenomenon. It accounts for the phenomenon from a constructed perspective outside the experience of the phenomenon (e.g., the information-processing perspective in cognitive psychology), which forms the basis of the theory that is being tested and the hypotheses that are developed. Instead of emphasizing the possible correctness of a hypothesis, the phenomenological researcher (who is attempting to describe the phenomenon faithfully) strives to be as open as possible to the text in order to discover what it has to say, so that the analysis is done on the basis of the phenomenon itself as it is experientially lived. Husserl (1970) referred to this as going “back to the things themselves,” a going to the phenomenon itself and trying to discover what it has to reveal about itself. This requires what he referred to as *epoche* or *bracketing*: the process of setting aside one’s

presuppositions as much as possible and allowing the phenomenon to reveal itself in its “whatness”. As such, the researcher must become aware of his/her theories, assumptions, and presuppositions, so that they can be set aside when describing, analyzing, or understanding the phenomenon. The researcher’s bracketing is, of course, not complete in that s/he cannot help but bring to bear upon the phenomenon his/her culture, history, and language to some extent. Our existence as a being-in-the-world resists the idea that we can separate ourselves from the world, and identify our “prejudices” completely and bracket them. The Enlightenment conception of absolute truth, of transparency and certitude of methods, is rejected because researchers cannot render human life in purely objective terms (Gadamer, 1994). In fact, as Gadamer argues, language, history, and culture are necessary for the qualitative study of phenomena. However, the researcher is careful not to project any assumptions, presuppositions, and theories in describing, analyzing, or understanding the phenomenon. Through the disciplined phenomenological stance of bracketing, followed by an analysis and reflection upon the phenomenon, the essential structure or the most comprehensive invariant meanings of the phenomenon can be revealed, and this meaning structure replaces natural science’s cause-effect relationships as a research focus (Valle, King, & Halling, 1989). As such, the phenomenological researcher attempts to provide a definition of the phenomenon that is as open as possible, and does not approach the phenomenon with preconceived questions regarding particular variables.

In the natural sciences, the outlining of variables that are relevant for study, and the further operational definition of these variables according to set parameters, leads to a reduction of the phenomenon. The reduction is necessary and useful if one is to engage in hypothesis testing, but it is debilitating to a phenomenological approach. Such a reduction inevitably incurs a loss of richness and complexity of the phenomenon. It often leads to the singling out of elements of psychic life for study, abstracting them from lived experience, and then re-conceptualizing them by way of synthesis, leading to the loss of their natural holistic context (Karlsson, 1993). Psychological phenomena are not experienced as elemental variables, but are rather experienced in their holistic complexity, and this needs to be maintained in their study (Karlsson, 1993). The phenomenological approach remains

open to the holistic nature and the totality of meaning of the phenomenon as it is lived. As such, this approach can study the phenomenon of interpretation in psychotherapy without fragmenting it into its component aspects, thus fully grasping for its holistic “whatness.”

Qualitative Inquiry Within Psychotherapy Research

Utilizing the argument that the subject matter under study should determine methodology in research, the contemporary psychotherapy research climate is increasingly recognizing the importance of human science inquiry for psychotherapeutic phenomena and increasingly utilizing qualitative methodology in its studies. As Maione and Chenail (1999) put it, “qualitative researchers have begun to establish themselves as clear voices on the processes and outcomes of psychotherapy and on the stories of clients and therapists” (p. 77). Qualitative studies, which provide rich descriptions and explore specific therapeutic orientations, seem to be needed if psychotherapy research is to progress further (e.g., Elliott & Shapiro, 1992; Kleist & Gompertz, 1997; Maione & Chenail, 1999). Progress in psychotherapy research requires criteria which are the actual strengths of qualitative research, namely, criterion-based and theoretical sampling, pattern exploration, detailed descriptions and observations, an examination of process in context, a discovery-orientation, and direct clinical relevance (Elliott & Shapiro, 1992; Rennie, 2002; Rice & Greenberg, 1984; Stiles, 1993).

Rigour in research is defined in terms of selecting the important research questions and utilizing the methods appropriate to those questions (Messer & Woolfolk, 1998). Many researchers have argued that the hypothesis-testing and the frequency and aggregate orientation of quantitative methodologies is inappropriate and ineffective in studying the intricate and changing nature of complex processes such as therapeutic interactions (e.g., Mahrer, 1988; Messer & Woolfolk, 1998; Osborne, 1990; Rice & Greenberg, 1984). Quantitative approaches which require the control of variables, leading to the decontextualization of experience and reduction of meaning, cannot consider all the necessary therapeutic variables and their interrelationships, and thus inevitably tend to provide a simplistic picture which is inadequate for the task of examining and assessing therapeutic phenomena. Qualitative research, much more than quantitative research, is best

suited for such analyses because pattern discovery lies at the core of such inquiry (Rice & Greenberg, 1984). In fact, the word “qualitative” implies an emphasis on processes and meanings, which are not rigorously examined through quantitative analyses because they focus upon quantity, amount, intensity, duration, and frequency (Denzin & Lincoln, 1994). Furthermore, significant change events are both infrequent and highly complex and thus need to be studied closely and comprehensively when they are encountered (Elliott, 1984; Mahrer, 1988). Qualitative studies are best suited for studying such rare and complex events in context across time (Elliott & Shapiro, 1992; Moon, Dillon, & Sprenkle, 1990). Gazzola adds that quantitative studies cannot easily examine the actual intentions of the participants, which is essential for studies of interpretation. Thus studying the interactions and subtleties involved in tacit conceptualizations (based upon orientation) and interpretations, and the manner in which these provide the basis for and influence therapeutic practices, requires qualitative methods at least in addition to quantitative methods (Crits-Christoph, Barber, Baranackie, & Cooper, 1993; Mahrer, 1988; Maione & Chenail, 1999; Pogge & Dougher, 1992; Messer & Woolfolk, 1998). Besides, most, if not all, theories of psychotherapy are insufficiently axiomatic to lend themselves to hypothesis-testing altogether (Elliott & Shapiro, 1992; Mahrer, 1988).

Quantitative studies pose a further problem for studying the actual interpretive practices of therapists as they occur in therapy. Quantitative studies can only test hypotheses generated a-priori from an existing theory, and thus cannot help reveal the manner in which psychotherapy is actually being conducted by therapists to the extent that their practices differ from existing theories and manuals (Maione & Chenail, 1999). Discovery-based qualitative research is required which attempts to identify and describe what actually occurs in psychotherapy (Pogge & Dougher, 1992): “... the whole basis for designing discovery-oriented studies is the intention to learn more; to be surprised; to find out what one does not already expect, predict, or hypothesize” (Mahrer, 1988, p. 697). Finally, perhaps with the exclusion of cognitive-behavioural clinicians, the very nature of quantitative studies fail to speak meaningfully to the needs of practising clinicians (Hoshmand, 1989; Kiesler, 1994; Moon, Dillon, & Sprenkle, 1990; Pogge & Dougher, 1992; Rennie, 1994). As Gazzola

(2001, p. 60) put it,

for the clinician, it is not very useful to know that, for example, interpretations are associated with positive outcome. This information does not help clinicians in formulating moment-to-moment interventions with some knowledge with regard to what to expect in terms of client reaction.

The schism that has arguably been created between psychological research and psychotherapy practice can never be bridged if the research does not speak meaningfully to therapists (Moon, Dillon, & Sprenkle, 1990; Rennie, 1994). If psychotherapy research is going to construct such a bridge, the hypothesis-testing approach must be supplemented with data that consists of meaningfully vivid, dense, and rich descriptions in the natural language of the phenomenon under study (Polkinghorne, 1994). Qualitative methods are much closer to the life-world of the therapist in that they ask the same kinds questions that therapists are asking and explore these questions in ways that are clinically meaningful and can be utilized by therapists (Moon, Dillon, & Sprenkle, 1990). They are synonymous with the “‘case-by-case way of knowing’ central to most therapists’ everyday practice and understanding of therapy, clients, and themselves” (Maione & Chenail, 1999, p. 57). Based upon such arguments, Rice and Greenberg stated that “our conviction is that a new style of research paradigm is called for, one that will make use of intensive analysis for discovering the internal structure of the interactions of therapy ...” (1984, p. 8).

Rationale for a Phenomenological Study of Interpretation in Psychotherapy

There are a variety of human science or qualitative approaches to psychological research. However, the phenomenological method is arguably best suited for exploring interpretation as it presents/reveals itself as a dialogical phenomenon in psychotherapy. It is capable of conducting that exploration by studying the individual and intersubjective experiences of patients and therapists. Phenomenology is a philosophically and epistemologically grounded, systematic, well developed, and widely used methodology (e.g., Giorgi, 1970; Karlsson, 1993; Polkinghorne, 1989). It is a descriptive, qualitative, and reflective approach which analyzes the implicit meanings that characterize a phenomenon, and seeks the interrelationships between these meanings in the form of a meaning structure. Notably, there are other plausible and well established qualitative approaches to studying

interpretation in psychotherapy, including Elliott's (e.g., 1984; 1986) interpersonal process recall approach and comprehensive process analysis approach (e.g., 1992), Mahrer's (e.g., 1988; 1996) discovery-oriented approach, and Rennie's (e.g., 2002) grounded theory approach. However, these methods capture different aspects of a phenomenon in comparison to the phenomenological approach.

Elliott's approaches access the experience of the patient and therapist, but are much more focussed upon a structured analysis of the in-session significant process events and do not provide a way of analyzing the session itself in addition to the experiencing of the individuals in it. The current study, in its aim of accessing the experience of the individuals as well as the dialogue between them, is interested in this intersubjective dimension of experience and its meaning for the participants. Mahrer's approach is focussed upon discovering significant in-session moments identified by a team of judges. As such, it does not explicate the meaning of the experience of a particular phenomenon as it reveals itself in a session, which is the interest of the current study. Rennie's approach comes closer to fulfilling the purposes of this dissertation. However its method of analysis would break down the session into semantic units and removes these units from the session transcript to thematize and categorize them, which does not allow for the necessary *interweaving* that is part of the procedure of this study. The current study was interested in the individual and intersubjective dimensions of the experience of interpretation, which is believed to be foundational to interpretation as a dialogical phenomenon. These can only be accessed by studying the session itself as well as the individual experiences of the therapist and patient, and then being able to clearly interweave them at equivalent points in the session, a process which is described in greater detail in the procedure section.

V. METHODOLOGY

“... the value of phenomenology lies in its effort to recover humanity itself, beneath any objectivist schema” (Lyotard, 1986, p. 136).

Given its foundation in a qualitative phenomenological paradigm, this study examined the phenomenon of interpretation as it presented itself in actual psychotherapy sessions. Presented below are the definition of interpretation and a detailed list of its characteristics which were used to identify interpretive segments in the sessions, a description of and rationale for the data sources, a detailed account of the procedure used in the study and the method of data analysis, and a discussion of issues of validity and reliability in phenomenological research. But first, the study's three central research questions are presented below.

Research Questions

1. What is the phenomenon of interpretation in psychotherapy? How does it emerge and reveal itself through psychotherapy sessions? Based upon the phenomenological method, these questions will be addressed specifically as follows:
 - A. How do the patient and therapist meaningfully express their experience of the interpretive dialogue?
 - B. What does their dialogue meaningfully reveal regarding interpretation and how does it emerge?
 - C. What is the general or common way in which the above questions can be answered across sessions, particularly given their varied therapeutic orientations?
2. Within and across the orientations, how does interpretation come about in the therapeutic process, as it is revealed by asking the patient and therapist regarding their experience of the process and as it is revealed by analysing their dialogue on the therapy tapes?
 - A. How do interpretations emerge and how are they delivered?
 - B. How can the interaction between the patient and therapist be characterized during interpretive segments?
 - C. What precedes and follows the interpretations for the patient and therapist?
3. Can different types of interpretation be revealed within and across the orientations?

A Delineation and Definition of “Interpretation”

Previous qualitative studies have either struggled to define the phenomenon of

interpretation or have avoided its definition altogether. Inspired by Ricoeur, Kelly (1994) suggested that we must distinguish between “communicative dialogue” and “interpretative dialogue” in psychotherapy. Communicative dialogue refers to the exchange and clarification of intended meanings which are already present in some form. It also refers to the exploration and explication of implicit meanings. Interpretative dialogue, on the other hand, reckons with the level of the not-yet-fully intelligible. Claiborn (1982) and Spiegel and Hill (1989) have argued that one of the major methodological flaws in the study of interpretation has been the inconsistency in definition. Definitions have not only been variable, but also have been overly inclusive of other response modes, and as such have reduced the contribution of these studies. Spiegel and Hill (1989) write that “there is no single definition of interpretation that is accepted across or even within theoretical orientations” (1989, p. 122). To resolve this dilemma, they recommend the use of a pan-theoretical and generic definitions which, while losing some of the richness and complexity when compared with theory-specific definitions, they allow one to make comparisons within and across different theoretical orientations. Such comparability across theoretical systems is necessary if researchers are to gain a greater understanding of interpretation in general. Gazzola (2001) argues that proper research of interpretation in different orientations requires a common definition, which implies identifying the common elements of interpretation. Clark (1995) outlines these essential elements of interpretation, across orientations, as: the introduction of a new and discrepant frame of reference and alternative perspective that goes beyond a patient’s awareness, the use of a theoretical foundation to make inferences and provide a coherent framework, explaining (as opposed to describing) the patient’s behaviour and experience, and changing the patient’s frame of reference in a therapeutic direction towards new and coherent meaning. There are a variety of pan-theoretical response mode systems or taxonomies currently used, and some provide direct definitions of interpretation (Elliott, Hill, Stiles, Friedlander, Mahrer, & Margison, 2001).

The current study drew upon the literature of generally accepted pan-theoretical definitions of interpretation (Elliott, 1985; Hill, 1978; Goodman & Dooley, 1976; Kelly, 1994; Ricoeur, 1974; Spiegel & Hill, 1989; Spooner & Stone, 1977; Stiles, 1979; Stiles,

Shapiro, & Firth-Cozens, 1989), as well as Clark's (1995) suggestions and phenomenological hermeneutic theory, all of which are intended to be inclusive of most theoretical orientations. The pan-theoretical definitions of interpretation that were most influential for the current study's definition are listed in Appendix A. The following characteristics provide a definition of interpretation in psychotherapy, which will be accepted for the purposes of identifying its occurrence in the session transcripts. In remaining true to the suggested dialogical nature of interpretation, all of the following characteristics are expected to involve both the patient and therapist to some degree.

1. *Struggle with Unintelligible Meanings:* Understanding is arguably an essential part of interpretation, and as a synthetic act it makes implicit meanings explicit, brings to light their new variations, and meaningfully interrelates experiencing that has not been symbolized. However, when it is insufficient to make sense of dense and unaccounted for meanings, interpretation is required. Interpretation involves unfolding, explicating, and grasping those meanings that cannot be sufficiently grasped through basic understanding, and are thus not yet intelligible. Thus, the presence of interpretation must involve a clear struggle for the meaning of an aspect of the patient's life-world, meaning that has insufficiently been accounted for by other means including understanding. As Levy (1963) put it, "... interpretation occurs whenever a new or different frame of reference, or language, is brought to bear upon some problem or event ... [it is] engaged in whenever a state exists that seems refractory to other efforts at mitigation or understanding" (pp. 5 & 7). Such a search can be conducted primarily by the patient, primarily by the therapist, or both during the session.
2. *Creation of Novel and Meaningful Associations:* Interpretation goes beyond what the therapist and/or patient have recognized and understood, establishing connections between seemingly isolated statements, themes, patterns, causal relationships, or events and providing alternative meanings for this material. As such, it brings together experiences, thoughts, and feelings which were not previously associated or that were not formally related or connected. Thus, the presence of interpretation must involve the establishment of connections between seemingly isolated aspects of the patient's life-world and/or functioning, as well as the provision of meanings for this material through these connections.
3. *Provision of Alternative Meanings:* The provision of meanings in interpretation is of a specific kind. The presence of interpretation requires that it provide alternative meanings which emerge for the patient and/or therapist as a different point of view, throws new light on previous meanings, and/or leads to an understanding of previously undisclosed meanings.
4. *Intention to Promote Novel Insight:* Interpretation also always requires the

interpreters' intentions to actually be defined as interpretation. A hallmark characteristic of interpretation is the intention to promote insight, in that the intention of the patient and/or the therapist is to explain the patient's life-world with the purpose of conveying new information and providing a new perspective. Thus the presence of interpretation requires the clear presence of an intention to promote a novel insight and an alternative perspective, whether this takes the form of an explanation or a conveyance of new information.

5. *Drawing Upon an External Frame of Reference:* Finally, interpretation always draws upon the therapist's and/or patient's information and material (i.e., frame of reference and/or theoretical orientation), which is external to the session based upon their specific perspective. Thus the presence of interpretation requires the interpreter to utilize his/her frame of reference and draw into the session material which is external to the session given the immediate nature of the session's conversation/dialogue. This material is drawn in to help the patient and/or therapist to better understand or explain a particular aspect of the patient's life-world.

As can be seen above, the current study remained open to interpretations provided not only by the therapist but also by the patient regarding him/herself, which could potentially be highly relevant and may occur in the context of therapy.

A potential distinction can be made between the necessary involvement of subtle interpretation in psychotherapy in general and overt interpretative acts. Based upon phenomenological hermeneutic theory, the phenomenon of interpretation can be seen as representing a continuum, with very subtle shifts in meaning lying at one extreme and overt and directive interpretive acts lying at the other. In between those extremes, there are many subtle levels of the involvement of interpretation. These various potential forms of interpretation, all of which exist along the continuum of interpretation, will be identified in the therapy tapes.

The above discussion provides us with inclusion criteria to identify interpretations. However, providing exclusion criteria also aids in the process of distinguishing a phenomenon. Towards that end, Appendix B lists Hill's (1986) well established, validated, reliable, and concise list of pan-theoretical therapist responses. These are provided as contrasts to interpretation to help in identifying its instances. It is also important to note that the above discussion is intended to provide characteristics which are inclusive of at least most definitions of interpretation. The authors quoted above all intended their definitions to be "pan-theoretical" and all inclusive. However, the current study recognizes that there may

be some therapeutic orientations which would not feel represented by that definition. Some may feel that it is too broad, while others may feel that it is too narrow. As mentioned above, that is the limitation of providing a general definition, but it is also the strength in that it allows us to study interpretation across different theoretical orientations.

The Sources of and Rationale for the Data

If one is to study clinical phenomena, such as interpretation as a dialogical phenomenon, one must find ways of gaining direct access to the manifestation of the phenomenon in psychotherapy. Towards that end, psychotherapy researchers have utilized transcripts of the audio or video-recorded sessions of therapists, and have conducted interviews with therapists and patients (e.g., Elliott, 1984; Fessler, 1978; Hill, 2001; Kelly, 1994; Murray, 1991; Rennie, 2002). The sources of data for this study were transcripts of audiotaped psychotherapy sessions having been conducted by experienced therapists from different orientations. Videotaped sessions, although richer, were not readily available through the participants in the study. Since more interpretations seem to occur in the final portions of sessions and treatments (Hill, Carter, & O'Farrell, 1983; O'Farrell, Hill, & Patton, 1986), the sessions that were sought were mid to late sessions in the therapeutic process. While recognizing that the quality of even registered psychologists is variable, and the fact that many excellent therapists may not be registered psychologists, presuming that registered psychologists are of a standardized and widely recognized quality was felt to be a safe assumption. Thus the therapists that were sought were registered psychologists with at least 5 years of post-doctoral experience. The quality of the interpretations found in the sessions can be variably evaluated according to the various orientations (Pogge & Dougher, 1992). Guidelines can be broad and difficult to universally identify. However, the quality of the interpretations presented in the sessions was not at issue as long as they fit the provided definition or were identified by the therapist or patient as interpretations. So called "poor" interpretations could potentially be as informative as "good ones" regarding the phenomenon, and there is no *a priori* basis to assume otherwise.

As has been previously argued, the theoretical orientation of therapists guides the manner in which interpretation is conducted in psychotherapy. However, the role which

theoretical orientation may play has not been sufficiently accounted for in most previous studies. In an attempt to remedy this situation, the current study recruited therapists who were self-identified as being from different orientations in an attempt to capture phenomenon more widely and representatively than in previous studies. These therapists were not intended to be representatives of those orientation, but were rather included so that there is diversity and variability in examined interpretations. The selection of experienced therapists from various orientations can be viewed as theoretical (or criterion-based) sampling. The theoretical sampling that was involved in selecting particular orientations, as recommended by Rice and Greenberg (1984), allows the researcher to study the acts of psychotherapists while considering and taking into account the potential influence which the therapist's orientation might play in the manner in which those acts are conducted. In an attempt to be as diverse as possible, and to be inclusive of the three major orientations in psychotherapy, the three therapists that were recruited were self-identified as primarily from the psychodynamic, humanistic/existential, and cognitive-behavioural orientations. However, as is reflective of contemporary developments in the field of psychotherapy, none of these therapists identified themselves as "purely" from those orientations.

As argued by Hill et al. (1988), psychotherapy researchers need to obtain data from the perspectives of the therapist, the patient, and the observer, as these result in marked differences and provide much richer data sets. From a phenomenological perspective, gathering data through interviews with the patient and therapist are essential to access their experience of the phenomenon. Thus, in addition to gathering data in the form of session transcripts, this study conducted interviews regarding those sessions with the therapists and patients present in those sessions. Gale (1991) argued that qualitative psychotherapy research requires the theoretical orientation of the clinical work to be clearly defined, as well as the availability of detailed contexts regarding the clinical cases which are examined. Thus an abbreviated case history was also gathered from the therapists and patients to contextual the sessions.

The Procedure of the Study

The following steps were followed in gathering the data for this phenomenological

study:

1. Three experienced therapists were approached regarding their participation, and they were asked to identify and attempt to recruit a patient who would be interested in participation (recruitment and consent forms can be found in Appendix C). These therapists were self-identified as primarily following psychodynamic, humanistic/existential, and cognitive-behavioural theoretical orientations. Once recruited, the patient-therapist pair was asked to audiotape one of their psychotherapy sessions at the mid to late therapy stage. The sessions were then transcribed for the purposes of analysis, drawing upon the transcription guidelines presented by Mergenthaler and Stinson (1992). The pair was also asked to complete the Client Biography Form, which provided the researcher with an abbreviated patient and case history (the typed complete forms for each patient-therapist pair is included in Appendix D, presented in the order in which participants were recruited).
2. Segments of interpretation within the session were identified by the researcher, while keeping the session as a whole in mind, based upon the definition of interpretation presented in the above *A Delineation and Definition of "Interpretation"* section. These segments were identified by examining them in light of each of the criteria presented in that section, and this identification process was aided by Hill's exclusion criteria (Appendix B). For the purpose of additional verification, the researcher and his dissertation supervisor discussed the identification of these segments and reached eventual consensus.
3. The researcher then interviewed the patient and therapist separately by walking through the tape with them and stopping the tape at significant points. The interviews were aimed at exploring and clarifying the intended meanings of the interpretive dialogues as experienced by the patient and therapist. These interviews were intended to further enrich, illuminate, and amplify the taped data, as well as potentially provide new data from the perspectives of the patient and the therapist⁷. The tape was stopped for two different reasons for the purposes of interview. First, it was stopped to interview the patient or therapist regarding the interpretive segments that had previously been identified by the researcher. Secondly, it was stopped to interview the patient or the therapist regarding the instances of interpretation which s/he identified as interpretation, to allow them the opportunity to respond to what they see as relevant to the investigated phenomenon. Whenever an instance was identified, the tape was stopped, rewound for a few minutes to provide preceding context, and replayed past the instance of interest to provide succeeding context (providing a

⁷ Levy (1963) argues that many interpretations are not communicated to the patient, but rather are only used by the therapist to make sense of the patient. Their "... function is to help the therapist make sense out of the material presented to him by the patient, to serve as a guide in his work with the patient ..." (p. 248). Instances of interpretation not communicated directly to the patient, and thus not directly identifiable to the researchers, were not compatible with the formal definition of interpretation used in the study. However, the study remained open to secondary explorations of interpretations that occurred for the therapist but not explicitly given to the patient, which would emerge through the interview stage of the study.

sense of temporality to the instance). Then the therapist or patient was interviewed regarding that instance. The interviews were recorded and transcribed in full, drawing upon the transcription guidelines presented by Mergenthaler and Stinson (1992).

- A. The phenomenological interview is inherently open-ended and (at most) semi-structured. In staying true to its discovery-oriented foundations, it does not pre-structure the interview beyond identifying meanings or themes for elaboration and/or clarification (Karlsson, 1993; Polkinghorne, 1989). This style of non-directive questioning, guided by general questions to encourage comment, allows phenomenological researchers to remain as close as possible to the participant's concrete lived experience (Kvale, 1983). Appendix E provides some idea regarding the types of questions that were asked to open up conversation regarding the phenomenon of interpretation. They were formulated in an open-ended manner to remain as close as possible to the participants' lived experiences.
 - B. Elliott's (1984; 1986) Interpersonal Process Recall method is an interesting method of studying the subjective meaning and impact of events in psychotherapy from the perspectives of the patient and therapist. However, its approach of utilizing a "schedule of questions" is not phenomenological because it is too focussed on the researcher's agenda and does not remain close enough to concrete lived experience. However, the researcher in this study kept some of its fundamental ideas in mind (e.g., the ideas of preceding and succeeding context) when interviewing.
4. At this point in the study, there were three sources of data available to the researcher from each patient-therapist pair. The first was the transcript of the session, the second was the transcript of the therapist interview regarding the session, and the third was the transcript of the client interview regarding the session. These three transcripts were analyzed phenomenologically by the researcher, with the training and aid provided by his dissertation supervisor.

Data Analysis: Using a Phenomenological Method

Giorgi (1975; 1985) systematized the phenomenological method of both Husserl and Merleau-Ponty into a phenomenological psychological method of analysis, which is consistent with traditional philosophical phenomenology but is adapted to suit psychological research. As an empirical phenomenological study, an essential process in this dissertation's data analysis involves initially *bracketing* all theory as much as possible to allow the phenomenon of interpretation to reveal itself as it presents itself in psychotherapy. After precise transcription of each therapy and interview tape, the phenomenological method utilizes the following four essential steps as outlined by Giorgi (1985) to qualitatively

analyse the transcripts (see Diagram 1).

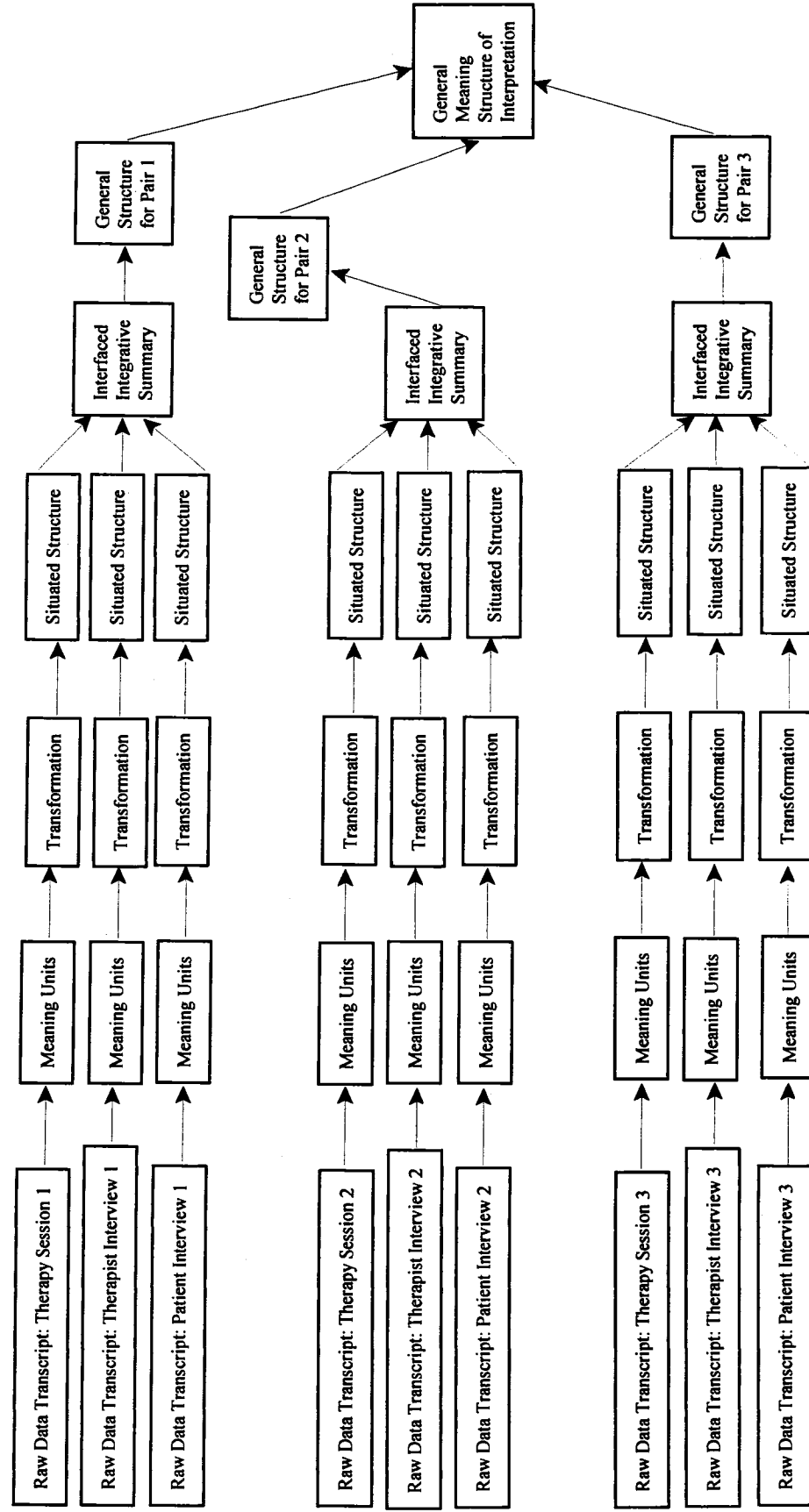
Insert Diagram 1 here

The first step involves reading the entire transcript a number of times in order to achieve a *General Sense of the Whole*. This process is repeated until the researcher feels s/he has a good understanding of what was being expressed in the data for each session. The intention in this step is to familiarize oneself with the session so that the next steps can be conducted more easily and fruitfully.

The second step involves *Discrimination of Meaning Units Within a Psychological Perspective Focussed on the Phenomenon Being Researched*. All human phenomena are highly complex and rich with various layers of meaning and significance, and require the researcher to approach them with a particular perspective and focus. Since our interest is in the phenomenon of interpretation, the transcripts were broken up into *meaning units* using the focuses of being interested in psychological phenomena in general and interpretation in particular. Meaning units are based upon meaningful shifts, noted directly in the text, which allow us to manageably analyze the text. They are spontaneously perceived discriminations within the data emerging when the researcher adopts the above mentioned focuses. The meaning unit discriminations were noted directly on the data whenever the researcher became aware of a shift or change in the meaning that appeared to be psychologically sensitive, thus breaking up the data. Before the breaking of the transcript into meaning units, it is simply present as a continuous text. After the discrimination of the meaning units, the text is literally broken into paragraphs representing each of the meaning units. The purpose of this process is to help facilitate the next step in the analysis.

As previously argued, a dialogue is a meeting of two worlds of experience, and as an event its structure supersedes the experience of each specific party. The discrimination of meaning units in the analysis of the therapy session transcripts attempted to remain faithful to the dialogical nature of the phenomenon. As such, the present study did not follow Giorgi's more classical phenomenological approach, which would have likely delineated a shift in meaning whenever there was a shift in the dialogue from one party to the other. The

Diagram 1. The Methodological Steps of the Study



researcher broke down the actual therapeutic dialogues into discrete meaning units from their naturally occurring therapeutic structures. Thus the patient and therapist statements in the session were not kept separate, but rather were included in the meaning unit if they represented a meaningfully continuity. As a result, both patient and therapist statements were often present within a single meaning unit.

As the third step, the *Transformation of Subject's Everyday Expressions into Psychological Language with Emphasis on the Phenomenon Being Investigated* involves elucidating the essential aspects of the meaning unit in light of the themes of interest, namely its psychological meaning and relevance to interpretation. It is a transformation from the participant's concrete expressions into psychological language that is as descriptive and atheoretical as possible. This is done in order to make explicit the psychological meanings implicit in the life-world of the participants. The transformation is not a translation into abstract psychological terms associated with particular psychological perspectives, but rather it is a jargon free transformation into a common sense language enlightened by a phenomenological perspective. This process eliminates repetitions and redundancies, while maintaining the essential sense and context of the meaning. The reflective phenomenological stance that is used to come to that transformation is a *disciplined reflection* that involves *bracketing* one's own theoretical and personal preconceptions as much as possible, in order to be open to the essential meaning of the experience provided by the participants. Ultimately, it is faithfulness and fidelity to the phenomenon itself, the meaning of it for the participants who experienced it, which prevents the researcher from tangentially distorting or adding his/her biases to the data (this is elaborated further in the *Issues of Reliability and Validity* section below). This, of course, required training which the researcher received from his dissertation supervisor. Through this disciplined phenomenological stance, followed by an analysis and reflection upon the phenomenon, the essential structure or the most comprehensive invariant meanings of the phenomenon can be revealed (Valle, King, & Halling, 1989).

The process of transformation involves entering into a dialogical relationship with the text of the meaning units, going into them to grasp their meanings as lived, and then withdrawing to reflect upon them. The process of *imaginative variation* also facilitates the

emergence of essential features of the phenomenon. It involves exploring the limits of each unit's meaning by varying its constituents and themes (both temporal and spatial). Thus, through these processes, the researcher asked what is truly essential about each meaning unit with respect to the psychological phenomenon of interpretation. At the end of this step the previously presented meaning units, each of which had its own section and represented a break in the text, was transformed. As such, a smaller and more focussed sections was written beside each meaning unit representing its transformed form. If one pictures a table, its first column contained the original transcript broken up according to the delineated meaning units, and its second and third columns contained each transformed meaning unit beside each original meaning unit (a sample of these tables is provided in Appendix F).

Finally, in the *Synthesis of Transformed Meaning Units into a Consistent Statement of the Structure of the Phenomenon*, the meaning units of each transcript and their interrelationships were described in the form of a dialogical situated structure. This is a synthetic process, different from induction or generalization, which requires an intuitive "grasping" of the whole in order for the constituents to be understood. It involves a synthesizing and integrating of the insights contained in all of the transformed meaning units into a consistent description of the psychological structure of the phenomenon. Merleau-Ponty (1962) described these psychological structures as a network of relations that define how an event is lived. They articulate the most fundamental organization of the experience and the relation between the parts of the experience. While engaging in this process, the researcher returned to the original untransformed data to further verify the transformed meaning units. This step was conducted for each session and interview transcript, and each of these structures is presented in the *Results* section below. In an effort to draw a parallels which would help introduce qualitative analysis to the quantitative community, Pogge and Dougher (1992, p. 253) write that

conventional statistical analysis is clearly not conducive to achieving this goal because it reduces experiential meaning to numbers that in principle cannot capture the essence of the impressions. Thus, although the logic of this data distillation procedure is not unlike that which conceptually underlies factor analysis, namely, to reduce the data pool to its essential elements, the procedure is based on condensation of meanings rather than quantification of statistical associations.

The *Specific Description of the Situated Structure* of each transcript was developed, resulting in three different structures for each patient-therapist pair: the therapy session, the interview with the patient, and the interview with the therapist. Ultimately, these three structures served as a means of reaching a dialogically integrated formulation of the phenomenon of interpretation for each patient-therapist pair. The three structures, representing the individual experiences of the session and their dialogical dimensions, were first interfaced or interweaved. This process involved taking the parts of the structures which meaningfully referred to the same point of therapy, from the session and the interviews, and bringing them together in a meaningful manner in an *integrative summary*. The meaning structure of the experiences of both individuals, along with the corresponding dialogue, was thus integrated, a process not conducted in previous studies. Such a process allowed the researcher, in the next step, to include in the analysis the intersubjective and dialogical dimensions as well as the individual dimensions of experience regarding the phenomenon of interpretation. It was originally thought that this process of interweaving could be conducted at the level of the meaning units. This, however, proved to be untenable. The researcher found that the amount of content within the interviews regarding specific parts of the session, when integrated into the session itself, fragmented the flow of the session and made it very difficult to analyze as a coherent whole. As is the tradition in qualitative research, he thus modified the method slightly. It was felt that the modification did not significantly affect the analytic process.

After the interweaving process, the integrated summary of the three situated structures of the interviews and the session was analyzed. This allowed the researcher to achieve a *Description of the General Structure* of interpretation for each patient-therapist pair. It involved the articulation of a general psychological structure of the phenomenon of interpretation by comparing and reflecting upon the three situated meaning structures of the sessions. More specifically, this involved reading the situated structures with the aim of identifying those features which transcend the individual presentations and manifest at a more general meaningful level. This allowed the researcher to formulate a general description of the phenomenon of interpretation for each patient-therapist pair by integrating what is essential from the three situated structures, while eliminating redundancy and

unnecessary detail. These structures are presented below in the *Results* section.

Three general structures of interpretation from each patient-therapist pair were the result of the previous stage of analysis. A final *Description of the General Structure* of interpretation was then developed by analysing across these three general structures in a search for common themes. Wertz (1987) argues that general insights may not have been made explicit in the previous stages, and need to be found when examining all of the cases. Thus the process of formulating this general structure was more than simple cross-checking of converging statements, but rather was a reflective penetration of implicit commonalities which required a movement between the original descriptions and transformed descriptions. This analysis was conducted across the structures of the data sources to explore and discover any potential commonalities in their style, pattern, and process of interpretation. The previous meaning structures were carefully examined for similarities across them, determined by returning to the original situated structures, and even to the meaning units within all of the situated structures (and to their original transcripts). This final analysis produced a coherent common structure of the style, pattern, and process of interpretation in psychotherapy as exemplified by therapists of various orientations, as well as identifying their specific variations. This final general structure is also presented below in the *Results* section.

Issues of Validity and Reliability in the Phenomenological Study

The concepts of validity and reliability are as fundamental to qualitative research as they are to quantitative research, as they assure the quality of any scientific endeavour and guarantees that it adequately fulfills its intended purposes. Broadly speaking, validity can be defined as a question of whether a method investigates what it is intended to investigate, and reliability can be defined as a question of whether its results of investigation are consistent (Kvale, 1989). The radically different intentions and epistemological foundations of qualitative research demands that these concepts be reconceptualized in a manner that is relevant and applicable (Denzin & Lincoln, 1994), for they depend on *what* one intends on validating and making reliable. How something is validated and whether it is made reliable depends on the conception of the reality of the social world investigated, and, as such, they are paradigm-related (Kvale, 1989). As Salner put it,

discussion of the validity [and reliability] of human science research must proceed from within the context of the epistemological assumptions that human science researchers make about their domain and about inquiry into it. Failure to do so forces the discussion into the procrustean bed of empirical definition and distorts the purpose of human science research. It also obfuscates aspects of human science research procedures that are essential to the evaluation of its validity (1989, p. 49).

Empirical phenomenological researchers utilize the following criteria to address the quality of their research (e.g., Giorgi, 1983; Giorgi, 1987; Ernerstvedt, 1989; Karlsson, 1993; Kvale, 1989; Polkinghorne, 1989; Salner, 1989; Valle, King, & Halling, 1989; Werz, 1984). These criteria assure that the researcher stays true to the data and allows the data to reveal itself through his/her analysis.

1. *Fidelity*: to assure the validity of the situated and general structures that represent the final steps in phenomenological analysis, phenomenology argues that these structures must remain representative of the phenomenon as it is present in the original transcripts. Phenomenological data is presented in a table format which shows the original transcribed data, its breakdown into meaning units, its transformation into psychological language with emphasis on the phenomenon, and its final integration into a situated structure and a general structure. This data can easily be examined to assure the quality of its fidelity. As such, fidelity aims at the most accurate understanding of the experiences and events taking place in the described situation. This requires that the process of bracketing, and the open and pre-suppositionless stance that is characteristic of phenomenological research, be followed. The criterion of fidelity implies that the general structure must capture the essence of the phenomenon as it is manifested in the raw data of the transcripts. To the extent that the general structure, upon re-examination, clearly and comprehensively captures the phenomenon across its different representations, then it can claim a phenomenological sense of validity.
2. *Faithfulness*: issues of validity and reliability are always interrelated in research. As such, fidelity and faithfulness are closely interrelated. Reliability of the situated and general structures allows them to consistently describe the phenomenon, thus achieving fidelity. To be able to achieve such reliable results, the phenomenological researcher must remain faithful to the original transcribed data at every level of meaning-transformation, including breakdown into meaning units, transformation into psychological language with emphasis on the phenomenon, and integration into a situated and general structure. This is achieved by constantly checking, at every step, whether the transformation accurately describes the data from the previous step as well as the original untransformed data. To the extent that the general structure, upon re-examination, is capable of consistently describing the phenomenon across its different representations, it can claim a phenomenological sense of reliability.
3. *Generalizability*: the concept of generalizability is reconceptualized in

phenomenological research. Within this paradigm, it refers to the general structure which interrelates the consistent commonalities found within the situated structures of the sample phenomena. The general structure, if developed appropriately through analysis, represents a relatively stable articulation of the phenomenon's constituents and typical variations, and thus should meaningfully be capable helping us to generally understand that particular phenomenon beyond the sample.

4. *Coherence of the Situated and General Structures*: as mentioned above, phenomenological research utilizes the "coherence theory of truth", which argues that truth depends on the consistency between different statements describing the phenomenon. If a statement is in coherence with other statements in a system of statements, it is said to be true. Different understandings and interpretations can come to a larger or smaller degree of fitting the meaning of the phenomenon. Coherence involves a search for the most logical meaning (from competing meanings) that is consistent with all of the constituents of the text (session and interview transcripts) of the phenomenon. It also refers to the unity and internal consistency (non-contradiction within) of those meanings, their intelligibility, their comprehensiveness (completeness in incorporating the totality), and their relative credibility or plausibility. In other words, all of the transformed meanings of the meaning units have to fit in well with the meanings of the other meaning units in a coherent and consistent manner, for both the situated and general structures. This coherence assures the adequacy of the researcher's understanding of these structures.

The issue of reliability in qualitative research also emerges in the debate regarding the number of "raters" or "coders" required to analyze the data. Some researchers (e.g., Hill, Thompson, & Williams, 1997; Mahrer, 1988) advocate the use of multiple raters during the actual analysis process, requiring the consensus of these raters before a unit of text is coded or analyzed. Others (e.g., Thompson, McCaughan, Cullum, Sheldon, & Raynor, 2004) argue for the use of statistical correlation to measure and correct for inter-coder reliability after each rater (or group of raters) complete their analysis. However, other qualitative researchers (e.g., Elliott & Shapiro, 1992; Giorgi, 1985; Rennie, 1992) suggest that the primary researcher can conduct the analysis, and does not require consensus or inter-rater reliability. Rennie (1992) argues that group analysis is neither necessary nor sufficient to enhance the groundedness or comprehensiveness of a qualitative study, as groups are equally influenced by the framework they bring to the research. In fact, Stiles (1997) critiques the consensus approach to qualitative research by arguing that idiosyncrasy may be enhanced and amplified by the group process through an accumulation of bias. Phenomenological researchers would argue that the core meanings of the phenomenon are so essential that they are bound to

emerge with *adequate* analysis, particularly when the analysis is conducted across situated structures to achieve the general structure. Giorgi (1989; in Rennie, 1992) argues that the primary investigator of a phenomenon develops such in-depth expertise that s/he is best suited to understand and analyse it. Furthermore, the phenomenological analytic method is not designed for multiple coders, for it expects the researcher to proceed so carefully that it is highly unlikely to miss an essential meaning. As such, reliability checks and consensus are seen as redundant, unnecessary, and potentially disruptive to phenomenological research. However, two phenomenological researchers, working together and analysing the material through a dialogue, may deepen the phenomenon under study (e.g., Geraets, 2001). In the present study, given the researcher's level of training, adequacy of analysis was verified by the researcher's dissertation supervisor.

VI. RESULTS

“Is the art of interpretation really anything more than the appropriate tilting of some data so that, for the patient, it can better catch the light?” (Hammer, 1968, p. 3).

Phenomenological data analysis, and qualitative data analysis in general, is arduous and highly detailed work. The inclusion of the data for each of the steps described in the *Methodology* section would be cumbersome for the reader and would dramatically lengthen the dissertation. As such, the results of the phenomenological study presented below only includes the meaning structures, which represent the final steps of the data analysis. However, a sample meaning unit analysis for one interpretive segment from each of the sessions is included in Appendix F for the benefit of the reader, and all of the data transcripts and analyses are available upon request.

Following the logical sequence of analysis, this section will first present the Situated Meaning Structures of the session and the two interviews for each patient-therapist pair. It will then present the General Meaning Structure for the patient-therapist pairs. This general structure integrates the situated structures, capturing the subjective and intersubjective dimensions of interpretation as it presents itself in the sessions⁸. Finally, this section will present the General Meaning Structure of Interpretation, derived from the three General Meaning Structures of the patient-therapist pairs. This final structure will present the thematic commonalities and variations of the phenomenon of interpretation as presented by all the data.

In presenting the results, the following codes were used to identify the participants and sessions: P = Patient, T = Therapist, R = Researcher, and S = Session. The subscript corresponds to the specific participants and sessions, numbered according to the order in which they were recruited. The acronym “Int.” is used to refer to the interpretive segment within the session which contains the interpretation or interpretations that are being discussed, and as such is followed by a number which corresponds to the interpretive segments in the sessions. When several interrelated interpretations were present within a

⁸ The integrative summary steps were not included in the dissertation, as they represent an intermediate step between the three situated structures and the general structure for each patient-therapist pair. As such, they would have redundantly presented the data from the situated and general structures. They are available upon request.

segment, they were indicated sequentially by a letter following the segment number.

However, such fine distinctions required an integration of the situated structures (i.e., the session material as well as the intentions of the therapist and patient), and as such were only made at the level of the general structure for each pair.

Meaning Structures for the First Participant Pair

The self-identified orientation of T_1 is psychodynamic (with systemic influences), and the identified difficulty of P_1 is her struggle with multiple personalities and childhood abuse, although she is aware of these personalities and has begun the process of integration. The meaning structures for the first participant pair follow.

Situated Meaning Structure of the Interpretations in Therapy Session 1 (S_1)

P_1 discloses tearfully her emotionally terrible, painful, and confusing 2 weeks prior to the session, which frustrated her and constrained her ability to accomplish important tasks. She particularly refers to having read an Old Testament story (II Samuel, Ch. 12, V. 1-25; see Appendix G) which presented for her a very angry and vengeful God who demands obedience. Through the Lydia personality, she identifies with the story and feels severe anger, distress, and astonishment regarding what she understood as God's love being conditional upon obedience, and that disobedience could lead to severe punishment. P_1 feels trapped in rejecting the concept of such a retributive God which strongly contradicts her own conception of Him, while simultaneously experiencing fear that God could similarly punish her for her misconduct.

During his first interpretations (Int. 1), T_1 identifies a recent tendency wherein P_1 tends to interpret biblical accounts literally, and interpretively links this childish literal mentality to the surfacing of her Baby personality in particular, as the Lydia personality emerges with her as her protector. He interprets P_1 's lack of symbolic and metaphorical interpretation as due to the prominence of her Baby personality, as a more symbolic and metaphorical interpretation would have been more in tune with her previously identified and mature understanding of God as one of love as opposed to vengeance. T_1 interprets P_1 's beliefs as resulting from the distorted understanding of God she had developed due to her current psychological state, and he validates them given that state.

In response to T_1 's interpretations (Int. 1), P_1 confirms the presence of her unrealistic

childlike space (represented by The Baby personality), but states that she is unaware of the different personalities when they manifest themselves. As such, she was unable to make sense of her understanding of God as vengeful as it indeed does not accord with her usual view of Him, and the anger she experienced via Lydia further blinded her. However, despite her ability to recognize her psychological state, it is clear that P_1 continues to be trapped in it. She continues to express anger towards God, and she desperately and insistently pleads with T_1 to help her out of her childlike state of despair and turmoil for fear that she will otherwise experience more dire difficulties and possible self-injuries.

In his second interpretation (Int. 2), T_1 further explains the emergence of P_1 's Baby personality in view of recent major and dramatic changes in her life. The first is the Catholic initiation process which, in contrast to her previously stated faith, engages her in a patriarchal and hierarchical church; and the second is her moving in with her boyfriend. T_1 interprets these major and transformative personal and spiritual transitions as resulting in P_1 losing some of her previously felt freedom and sense of self, and that they have triggered traumatic material from the past, thereby contributing to the emergence of her Baby personality. T_1 's interpretation calms P_1 and leads her to reveal an upsetting and nauseating incident, in which she showed poor judgement and acted unlike herself (i.e., excessive drinking and driving).

After T_1 's interpretation (Int. 2), P_1 reveals her sense of guilt regarding her severe difficulties, and expresses an unworthiness of God's protection as she feels she is deserving to die and that God no longer wants her. Comforted by T_1 's comment that God never rejects His people, she concretizes his comment by stating that He particularly cares for the "misfits." She draws comfort from this because it enables her to help others who are in distress, although she feels unable to help herself.

Later in the session, T_1 and P_1 together reflect upon the meaning of The Baby personality. P_1 interprets (Int. 3) The Baby as the one who was never given the opportunity to grow, the one who was deeply hurt and betrayed by primary caregivers who "took away every single thing, every spark, every hope, every ounce of trust." T_1 interprets (Int. 3) The Baby as that part of P_1 who was abused and Lydia as the part that is her protector. Hesitatingly, P_1 agrees, and tearfully states that Lydia must protect her because no one may

hurt her again. She then immediately reveals bodily pain and exhaustion, which T_1 connects to her emotional turmoil, and desperately pleads to be helped out of her emotional turmoil to prevent further self-injury.

At the end of the session, T_1 and P_1 interpret (Int. 4) the meanings of the images in a previously avoided and unfinished painting (see Appendix H), which was completed by P_1 following her recent belief that it speaks of God's anger at her. P_1 interprets the image of herself in the painting as pathetic and totally inadequate, whereas T_1 positively interprets her as more attractive relative to previous paintings. Through the placement of the fence, P_1 interprets herself in the painting as separate from all that is positive, i.e., as far from T_1 , the light, the baby image, the baptismal font, the holy spirit, and God. She strongly affirms T_1 's reflection that she is also feeling that the wrath of God is coming down on her. P_1 also reveals that she is cut off from the baby image, who is likely dead in the painting. Drawing upon and personalizing the biblical story she recently read, P_1 interprets the baby image represents her dead child, who was taken away by God as punishment. P_1 feels that she is being made to suffer for being unworthy because she wrongfully opposed His will. At that point, T_1 emphatically attempts to counter her interpretation by interpreting that it emerges from her current childlike state. P_1 thoughtfully responds that she only begun to have these views after reading the biblical story.

Continuing his attempts to shift P_1 's pessimistic interpretations, T_1 reinterprets (Int. 4) the images in the painting as possibly representing a baptism and new life, thereby reflecting the part of P_1 that embraces a deeper and more encouraging faith. P_1 responds that she feels too trapped in her current childlike state to perceive his suggested positive interpretation. Paradoxically, P_1 states that it is the more mature and spiritual part of herself, that presumably believes in a caring and loving God, which is angered and disillusioned by the concept of a vengeful God. With this response, P_1 shows a lack of readiness to transcend her current immature state. Thus T_1 attempts to further encourage her by stating that they will have to help her out of her current state. Given what she perceives as T_1 's anger at her, P_1 expresses her feeling incapable of accepting his help. In response, T_1 interprets P_1 's position as founded in her childlike state because he has never provided her with any indication that he is angry at her. Given the continued prevalence of P_1 's Baby personality,

T₁ again emphatically interprets P₁'s visual and verbal expressions as representing a "childhood space of literalness". He concludes the session by emphasizing the importance of the realization that P₁ lives through different mental states depending upon whether she herself or one of her personalities is dominant.

Situated Meaning Structure of the Interview with Therapist Regarding Interpretations in Therapy Session 1 (S₁)

T₁ explains that P₁ has been gradually falling into the lengthiest and one of the most intense states of darkness and desperation that she has yet experienced. She had reached a point of exhausting her resources prior to the session, leading her to physically injure herself. Throughout the session T₁ was deeply concerned for P₁. However, he was comforted and confident through his previous work with her that she was aware of the extent of her turmoil, and although she repeatedly thinks about suicide she would not attempt it. For the sake of therapeutic exploration, T₁ wanted P₁ to enter deeper into her negative space, as he finds that P₁'s most negative periods provide potent content for interpretation to expand P₁'s understanding of herself. His interpretations in the session were thus motivated by a desire to help her gain such insight.

At the beginning of the session, T₁ reveals that he was linking various indications of the emergence of The Baby personality. T₁ was aware that P₁'s Baby Personality is closely associated with and emerges during her deepest experiences of despair and turmoil. Previous to his interpretation, P₁ had expressed her very upsetting understanding of an Old Testament story (II Samuel, Ch. 12, V. 1-25) as indicating that God becomes vengeful and kills one's children. In T₁'s view, P₁ understood God as punitive and vengeful because she was in a literal state of mind, during which she identified Him with her abusive father. In contrast, T₁ knew that P₁ views God as loving when she is feeling more integrated and less hopeless. T₁ also noticed two other indicators of The Baby personality: the emergence of P₁'s stuttering, and the presence of the Lydia personality as the angry protector. Linking for the first time in therapy the four indications of P₁'s stuttering, the presence of the Lydia personality, P₁'s self-harming, and P₁'s literal identification of God as vengeful and hurtful, T₁ interpreted (Int. 1) them as indicating that she is inhabiting a childlike space. By naming and describing this space and the resultant literal and childlike reading of the biblical story, T₁ intended to help

P₁ reflect upon and take some distance from it. He hoped that through reflection P₁ could also be helped to understand her consequent lack of metaphorical and adult-like understanding of the biblical story. T₁ also hoped that his interpretation would lead P₁ to remember other aspects of herself, and to open a new perspective by inviting her to see things differently and as such consider another space to dwell in. At the end of T₁'s interpretation, P₁ suddenly shifted topics from expressing a need to be helped to informing T₁ about her painting. Given P₁'s awareness of the depth of her dark and desperate space, T₁ believes that P₁'s shift in discussion towards her complex and loaded painting continued to express through imagery her desperation and feeling of being trapped in a childlike space.

T₁'s second interpretation (Int. 2) arose in the context of his searching for the sources of P₁'s psychological collapse into darkness and despair over the past six weeks. P₁'s current state of turmoil, in comparison to her previous ones, was difficult for T₁ to anticipate and intervene because its sources were unclear for him. T₁ was reflecting on P₁'s life-world in an effort to understand it, when he suddenly and finally gained a therapeutic insight by combining two discrete transitions in P₁'s life together coherently and realizing their combined importance. For the first time, T₁ interpreted P₁'s moving in with her boyfriend and her becoming a Catholic by linking them as the major transitions with which P₁ recently and "unnecessarily burdened" herself given her doubts about them. Both of these have previously been extensively discussed and questioned individually, but he had never linked them together as "primary sources" of her collapse into turmoil. T₁ clarifies that, previous to her two major transitions, P₁ was able to cope with all of the life stressors which she discusses in the session. Now that the value of both decisions have been questioned by P₁, and they have begun to seriously distress her and affect her psychological well-being, T₁ is surprised that she is continuing to pursue them. He voices some frustration because the previous issues, which were P₁'s major sources of such collapse, had been resolved and P₁ was feeling more joyful and integrated for some time.

Initially both P₁'s relationship with her boyfriend and her Catholic conversion were positive changes that contributed to her well-being and feelings of greater psychological stability, and T₁ encouraged them. Her relationship was engaging her in intimate interaction with another and allowing her to positively deal with the past difficulties that were triggered.

However, this changed upon her recently moving in with her boyfriend. T_1 explains that, although P_1 was in her more positive mind set when she met her boyfriend, his daily presence, upon their living together, stirred up male-related conflicts for P_1 and contributed to the emergence of various problems. The primary difficulty with P_1 's living with her boyfriend is his male presence. Given that P_1 's father sexually abused her, her having a male living with her who seeks sexual contact is distressing because it triggers her childhood trauma.

P_1 's decision to enter the Catholic conversion process had surprised T_1 because she was previously not formally associated with any church. It continues to surprise him that she is pursuing it, particularly considering her deep struggles with Catholicism's interpretation of God as a male and a patriarchal figure. T_1 attributes her desire for conversion to her boyfriend's influence, since he is strongly Catholic and she made the decision to convert to Catholicism soon after meeting him. P_1 's boyfriend is in fact very traditional and belongs to a male religious group in which P_1 is the only female member. They have been indoctrinating P_1 and plan to perform her baptism. P_1 's relationship with her boyfriend is thus particularly distressing for her because it is merged with her Catholic conversion, making it highly patriarchal and hierarchal and triggering P_1 's previous difficulties with males. These sources combined, centred upon P_1 's difficulties with male figures, and triggered her male-related issues, thus triggering her childlike space and feelings of tumultuous despair. This was particularly potent because the male who is living with her is the one who is promoting the concept of God as a male and is the one who will be helping to perform her baptism.

P_1 suddenly shifted topics at the end of T_1 's interpretation (Int. 2). T_1 explains P_1 's sudden shift in topics through his interpretation, wherein he felt he had communicated to P_1 that she has good reason to be in an emotionally desperate state given her difficult transitions, and that she has handled them well. This calmed and reassured her by helping her realize that she is not in as dire a situation as she may have been experiencing, thus allowing her to open up further and reveal a serious event that had occurred. Given the fact that she has never made such a revelation to him before, T_1 feels that his interpretation may also have increased the trust in their relationship.

Later in the session, T₁ directly interpreted (Int. 3) The Baby personality as representing the part of P₁ that was extensively abused in childhood. T₁ has presented this interpretation a few times before, but previous to this interpretation he realized that P₁ had not previously accepted it, particularly given that she has been adamantly avoidant of and resistant to any conception that explicitly identified her as a victim. Furthermore, T₁ reports that previously P₁ perceived The Baby personality as a weak, pathetic, and disgusting part of herself, and even her protector (the Lydia personality) hated and rejected her and her pain. Thus he intentionally wanted to use the word “abuse” to help her confront and accept that abused part of herself. For the first time, P₁ did acknowledge that she was abused, and that The Baby personality represents that part of herself that was abused and rejected. Thus, from T₁’s perspective, this interpretation represents a significant shift in P₁’s understanding of herself and The Baby personality and an acknowledgement of her victimization. In fact, directly preceding his interpretation P₁’s own novel and significant interpretation of The Baby personality further recognized that she is injured, crushed, abused, and deserving of help. T₁ felt that this was a significant softening shift in the way P₁ experiences her Baby personality.

At the conclusion of T₁’s interpretation (Int. 3), P₁ expressed bodily pain as a manifestation of her emotional distress. T₁ states that this is unusual for P₁, as she usually manifests emotional distress in other ways (such as exhaustion), but never through bodily pain. In the session, T₁ accounted for its presence through the length of P₁’s current period of suffering, which represents the longest of such periods and resulted from the two major transitions in her life. Upon reflection during the interview, T₁ reports that her manifestation may also reflect a reaction to the emotionally potent nature of the preceding interpretation. Upon further reflection, T₁ reports that, given its dramatic nature, P₁ would have also been struggling with novel insight and understanding of The Baby personality for a while prior to the session, which may have been distressing as well.

The final interpretation (Int. 4) focussed on P₁’s most recent painting. For T₁, P₁’s reference to The Baby personality being dead implied that she was in a very deep moment of desperation and suffering. It reflected an inability to connect with her whole sense of self, particularly the aspect of her self that represents the child who was abused. At this point in

the session T_1 became concerned and frustrated because P_1 was not fully responding to his interpretations. He identified that she had not fully realized or shifted out of her childlike space, she continued with her literal and childlike perceptions and understandings, and her interpretations of life reflected it. Furthermore, T_1 was aware that the session was coming to an end and he wanted P_1 to take in that core interpretation regarding P_1 's childlike space before its termination. For these reasons, and knowing that P_1 does not normally conceive of her child's death as a punishment from God, T_1 felt a need to explicitly and assertively communicate his interpretation to her. He thus emphatically interpreted that P_1 's interpretation of the painting is derived from her current immature space. T_1 felt that his interpretation resonated with P_1 , in that it allowed her to gain perspective on her current mental state, and realize that she had never before conceived of her child's death as a punishment from God. Given his concern for her childlike space and its associated anguish, T_1 then presented a new and more hopeful interpretation of the painting, which he hoped would provide P_1 with alternative and more positive meanings.

T_1 explains that P_1 's identification of him with her male abuser occurred quite often during the first half of their therapeutic relationship, and was expressed through feeling that she thinks he is angry at her and not available to her. However it substantially subsided in the second half, and now occurs infrequently. Given this background, when P_1 expressed that she feels he is angry with her, a feeling which emerged in the imagery of her painting, T_1 viewed it as a childlike rejection of him. He interpreted (Int. 4) this as her immaturely identifying him, along with all males (including God), with her abuser, and reacting towards them with all of the negative feelings she feels towards her abuser. Along with this explanation, and upon current reflection, T_1 proposes two possible further reasons for P_1 's assumption that he is angry at her. P_1 may think he is angry because he has not helped her out of her current and lengthy Baby personality state, which is full of suffering. P_1 may also have felt that he is angry with her for pursuing her two major transitions, which he expressed as the sources of her current turmoil and he suggested that she should slow down and reconsider. T_1 further clarifies that P_1 has her own doubts regarding the appropriateness of her boyfriend and the Catholic conversion, and T_1 's clearly questioning them is relieving and validating for her. However, this also implies that her judgement is flawed, which may have

implied for P₁ that T₁ must be angry at her for making such inappropriate decisions.

Situated Meaning Structure of the Interview with Patient Regarding Interpretations in Therapy Session 1 (S₁)

At the beginning of the session, and due to her psychological state, P₁ reports that she experienced an uncontrollable chain of connections wherein she concretely and irrationally identified herself with the characters in the Old Testament story (II Samuel, Ch. 12, V. 1-25). Her usual understanding of God as a protector was overwhelmed, which led to an infantile and literal interpretation of the passage and to her viewing herself as a very bad person deserving of punishment. In fact, as she re-experiences the feelings from the session, P₁ is aware that her Baby personality is present as it was during the session. P₁ adds that The Baby's state clearly prevented her from understanding the symbolic and metaphorical aspects of the passage. As such P₁ felt that T₁'s first interpretation (Int. 1) accurately identified the presence of her childlike state. P₁ felt that through his interpretation T₁ understood her and her literal state of being, and feels that he was skilled at identifying, relating, and being empathic to both her and The Baby personality.

The Lydia personality continues to have difficulties with trust, given her role of sternly protecting The Baby personality, and she was carefully monitoring T₁ during his interpretation (Int. 1). Yet T₁ has built some trust with her already, and his accurate interpretation calmed her and her defences and enhanced her trust, although she continued to be vigilant. This allowed the "poor pathetic little" Baby personality to acknowledge and express her sense of desperation at being emotionally trapped in turmoil. T₁'s interpretation also provided P₁ with some distance from The Baby's childlike state of mind, thus allowing her to perceive and think more clearly. Realizing that her current understanding is indeed coloured by the emergence of The Baby personality, P₁ felt some sense of relief and comfort.

P₁ explains that as a reflective adult undergoing an initiation and baptising process, as opposed a child who is indoctrinated, she vehemently resists the hierarchal and patriarchal aspects of the Catholic church. She considers her spirituality mature, rational, and encouragingly positive, and has always viewed God as genderless. As such, during the session she was struggling with differentiating her spirituality from them, and whether one must accept all of the Church's doctrines. In particular, P₁ strongly dislikes its patriarchal

conception of God. When the Catholic Church presented God as male, and when she read the biblical passage, her usual perception of God as loving was challenged. She felt that her vision was betrayed as the Church's vision made her doubt it. Furthermore, the presentation of God as male was disturbing for P₁ because she associates males with patriarchal power, dominance, and abuse. P₁ began to associate with God the negative characteristics she associates with male figures given her childhood abuse, including being threatening and vengeful. As such, she felt disoriented and disillusioned. One final but important effect of T₁'s interpretation was that it eventually (after the conclusion of the session) reminded P₁ of and reaffirmed her usual view of God as not evil, wrathful, and vengeful.

An essential aspect of T₁'s later interpretations (Int. 2) for P₁ involved a continued distinguishing between The Baby personality's childlike perspective and P₁'s overall deeper understanding of God. T₁'s empathic interpretation had the immediate effect of providing P₁ a rationale for what she was experiencing (i.e., caused by the two major transitions of her Catholic conversion and her moving in with her boyfriend), which was somewhat liberating and relieving. However, given her emergent personalities during the session, she was unable to fully internalize T₁'s interpretation. Although T₁'s interpretations had calmed P₁ and allowed her to further disclose her difficulties, she was still feeling stuck and unable to transcend her dark and despairing space at that point in the session. But this distinction between her normal conception and current childlike view of God remained with her over the 2 weeks, and the emergence of other personalities allowed her to gradually internalize it and benefit from it. Based upon his interpretation, P₁ began to gradually reconsider her rejection of God on the basis of the passage and the Catholic Church's doctrine. Thinking of her deeper spiritual beliefs, she gained a distance from them and realized that she usually experiences God differently. Thus, eventually, T₁'s interpretation very much helped her to rationally understand her literal understanding of God during the session.

P₁ explains that her interpretation (Int. 3) of The Baby, later in the session, was not novel for her. She has always readily pictured The Baby as weak, hurt, uncertain of herself, and constantly and fearfully hiding. But T₁'s interpretation (Int. 3) that The Baby represents the aspect of P₁ that was abused stunned and shocked her. The Baby's tendency to deny the abuse because she is deeply injured, and T₁'s position that she needs to accept it, has been a

theme in therapy for a long time. T_1 's interpretation triggered the Lydia personality, who prepared to defend The Baby personality because of The Baby's strong sensitivity to the issue of abuse. Yet P_1 accepted the interpretation and was able to acknowledge the abuse because Lydia's defensiveness was reduced by her trust of T_1 , by being encouraged to cooperate with T_1 , and by being comforted through T_1 's lack of pressure and acceptance of her reluctance. P_1 felt that T_1 brought in the theme of abuse in a skilled and timely manner, respecting her defensiveness, which eased her acceptance of its discussion and thereby pushed through her tendency to avoid it. Despite feelings of distress in reaction to T_1 's interpretation (partially manifested and experienced as bodily pain), P_1 felt that it was timely as it did not trigger P_1 's defences or the Lydia personality's hostility. Given its timeliness, it allowed The Baby personality to make a major therapeutic gain by being able to somewhat acknowledge and verbalize the abuse. Thus despite feeling pressured by T_1 's interpretation, P_1 felt that it helped her accept The Baby's plight and her traumatized condition.

The final interpretive work (Int. 4) of the session focussed upon P_1 's painting, which she felt was inspired by her understanding of the biblical passage. P_1 explains that her paintings often express images and affects which are ahead of her current understandings and thoughts. As such, T_1 is sometimes able to interpret the meanings of the images ahead of her full understanding of them, which is what occurred in this session. In particular, P_1 was surprised, relieved, and happy to hear T_1 's interpretation that the painting could have been motivated by the intense turmoil and despair of her "dark black space" at the time. She felt that her interpretation of the images of the baby and the umbilical cord were dark and pessimistic, as she viewed them as representing her dead child, who was taken away by God as punishment for an unknown wrongdoing. In contrast, T_1 's more positive interpretation introduced the possibility that the baby image in the painting represents The Baby personality transcending her usual deep distress and sense of being trapped in turmoil, and emerging from darkness into light which allows it new life and new possibilities. P_1 found this alternative interpretation enlightening and relieving, and it made her very happy. It also made her urgently question which personality created and perceived the painting in such a negative light and, by implication, who is represented by the character in the painting. She agrees with T_1 that the woman's image in the painting does indeed have a more mature and

pleasant appearance than previous images representing The Baby personality, and thus it cannot be The Baby personality represented in the painting.

P₁ explains that, in their previous session, she had expressed to T₁ her struggle with accepting the patriarchal, hierarchal, and institutional aspects of the Catholic church, which do not fit her conception of Christ. T₁ wondered whether she needs to participate in the Church if she cannot come to terms with them, particularly since she considers herself Christian independent of the Church. Through The Baby personality, P₁ perceived T₁ as being critical and angry at her for failing to resolve her spiritual struggle due to her self-perceived ignorance and incompetence. This perception of T₁'s anger emerged in the painting and their current session. P₁ explains that, while she disliked its wording, she found insightful T₁'s interpretation (Int. 4) that she is being childlike in her view that he is angry with her. She agreed that he has indeed never given her reason to think that he is angry with her.

P₁ concludes that, due to T₁'s interpretations, she experienced some relief and comfort. Despite P₁'s feelings of disconnectedness, T₁'s interpretations indicated that he understands and accepts her, and he represented an encouraging presence for her. They provided her with some distance from her situation, allowing her to experience feelings of hope in surviving and possibly leaving her turmoil-filled dark and childlike space, which helped her to have courage and persist. Furthermore, their contents remained with her and provided her with some insight. However, although somewhat more bearably, she was and continues to feel trapped in her childlike space, as well as a need to leave it, which she expressed to T₁ throughout the session. Her Baby personality remains very prominent, extremely distressed, and occasionally self-harming.

General Meaning Structure of Interpretation for the First Participant Pair

The work of interpretation suffused this session in that T₁ and (to a lesser extent) P₁ were frequently attempting to create possible relationships between the meanings of emerging aspects of the patient's disclosed experiencing. However, there were four segments of therapy which emerged as clearly interpretive, and much of the rest of the session either provided material for their foundation or elaborated their consequences. Fragments of material which were used in the therapist's interpretations began to emerge immediately at

the beginning of the session. P_1 described her persistent suffering with a great deal of emotional intensity and confusion. She struggled to make sense of the events in her life and her experiences of them, which had severely constricted her normal functioning and led to feelings of bewilderment and desperation. While acknowledging her suffering, T_1 was confident that P_1 can tolerate the interpretative work of the session. Furthermore, he felt that P_1 had provided him with the necessary potent content for interpretative work. Thus he proceeded to enter deeper into that material and use it with the intention of providing P_1 with insight and self-understanding, which would hopefully lift her out of her suffering.

During his first set of interpretations (Int. 1), T_1 was reflecting upon the various manifestations of P_1 's intense distress. Linking them together for the first time in therapy, he came to view them as indications of the emergence of P_1 's Baby personality. He interpreted (Int. 1a) the presence of P_1 's Baby personality as inhabiting a childlike space, expressing P_1 's current suffering and her intense feelings. Within this space, P_1 was identifying and confounding her childhood trauma and abuse with her current struggles, indicating the loss of her more mature understanding of these life issues (Int. 1b). While presenting his interpretations, T_1 was careful not to invalidate P_1 's experiencing. He empathically expressed to her that her current state is understandable given the presence of this childlike space. T_1 hoped his interpretation would remind P_1 of other aspects of herself, and would open a new perspective by inviting her to see things differently. Confirming this interpretation, P_1 described its effects as providing her with a sense of relief and comfort, as enhancing her trust of T_1 , and as reducing her defensiveness. This allowed her to acknowledge other aspects of herself, and to further express her feelings of desperation and turmoil. Furthermore, it provided her with some distance from this childlike space, allowing her to recognize it and to think more clearly and realize that her experiences are in fact coloured by it. However P_1 informed T_1 that, due to the blinding effect of the emotional intensity of her various manifested personalities, she has difficulty becoming aware of this immature space when it is dominant. Furthermore, T_1 's interpretation did not yet lift her out of this space, as she continued to be trapped in it and desperately and insistently pleaded with T_1 to help her out of it.

T_1 's second set of interpretations (Int. 2) arose in the context of his searching for the

sources of P₁'s sudden psychological deterioration (6 weeks ago), given her preceding positive feelings and greater sense of integration. Reflecting upon these in the session, he finally understood them in the context of the combined importance of the two recent major and dramatic life changes with which P₁ had "unnecessarily burdened" herself (i.e., her Catholic conversion and her moving in with her boyfriend). Viewing these changes as the primary sources of her distress, he interpreted them as interrelated and as major and transformative transitions (Int. 2a). He further interpretively linked them to her losing some of her previously felt freedom and sense of self (Int. 2b), and their interrelationship as triggering traumatic memories from the past (Int. 2c). T₁ connected these interpretations to his previous interpretations, thereby deepening the latter, by explaining these transitions to P₁ as the reason for the emergence of her childlike space. For P₁, T₁'s interpretations indicated that he empathically understood her difficulties and they provided her with an immediate clarification of what she has been experiencing. As such, they were calming, liberating, and relieving, which allowed her to disclose a serious and upsetting incident to T₁. T₁ also felt that he had communicated to P₁ that she has good reason for her emotionally desperate state, which increased the trust between them and allowed her to become more disclosing.

Perhaps due to the trust and comfort that had been built by the previous interpretations, the later interpretive segments (Int. 3 & 4) in the session were collaborative in nature. The third set of interpretations (Int. 3) were characterized by a collaborative effort of T₁ and P₁ as they reflected on the meaning P₁'s Baby personality. P₁ interpreted (Int. 3a) The Baby as the aspect of herself that has been deeply hurt and betrayed by primary caregivers and as such never been given the opportunity to grow up. As opposed to her previous rejection of it as disgusting and pathetic, for T₁ this interpretation was a highly significant empathic softening of P₁'s experience of that aspect of herself, emerging through the therapeutic dialogue. Building upon this interpretation, T₁ wanted to confront P₁'s resistance to explicitly identifying herself as a victim given her deep injuries in childhood. Through this confrontation, T₁ intended to deepen her insight and further her openness towards that aspect of herself. As such, linking P₁'s interpretation with this recurrent theme in therapy, T₁ interpreted (Int. 3b) The Baby as that aspect of P₁ that was extensively abused

in childhood. T_1 's interpretation had a considerable impact on P_1 as it shocked and stunned her, and it led to her feeling defensive given her strong sensitivity to the issue of abuse. Yet, given T_1 's timely and gentle approach in acknowledging her reluctance, he pushed through her defensiveness and she hesitatingly acknowledged for the first time that The Baby does indeed represent that part of herself that was abused. For both T_1 and P_1 , this was a major therapeutic gain which accepted The Baby's plight and her traumatized nature. However, it was also emotionally potent and distressing for P_1 , as she manifested and experienced bodily pain and exhaustion directly afterwards. Given this distress, her continued living through her childlike space was re-intensified, and she repeated her desperate plea to be helped out of this emotionally suffocating state.

During the last set of interpretations (Int. 4), T_1 and P_1 collaboratively explored the meanings of the painting which P_1 brought to the session. Both T_1 and P_1 experienced her interpretations (Int. 4a) of the painting as very negative in representing a major life-tragedy (i.e., the death of her daughter in childhood), as well as some her current suffering and struggles (i.e., her sense of being distant from all that is positive, her spiritual struggles; Int. 4b). Reflecting upon these interpretations, T_1 understood them as indications of her deep despair and turmoil. Given P_1 's immersion in her childlike space with the exclusion of many other aspects of herself, they also revealed an inability to connect with her whole sense of self. T_1 became concerned and frustrated because his interpretations did not have the effect he had hoped, namely, helping P_1 realize and shift out of this space. Concerned that the session was coming to an end, and desperately wanting to help her, he more explicitly and assertively countered P_1 's interpretations by stressing his interpretation (Int. 4c) that their foundation lies in her childlike state. Surprised and relieved that her interpretations of the painting could have been motivated by this state, P_1 questioned her frame of mind and acknowledged to herself that her interpretations were dark and pessimistic. T_1 was glad to see that his interpretation resonated with P_1 and allowed her to gain a new perspective on her current mental state. However, he continued to be concerned for her because she seemed to remain stuck. As such, he felt a need to present a new and more hopeful interpretation (Int. 4d) of the painting, intending to provide P_1 with alternative and more positive meanings regarding its images (i.e., their possibly representing a baptism and new life). His

interpretation attempted to activate and stimulate the more encouraging aspects of P₁'s sense of self. Unfortunately, P₁ felt too trapped in and was unable to transcend her present space to perceive the positive potentials in the painting and in herself. However, as P₁ reported sometimes occurs for her, her understanding must have "caught up" to the positive potentials in the painting, which T₁ was able to identify ahead of her. During the post-session interview, P₁'s perceptions shifted and she re-experienced T₁'s interpretation as an enlightening and relieving positive contrast to hers. P₁ now could see his interpretation as reflecting transcendence of her deep distress and her sense of feeling trapped in a childlike space, allowing for the emergence of new possibilities.

At the end of the session, due to her negative perception of their interactions in previous sessions, P₁ expressed her sense that T₁ is angry at her. Based upon its previous occurrence in P₁'s therapy, T₁ understood her expression as P₁ immaturely identifying him (along with all males) with her abuser, and reacting towards all of them with the associated negative feelings. Stating that he had not provided her with any indications that he is angry with her, T₁ interpreted (Int. 4e) the source of P₁'s perception as her childlike state. Although she disliked some of the interpretation's wording, P₁ agreed with his interpretation and found it insightful. Perceiving its continued prevalence, T₁ again emphatically interpreted (Int. 4f) the dominance of P₁'s childlike space in her visual and verbal expressions. He emphasized the importance of realizing that P₁ lives through different mental states depending upon which of her parts of self are manifest.

It seems that the theme of P₁'s childlike space formed a central interpretive thread which permeated the whole session. The four interpretive segments informed and deepened it, forming the various layers of its development depending upon the material which P₁ presented throughout the session. Overall, due to their interpretive work, P₁ experienced some relief and comfort. T₁'s interpretations indicated to P₁ that he understood and accepted her, and they provided her with the sense of an encouraging presence. Furthermore, they provided her with some distance from her tormented mental state and reminded her of other aspects of herself. Lifting her out of her turmoil, they allowed her to experience feelings of courage and hope in surviving and possibly leaving her childlike space. The contents of the interpretations remained with her and provided her with some additional insight over the

period between her therapy session and the post-session interview. She reconsidered her previous negative understandings of her life-world, and gained a fuller understanding of her experiences, which ameliorated her emotionally intense struggles and confusion.

Meaning Structures for the Second Participant Pair

The self-identified orientation of T₂ is existential-humanistic (with interpersonal influences), and the identified difficulty of P₂ is her struggle with depression, anxiety, and childhood abuse. The meaning structures for the second participant pair follow.

Situated Meaning Structure of the Interpretations in Therapy Session 2 (S₂)

At the beginning of the session, with T₂'s help and redirection, P₂ states that during the previous week she was reflecting upon her highly potent insight from the previous session that she alone has the power and control over her life. As a result of these reflections, P₂ describes experiencing an unsettling feeling during the week, which she interprets in the session (Int. 1 & 2) as indicating that she is solely responsible for her choices and actions, as she has the ultimate power for self-affirmation or defeat. She further interprets these insights as an unsettling "powerful centre" that nearly overwhelms her, and she experiences a strong but unidentifiable fear of it. Furthermore, the potential sense of power and control she feels through that centre is overcome by her constant struggle with perceived obstacles. A single interruption or mistake seems unsurmountable and disheartening to her, and despite her strong desire to persevere, she has great difficulty achieving her goals and tends to easily give up. As such, P₂ realizes that her awareness of her "powerful centre" conceptually has not actualized into feeling empowered, and as such P₂ feels unable to motivate herself to be the person she desires. P₂ concludes that she realizes that she is solely responsible for developing herself and her life in the manner that she desires, but she deeply struggles with how she can realistically actualize her insight given the constantly emerging obstacles she perceives and allows to interfere with her efforts.

Prompted by T₂, P₂ interprets (Int. 3 & 6) her attempt to become the person she desires, but feeling it is unachievable, as related to her cycles wherein she inevitably defeats herself before making attempts, despite strong efforts to the contrary. Despite her insight regarding her "powerful centre," P₂ explains that the cycles are associated with her inability to give or accept recognition or validation from herself. She only occasionally and with great

difficulty can even accept it from others. Furthermore, any feelings of happiness or passion that she sometimes experiences when she successfully pursues her achievements are quickly abated by her need to constantly increase her achievements. P_2 feels a lack of trust and faith herself, and thus does not attend to herself and dismisses the value of her own recognition. She further believes that not defeating herself would lead to being a perfect and happy person who is successful, respected, has positive relationships, and does not constantly feel inadequate. P_2 blames herself for all the events in her life, but feels incapable of changing her actions so that she can be successful. P_2 further interprets her difficulty as derived from her family of origin, who repeatedly undermined her achievements as insufficient and inadequate, leading her to feel like a failure and to easily give up. Yet she always struggles to find another achievement which may gain her the recognition she so desperately desires. In response, T_2 challenges P_2 to set her family aside and suggests that she does know what is sufficient for herself but is too afraid to rely upon it. She further challenges P_2 to go further and identify what she acknowledges about herself.

T_2 's first interpretations (Int. 4 & 5) were prompted by P_2 describing her experience of her insight as a very upsetting, difficult, and heavy burden. This repeats her expressed feeling that she was solely responsible for her failure to persevere and achieve even minor desired goals, due to her immediate dismissal of them as insufficient and constantly setting loftier and ultimately unachievable ones. T_2 interprets (Int. 4) these tendencies as P_2 placing an extreme demand on herself to fulfill her insight immediately, dramatically, and perfectly, instead of gradually actualizing it. P_2 agrees with T_2 's interpretation, but with disappointment expresses her belief that she will fail and regress if she attempts a change. Through an immediate interpretation (Int. 5), T_2 explains this tendency as a healthy response which defends P_2 against her own unreasonable demand. Caught between her new insight and her desired perfectionism in actualizing it, P_2 naturally feels deflated. Furthermore, such deflation adaptively protects against P_2 unrealistically attempting to fulfil her insight and then giving it up when the attempt inevitably fails.

Later in the session, T_2 's interpretations (Int. 7 & 8) occur in response to P_2 's complaint that she wants something in her life to be positive. T_2 interprets aspects of P_2 's life as positive, and argues that P_2 has difficulty giving herself acknowledgment for them. She

then interprets this issue as related to P_2 's tendency to ask more of herself and to attempt to convince herself as a constant need to prove her adequacy. P_2 always implies that she must earn acceptability through tangible action or production because she is not inherently acceptable or worthwhile. Returning to her statement regarding being a good person, P_2 acknowledges that she constantly feels that she is having to convince people and herself that what she does is sufficient to make such a claim. P_2 expresses that, throughout her life, she has frustratingly been neglected and never received simple recognition, acknowledgement, or respect for her efforts and valuable contributions. Furthermore, P_2 feels that her being as a person, and her personal qualities and intangible contributions, are always unrecognized and thus insufficient for her to feel like a person. Exasperated, she wonders what more she can ask of herself since she is already overwhelmed and feels she can do no more.

During her next interpretation (Int. 9), based upon P_2 's claim that she will not find a single client who is interested in her business proposal, T_2 again identifies P_2 's tendency to harshly give herself no recognition and assume failure. While identifying several patterns of self-defeat in P_2 's life, T_2 interprets this tendency as directly contradicting P_2 's insight that she has power and choice in her life. T_2 then identifies P_2 's associated old and heavily recurring pattern of constantly feeling that everyone else has power except herself, and interpretively associates it with their current discussion wherein she moved away from her insight that she has power. Interpretively connecting this to P_2 's question regarding how to actualize that insight in action, T_2 suggests that she begin by not undercutting or qualifying herself. Finding the topic tiring, P_2 wonders why everything in her life has to be a difficult struggle for her. T_2 sympathizes with P_2 and shifts to a positive focus in asking what gives her joy, but P_2 fails to identify or acknowledge joy in her life and further names unaccomplishable goals which she would like to give her joy. Furthermore, P_2 states that even if she feels pride and joy at a major accomplishment, it would be defeated by feeling it is insufficient.

In response to P_2 's expressed tendency to defeat herself and feel insufficient, T_2 's final interpretation (Int. 10) exposes her tendency to constantly push herself to achieve and raise her standard of excellence as an attempt to meet what she perceives others desire from her. By engaging in this tendency, which is derived from childhood, P_2 deprives herself of

any sense of joy and satisfaction for her accomplishments. Furthermore, this tendency contradicts the practical actualization of her insight by depriving her of the opportunity to be the actor in her life. Terminating the session, T_2 asks P_2 to monitor and identify the moments when she deprives herself in such a manner, which T_2 refers to as an honouring of P_2 's insight and a responding to P_2 's question of how to apply it in practice.

Situated Meaning Structure of the Interview with Therapist Regarding Interpretations in Therapy Session 2 (S_2)

T_2 identifies the focus of P_2 's therapy as the paradox of uncertainty yet responsibility for herself and her life, this paradox emerging in the previous session as the capacity to love herself. This paradox was the overarching framework which guided T_2 's interventions, although they remained open and not precontrived in advance. T_2 described her therapeutic style as persistently pursuing what she views as essential in the overall therapy as well as in the session, and this is usually presented by the patient at the beginning of the session. Thus in P_2 's session, the essential theme was the unsettlingness of the "powerful centre," and T_2 felt that it was essential to help P_2 to deeply experience and understand this insight.

T_2 reports feeling positive at the beginning of P_2 's early interpretations (Int. 1 & 2), as they contained P_2 's essential insight regarding her "unsettling powerful centre" which suited T_2 's intended therapeutic direction. T_2 understood it as unsettling because its sense of power was overwhelming, and she wanted to experientially access P_2 's sense of "unsettlingness" as she knew the essential paradox of uncertainty yet responsibility would emerge from it. Furthermore, T_2 saw many positive therapeutic developments potentially emerging from it. However, the remainder of P_2 's interpretive statements disturbed, frustrated, and confused T_2 . P_2 had strayed from the "powerful centre" into her maladaptive self-blaming and defeating tendency to place fault and responsibility upon herself regarding all of the negative aspects of her life. As such, T_2 felt caught between wanting to allow P_2 the freedom to explore her experiencing which was moving away from her important insight, yet wanting to intervene, avoid the escalation of the negative pattern, and bring P_2 back to her insight thus retaining its recency and exploring it. Throughout P_2 's two interpretations, T_2 leaned towards the former focus and was holding herself in check. However, as T_2 felt that P_2 was becoming inexorably caught in her self-defeat, she feared that they would completely

lose the essential connection to P_2 's insight. She became concerned that if she does not intervene she may be unable to find a way to redirect her back to her "powerful centre" without a forced intervention and dictation. Although concerned about their presence, T_2 chose to avoid engaging in a futile struggle with P_2 's intellectualizing and maladaptive tendencies, and she intentionally ignored them. As such, T_2 interceded by attempting to re-situate P_2 in her unsettling "powerful centre" so that it can be experientially re-engaged and explored.

P_2 's identification of her self-defeating cycles, as aspects of P_2 's later interpretations (Int. 3 & 6), were a relieving indication to T_2 that they were finally moving towards T_2 's therapeutic goals for the session. However, these aspects of P_2 's interpretations represented old insight. Thus T_2 wanted to engage this old insight with P_2 's new insight regarding focussing upon herself and her "powerful centre." Furthermore, in P_2 's interpretations (Int. 3 & 6), she continued her maladaptive tendency towards perfectionistic responsibility for every negative event in her life, including her abuse. This frustrated T_2 , and she felt the need to become didactic at one point and strongly communicate that P_2 did not cause her own abuse. P_2 's interpretations indicated to T_2 that she was unable to intercede, circumvent P_2 's maladaptive tendency, and ground P_2 in her positive insight. T_2 also regretted missing the opportunity to pursue and experientially explore P_2 's initial and very significant identification of her self-defeating cycles in her interpretations. Although it was intended to access P_2 's sense of difference and lead to the unsettlingness, T_2 felt her intervention at that time was poor in that it moved P_2 away from her perception of the cycles. By the end of these interpretations, partially due to what T_2 felt was her poor intervention, P_2 had gone into a maladaptive tangent and the theme of the self-defeating cycles had been irretrievably lost. T_2 further felt that P_2 was being too analytical and intellectual, and not sufficiently experientially engaged, to fully access any therapeutically helpful material.

At these points in the session, and much more so at the end of P_2 's last interpretation (Int. 6), T_2 felt uncertain and concerned about the whole session given what she perceived as a lack of progress. She felt frustrated because they had lost the essence of P_2 's insight, and she desperately attempted to refocus P_2 upon herself and her "powerful centre." T_2 's feeling of pressure to help P_2 progress in this session was associated with T_2 's strong desire not to

lose the motivation created by P_2 's insight, and her therapeutic concern for P_2 's well-being and healing. It was also associated with the ethical obligation she feels to assure that she is as effective as possible, so that P_2 (as a long-term patient) has the financial and temporal resources to work through her chaos and her transformation of being. Yet, for T_2 , this pressure to help P_2 progress needed to be balanced with her high sensitivity to her patients' experiencing, so that she did not override it with her therapeutic plans. She wanted the shift to come from P_2 and not be forced. Despite these concerns, T_2 remained hopeful because P_2 also presented with some non-verbal indications that she was aware of being caught in her maladaptive perfectionism, and as such they would hopefully be able to move towards her therapeutic aims.

Previous to T_2 's first interpretation (Int. 4), she felt that P_2 was engaged in a "hypnotic convincing" of herself that she is insufficient and unable to achieve. T_2 wanted to shift her out of this and return her to her insight regarding the "powerful centre," but in a manner that would cause her to stop her repetition and reflect. Drawing upon the concept of being the actor in her life from the beginning of the session, T_2 linked it to the immediate session content by interpreting P_2 's perfectionistic tendency as a need to be a Shakespearean actor immediately. Thus her interpretation was a persistent pursuit of her overall purpose in the session, which was to focus on P_2 's insight. However, she extended it by linking it to the immediate session content, and its playful wording was an attempt to change the context of P_2 's thinking. P_2 's response to the interpretation, that she does feel that she needs to make a dramatic change in her life, was perceived by T_2 in the session as a continuation of P_2 's rigid perfectionism. However, through its connection to her insight regarding the powerful centre, T_2 now feels that it was an acceptance of her interpretation and a positive expression of P_2 's need to let go of her old constrictive and maladaptive ways of being. But T_2 feels that it is an unrealistic change as she is not sufficiently experientially engaged for it to occur.

P_2 's further positive agreement with T_2 regarding her self-defeating tendency, in the post-interpretive context (Int. 4), formed the basis for T_2 's next interpretation (Int. 5). Wanting to remain consistent with the essential theme of the unsettlingness and "powerful centre," and wanting P_2 to fully understand and experience this insight, T_2 interpreted P_2 's self-defeat as being an adaptive response to an unreasonable perfectionistic demand placed

upon herself. T_2 felt that her interpretation was poor in that it was too lengthy and indirect, and thus confusing for P_2 . However P_2 's highly relevant question, regarding how she can practically make her demands realistic and connected with the "powerful centre," indicated to T_2 that she was able to follow and accept the interpretations to some extent. To further help P_2 with these aims, T_2 felt that she needed to anchor her experientially in her insight, and P_2 's question fortunately provided T_2 with the opportunity to reintroduce the insight regarding the "powerful centre" again in an attempt to make it vivid.

Previous to her next interpretation (Int. 7), T_2 continued to become frustrated and aggravated at P_2 's maladaptive expressions (i.e., focussing on her idealized sense of self, on tangible achievements as validation of herself, and on her lack of accomplishment). Although she was concerned that the end of the session was nearing, and that these expressions indicated their lack of progress, T_2 's interventions continued to be contained by what she perceived as the importance of having the therapeutic change occur through P_2 's experiencing (as opposed to imposing that change upon her). At this point, T_2 noticed that P_2 was caught in a hypnotic convincing of herself again regarding these maladaptive issues. As such, T_2 decided to change the context of P_2 's thinking, thereby forcing her to stop, reflect, and shift out of her repetition. Thus T_2 interpreted that "things" are going well for P_2 , but that she has difficulty acknowledging them. In her interpretation T_2 emphasized the word "things" in a manner intended to play with its meaning between things as particularities in P_2 's life as opposed to things as the globablity of her whole life. T_2 felt that a direct confrontation, indicating that certain things are going well for P_2 , would have lost the obscure reference and not been as effective in stopping her and re-focussing her upon her "powerful centre." Another of T_2 's attempts to have P_2 re-focus upon her "powerful centre" occurred when she stated that P_2 has difficulty acknowledging herself. Finally, it occurred in a non-verbal aspect of her interventions, by her emphasizing the "am" in her tone of voice when quoting P_2 's statement.

Building upon the issue of acknowledgement, during her interpretation (Int. 8) T_2 wanted to link P_2 's constant attempt to prove her adequacy and sufficiency for herself and others, to her sense of frustration and exhaustion at always needing to give more but feeling unable to do so. As P_2 expressed this sense of frustration and exhaustion, T_2 viewed it as

actually representing P_2 's sense of wisdom reacting to her constantly pushing herself to prove her adequacy. For T_2 , this wise sense of frustration signalled their finally moving towards her therapeutic goals after an intense and painful struggle. By focussing on P_2 's "need to convince" in her interpretation, T_2 hoped to deepen P_2 's experience of being exhausted from it, and thereby reject it and move away from her self-defeat and criticism and towards her "powerful centre." P_2 frustratingly wondering what more she could do to prove her adequacy, as a response to T_2 's interpretation, indicated a positive gain for T_2 . It reflected P_2 's sense of unsettlingness, which T_2 hoped could be used to access P_2 's "powerful centre."

Given that P_2 re-engaged her self-defeat and criticism when discussing her business proposal, T_2 confronted her in the next pre-interpretive context (Int. 9) by stating that she is not giving herself any recognition, and emphasized to P_2 her insight of having the power to choose. From T_2 's perspective, P_2 has been unable to avoid undercutting herself because she has never been given the sense that she is valued and loved. She feels that she must be flawed, and she remains attached to powerful individuals in her life who perpetuate these difficulties. Thus P_2 is caught in a "focal conflict" (a conflict which involves powerful figures and is deeply rooted), wherein if she were to validate herself, then she would have to question and reject these powerful individuals for not validating her. Building upon this foundation, in her interpretation (Int. 9) T_2 linked P_2 's insight of the "powerful centre" to her implying throughout the session that everyone else has power over her except herself. In response to P_2 's previous inquiry, T_2 stated that an essential initial step in actualizing her insight in action is to avoid undercutting herself and qualifying her power, and to recognize her accomplishments. After this interpretation, P_2 's response that she is tired indicated to T_2 that she is finding both the therapeutic process and her undercutting herself tiring. As such, P_2 seemed to have recognized that she does undercut herself. From T_2 's perspective, this session had been tiring because of the challenging and confrontative nature of addressing P_2 's difficulties, particularly since she had been struggling with a "focal conflict" which prevented her from not undercutting herself.

Preceding T_2 's final interpretation (Int. 10), T_2 felt that P_2 was overwhelming herself with her difficulties and self-defeat again. T_2 intentionally but indirectly avoided P_2 's question of why her life has to be so difficult, as she wanted to refocus her on her powerful

centre by asking her to acknowledge what gives her joy. Although P₂ had begun giving herself some acknowledgement regarding her accomplishments, T₂ felt that she had unsuccessfully attempted to return P₂ to her “powerful centre.” Unfortunately, P₂ continued to focus upon very extraordinary and unattainable accomplishments, and to undercut her achievements. In her interpretation, T₂ was attempting to return to an image from the previous session which she thought provoked P₂’s insight regarding the “unsettling powerful centre.” In that session they had conducted some very intensive experiential work which involved P₂ visualizing herself as the child who was unacceptable to her parents. P₂, as her adult-self, was able to accept that child and comfort her. T₂ viewed this as an essential step of integration which would lead to P₂ finally accepting her child-self, who was previously unacceptable to her parents and thus to her adult-self as well. Bringing back the image of that child, T₂ stated that P₂ still reaches for but does not receive the recognition she desires. Given its potency T₂ hoped that, if unable to return to the “powerful centre,” this may at least return P₂ to her sense of unsettlingness, and trigger further therapeutic material for the future. For the same purpose of triggering P₂’s sense of unsettlingness, the homework which T₂ provided was designed to allow them to explore P₂’s experiencing at moments when she takes validation away from herself and thus move away from her “powerful centre.”

T₂ concludes that she felt her session was moderate in its effectiveness because they were unable to proceed beyond P₂’s essential insight. In the next session, T₂ plans to return to this theme of her “unsettling powerful centre” by experientially linking it to what P₂ brings into the session, perhaps from the assigned homework which examines what it is like for P₂ to leave her “powerful centre.”

Situated Meaning Structure of the Interview with Patient Regarding Interpretations in Therapy Session 2 (S₂)

The crux of the session for P₂, expressed in her early interpretations (Int. 1 & 2), was based upon the continued influence of a powerful and meaningful question with which T₂ had terminated their previous session. T₂ had asked her whether loving herself and setting her own standards is sufficient, and she had persistently struggled with this question and its response throughout the week. For P₂, the question represented the central theme of her therapy, integrating all other themes. Reflecting upon it provoked the essential insight that

she solely has the personal power and responsibility for her choices, for loving herself, and for setting her own standards, thereby becoming the person she wishes to be. P_2 viewed this insight as simple and basic, in that everyone has such control, and she realized that she was previously implicitly aware that her lack of it is at the core of her difficulties. However, as is consistent with her self-perceived general tendency to always outweigh positive aspects of her experiences with negative ones and discount her accomplishments as insufficient, P_2 focussed upon the obstacle aspects of her important insight and her inability to achieve it. P_2 thus reasoned that the positive changes that she desires in her life will never occur because she is solely responsible for them and yet unable to make them. As such, P_2 experienced this as a struggle for control over her destiny which she found overwhelming, particularly feeling so constricted that she was unable to gain such an essential and consequential aspect of herself. Although feeling that it should not be difficult, the effort required to gain it was so dramatic that she felt any attempt would have been insufficient and unsuccessful. She became considerably frustrated due to continually feeling unable to even attempt to apply this insight. P_2 was also frustrated because she expected her insight to be a life altering epiphany, and struggled with ambivalently accepting it yet feeling that it is insufficient as it did not suit her unrealistic standards. P_2 felt very lost and desperate regarding this issue, and throughout the session P_2 felt a strong need to be clearly told how to surpass her current obstacles and practically actualize her insight. Yet she also knew that she should discover it for herself, and that T_2 also felt that she should discover it for herself.

P_2 explains that the cycles of self-defeat she identified (Int. 3 & 6) reflected her need for something to be perfect for it to be tangibly acceptable to her. She feels pride as she is now able to identify these self-perceived maladaptive cycles when she engages in them in therapy. P_2 recognizes that these cycles are maladaptive, because when she is immersed in them she sets unattainable standards for herself and tends to give up easily. As a result of these cycle, P_2 is constantly undermining herself and sees her accomplishments as insufficient, and constantly needing to convince herself of her positive qualities, as she is always feeling compelled to confine and delimit her positive qualities and achievements because they otherwise seem like inaccurate descriptions of herself. Furthermore, she is always feeling that she has suffered through many negative events in her life and she

frustratingly cannot make sense of them. Thus, despite her awareness of the presence of maladaptive cycles, of strong efforts to break and transcend them, and despite T_2 's interventions, she frustratingly continues to be trapped by them and she criticized herself for always re-engaging in them.

P_2 explains her feelings of inadequacy and self-defeat as originating in childhood through her experiences with her parents, particularly her mother. As the middle child in a family with a brother who is mentally disabled and another who is extremely high achieving, she struggled with never receiving the attention she sought. As such, she felt that her parents never attended to her and she always felt radically insufficient, inadequate, and a source of shame to them. Always awaiting the validation of others, she was never able to establish standards for herself or trust her own validation. Furthermore, she learned to easily give up her achievements as they failed to get her the attention she sought. This theme has been considerably present throughout P_2 's therapy, and she would like to learn how to encourage herself and prove to herself that she can achieve something despite the discouragement of others. However, when T_2 challenged her to set aside other considerations, and examine her own validation, P_2 found the request very difficult and felt at a loss.

P_2 explains that her reference to her failed attempts (e.g., running) symbolized her tendency to undermine her abilities and achievements through self-defeat, by setting unrealistic expectations which she knows she will fail to meet. This tendency leads her to need to surpass them and strive for greater ones so that she can be noticed and acknowledged. P_2 elaborates that the focus of her current therapy is the identification and alteration of these previously discovered cycles, which have already been repeatedly discussed and elaborated. Despite her continued struggle with these cycles, P_2 feels that she is gradually learning to give herself some flexibility and recognition. Some of these positive and difficult changes have emerged in the context of her being able to curb her self-defeating tendency and persist with pursuing some of her important goals, despite the lack of her parents' support. Thus, at certain points in the session, she was able to positively curb her self-defeating tendency, but her curbing was undermined and overridden by her tendency again, illustrating her current struggle to alter it. T_2 helped her at that point by identifying the undermining process. As such, she felt that T_2 's metaphorical interpretation (Int. 4)

accurately and potently identified the presence of her need to achieve everything immediately, perfectly, and gloriously, and her inability to allow herself a learning curve or to have difficulties.

However, T₂'s follow up interpretation (Int. 5), indicating that P₂'s overriding tendency is a positive form of sabotage, was confusing for P₂. Since she is now able to identify the presence of her problematic cycles consistently in sessions, she understood T₂'s interpretations (Int. 4 & 5) as confirming and validating what she had already identified as her self-sabotage. T₂'s interpretations did help P₂ by highlighting and verbalizing its presence, thus forcing her to pause, acknowledge it, confront it, and reflect on how to alter it. However, in T₂'s second interpretation (Int. 5), P₂ also wanted some direction from T₂ regarding how she can alter these problematic cycles. Experiencing confusion and unable to take T₂'s interpretation in, P₂ felt physically deflated and very exhausted because her self-sabotage prevented her from even attempting to actualize her "powerful centre." As opposed to T₂'s interpretation, P₂ accounts for her self-sabotage through her need for perfectionism and extreme expectations relative to others. She struggles considerably, to the point of exhaustion, in attempting to reduce her unreasonable standards, but feels unable to practically do so. Thus she remained highly frustrated because all she knows are unreasonable demands and she was unable to make reasonable ones of herself.

Perceiving everything in her life as a constant struggle, P₂ could not identify with T₂'s next interpretation (Int. 7) which challenged her to acknowledge the positives qualities in her life. She found it unbelievable because she does not perceive any positives aspects. In fact, they are so intangible to her that she would discredit any acknowledgement given by others as insufficient. As such, viewing T₂'s interpretation as a validation of her, P₂'s rejection of it was another example of her seeking acknowledgement and acceptance from others but immediately rejecting it as trivial when received. Although they have addressed the issue considerably, P₂ does not feel that she has the power to acknowledge herself or feel positively about herself. When she makes acknowledging statements, they feel meaningless and unreal to her as she constantly feels that she is failing and insufficient.

Continuing with this theme in the next pre-interpretive context (Int. 8), P₂ questioned what more she can ask of herself because she felt the constant demands placed upon her due

to her feelings of insufficiency. While unable to identify their source, she frustratingly felt exhausted, saddened, and at a loss regarding their persistent, interminable, and unaccomplishable nature. She also felt that so much more is demanded of her than she is capable of giving. While T_2 's interpretation (Int. 8) regarding her need to convince herself of her sufficiency validated P_2 's experiencing, she could not fulfill its implications because she felt that the burdensome demands she places upon herself were not within her power to change. Thus, during the session she did not realize the insight which T_2 was trying to instill. Although she effortfully attempted to focus upon and acknowledge herself, despite T_2 's interventions she was too caught up in self-pity regarding her life to be able to make that connection. After the session P_2 felt angry at herself for being caught up in self-pity regarding everything going wrong in her life. In her anger she felt solely responsible for such thoughts and asserted that she must stop. However, during the interview P_2 expressed her most current realization that T_2 's statement about having the power to acknowledge herself was referring back to her insight regarding her "powerful centre." Since P_2 had revealed that she is the one who has the power at the beginning of the session, T_2 was attempting to place the responsibility for acknowledging herself upon her. P_2 has even reconsidered her post-session angry reaction towards herself. Although that reaction utilized her "powerful centre," upon reflection she now feels that she was ironically utilizing her power negatively and self-critically through such assertions.

In the context preceding T_2 's next interpretation (Int. 9), P_2 was feeling frustrated with herself because she was unable to overcome her self-defeat despite struggling against it. As such, she experienced T_2 's interpretation as painful because it made prevalent the fact that everyone else has power over her life except her. At a loss for its reasons, she felt exhausted with having to deal with and accept this fact. Unable to take in T_2 's interpretation, P_2 found incomprehensible the connection which T_2 attempted to make between P_2 's feeling that she is powerless on the one hand and her insight regarding her "powerful centre" on the other. She acknowledged her insight, but frustratingly felt that she has never had power to alter her circumstances in the past. Historically, P_2 was obedient and did everything correctly as she was asked, and she had some achievements. Thus she thought she had the power, yet everything concluded negatively, indicating to her that her power does not work. P_2 felt

exhausted at that point in the session. Given that she has done everything required to successfully utilize her power, she frustratingly does not understand why it has failed, leading everyone else to have power over her life. However, during the post-session interview, P₂ expressed her current realization that she was caught up in her exhausting self-pitying and self-defeat at that point in the therapy, and that she should have focussed more upon the implications of her “powerful centre.”

T₂'s final interpretation (Int. 10) accurately identified and made P₂ aware of engaging in her tendency to only take in praise and happiness regarding her accomplishments for very brief periods of time, then feeling compelled to supercede them so that she can receive praise the next time. Thus, given the extreme efforts required to attain the praise the first time, P₂ avoids attempting her accomplishment again as she is afraid she will not supercede it. Later in the interpretive segment, T₂ identified and made P₂ aware of her related tendency wherein she feels that every accomplishment either fails to meet the immediate standard she sets, or if successful is insufficient because she immediately raises the standard and inevitably fails to meet it the next time. These tendencies had also generalized to her insight regarding her “powerful centre.” During the session P₂ felt unable to actualize her insight because her attempts felt insufficient to meet the constantly increasing demand and would inevitably fail. As a result, she felt drained and hopeless from the constant pressure of her unreasonable and unattainable demands.

P₂ expresses feeling that her therapy has been lengthy and that she only recently has made true gains by identifying her problematic cycles, particularly related to her family of origin who have influenced many aspects of her life-world. As a result of T₂'s interpretations she was able to better identify these problematic cycles after the session. Furthermore, after the session P₂ continued to struggle with and reflect upon her insight regarding her “powerful centre,” and was able to start building upon the positive aspect of it. She realized that the key to positive change is to utilize her power to break her problematic cycles and accept her accomplishments. Through reflection upon this dilemma throughout the week, she realized that she previously was not enabling herself to take such control of her life, and thus was not acknowledging herself. With pride P₂ states that she will present this conclusion to T₂ in their next session. However, P₂ still continues to struggle with breaking most of her

problematic cycles, indicating that she still needs some further practical realizations of her insight.

General Meaning Structure of Interpretation for the Second Participant Pair

This session was suffused with frequent interpretive peaks, with ten segments of therapy emerging as clearly interpretive. There was only one stretch of therapy, lasting for many minutes in the middle of the session, which did not contain any interpretations. The interpretive work of the session was centred around a central thematic paradox of uncertainty yet responsibility for P₂'s life, asked by T₂ in the previous session, which was experienced by the both T₂ and P₂ as powerful and meaningful. P₂ persistently struggled with this paradox throughout the week preceding her session, and it formed the overarching framework for T₂'s interventions.

The session began with P₂'s early set of interpretations (Int. 1 & 2), during which she was reflecting upon the implications of this central question. This question provoked P₂'s highly potent interpretive insight regarding her "powerful centre" (Int. 2a), and its implication that she has the control and responsibility over her life and choices, whether it leads to validation or defeat (Int. 1a & 2b). T₂ viewed this as a fundamental and very positive theme which suited her overall therapeutic direction. For the rest of the session, T₂ sought to help P₂ deeply experientially access and understand this insight and its implications, and expected that many further positive therapeutic developments would emerge from it. However, given its importance as an insight, T₂ knew that its further realization was bound to be an overwhelming struggle for P₂. In fact, although P₂ experienced this insight as positive and self-evident after its expression, she also experienced it as an unsettling and overwhelming struggle. P₂ accounted for this struggle through her persistent experience of unsurmountable and disheartening obstacles, as well as her tendency to discount herself and her accomplishments. Despite a desperate desire to connect to her "powerful centre," P₂ felt too constricted to experience empowerment and practically realize this essential aspect of herself, as she felt that the effort required was so overwhelming that any attempt would have been insufficient and unsuccessful. At the end of her first interpretations, P₂ felt very lost and desperate for T₂'s help to fully realize her insight. Although T₂ felt hopeful when P₂ began to express her interpretations, by the end she experienced feelings of frustration and confusion

as P_2 had strayed from her insight and fallen into her maladaptive cycles of self-blame and self-defeat. She felt caught between allowing P_2 the freedom to explore her experiencing which was moving away from her insight, yet wanting to intervene and prevent P_2 from becoming progressively more trapped in her negative cycles. Fearing that P_2 was becoming inexorably caught in her compulsive cycles and was irrevocably losing the recency and focus of her insight, at the end of the segments T_2 chose to avoid engaging in a futile struggle against these cycles and interceded by attempting to experientially re-situate and re-engage P_2 in her insight.

However, despite T_2 's interventions and P_2 's strong efforts to the contrary, P_2 interpreted her struggle (Int. 3a & 6a) as a continued straying into her self-defeating and self-blaming cycles of undermining herself, being unable to achieve and giving up, and being insufficient and unacceptable to herself and others. P_2 also interpretively (Int. 3b) identifies her related struggles with perfectionism and the setting of perpetually loftier and unattainable standards and goals which feed into these cycles. P_2 further interprets (Int. 6b) the connection of their enduring presence with her experiences of abuse in childhood and her undermining experiences with her family of origin, which left her with feelings of strong inadequacy and led her to constantly crave being noticed and acknowledged. Given the manner in which P_2 's involvement in engulfing cycles contradicts her insight regarding her "powerful centre," P_2 felt unable to actualize her insight.

T_2 felt partially relieved by the aspects of P_2 's interpretations (Int. 3 & 6) which identified the presence of her cycles, as these interpretations indicated that they were finally moving towards T_2 's therapeutic intentions. However, T_2 wanted P_2 to more fully realize the implications of the link between these cycles and her new insight regarding her "powerful centre." She thus challenged her to focus upon her "powerful centre," but P_2 felt at a loss and unable to do so. This response, as well as P_2 's continuation of her maladaptive engagement in her cycles while identifying them, further frustrated T_2 . Ultimately, T_2 felt that despite her desperate attempts she was unable to intercede, circumvent P_2 's maladaptive cycles, and ground her in her own positive insight. As such, T_2 felt uncertain and concerned regarding the whole session, and was afraid and frustrated that they had lost the momentum of P_2 's "powerful centre" insight. At these points, T_2 struggled again with balancing the pressure she

felt to intervene and help P_2 progress, while allowing P_2 the freedom to follow her own experiencing and not overriding it with T_2 's therapeutic plans.

During her first interpretations (Int. 4 & 5), T_2 responds to P_2 's negative interpretations (Int. 1, 2, & 3), which expressed what T_2 viewed as P_2 being "hypnotically caught" in her negative cycles despite some success at avoiding them. To help P_2 shift out of them, and eventually return to her key insight, T_2 felt that she needed to playfully present her interpretation in a way that would force P_2 to stop her repetition and reflect. As such, T_2 interpretively links (Int. 4) the concept of being an "actor in her life" from the beginning of the session, to her constrictive and maladaptive cycles of unrealistically demanding to be a "perfect Shakespearean actor" immediately and gloriously. P_2 found this interpretation accurate and potent through its highlighting and verbalizing the presence of these cycles. T_2 had forced her to pause, disappointingly acknowledge them, and confront them. Upon reflection, T_2 viewed this response as an acceptance of her interpretation and a positive expression of P_2 's need to let go of these negative ways of being. T_2 further wanted to deepen P_2 's experiencing and understanding of the unsettlingness of her key insight. As such, T_2 interpreted (Int. 5) P_2 's feelings of self-defeat and deflation in realizing her key insight as an adaptive manner of protecting that insight against her unreasonable, perfectionistic, and inevitably failing attempts at fulfilling it. Although T_2 , upon retrospective reflection, found this interpretation too lengthy, indirect, and confusing, P_2 's subsequent response (regarding how to practically make her demands realistic) presented with indications that she was able to follow and accept it to some extent. However, P_2 experienced T_2 's interpretation (Int. 5) as confusing. In contrast to that interpretation, P_2 viewed her self-defeat and deflation in realizing her insight as a continuation of her exhausting and frustrating struggle with her negative cycles. T_2 's interpretation was also disappointing as it did not provide her direction regarding how she can alter her negative cycles.

T_2 's next set of interpretations (Int. 7) were motivated by her concern that the session was ending without progress, as well as her continued frustration and aggravation at P_2 's continuing to be "hypnotically caught" in her maladaptive cycles. As such, in response to P_2 's yearning for something in her life to be positive, T_2 interprets (Int. 7a) that "things are

going right” for P₂ but that she has difficulty giving herself acknowledgement for them. For T₂, emphasizing the word “things” in her interpretation was intended to play with the meaning of “things” as particularities as opposed to “things” referring to the globality of P₂’s whole life. T₂ felt that a direct confrontation, without this obscure reference, would not have been effective in forcing P₂ to stop, reflect, and shifting out of her “hypnotic repetition.” Returning to P₂’s difficulty in making self-validating statements, T₂ further interprets (Int. 7b) that P₂ always implies that she must tangibly earn acceptability because she feels that she is not inherently acceptable or worthwhile. P₂ acknowledges this interpretation by frustratingly describing the manner in which she has been emotionally neglected and invalidated throughout her life. Feeling overwhelmed by her constant need to convince herself and others that she is a worthwhile, sufficient, and accomplished person, she exasperatingly wondering what more she can ask of herself. However P₂ rejected T₂’s emphasis upon the “positives in her life” as meaningless and unreal, because she viewed it as an acknowledgement and validation. Discrediting herself and her life as insufficient, P₂ experiences the acknowledgements she craves from others as unbelievable when they are given.

During T₂’s next interpretation (Int. 8), she built upon P₂’s continuing expression of the persistent and unaccomplishable demands she places upon herself to prove her adequacy, and her frustrating feelings of exhaustion, sadness, and confusion regarding these demands and her inability to fulfill them. T₂ viewed the latter as representing P₂’s sense of wisdom and struggle against the unrealistic demands she places upon herself, and ultimately representing P₂’s sense of unsettlingness and its relationship to her “powerful centre.” For T₂, this was a moving towards her therapeutic goals after their intense and painful struggle. Linking these two aspects of P₂’s experiencing, T₂ interprets P₂’s “need to convince” herself that she is a good person as a constant need to prove her adequacy which actually contradicts her acknowledgement of herself and her “powerful centre.” By focussing on this need through verbal and non-verbal emphasis, T₂ hoped to deepen P₂’s sense of wisdom which reacts against it. As a result, P₂ would hopefully reject it and move towards her “powerful centre.” Given this intention, P₂’s expression of frustration regarding these demands indicated to T₂ that her interpretation fulfilled its purpose. P₂ experienced this interpretation

as validating but, despite her efforts, felt unable to fulfill its implications of self-acknowledgement because the burdensome demands were not within her power to change. However, upon post-session reflection, she had reconsidered it and the pessimistic and self-deprecating feelings it had triggered (e.g., anger at herself). During her post-session interview P_2 expressed her most current realization that T_2 was attempting to place the power and responsibility for acknowledging herself upon her because she had revealed at the beginning of the session her insight regarding her “powerful centre.” As such, after the session P_2 was able to fully make the connections which T_2 intended during her interpretation.

However, and despite T_2 's confrontations which re-emphasized her last interpretation (Int. 8), during the session P_2 continued to feel frustrated and angry at herself because she was unable to overcome these self-defeating demands. T_2 noticed that P_2 had been unable to avoid her negative cycles, and interpreted (Int. 9a) the persistence of this difficulty as related to P_2 's continuing to be undermined and devalued by her family of origin. Given her continued attachment to them, P_2 was caught in an intense “focal conflict” wherein validating herself implied rejecting these powerful individuals for not validating her. Building upon this foundation, during her next interpretation (Int. 9b) T_2 re-identified P_2 's undermining and self-defeating cycles and interpreted them as directly contradicting her insight regarding her “powerful centre.” She further interpretively associated (Int. 9c) this with P_2 's old and heavily recurring feeling that everyone else has power over her except herself, as this feeling also directly contradicted her insight regarding her “powerful centre.” Interpretively connecting (Int. 9d) these issues to P_2 's desperate inquiry regarding how to practically actualize her insight, T_2 concluded by responding that an essential initial step is to avoid undermining herself and her power, and to recognize her accomplishments.

Within the session P_2 agreed with T_2 's identification of her negative cycles, but found incomprehensible T_2 's connection between her feelings of powerlessness and her insight regarding her “powerful centre.” Given that, despite her efforts to successfully utilize her power, she historically has never had any power or control over the negative occurrences in her life, P_2 felt that her power had always failed her. Painfully experiencing T_2 's interpretation as a reminder of these difficulties, P_2 expressed her frustration and exhaustion.

However during the post-session interview P_2 expressed her most current realization that, at that point in therapy, she was far too caught up in her negative cycles and insufficiently focussed upon the implications of her “powerful centre.” This realization was in line with the full meaning of T_2 ’s interpretation, but occurred after the conclusion of their session.

During T_2 ’s final set of interpretations (Int. 10), she noticed that P_2 had begun giving herself some acknowledgement regarding her accomplishments. However T_2 noticed that P_2 continued to be overwhelmingly caught up in negative cycles and self-deprecation, and felt that the session was nearing its termination and she had unsuccessfully attempted to return P_2 to her key insight. At this point T_2 intentionally but indirectly avoided P_2 ’s unproductive expressions, and attempted to return to a highly potent image of P_2 ’s child-self from the previous session. During the previous session, P_2 as her child-self reached up and sought to be embraced, attended to, and accepted by her parents. T_2 returned to this image because she thought that the therapeutic work surrounding it provoked P_2 ’s insight regarding her “unsettling powerful centre.” Given the potency of this image, she hoped that its recall may at least return P_2 to her sense of unsettlingness and trigger further therapeutic material in the future. As such, she interpreted (Int. 10a) P_2 ’s tendency to constantly push herself to achieve and to raise her standard of excellence as an attempt to meet what she perceives others desire from her. Interpretively associating (Int. 10b) these negative cycles to the image of P_2 ’s child-self, T_2 interpreted them as a repetition of her reaching for but not receiving that recognition she desires. Deepening her interpretation (Int. 10c), T_2 stated that by engaging in these childhood-derived cycles, P_2 deprives herself of any sense of joy and satisfaction for her accomplishments. Furthermore, these tendencies contradict the practical actualization of her insight by depriving her of the opportunity to be the actor in her life. P_2 felt that T_2 ’s interpretations accurately identified and made her aware of engaging in her undermining negative cycles, as well as the fact that they had generalized to her insight regarding her “powerful centre.” She felt unable to actualize her insight because her attempts felt insufficient to meet her constantly increasing demands and would inevitably fail. As a result, at the end of the session she felt drained and hopeless from the constant pressure of these unreasonable and unattainable demands.

The theme of P_2 ’s “powerful centre,” its associated unsettlingness, and the negative

psychological cycles which undermine and contradict it, formed a central interpretative thread which permeated the whole session. The ten interpretive segments informed and deepened it, forming the various layers of its development depending upon the material which P_2 presented throughout the session. T_2 concluded that she experienced her interventions in this session as moderate in their effectiveness because there was little progress beyond P_2 's essential insight regarding her "powerful centre." In future sessions, she plans to return to this theme. Her last set of interpretations (Int. 10) was conducted with this purpose in mind, as was the homework which she assigned to P_2 . P_2 concluded that their current focus in therapy is the recognition of the presence of, and alteration of, her previously identified negative cycles. She had recently and proudly become able to identify their presence when she engages in them during her sessions. As a result of T_2 's interpretations, she was better able to identify the presence of these cycles outside of therapy. Furthermore, P_2 seemed to have eventually gained the insights which were the foundations of T_2 's therapeutic intentions. After the session P_2 continued to struggle with and reflect upon her insight regarding her "powerful centre." Through reflection throughout the week, she realized that the key to positive change is to utilize her power to break into her negative cycles. As such, she also realized that she previously was not enabling herself to take such control in her life, and thereby acknowledge herself and her accomplishments. With pride, P_2 stated that she will present this conclusion to T_2 in their next session.

Meaning Structures for the Third Participant Pair

The self-identified orientation of T_3 is cognitive-behavioural (with psychodynamic influences), and the identified difficulty of P_3 is her struggle with moderate to severe depression (currently in remission), avoidant personality disorder (with paranoid features), and childhood trauma. T_3 initially offered to provide two consecutive sessions, giving the researcher a choice to assure that the data would be rich. The first session ($S_{3,1}$) was accepted and analyzed, as the second ($S_{3,2}$) was dominated by P_3 's need to express her difficulties and it contained only one set of interrelated interpretations at the end. However, a decision was made to include that set of interpretations in the interviews and analysis. This decision was justified through the phenomenological (and general qualitative research) argument that one should gather sufficient data to assure that the phenomenon is captured. The first session was

somewhat limited in the richness of its interpretations, and that set of interpretations from the second session was the strongest manifestation of a CBT interpretation in the two sessions. Furthermore they could seamlessly be added to the material from the first session: The second session immediately followed the first, and there was excellent continuity in the material because P_3 discussed the same issues. For the sake of simplicity, these interrelated interpretations were appended to the first session and labelled Int. 6. The meaning structures for the third participant pair follow.

Situated Meaning Structure of the Interpretations in Therapy Session 3.1 & 3.2 ($S_{3,1}$ & $S_{3,2}$)

P_3 discloses to T_3 her persistent feelings of exhaustion partially due to insomnia, loss of patience at work, great difficulty coping, and feeling overwhelmed by life. These feelings permeate and affect her whole life-world, and “suck all of her energy” leaving her completely drained. Although still able to focus upon previously enjoyable activities, which T_3 views as a positive indicator that she is not completely overwhelmed, P_3 describes even these activities as a heavy burden. In addition to being unable to account for their source, these feelings are particularly distressing to P_3 because they are reminiscent of the feelings she suffered during her work leave the previous year.

T_3 's first interpretation (Int. 1) emerges at the beginning of the session in the context of P_3 's struggle to identify the sources of these difficulties. Initially, and upon T_3 's encouragement, P_3 identifies being torn by a current career dilemma, and being trapped in the “slump” of her indecision regarding it. P_3 dislikes her current employment, and would love to leave and pursue another career which is perceived as more enjoyable and more in line with her interests. However, her current employment offers highly appealing long-term benefits, some of which she would lose if she left. Yet the remaining few years before retirement seem far too long. While agreeing with recent stressful changes at P_3 's work, which T_3 interprets as having made it the target of her discontent and unhappiness, T_3 interprets P_3 's difficulties as related to one major significant stressor in P_3 's life, namely, P_3 's father's persistent and incurable illness and inevitably upcoming death. Agreeing that her father's condition has been weighing heavily upon her, particularly his eventual death, P_3 acknowledges that her work is certainly not the sole source of her stress. Returning to her

interpretation, T₃ explains to P₃ that she understandably attributes much to her work stressors given that she lives them daily.

T₃ and P₃ explore techniques to help P₃ with her insomnia later in the session. In an attempt to help P₃ better understand one of the techniques, T₃ self-discloses that when she has difficulty sleeping she fantasizes. Responding to this self-disclosure, P₃ jokingly suggests fantasizing that she has reached retirement. T₃'s response, that it may cheer her up for the night but make going to work difficult, prompts P₃ to interpret (Int. 2) her own suggestion as an example of how her pessimistic thoughts make her situation worse and how she is her "own worst enemy." Affirmed and prompted by T₃, P₃ further interprets it as negative as opposed to positive thinking. T₃ draws out the interpretation further by stating that it is also a negative future projection and an unnecessary living out of that anticipated drudgery in the present. In response to their discussion P₃ is reminded that she does feel good about her work sometimes, such as after her recent vacation. Unfortunately these effects were short lived, as is often the case for P₃. T₃ responds that their short lived nature is common, and links this issue to the previous interpretations by emphasizing that one can make the effects last longer through one's thoughts and behaviours. T₃ then abruptly returns to discussing P₃'s difficulty with sleep, and explores other possible contributors with P₃.

As P₃ returns to the difficulties with her work later in the session, she expresses her worrisome recognition that her levels of aggravation, lowered tolerance, and feelings of being overwhelmed are progressively increasing over time. These feelings are reminiscent of the period leading up to last year's leave of absence, and P₃ expresses desperate thoughts of wanting to return to her sick leave. However, despite P₃'s continually struggling with a lack of desire to go to work, she reflectively realizes that such a reactive avoidance response is not a viable or productive long-term solution because it does not ultimately resolve the problem. With T₃'s help, P₃ explores various options which would allow her to remain in the organization, namely applying for alternative or part-time positions. P₃ expresses that she would feel much better if these solutions are successful, as they would reduce her job stress and allow her to continue to receive her lifetime benefits. This prompts T₃'s next interpretation (Int. 3), wherein she identifies P₃'s solutions as creative thinking. T₃ encouragingly links them to the concept of the compromising middle ground, which she had

been attempting to help P_3 move towards to counteract P_3 's less functional all-or-nothing thinking. Initially, in response, P_3 refers to these solutions as hopeless, insufficient, and taking too long, because she needs an immediate solution given the way she is feeling. However, P_3 then reflectively interprets her response and her daily behaviours as her futilely "going through the motions" without making any efforts to alter her desperate situation. Affirming the importance of reflection, T_3 emphasizes remembering the tools which P_3 learned in therapy and using them now that she is feeling "the slump" again, so that she does not return to the terrible feelings of last summer. P_3 acknowledges and agrees with T_3 's statements.

T_3 's next set of interpretations (Int. 4) emerges in the context of T_3 and P_3 further discussing P_3 's unhappiness with her work. T_3 emphasizes that, while there is sometimes merit to just persevering, it is important for P_3 to live more happily to prevent her from returning to the terrible state of the previous summer. P_3 acknowledges that she is beginning to experience thoughts, feelings, and difficulties with coping which are reminiscent of that summer. T_3 validates P_3 's recognition of these early warning signs, and interprets them as a reactivation of P_3 's depressive symptoms, which implies that they must take action to reverse them. T_3 further links these symptoms to the stress P_3 is likely experiencing due to her father's illness and approaching death, particularly given the complexity of their relationship. Furthermore, in addition to being a symptom, T_3 interprets P_3 's fatigue as causing P_3 's withdrawal and reduction in activity, which T_3 views as aggravating her difficulties. Agreeing with T_3 , P_3 adds that another reminiscent sign of her depression, which she has noticed over the past few weeks, is her complete lack of energy and sense of overwhelming exhaustion.

At the end of the session, P_3 expresses her concern regarding the upcoming camping season, as it requires her to focus much energy upon making health and diet changes. T_3 reflects this as making a commitment to herself and her health. In response P_3 interprets (Int. 5) her weight gain as causing critical feelings about herself and contributing to her irritability. In turn, this prevents her from putting efforts into losing weight, which creates a vicious cycle and leads to feelings of hopelessness. T_3 acknowledges P_3 's feelings and P_3 , anticipating T_3 's statement, explains the weight regain through her returning to her old

habits. Through a media example, T_3 affirms that permanent weight loss requires a lifestyle change and healthful habits. P_3 lightheartedly but assertively responds that she is not ready to accept this requirement. T_3 affirms that it must be done when she is ready, but through a metaphor (i.e., that P_3 's weight gain is equivalent to carrying two medicine balls) links P_3 's increase in weight to P_3 's feelings of increased fatigue.

Preceding the interpretations (Int. 6) from the second session, P_3 continued to discuss the stresses of her work and her father's illness and imminent death. More specifically, she complained about various aspects of her work, particularly regarding a filing task which she had been asked to maintain. P_3 felt that the re-assignment of this task was unfair, as she had already cleaned up the filing system and it had become disorganized again due to people's inattentive misfiling. P_3 also discussed the great amount of effort and struggle associated with the practical consequences of her father's imminent death. She is currently helping her parents to finalize their affairs, and particularly their move out of their home. P_3 felt overwhelmed with the associated transitional steps of this move, such as packing and selling.

At the end of the second session, P_3 continues to ambivalently struggle between what she perceives as her negative thinking of being absolutely unwilling to continue in her organization until retirement, and the loss of the benefits associated with giving up her employment there. In response to T_3 's reminder that she does not always feel so negatively about her work, P_3 responds that more positive feelings are always short lived and her experience of her work is dominated by negative feelings. While expressing her understanding of P_3 's feelings, T_3 interprets (Int. 6) them as associated with her longstanding web of depressive thoughts, and expresses the need to help P_3 sustain more buoyant and positive feelings. In an attempt to alter this thinking, T_3 takes as an example the filing task about which P_3 feels very negatively. T_3 interprets the reason for these feelings as P_3 's interpretation of the task as being "dumped" on her and her insistence that it should not have to happen. She then interpretively associates it with P_3 's longstanding tendency to insist that the world and others should follow her perspective. T_3 strongly challenges P_3 to alternatively view it as relatively minor and easily dismissed, and as such seeing it more lightheartedly as an irrelevant part of her work day. P_3 dismisses T_3 's suggestion by arguing that money is irrelevant if one is miserable at work. However, P_3 responds to the basic issue by stating that

she attempts to improve her mood by reminding herself of her large salary given her short work day and the nature of her work.

Returning P₃'s challenge that money is irrelevant if one is miserable, T₃ ironically states that she would agree if P₃ was being chained and tortured at work. She reemphasizes her interpretation (Int. 6) that the manner in which P₃ is thinking about work is what is making her unhappy, and that she needs to reverse her thinking. P₃ remembers that the work was the same when she returned from holidays and she actually enjoyed it then, and agrees that her difficulties are associated with her thinking. T₃ lists some advantages of her work, to which P₃ agrees and with T₃'s encouragement lists additional advantages.

T₃ concludes the session by restating her interpretations (Int. 6). She asks P₃ to reflect upon the fact that the task requested of her is minor and easily dismissed, and that regardless of her tasks she receives a paycheck for a shortened work day. She presents this as an alternative and more beneficial attitude to take up, which is helpful because one's experiences in life are founded upon one's attitude. Affirming T₃'s interpretations, P₃ expresses the ease with which she takes up negative attitudes given the seriousness of her current life events. Wholeheartedly agreeing, T₃ empathizes by pointing out the amount of psychological energy consumed with P₃'s parents and their transitions, and adds that P₃ is wise to take the time off which she requested.

Situated Meaning Structure of the Interview with Therapist Regarding Interpretations in Therapy Session 3.1-3.2 (S_{3,1} & S_{3,2})

T₃ explains that her interventions during the sessions were generally motivated by several current concerns for P₃. P₃ had been experiencing the aggravation of various symptoms that were associated with her depression last year, including extreme anhedonia and continued longstanding insomnia (which T₃ views as a symptom of childhood trauma). T₃ was also very concerned with P₃'s highly maladaptive thinking and behaviour at work, and the problems these may create for her. P₃ is highly rebellious against her supervisor, which may be due to a mistrust of authority figures and a hypersensitivity to humiliation and control as a result of P₃'s personality disorder. Furthermore, P₃ has highly primed, frequent, and concerning rage reactions at inappropriate times and places with various individuals, including her husband and her supervisor. Given P₃'s leave of absence and her suffering a

physical illness in the past very difficult year, P₃ also does not have any more sick leave, and T₃ feels this places pressure upon P₃ to be at work and aggravates her situation.

At the beginning of the therapy session, as P₃ described her various stressors, T₃ experienced as conspicuous P₃'s lack of mention of her step-father's illness. T₃ expected P₃'s step-father's illness to be a significant stressor due to her complex past with her parental figures. T₃ explains that P₃ was sexually abused by her biological father in early childhood, who was removed from the house and died a few years later. P₃'s step-father, although a better provider, was very physically abusive towards P₃. During her treatment for her first depression, P₃ was addressing her childhood abuse and decided to sever her relations with her parents, and has reconciled with them only a few years ago. Along with this historical context, given her previous therapy experiences with P₃, the conspicuous gap also reminded T₃ of P₃'s tendency to avoid the core of her issues by rapidly and continuously discussing their superficial details as she was doing in the session, as well as her tendency to radically avoid emotions. As such, T₃'s first interpretation (Int. 1) was intended to help P₃ more deeply explore the reasons for her distress and fatigue, which T₃ assumed were the issues surrounding her step-father. Addressing these issues was particularly important given her step-father's imminent death, as well as P₃'s ambivalent and highly layered emotions regarding him. T₃ felt that the ambivalence towards him was accentuated by the recent conflict between P₃'s helping him during his time of need, and her partial recognition of her feelings of anger and hate towards him, which themselves are confounded by his being a better parent than her father. T₃ hoped that her interpretation would help P₃ address these feelings, and thereby gain insight into her fatigue. She also hoped that her interpretation would lead to an emotional release for P₃. However given how early it was in the session, she anticipated that P₃ would not discuss her feelings of ambivalence towards her father. Yet T₃ felt that her interpretation did lead P₃ to think more about the reasons for her fatigue, thus moving her in T₃'s intended therapeutic direction.

T₃ states that she was satisfied with P₃'s interpretation (Int. 2), presented later in the session, wherein P₃ interpreted her own suggestions as an example of how her pessimistic thoughts make her situation worse. T₃ explains that her further interpretation (Int. 2), that P₃ is also unnecessary living out the anticipated drudgery of the future in the present,

emphasized P₃'s entrapment in a "classic worry tendency." This tendency involves living all of the burdens of the future in the present and taxing one's capacity to cope. From a "mindfulness-based CBT" perspective, remaining in the moment is essential to allow patients to take an observing distance from emotions associated with their past or future, thus protecting against the associated anguish. Given her immersion in her ruminations about its future, T₃ felt that P₃ was viewing her job very negatively and unable to perceive the aspects of it which she had previously stated she enjoys. Unfortunately, T₃'s intervention did not lead P₃ to become more mindful of the present. Instead, T₃ felt that P₃ had shifted from discussing the future to discussing feeling better after her vacation, which was in the past. Realizing this and shifting focus, T₃ states that her concluding interpretive response was intended to reverse P₃'s external locus of control, wherein P₃ accounted for her feelings through various external aspects of her life. T₃ wanted to have P₃ focus on an internal locus, and realize that she can think and act in ways that can lead to more positive feelings. However, T₃ was suddenly diverted from her intervention at that point in the session.

At that point in the session T₃ noticed an incongruity between P₃'s facial expression of depression and anguish and her awkward laughter, and she intuitively felt that the interpretations (Int. 2) were very intense and heavy for P₃. She reasoned that such insight is difficult for P₃ because she is aware of assimilating these characteristics, that she despises, from her mother. Due to her concern regarding this intensity, T₃ led the dialogue away from her intended therapeutic direction through what she immediately judged as a poor intervention. While discussing the behavioural issues surrounding sleep is important as it is a fundamental and longstanding problem which interferes with P₃'s positive thinking, T₃ realized directly afterwards that shifting their dialogue in that direction was a mistake. T₃ wished she had remained with the theme of becoming more mindful of the present. Furthermore, given P₃'s rational awareness that exercise improves her mood and helps her sleep, but her inability to implement it, T₃ felt that discussing it at this point in the session was an additional mistake. T₃ realized directly afterwards that the intervention served to remind P₃ of something else she is failing, which may have made her feel worse. However, while she realized it was a mistake, the intervention was also motivated by her reflecting upon the meaningful reasons underlying P₃'s lack of exercise. T₃ concludes that, due to her

realization of these errors in the session, she was able to “regroup” and return to these themes later in the session.

T₃ explains that she sometimes experiences P₃ as a “monolithic brick wall” that is mired in negative distress and self-defeating thinking, which does not allow her any space to penetrate with new ideas. This experience is intensified by P₃’s continuous and rapid speech, which frustratingly does not allow any penetration and which sometimes requires that T₃ interrupt P₃ to express something. T₃ explains that P₃ perceives her speech as therapeutic cooperation, but it sometimes is her way of resisting and stalemating by preventing T₃ from speaking. P₃ resists in such a manner when she becomes rigid and mistrustful of novel ways of thinking, due to her fears and her “fundamental paranoid underlay.” T₃ was experiencing P₃ in this manner in the middle of the session, which motivated the style of T₃’s interpretation (Int.3) that P₃’s solutions were actually forms creative thinking and that they were linked to the concept of the compromising middle ground. Through this interpretation, T₃ was persistently and forcefully attempting to break through and instill in P₃ the idea of the middle ground, with the intention of having P₃ recognize that her pattern of thinking was healthier than normal. She also attempted to positively reinforce this healthier thinking, thereby increasing its likelihood.

T₃ explains that, given P₃’s personality disorder, T₃ expects her to progress very slowly and did not expect that she would actually increase her healthy thinking. However, given her disorder and tendency to avoid affect, T₃ viewed P₃’s expression of hopelessness after T₃’s interpretation (Int. 3) as very positive. Explaining the significance of P₃’s response, T₃ intuitively felt that it referred to three aspects of hopelessness. It superficially referred to the unbearable length of time it will take to get a new position. At a deeper level, it indicated P₃’s understanding of T₃’s interpretation but her feeling that it will take far too long to learn how to think differently and achieve the middle ground, as she wants immediate emotional relief. Finally, it referred to the unbearable length of therapy and her reliance upon T₃’s optimism to persevere. Given the depth of P₃’s response, T₃ was very satisfied and happy. Furthermore, previous to this interpretation T₃ felt that the progress of the session continued to be hindered by the mistake she had made previously (Int. 2). While the tangent they pursued up until this point was necessary, it was very behavioural and not a core aspect of

the therapy. But at this point T_3 finally felt that the session was progressing well.

T_3 's sense of progress in the session was confirmed by P_3 's followup interpretation (Int. 3), in which she realized her past contribution to her "slump" and linked it to and took ownership for it in the present. She also credited P_3 for persisting given her terrible emotional state and her unhealthy thinking. However, T_3 felt only slightly positive about P_3 's interpretation. Although P_3 identified her "slump" in the interpretation, which T_3 understood as a vague dysphoric feeling, it was not a full expression of a feeling. Explaining her response to P_3 's interpretation (Int. 3), T_3 states that living through a serious disorder leads patients to forget much of what they experienced. Far removed from the depth of her depression, P_3 was flirting with becoming worse so that she can justify returning to her leave of absence. This concerned T_3 , leading her to act as P_3 's historian and reminding her of how terrible she truly felt when she was depressed, as well as indirectly making P_3 aware of the choice of becoming worse or struggling to improve. Serving the same historian role, T_3 also did not want P_3 , as a result of worsening, to feel that her therapies were futile, and to throw away therapeutic efforts simply because she had forgotten the tools and insights she had gained which helped propel her out of her depression.

T_3 explains that her next set of interpretations (Int. 4) were motivated by her knowledge that, while P_3 recognizes her step-father's imminent death at one level, at another she continues to avoid it in the session despite previous interpretations. In addition, T_3 further realized that P_3 's fatigue was not simply a work-related symptom. It was also her way of withdrawing from this reality, given the complexity of emotions she felt for her step-father. During these interpretations, T_3 was reflecting upon how she can convey this to P_3 in a manner that would allow her to be responsive, without triggering her fear of and withdrawal from the issue. As such, she recognized that P_3 was living through much more than stress in response to her difficulties with her father. However, she used the word "stress" because she knew that P_3 had not recognized the extent of their emotional impact, and wanted her interpretation to remain experience-near for P_3 . Furthermore, due to her concern that the manner of conveying the interpretation may affect the therapeutic alliance given the sensitivity of the issue, at the end of it T_3 also normalized P_3 's desire to withdraw.

P_3 's response to T_3 's interpretations (Int. 4), which involved a change of topic,

surprised T₃. Contradicting her previous statements that the extent of her difficulties and fatigue are not remotely as intense as before, P₃ pursued what T₃ viewed as a negative direction and emphasized their seriousness. As such, T₃ perceived P₃ as being unable to assimilate her interpretations. However, T₃ felt that she planted the seed of these interpretations and left them in hopes that they would eventually come to fruition. Given P₃'s lack of responsiveness, T₃ changed topics and addressed some practical issues related to P₃'s difficulties.

T₃ experienced P₃ during her interpretation (Int. 5) at the end of the session as very therapeutically aware, in that she was recognizing the patterns and interpreting herself. T₃ felt pleased with P₃'s interpretation, particularly her return to expressing her feelings of hopelessness and powerlessness in being unable to work towards the things she felt she needs (her weight loss in particular). This recognition provided T₃ with hope that P₃ would eventually gain insights into these feelings and her difficulties. At the end of P₃'s interpretation, T₃ felt that P₃ was struggling considerably with her difficulties. As such, T₃ wanted to avoid concluding the session with thoughts of P₃'s father's death. Since P₃ had expressed her hopelessness regarding her weight gain, using a concrete metaphor (i.e., carrying two medicine balls) T₃ highlighted the relationship between P₃'s weight gain and her fatigue and energy drain. This allowed T₃ to address a concrete aspect of P₃'s difficulties, which she hoped would offer some encouragement that, in contrast to P₃'s overwhelming psychological issues, if P₃ was motivated she could alter.

In reference to the set of interpretations (Int. 6) which occurred at the end of the second session, T₃ explains that she expressed them in a verbally and physically exaggerated and dramatic manner. Since in her healthier moments P₃ has a good sense of humour, she often responds to T₃ when T₃ becomes dramatic. The drama forces P₃ to engage, as well as to slow down and become aware of her expressions. As such, T₃ reasoned that if she could engage P₃'s humour through hyperbole, it may provide P₃ with sufficient distance to help her shift out of her rigid attitudes. Through this exaggerated manner, T₃'s first interpretation challenged P₃ to consider her assigned task more lightheartedly and dismissively. In further support of this challenge, using a similar manner, T₃ brought together various aspects of P₃'s job for which P₃ had previously expressed a liking. T₃ then linked this material with "the

problem of the shoulds". T₃ explains that "the problem of the shoulds" refers to a previously addressed pattern of thinking related to P₃'s rigid core beliefs. These involve P₃ frequently and prevalently dictating the manner in which the world should be and people should act and, unable to accept the world and others as they are, she becomes extremely angry and imposing of her unreasonable views. Furthermore, P₃ has many highly negative interpretations of the world associated with these core beliefs, wherein she assumes the worst of others and herself. This pattern of thinking keeps P₃ mired in her depression, and her views are generally unrealistic, harshly unforgiving, and judgmental, and when turned upon herself they become unreasonably demanding and extremely self-defeating forms of thinking.

T₃ happily noticed that P₃ was engaged with her throughout these interpretations (Int. 6), and felt that her interpretations fulfilled their purposes. P₃ very clearly took in the interpretations, shifted, and took ownership of her thinking, as indicated by her acknowledgement that thinking does play a role in how she perceives her work. T₃ was further pleased by P₃'s making a connection between her "slump", her negative attitudes which lead to it, and the stressors which make those attitudes more prevalent.

Situated Meaning Structure of the Interview with Patient Regarding Interpretations in Therapy Session 3.1-3.2 (S_{3,1} & S_{3,2})

The interpretations in the session arose in the context of P₃ sensing that she was slipping back into the feelings of anxiety and depression which gave rise to her previous leave of absence one year ago. For P₃, the sources of these feeling were the recent overwhelming events with her family, in addition to the stressors of her work. More specifically, she was constantly living the anticipated fear of her father's death, and with feeling very trapped in her job given her ambivalence about it. P₃ explains that she was torn between feeling that she should remain in her job so that she does not lose her pension and lifetime benefits, and feeling that she wants to leave and dedicate more time to the real-estate career that she loves. These feelings were aggravated by P₃ not having any more sick leave and having to force herself to go to work. As a result P₃ felt that she had no place where she could be calm, relaxed, and happy. She experienced her whole life as frantically fast paced, and even her extracurricular activities had become unenjoyable stressors.

At the beginning of the session, P₃ states that she was experiencing the anxiety and overwhelming sense of being caught between attending to her work on the one hand, and on the other the practically and emotionally persistent demands created by her concerns regarding her father's illness and anticipated death. As such, P₃ had been experiencing work as a burden. Given this context P₃ agreed with what she viewed as T₃'s very accurate interpretation (Int. 1). As T₃'s interpretation indicated, P₃ realized that her feelings regarding her work had shifted from positive to negative despite the lack of meaningful change in her work conditions, and that the shift corresponded with and was due to the stress of her father's illness. Her stress and intolerance for her work conditions truly worsened only after her father became ill, yet she had blamed all of her unhappiness upon them. In addition to this realization, P₃ also remembered her difficulties last year, and realized that she had again reached a point of such intense stress that she felt like she "can't cope with **anything** anymore" and everything became highly effortful, and everything compounded until P₃ felt completely drained and fatigued. T₃'s interpretation had also reminded P₃ of previous sessions, wherein T₃ had explained that unhappiness in one aspect of life affects all other aspects. Following T₃'s interpretation, P₃ felt better as it had provided her with a novel insight which she had to acknowledge.

The following interpretation (Int. 2) in the session was initiated by P₃, wherein she identified her engagement in negative thinking which was worsening her circumstances. She states that it was motivated by her awareness, learned over a few years of therapy, of her thinking when it is counterproductive. Through therapy P₃ has realized that she has engaged in constant negative thinking for most of her life, and she has become fully aware of the serious effects and major difference created by her style of thinking. Yet, given that she learned it early in childhood through her mother's negative thinking, P₃ engages in it easily and feels unable to alter it. This is highly frustrating for P₃, since she is motivated to engage in more positive thinking. At this point in the session, she realized that she was engaging in negative thinking through her reflection upon their discussions in the session. However, while she is having some success in these efforts, P₃ still feels unable to alter her style of thinking.

P₃ understood T₃'s interpretation (Int. 2) as expanding on her own by accurately

identifying that, earlier in the session, she was projecting to and living in the future instead of the here and now. T_3 's interpretation fit well with P_3 's experiencing, as she identified this projection as a form of negative thinking. Engaging in such thinking had led P_3 to excessively worry about the next few pre-retirement years at her job, thereby making herself feel worse by making them seem very much longer. T_3 's interpretation also led to P_3 making a connection to a time when she felt better at work due to her thinking, which she expressed in the session. P_3 also agreed with T_3 's response that such positive feelings can be extended by the nature of her thinking and acting, as she had previously learned this in therapy.

Later in the session, P_3 states that she was engaging in black and white (all or nothing) thinking and not seeking the gray middle ground. Feeling stuck in being unable to identify any immediate solutions to her work dilemma, and not fully realizing that she had already identified some compromises, P_3 's impatience was aggravated. As such, T_3 's interpretation (Int. 3) was an instance of P_3 needing T_3 to point out to her the implications of her thinking, in that it accurately identified P_3 's engagement in creative solutions. Given her feeling that she cannot "survive another week" at work, P_3 continued to feel some impatience in wanting a quicker resolution. However, T_3 's interpretation helped her take some distance, reflect, and realize that she had been assuming the worst and that the situation is not as terrible as she thought. P_3 realized that she had found some choices and alternatives, and that they would be realized if she has some patience and endures. This hope for the future helped P_3 to experience some relief from the burden of her entrapping situation.

Despite recognizing the role of negative thinking in making her feel worse given the sensible insights that she and T_3 had previously discussed, through T_3 's interpretation (Int. 3) P_3 realized that she had been engaging in it yet again by immediately assuming that her situation is hopeless and unresolvable. Realizing this tendency, through her interpretation (Int. 3) P_3 expressed that she cannot remain complacent, by spending so much time dwelling upon her circumstances, and expect a miraculous change. Although this had occurred because of the familiarity of negative thinking and its less effortful ease of engagement, P_3 had allowed her negative thoughts to dominate for too long. As such, she stated that she must find ways to actively engage her life and resolve her difficulties. Yet, despite what she

felt was this sensible realization, P₃ still felt caught in her negative thoughts.

T₃'s response to her interpretation (Int. 3) was a reference to the considerable amount she had learned, regarding the necessary steps to improvement, in the few years of therapy with T₃ and her previous therapist. While agreeing, P₃ was unable to fully remember and to implement this knowledge, and T₃ was reminding her that she must pause, reflect, and utilize what she had learned. P₃ appreciated this reminder. T₃'s response also identified her temptation to return to her depression so that she can escape work, as T₃ firmly and precisely reminded her of the extent of her suffering during that time and that it would be ludicrous to want to return to such a state. This intervention was successful in that it reminded P₃ of the frustration and difficulty of her previous leave, due to her depression as well as the stress of the required documenting process. While being at work is also stressful, P₃ realized that she sometimes needs to remind herself that "people would kill" for her job given its benefits.

P₃ explains that she does not usually take the time to reflect and identify the connections between the different facets of her life. Furthermore, she has great difficulty identifying her feelings. Although T₃'s next interpretation (Int. 4) did not alter how she felt, P₃ agreed with it and found that it led to novel awareness and realizations regarding those aspects of her life. T₃'s interpretation "shed light" upon and accurately identified aspects of P₃'s experiencing which were confusing for her and beyond her awareness. In particular, T₃ identified the triggering of P₃'s old feelings, and her step-father as the primary source of those feelings given their poor relationship and his imminent death. As expressed in her response to it, T₃'s interpretation also helped P₃ to further identify the return of feelings from her previous leave and connect them to her current experiencing.

P₃ explains that the stage was set for the next interpretations (Int. 5) as, through their dialogue, P₃ felt caught between knowing that she should not drink at the cottage as it contributes to her difficulties, and not wanting to make such a commitment. P₃ agreed with the undeniable truth of T₃'s argument that she must make a positive lifestyle change. However, during her interpretation P₃ used her weight loss as an example to strongly emphasize her great difficulty in making such change, given her reality of being actively caught in vicious habitual cycles. As such, P₃ expressed her feeling caught between her inability to accept the required steps for the lifestyle changes on the one hand, and deeply

wanting them on the other. However, T_3 's response at the end of the session helped her to reflect on the importance of these changes. Previously uncertain of the reason for her fatigue, the imagery of T_3 's concrete metaphor (i.e., carrying two medicine balls) powerfully highlighted for P_3 how her weight gain contributes to her fatigue.

In reaction to the first in the next set of interpretations (Int. 6), P_3 wholeheartedly agreed and understood the need for T_3 to constantly remind her that altering her depressive thinking could radically change her outlook on life. However, she also felt that she had been caught in that thinking for so long that the process of changing it is frustratingly difficult and highly effortful, and felt frustrated at being reminded of it yet again. Although P_3 was not reminded of any previous session material in reference to the second interpretation despite T_3 's prompt, she understood the link T_3 was making between the "who cares" and "the problem of the shoulds" statements. She viewed them as referring to her unrealistic need for control of others and the world by insisting that events and people should be and act according to her views. For instance, she immediately viewed the request at work to clean up the filing as others dumping it on her and taking advantage of her. While P_3 ambivalently agreed that she should take the "who cares" attitude T_3 was suggesting, it contradicted and did not take into account her feelings of frustration regarding the situation, and thus was very difficult to actualize in practice. As such, P_3 resisted T_3 's intervention through her argument that if one is totally miserable, then the benefits of one's work are irrelevant.

P_3 was more receptive to T_3 's third interpretation in the set (Int. 6). Through the link which T_3 expressed between her manner of thinking and her unhappiness, P_3 was reminded of the effect of her negative thinking upon her feelings, that the ultimate source of all of her difficulties is her manner of thought, and T_3 's past arguments that P_3 can completely alter her outlook through her interpretations and assumptions. P_3 remembered being warned about her negative assumptions and her frequent tendency to create catastrophes. Despite P_3 's agreement with T_3 's interpretation, as well as her acceptance of the connections which it stimulated for her, P_3 experienced some ambivalence as it contradicted her feelings of frustration at the time. P_3 explains that she deeply struggles with achieving what she agrees is the necessary solution of shifting into more positive thinking to make herself feel better, as it sometimes contradicts her feelings. Thus, while her concluding statements agreed with

T_3 's interpretation, they were also intended to justify to T_3 her negative attitude by taking into account the reasons for it (i.e., her feeling overwhelmed given the situation with her parents).

Overall, P_3 reports that she agreed with T_3 's interpretations, and they helped her feel somewhat better due to the insights which they provided. She explains that, when T_3 frequently repeats an interpretation, she sometimes remembers it outside the session, pauses and reflects upon it, then attempts to implement its insights. This has not occurred with the current session material. P_3 has been too preoccupied with her difficult life events, and she has been unable to implement the insights at work given her recent infrequent attendance. However, even though she is unable to fully attend to it at this time, P_3 states that she has retained the session material.

General Meaning Structure of Interpretation for the Third Participant Pair

Interpretations were scattered throughout this session and suffused what T_3 identified as the core aspects of the therapy. Six segments of therapy emerged as clearly interpretive, in the context of P_3 describing her slipping back into "depressive feelings." She describes experiencing her whole life as permeated by an overwhelming feeling that she "can't cope with **anything** anymore," leading to a sense of utter fatigue and a lacking of all enjoyment. P_3 was particularly overwhelmed by a sense of being trapped in "the slump" of her indecision regarding a current career dilemma, along with added stresses at work which severely aggravated it. These feelings were intensely distressing because they were reminiscent of her most recent depression, as well as P_3 's inability to fully account for their presence. T_3 's interventions were generally motivated by her intense concern with the re-emergence of these difficulties. T_3 was also specifically concerned with P_3 's highly maladaptive functioning at work, including P_3 's rebelliousness, and her highly primed, frequent, and inappropriate rage reactions.

Within the context of P_3 's describing her stressors, T_3 expected P_3 to discuss her step-father's illness and imminent death, particularly given her complex and abusive past with her parental figures. Experiencing the lapse as conspicuous, T_3 was reminded of this historical context. She also noticed that P_3 was engaging in her familiar tendency in therapy to avoid the core of her issues, and their associated affect, by rapidly and continuously discussing

their superficial details. As such, T₃ intended her first interpretation (Int. 1) to help P₃ more deeply and insightfully explore the reasons for her difficulties, particularly given her ambivalent and highly layered emotions regarding her step-father, and the ambivalence inherent in helping him during his time of need. Within the session she interpreted (Int. 1) P₃'s work as having been made the target of P₃'s discontent, which is understandable given that she lives its stresses daily, when the primary source is the situation with her step-father. Additionally, T₃ hoped that the insight would reduce P₃'s maladaptive functioning at work. P₃ agreed with what she viewed as a very accurate interpretation. It led P₃ to remember T₃'s related interventions from previous sessions, and realize and express that she had been living with the persistent and intensely overwhelming practical and emotional demands created by her step-father's circumstances. In fact this corresponded with the increase of her stress and intolerance at work, and she had blamed her work for her unhappiness despite a lack of meaningful change in its conditions. As a result of this novel insight, P₃ felt better following T₃'s interpretation. T₃ was also satisfied as she realized that P₃ was moving in T₃'s intended therapeutic direction.

Through therapy, P₃ has become aware of how easily and repetitively she falls into negative thinking. Yet, despite her awareness that engaging in such thinking has serious effects upon her attitudes and emotions, her frustrated efforts to alter it have been fruitless given its highly ingrained childhood sources. The next set of interpretations (Int. 2) emerged in the context of P₃ realizing that, by fantasizing about being retired, her thinking had become counterproductive as she excessively worried and felt worse about her remaining pre-retirement years. P₃ interpreted (Int. 2a) her pessimistic fantasizing as an example of how she worsens her plight through her negative thoughts. T₃ affirmed P₃'s interpretation, and extended it by interpreting (Int. 2b) P₃'s suggestion as a negative future projection and a living out of that anticipated drudgery in the present. This extension was theoretically justified through a "mindfulness-based CBT" approach, which emphasizes living in the present to allow patients to take an observing and coping distance from the anguish and the burdens associated with their past and future. Being immersed in her ruminations about its future had led P₃ to view her job more negatively, and to forget the aspects which she previously stated she enjoys. For P₃, T₃'s interpretation accurately identified the specific

form which her negative thinking was taking. P₃ was reminded of the importance of “living in the here and now,” and that there are periods when she feels better at work, even though these periods are short-lived. Realizing that P₃ had not fully shifted in mindfulness, T₃’s concluding interpretation occurred in response to P₃ accounting for her feelings through various external aspects of her life. Wanting P₃ to focus on an “internal locus of control,” T₃ stated that P₃ can think and act in ways that extend her positive feelings. Having previously learned this in therapy, P₃ immediately agreed with this statement.

T₃ was abruptly diverted from this interpretive therapeutic direction. She noticed some stark verbal and non-verbal reactions in P₃, which she intuitively felt were indications that the interpretations were very intense and heavy for her. T₃ reasoned that such insight was difficult for P₃ because she is aware of assimilating these negative thinking tendencies, which she despises, from her mother. Although T₃ led the dialogue towards discussing some important behavioural issues, she viewed her divergence as a poor digression from the core therapeutic issues. This was particularly true because the timing of this digression was inappropriate, as it served to remind P₃ of yet another failure which may have made P₃ feel worse. However, due to her immediate realization of these errors, T₃ was able to return to these themes later in the session.

Despite P₃’s identification of viable alternatives to her career dilemma and T₃’s encouragement of these alternatives, P₃ paradoxically continued to be caught in the “black and white” state of that dilemma. Feeling stuck in being unable to identify any solutions, and not fully realizing her own identification of compromises, P₃ was becoming impatient and aggravated. Thus she viewed her choices as hopeless and insufficient, and her situation as unresolvable. At that point in the session, T₃ experienced P₃ as a “monolithic wall” rigidly mired in negative distress and self-defeating thinking, which is highly resistant and does not allow her any space to penetrate with novel ideas. T₃ felt that she needed to help P₃ recognize that her pattern of thinking was healthier than usual, and to “positively reinforce” this healthier thinking. Thus she forcefully interpreted (Int. 3a) P₃’s expressed ideas as creative solutions to her dilemma. She also linked them to the concept of the compromising middle ground, which she had been attempting to help P₃ move towards to counteract P₃’s all-or-nothing thinking. T₃’s interpretation was an instance of P₃ needing T₃ to accurately point out

the implications of her thinking. Through T_3 's interpretation, P_3 was able to take some distance, reflect, and realize that she had been engaging in negative thinking yet again, despite the sensible insights developed earlier in the session. Although she still experienced some hopelessness at wanting a quicker resolution and some associated emotional relief, P_3 realized that the situation is not as dire as she thought. She realized that she had in fact identified some choices and alternatives, which could be actualized with some patience. This hope for the future provided some relief from the burden of her entrapping situation. Given her tendency to avoid affect, T_3 viewed P_3 's expression of hopelessness at the end of her interpretation as a positive indication of some insight regarding her circumstances (i.e., the unbearable length of time to actualize her solutions, to learn how to think differently, and to persevere in therapy). As such, T_3 was satisfied and happy at P_3 's reaction, and felt the progress of the session was no longer being hindered by her previous erroneous intervention (at the end of the second interpretive segment).

P_3 's realization of her engagement in negative thinking also led to her own reflective interpretation (Int. 3b). She interpreted her initial reactions to her creative solutions, as well as her daily behaviours, as her engaging in passive, futile, and complacent dwelling upon her circumstances without making efforts to alter her desperate situation and her difficulties. Experiencing herself as allowing her negative thoughts to dominate for too long, P_3 felt that she must find ways to actively engage her life. Yet, given the their familiarity and ease of engagement, she continued to feel caught in her negative thoughts. T_3 's sense of progress in the session was confirmed through P_3 's interpretation, as P_3 had realized her past contribution to her difficulties and linked it and took ownership for it in the present. T_3 responded by emphasizing the importance of such reflection, as well as remembering the tools P_3 learned in therapy, particularly given the resurgence of the suffering associated with P_3 's "depression."

Later in the session, as they discussed P_3 's difficulties, T_3 realized that P_3 had continued to avoid discussing her step-father's illness and imminent death despite T_3 's previous interventions. With this realization came the realization that P_3 's fatigue is also her way of withdrawing from this reality, given the complex emotions she feels for him. While validating P_3 's recognition of what T_3 describes as "early warning signs," T_3 interpreted (Int.

4a) them as a reactivation of P₃'s depressive symptoms and again linked them to the stress P₃'s likely experiencing due to her father's circumstances and the complexity of their relationship. In addition to being a symptom, T₃ interpreted (Int. 4b) P₃'s fatigue as causing P₃'s withdrawal and reduction in activity, which T₃ described as aggravating her difficulties. T₃ was concerned about presenting these interpretations in an experience-near manner that would maximize P₃'s responsiveness without triggering her fear and withdrawal. As such, her wording was carefully chosen. For example, while aware that P₃ was living through much deeper affect, T₃ used the word "stress" because she knew that P₃ had not recognized their extent. Concerned that the interpretation may affect the therapeutic alliance, at the end T₃ also normalized P₃'s desire to withdraw. Given that she does not usually reflect upon and identify the connections between different facets of her life, P₃ appreciated T₃'s interpretations. They provided her with novel awareness and accurately "shed light" upon these facets, which were previously confusing for her. They also allowed her to further identify the return of another reminiscent sign of her difficulties, which she expressed in the session. Misunderstanding P₃'s response to her interpretation, T₃ experienced it as a sudden and surprising negative emphasis on the seriousness of P₃'s difficulties. As such, T₃ perceived P₃ as unable to assimilate her interpretations (Int. 4a & 4b) and changed topics, but she was satisfied with planting their seed and hoping that they would eventually come to fruition.

At the end of the session P₃ felt caught between agreeing with the undeniable truth of T₃'s healthful suggestion, and not wanting to make such a commitment. During her interpretation (Int. 5a), P₃ strongly emphasized her great difficulty in making such changes given her reality of being actively caught in vicious habitual cycles. Using her weight gain as an example, P₃ explained that her lack of desired changes causes critical feelings about herself, which themselves prevent her from making further changes, leading to a vicious cycle, feelings of hopelessness, and a return to old habits. T₃ affirmed that, while they are difficult, healthy lifestyle transformations are required for change. In response, P₃ assertively reinterpreted (Int. 5b) her current inability to accept these required transformations, despite her deeply wanting the resulting changes. Experiencing P₃ as very therapeutically aware in recognizing these patterns during her interpretations, T₃ was pleased with them, particularly

her repeating her expression of hopelessness. It provided T_3 with hope that P_3 would eventually gain insights into her feelings and difficulties.

Noticing that P_3 was struggling considerably with her difficulties, T_3 avoided the central issue of P_3 's father at the end of the session. She concluded it by using a concrete metaphor (i.e., carrying two medicine balls) to interpretively highlight (Int. 5c) the relationship between P_3 's weight gain and her fatigue and energy drain. In contrast to P_3 's overwhelming psychological issues, this allowed T_3 to encouragingly indicate to P_3 that she can alter an aspect of her difficulties. Given P_3 's uncertainty of the reasons for her fatigue, the imagery of T_3 's concrete metaphor powerfully highlighted the important contribution of a lifestyle change to her difficulties.

At the end of the second session, T_3 expressed her understanding regarding the dominance of P_3 's negative feelings and the need to help P_3 sustain more buoyant and positive feelings. T_3 then interpreted (Int. 6a) them as associated with her longstanding web of depressive thinking. T_3 explains that she expressed the rest of her interpretations (Int. 6) in verbally and physically dramatic hyperbole. She hoped that it would engage P_3 's sense of humor, and thereby slow her down and provide the distance necessary to increase her awareness and shift her out of her rigid attitudes. Through this exaggerated manner, T_3 attempted to alter P_3 's negative thinking by using an example of an assigned work task. She interpretively associated (Int. 6b) it with a previously addressed longstanding and highly rigid tendency. This tendency refers to P_3 's frequent and prevalent need to impose upon the world, others, and herself her unreasonable and harshly unforgiving perspective, which is extremely self-defeating and keeps her mired in her depression. Through this association, T_3 interpreted (Int. 6c) P_3 's negative feelings regarding her work task as a result of these perceptions. T_3 then strongly challenged P_3 to alternatively interpret it (Int. 6d) lightheartedly as a relatively minor and easily dismissed part of her work day, and supported this challenge by interpretively bringing together (Int. 6e) various advantages of P_3 's job for which P_3 had previously expressed a liking.

While wholeheartedly agreeing and listing additional job advantages in the session, P_3 also felt some unexpressed frustration at being reminded of the role of her negative thinking yet again. She felt that she had been caught in it for so long that the process of

changing it is difficult and highly effortful. Furthermore, P₃ felt some ambivalence at taking the careless attitude T₃ was suggesting, as it failed to take into account her feelings of frustration regarding the situation, and thus was very difficult to actualize. As such, she resisted T₃ by arguing that the benefits of one's work are irrelevant if one is "totally miserable." Responding to P₃'s resistance, T₃ reemphasized her interpretation (Int. 6f) that P₃'s manner of thinking is the source of her difficulties and unhappiness, and she simply needs to reverse it. P₃ agreed with this interpretation in the session by recalling that she had enjoyed her work at one point despite its lack of meaningful change. Through the link which T₃ created, P₃ was reminded of T₃'s warnings that the ultimate source of her feelings, outlooks, and difficulties are her frequent and alterable negative thinking and assumptions. However, P₃ deeply struggles with achieving what she agrees is the necessary solution of shifting to more positive thinking, as it sometimes contradicts her feelings. As such, P₃ experienced some ambivalence regarding T₃'s interpretation (Int. 6f).

T₃ concludes the session by restating her interpretations (Int. 6), and interprets (Int. 6g) their suggestions as an alternative and more beneficial attitude to take up because one's experiences in life are founded upon one's attitude. Feeling ambivalence about this interpretation, P₃ expresses the ease with which she takes up negative attitudes given the seriousness of her current life events. For P₃ this response was both an agreement with T₃, and a taking into account the reasons for her negative attitudes, thereby excusing them. Wholeheartedly agreeing, T₃ empathizes with the amount of psychological energy consumed by P₃'s current life events. T₃ felt that her interpretations (Int. 6) fulfilled their intended purposes, and she happily sensed that P₃ was engaged and took them in. For T₃, P₃'s responses indicated that she took ownership of her thinking, and made a connection between it, her condition, and stressors which made that thinking more prevalent.

The interrelated themes of P₃'s step-father's condition, her cycles of maladaptive thinking (particularly at work), and resurgence of her "depression" formed a central interpretative thread which permeated the whole session. The six interpretive segments informed and deepened these themes, forming various layers of their development depending upon the material which P₃ presented throughout the session. Overall, P₃ generally agreed with T₃'s interpretations, and they helped her feel somewhat better given the insights they

provided. Due to her preoccupation with her life circumstances and her recent infrequent attendance at work, she was not able to remember, reflect upon, and implement their insights as she normally does. However, the session material remains with her for future reflection.

General Meaning Structure of the Phenomenon of Interpretation

As indicated by the meaning structures presented above, interpretation is a highly complex phenomenon with multiple dimensions. What follows is a presentation of the deeply interrelated main features of interpretation, highlighting the commonalities and variations across the three general structures of the patient-therapist pairs. The main features found were the following: Core Therapeutic Intervention, Dialogical Phenomenon, Therapeutic Context and Intentions, Thematization, Temporality, Level of Reflection, and General Patient Responses. A Typology of Interpretations will also be suggested based upon the interpretations present in the data.

Interpretation as a Core Therapeutic Intervention

Although particular segments in the session emerged as clearly interpretive, interpretation was generally a core therapeutic intervention in that it suffused all three sessions and was central to the therapies, despite their distinct differences in orientation. In particular, the general meaning structures reveal that interpretations were fundamental aspects of what the therapists identified as core fragments of the session. However the entire psychodynamic session was mainly characterized by either interpretations, session material that was essential to their foundations, or session material that elaborated their consequences. In contrast, for the humanistic and cognitive-behavioural sessions, other interventions were present that were more clearly independent of the interpretations. The primarily humanistic session included more reflections, and the primarily cognitive-behavioural session included more cognitive restructuring and behavioural recommendations. As such, theoretical orientation seems to play an essential role in the primacy given to certain interventions as well as their frequency, but it certainly does not exclude the presence of interpretation as a core therapeutic intervention.

Interpretation as a Dialogical Phenomenon

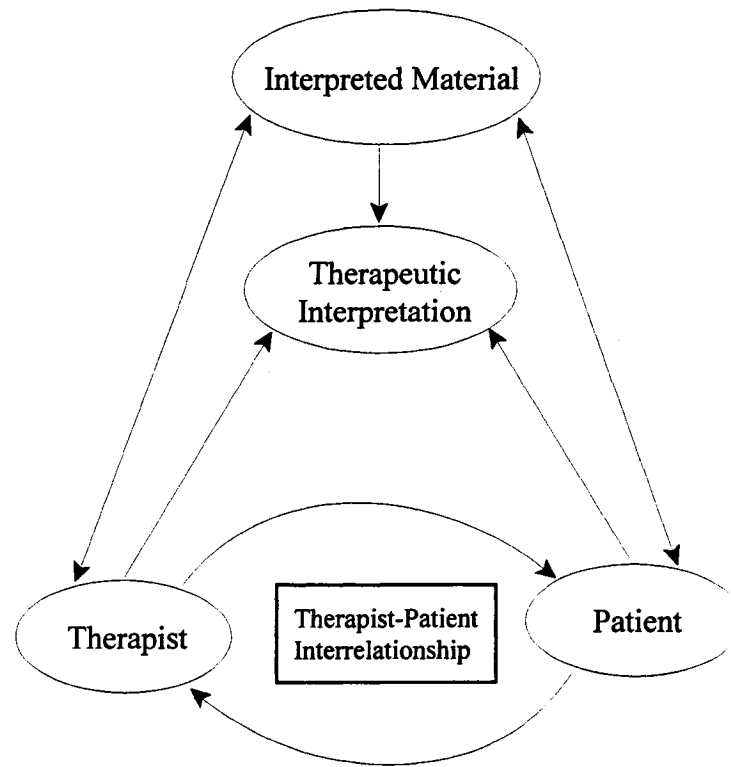
The general structures of the three therapeutic sessions clearly indicated the dialogical nature of interpretation. Although it was always initiated by one member of the

therapist-patient dyad, it arose out of their interplay and evolved through their interaction. Immediate feedback from the recipient member of the dyad always influenced the content and style of the interpreter's interpretation during the process of its evolution. The interpretation required a pre-interpretive context, wherein the recipient of the interpretation was often responsible for setting the stage for the interpreter's interpretation. During the interpretation proper, the recipient often made a statement or became the interpreter him/herself, thereby reversing the role of interpreter-recipient. In fact, one could speak of interpretive segments in therapy, which often include sets of interrelated interpretations, wherein the interpretations of one member of the dyad gives rise to interpretations from the other member. These segments also include a pre-interpretive context, as well as a post-interpretive context, wherein the participants react to each other and the interpretations, and set the stage for further therapeutic interventions. The question then becomes: who or what is being interpreted? For example, when a therapist initiates an interpretive segment, and the patient begins to interpret within the same segment, then one can no longer speak of the patient being interpreted. At that point, the patient becomes the interpreter of him/herself. While interpretation is more frequently initiated by the therapist, it develops and evolves through the dialogue itself. Given this interplay, one could argue that the ultimate recipient of the interpretation is the phenomenon being addressed by the interpretive dialogue. Perhaps the clearest conceptualization of this dialogical main feature of interpretation, based upon the data, is that therapists and patients each play an essential interrelational role in the process of interpreting the phenomena which they seek to comprehend. As such interpretation is not a therapist intervention, but rather arises in-between the therapist and patient, and can as such be seen as an intersubjective phenomenon. Regardless of who is interpreting, the patient and therapist, through their interrelationship, form the interpretation as they both interrelate with the material which is being interpreted (see Diagram 2 below).

Insert Diagram 2 here

Although all interpretation was found to be dialogical, the general structures indicate that the extent of the collaboration during that dialogue varied across the sessions. The primarily humanistic therapist was more collaborative in style during the interpretive

Diagram 2. Therapeutic Interpretation as a Dialogical Phenomenon



segments. T_2 was highly concerned with remaining with, being attentive to, and allowing P_2 the freedom to explore her experiencing, as opposed to overriding it with her therapeutic plans. As a result, she struggled to strike a balance between initiating the interpretations herself, and encouraging P_2 to initiate the interpretations. Encouraging P_2 to initiate the interpretations allowed her the freedom to develop the insights so that they could emerge from her, but it was also stressful and frustrating for T_2 when P_2 sometimes moved away from T_2 's intended therapeutic direction. This evoked fear for T_2 that she may allow P_2 to escalate too far into her maladaptive tendencies and irrevocably lose important insights. As such, T_2 's style can perhaps be described as the most collaborative.

T_1 and T_3 expressed their concern about avoiding dominating the dialogue. Their preference was that the insights emerge from the patient, and they expressed concern not to invalidate the patients' experiencing during their interpretations. However, in contrast to T_2 , they both interpreted as soon as they felt an immediate need to express an insight or an immediate concern regarding the therapeutic direction of the session. In particular, this occurred when they felt the need to outline to the patients their problematic tendencies. For example, T_3 indicated her need to take control of the session at certain times by interrupting P_3 and "penetrating" her maladaptive or counterproductive expressions. Given these tendencies, timing and style of interpretation became a concern for both T_1 and T_3 . They both expressed a need to remain near the patients' concrete expressions and attend to maximizing the patients' receptiveness to their interpretations. They were concerned with not triggering the patients' withdrawal from the interpretation, as well as not harming the therapeutic alliance with an interpretation that is too intense. As such, to a greater extent than T_2 , they needed to emphasize the importance of taking a gentle approach to interpreting, attending to the wording of their interpretations, and expressing an understanding for patients' struggles with the communicated insights. However, despite this reported stance, an analysis of the actual therapy sessions indicates that they sometimes experienced frustration at their patients' lack of progress within the session.

As a result of these differences in therapeutic style, the humanistic session began with patient-initiated interpretations and ended with more therapist-initiated interpretations. The psychodynamic session began with more therapist-initiated interpretations and ended

with therapist- and patient-initiated interpretations. Similar to the psychodynamic session, the cognitive behavioural session began with therapist-initiated interpretations and some P_3 interpretations which T_3 felt the need to extend, and ended with therapist- and patient-initiated interpretation. Interestingly, there was a gradual increase in the collaborative nature of the interpretations in all of the sessions. In the psychodynamic and cognitive behavioural sessions, the interpretations were primarily therapist-initiated and therapist-guided at the beginning, with patients contributing more to the interpretations later in the session. In the humanistic session, the interpretations were primarily patient-initiated and patient-guided at the beginning, with the therapist initiating and guiding the interpretations later in the session.

The Therapeutic Context and General Intentions of Interpretation

The general structures indicated that, while there were more specific intentions associated with different types of interpretations, both therapists and patients also had more general intentions when they presented any interpretation. For therapists, interpretations were generally motivated by an intense concern for the patient, and an attempt to bring forth meanings and insights in line with their therapeutic intention. The interpretive insights which therapists wanted to communicate were intended to lift the patient out of his/her suffering, providing him/her with some distancing from that suffering, and allowing him/her to reflect upon his/her material from a more distant viewpoint. From that viewpoint, the therapists indicated to the patient that his/her manner of meaningfully accounting for his/her experiencing was incomplete, or they deepened the patient's incomplete meanings and insights by making him/her aware of unattended aspects, thereby opening up new meaningful possibilities for the patient. These concerns and intentions were strongly present throughout the session, as the therapists struggled to eliminate the patient's suffering and confusion through new understandings. Furthermore, sometimes the therapists felt frustration later in the sessions if their patient did not sufficiently shift towards their therapeutic direction.

Therapists' interpretations developed through four specific contexts which therapists brought to the dialogue: their previous experiences with that specific patient, the patient's historical context (e.g., family history, life history), their experiences with patients in general, and their theoretical orientation. The interpretations in the sessions stemmed from

an overall theoretical conceptualization of human nature, which provided a rationale for the therapeutic direction and interventions of the therapists. This emerged in the form of rationales for the general treatment of all patients, and the specific treatment of the patient in particular. This conceptual framework was present throughout the sessions, helping to form the interpretive thread of the interpretations.

Along with the context of their previous experiences with the therapist, patient interpretations emerged through two general intentions and contexts for their therapy. The first set of interpretations emerged in the context of self-realizations, which often built upon the therapist's interpretations and with which the therapist was usually pleased. These interpretation often appeared as sudden and spontaneous realizations for the patients, and relative to therapist interpretations they involved minimal overt or covert reflection preceding them. They were accompanied by some sense of relief for the patients, as they were able to gain some distance and better understand their turmoil and confusion. The second set of interpretations emerged in the context of patients' self-interpretation, which frustratingly emphasized to the therapist his/her misunderstanding of the patient's life-world and the nature or difficulty of his/her struggles. These interpretations often involved a struggle with the therapist, as they counteracted the therapist's interpretations in an attempt to move them in the direction of the patient's perspective. As such, therapists' and patients' interpretive contexts constantly interact throughout the living dialogue of the session, pulling and pushing as patients and therapists struggle together to reach new understandings. The therapist intends to reduce the patient's suffering and increase the patient's understanding by shifting the patient in his/her therapeutic direction. The patient either acknowledges this shift, and sometimes enhances it through further follow-up interpretations, or resists this shift by indicating through self-interpretation the manner in which the therapist has misunderstood his/her life-world. Within these general and interrelated contexts, various different types of interpretations are possible.

The Thematization of Interpretation

Given their therapeutic contexts, the general structures revealed that interpretation emerges through the therapist and (to a lesser extent) the patient deeply struggling with the meanings of emerging aspects of the patient's experiences, and attempting to create possible

relationships between those experiences. These struggles were not solely cognitive in nature. The patients were experiencing intense emotional distress and an urgency to make sense out of their experiences, and the therapists were experiencing a sense of urgency to help lift the patients out of their suffering (which sometimes was frustrating or contained hints of nervousness). In fact, material related to the core of these struggles emerged immediately at the beginning of all three sessions, in the form of the patients' distress, emotional intensity, and confusion regarding events in their lives and their experiences of them. These difficult circumstances, and their emotional intensity, severely constricted the patients' normal functioning and led to feelings of bewilderment and despair.

The interpretive work in the sessions was centred around core thematic issues, which were directly related to the events and experiences that patients expressed at the beginning of the session. These themes, and the central interpretations which consolidated the patients' material into these themes, permeated the whole session. They formed interpretive threads, with peaks of frequent and/or complex interpretations and valleys of infrequent and/or simpler interpretations, which flowed through the material of all the sessions. The same interpretive themes were repeated, informed and deepened through the various interpretive segments, with later interpretations deepening and extending the former ones. In fact, the interpretations themselves were often repeated (e.g., S₂, Int. 3 and 6), varied slightly in their presentations (e.g., S₁, Int. 1 and 4; S₃, Int. 1 and 4, Int. 2 and 3), or formed interrelated sets with interpretations building upon each other and interweaving (e.g., S₁, Int. 3 and 4; S₂, Int. 1 and 2, Int. 4 and 5, Int. 7 and 8; S₃, Int. 2 and 3). As such, and particularly for the psychodynamic session, thematic formation increased as the sessions progressed, building upon the same interpretive themes and threads, and forming layers of thematic development. The variations within the interpretations depended upon the material which was immediately present in the dialogue. Through this material therapists and patients moulded and customized the interpretations, so that the interpretations meaningfully addressed the most immediate therapeutic material that was being discussed, while maintaining the session's thematic thread. As such, interpretations are certainly not singular encapsulated interventions, but rather form a continuity of interpretive intent which spans the specific session, and likely the patient's whole therapy.

While the development of layers of thematic formation was present in all of the sessions, there were variations associated with the three orientations. The psychodynamic therapist maintained a more consistent thematic continuity and a deepening and layering of the themes, which depended less upon the immediately present session material. In contrast, while maintaining a thematic thread, the humanistic and cognitive-behavioural therapist responded to the immediately present session material to a much greater extent. As such, their interpretations did not present with the same strict continuity, layering, and deepening as the session progressed.

The end of the sessions seemed to mark a pivotal point in interpretive processes of all three therapists. They all felt an urgent need to assure that they had successfully communicated the central therapeutic insights they sought to communicate throughout the session. Of course, these insights were founded upon the central interpretive themes for the session. As such, at the end of the session therapists tended to present a global summary interpretation. This interpretation reemphasized the previous ones and addressed the core thematic difficulties of the patient, as well as deepened them through novel and more complex interconnections. Given these results, it is interesting to note that the humanistic therapist, who sought to keep her interventions open, nevertheless had an overarching framework for her interpretations founded upon what she perceived were the central thematic difficulties of P₂. Ultimately, interpretations seemed to address the core thematic issues of the patients' therapies, and were in fact experienced by therapists as moments when they moved towards the most essential aspects of the patients' therapies.

Interpretation and Temporality

As would be expected in therapeutic material, the general structures indicated that there is a temporal continuity to the specific interpretations and the more general interpretive threads present in the session. Interpretations usually took up themes either previously addressed in therapy, or themes that either therapists or patients felt were central issues to the therapy. Furthermore the full extent of the implications, and perhaps the most important aspects of the implications, of the interpretations were often not realized by the patients in the session. The deeper meanings of the interpretations often emerged for the patient after the session, as a very gradual realization and understanding. Interestingly, the therapists

seemed to recognize this temporal aspect of their interpretations. As T₃ stated during her interview, she was satisfied “planting the seed” of her interpretations and awaiting their full fruition for P₃. In fact, the main feature of Temporality is central to all the previously discussed features of interpretation. Without a history, and a future continuity of the present, the Dialogical feature which is the foundation of interpretation would not be possible.

Therapists’ and patients’ Contexts and Intentions in the session are founded upon a projected future of therapy, as well as their historicity: their linguistic and cultural history which creates a foundation of knowledge and reasons for their therapeutic acts. In fact, their shared linguistic and cultural history makes their dialogue possible. The therapist’s context, in particular, is founded upon a historical culture of therapy, namely his/her previous experiences with patients in general as well as his/her training and theoretical foundations. Thematization could not form continuities and threads in the session without a history of themes, a present of thematic development, and an anticipated future of developing themes. Finally, the process of reflection, discussed as the next main feature of interpretation, is founded upon all of these previously discussed main features and their temporal dimensions.

Thus one could argue that interpretation, and its various main features, extend along a temporal dimension that reaches into the past and thrusts forward into the future, both beyond the session itself. An interpretation’s foundations lie in the historical contexts and the themes of the therapy. The therapist and patient live it and develop it in the present of the dialogue. Finally, the therapeutic intentions and insights associated with the interpretations reach into the future, where their implications are reflected upon and realized by the patient.

Interpretation’s Level of Reflection

The dialogical nature of interpretation implies that therapists and patients are in constant engagement. However, the general structures also indicated that therapists and (to a lesser extent) patients simultaneously reflect upon the dialogue in which they are engaged. During interpretation, this can be represented along a continuum which indicates the extent of reflection or intuition. The therapist certainly enters interpretations with a particular intention which suits his/her therapeutic intent, and engages in some conscious analysis of what’s being stated. However, this analysis occurs in the therapeutic lived moment, in that the therapist does not consciously step outside the dialogue, analyzes it, and then re-engages

in it. Given this constant engagement, therapist interpretations are never fully pre-formulated and pre-planned. They arise with varying levels of intuition, and both intuition and reflection are present in all therapist interpretations to greater or lesser levels or degrees. Furthermore, more intuitive and apparently spontaneous and unexpected (i.e., less reflective) interpretations are more founded upon a closeness to the patient's life-world and current experiencing as it is lived in the session, whereas more reflective (i.e., less intuitive) interpretations are more founded upon therapeutic intent and theoretical frame of reference. As such, intuition corresponds to attempts at remaining more immediately grounded in the patient's life-world, whereas reflection corresponds to attempts at providing more complex analysis of the patient's life-world. Intuition is the counterbalance of reflection in interpretation, the former engaging in more direct understandings of the meanings of the patient's life-world, and the latter engaging in more complex explanation of the unintelligible and obscure meanings of that life-world.

The weight given to reflection, and as such the amount of theoretical construction found in the interpretations, did not vary substantially across the diverse therapeutic orientations which were analyzed in the study. Even the therapist in the humanistic session clearly utilized theoretical constructions in her interpretations. However, relatively speaking, the interpretations in the psychodynamic session tended to be the most driven by reflection and theoretical construction, and the humanistic session tended to be the least driven by reflection and theoretical construction. Naturally, relative to the therapist, patients' interpretations contained much greater levels of intuition and lower levels of reflection, and appeared more spontaneous. Since the contexts of patient interpretations do not include a theoretical orientation or considerations of other patients, they tended to be much closer to life-world of the patient.

As previously suggested, the process of reflection also seemed to be directly related to the complexity of the interpretations, in that more intuitive interpretations tended to be simpler whereas more reflective interpretations tended to be more complex. Interpretive complexity refers to how comprehensively an interpretation attempts to capture the patient's life-world, or how much of it the interpretation attempts to explain. Attempting to account for more of the patient's life-world seemed to increase the number of links or connections

which are required for an interpreter to make sense of the material, as well as to tie the material together into a singular interpretation. Furthermore, as the amount of inclusiveness increased, so did the likelihood of containing links to historical, contemporary, and future oriented aspects of the patient's life-world. Finally, such inclusiveness also required that interpretations become progressively more abstract as they increased in complexity, which therapists sometimes attempted to counteract by grounding the interpretations in potent imagery and metaphor. As such, inclusiveness seemed to be related to a required level of reflection, abstraction, and complexity, and inversely relative to intuition and remaining closely engaged in the details of the patient's life-world. Interestingly, interpretive abstraction and complexity was directly related to thematization, both of which increased as the sessions progressed, building upon the same interpretive themes and threads in the form of layers. While these may be related to greater intended and actualized therapeutic insights in the sessions, they were also related to greater struggles and frustrations between the therapists and patients. Patients sometimes reacted to these complex interpretations in particular with self-interpretations and other attempts to hold the therapist accountable to the details of their life-world.

Towards a Typology of Interpretation

Upon analysis, the different interpretations present in the general structures suggests that they can be categorized into four general types. Of course, as is true of any typology, the specific and more complex characteristics of the individual interpretations are lost, and some interpretations contain aspects of more than one type. Nevertheless, these interpretations are suggestive of a typology, which can meaningfully distinguish between them and highlights their more general characteristics. The table below lists the four general types of interpretation, and identifies their frequencies based upon the specific interpretive segments in which they are present. It also indicates whether they were conducted by patients or therapists. As can be seen, most of the interpretations (74.7%) were conducted by therapists. The frequencies can be somewhat deceptive, as some interpretations needed to be counted more than once if they belonged to more than one type. However, this can perhaps be justified by the fact that interpretations which belonged to more than one type tended to also be more complex.

Insert Table 1 here

1) Consolidatory Interpretations

Consolidatory Interpretations emerge out of therapists' or patients' reflections upon the patient's manifestations (e.g., verbal, non-verbal, imagery) and their meaning. The intent is to link them together in a novel manner to account for the patient's experiences, feelings, or suffering, or to better identify the difficulties in which the patient is caught. Ultimately, they are intended to open up a new perspective by inviting him/her to see those linked aspects of his/her life-world in a unitary and consolidated singular manner.

Consolidatory interpretations occurred with intermediate frequency across the three sessions. They were by far the second most common type of humanistic interpretation. Within the psychodynamic and cognitive behavioural sessions, they occurred with intermediate frequency. Consolidatory interpretations were also initiated and guided by patients the least, which is not surprising given their level of complexity.

When Consolidatory Interpretations were initiated by the therapist, patients usually gained some distance from the emersion of their current experiencing, and thereby realized overlooked aspects of themselves. Patients gained this novel awareness by, as P₃ put it, the therapist "shedding light" upon facets of their lives which were previously confusing. Patients usually appreciated the therapist's identification of connections between unreflected upon facets of their life-world. It allowed them to further expand these identifications, and make links with other facets which were associated with their difficulties. However, while they experienced some relief and comfort due to these insights, patients also experienced some ambivalence regarding these interpretations. While agreeing with these interpretations, patients felt unable to fully be lifted out of the turmoil they experienced in the session given the strong effect of its emotional intensity. The interpretations themselves were experienced as unsettling, emotionally potent, and sometimes distressingly overwhelming. Aspects of the connections which the interpretations made were often experienced as confusing, baffling, and incomprehensible. Given their feelings of being mired in their turmoil, patients were frustratingly reminded of their inability to fully and practically actualize the new insights, and often felt frustrated and angry at themselves for continuing to fall into self-defeating

Table 1. Frequency of Interpretations in the Four Sessions

Session Segments	Type of Interpretation								Total Int. Segments
	Consolidatory		Elaborative		Determinant		Confrontational		
	Therapist	Patient	Therapist	Patient	Therapist	Patient	Therapist	Patient	
S ₁ Int.	1a, 2a, 4f		3b, 4c, 4d, 4f	3a, 4a, 4b	1b, 2b, 2c, 4e		3b, 4c		4
S ₂ Int.	4, 8, 9b, 9c,	3b	5, 7b, 8, 9b,	1a, 2a, 2b,	9a, 9d	6b	4, 7a		10
	9d, 10a,		9c, 10a, 10b,	3a, 6a					
	10b		10c						
S ₃ Int.	1, 3a, 4a,	3b, 5a	1, 2b, 3a, 4a,	2a, 3b, 3b,	1, 4a, 4b, 5c,	3b, 5a	3a, 5c, 6d,	5a, 5b	6
	4b, 5c, 6b,		6a, 6b, 6g	5a	6b, 6c, 6f, 6g		6e, 6f		
	6e								
<i>nT</i> or <i>nP</i>	17	3	19	12	14	3	9	2	<i>N</i> = 79
<i>nT</i> + <i>nP</i> (<i>Total</i> / <i>N</i>)	<i>Total</i> = 20 (25.3%)		<i>Total</i> = 31 (39.2%)		<i>Total</i> = 17 (21.5%)		<i>Total</i> = 11 (13.9%)		% <i>T</i> = 74.7 % <i>P</i> = 25.3

Note. *nT* or *nP* = frequency of interpretation type for therapists or patients. %*T* or %*P* = % of total interpretations conducted by therapists or patients.

tendencies. As such, patients concluded that the effort required to actualize the insights was too extensive and exhausting. They felt at a loss and disappointed that the therapist did not provide sufficient direction to overcome these difficulties, and desperately sought the therapist's help by emphasizing them. However, upon post-session reflection, patients underwent a fuller realization of the meanings, connections, and implications of these complex interpretations.

When Consolidatory Interpretations were initiated by the patient, therapists were usually pleased and experienced them as very positive. These interpretations usually suited the therapists' therapeutic direction, particularly their desire to help the patient access the material more deeply and understand the implications of its connections. However, therapists realized that further or deeper insightful connections were bound to be a struggle and may become overwhelming, whether the interpretation was conducted by them or the patient. When the patient was overwhelmed, and thereby strayed away from the insights and fell back into their maladaptive tendencies, therapists deeply struggled to bring him/her back. They sometimes experienced feelings of confusion and frustration at the patient's inability to fully understand or actualize the insights. Furthermore, the identification of being caught in their difficulties suited the therapists' therapeutic intentions. But when the patient engaged in them as well, therapists became frustrated, felt ineffectual at interceding and circumventing them, and doubted the progress of the session.

2) Elaborative Interpretations

Elaborative Interpretations perform the opposite function of Consolidatory Interpretations. While Consolidatory Interpretations attempted to bring together and singularly make sense of patients' various phenomena, Elaborative Interpretations attempted to penetrate and expand one specific aspect of the patient's problematic life-world. The intent of these interpretations was to identify the deeper meaning of a particular experience or event that was present for the patient in the session. These interpretations further deepened its insight by connecting it to various other current and historical experiences and events, and addressing its implications for the patient's life-world and difficulties. This sometimes occurred when the therapist noticed the conspicuous absence of the experience or event (i.e., the patient was avoiding it), noticed the absence of its deeper meaning, or noticed

ambivalence and highly layered feelings regarding it.

Elaborative interpretations were the most frequently conducted interpretations across the three sessions. They dramatically stood out as the most common type of interpretation in both the psychodynamic and humanistic sessions. Although not as dramatically, they were also the most common type of interpretation in the cognitive behavioural session. Interestingly, Elaborative interpretations were also the most common patient-initiated and guided interpretations. This is not surprising, considering the importance for patients of elaborating and expanding upon their own experiencing and the events in their lives.

When Elaborative Interpretations were initiated by the therapist, patients responded by highlighting the importance of the phenomenon or experience and realizing its deeper meaning. They also responded by expressing further realizations of its interrelationship with related experiences, events (often positive ones), and interventions from previous sessions and the current session. Patients also experienced a deep desire to actively engage and alter their difficulties. However, the patients were often unable to alter them by following the implications of the interpretation, despite deep struggles to do so. As a result, patients sometimes felt frustrated and drained. They continued to express to the therapist the seriousness of this struggle, and the reasons for their inability to fully counteract their difficulties. However, either immediately or upon post-session reflection, patients eventually re-experienced this type of interpretation as enlightening, and it eventually provided them with a fuller understanding which relieved their distress.

When Elaborative Interpretations were initiated by the patient, therapists experienced them as positive, and viewed them as a confirmation of progress through the patient's realizations and acknowledgements of deeper meanings. Therapists usually responded by encouragingly affirming these interpretations. When the patient expressed his/her inability to alter his/her difficulties, therapists were generally pleased that the patient was able to identify them and the depth of their engagement in them. They usually responded by empathizing with the amount of psychological energy and effort required to alter these difficulties.

3) Determinant Interpretations

Determinant Interpretations involve an active search for the source or reasons (i.e.,

determinants) of the patient's experiencing and/or behaviour. The interpreter first merged different aspects of this experiencing and/or behaviour with the life events which provide a context for them and make them more comprehensible. S/he then identified the primary interrelated sources for these experiences and/or behaviour, accounting for their presence in the session and/or the patients' daily life.

Determinant interpretations were intermediate in their frequency across the three sessions, and occurred with intermediate frequency for both the psychodynamic and cognitive behavioural sessions. For the humanistic session, this type of interpretation was very infrequent relative to the previously discussed types. Finally, they were also initiated and guided by patients at an intermediate frequency, as it would understandably be important for patients to attempt to deeply understand the determinants of their experiences and/or behaviours.

When initiated by the therapist, patients felt that through these interpretations the therapist had empathically understood their experiencing and its reasons. The interpretations highlighted the importance of the sources of their experiencing, which contextualized, clarified, and helped make sense of it. These effects were usually followed by a sense of calm and liberation for patients, and sometimes they allowed further disclosures of the patients' experiencing. When initiated by the patient, therapists experienced these interpretations as consistent with their therapeutic intent, and were pleased. They tended to encourage further interpretive disclosure, either through further interpretations or through other therapeutic interventions (such as reflection).

4) Confrontational Interpretations

Confrontational Interpretations arose when the therapist, or sometimes the patient, was deeply concerned regarding the therapeutic dialogue. Therapists became concerned regarding the progress of the session and felt an immediacy or urgency to confront the patient's maladaptive tendencies or expressions. This often occurred at the end of the session, when therapists felt that they had not fulfilled their therapeutic intention for the session. It also occurred when therapists felt that the patient was inexorably caught in their maladaptive tendencies. Patients became concerned when they felt that the therapist was not taking into account aspects of their experiencing. As such, they needed to assert their

perspective upon their experiencing to the therapist. This frequently occurred when patients emphasized their difficulties in assimilating therapeutic insights or practically actualizing those insights. Confrontational Interpretations link recent (often patient-initiated) insights to the patients' maladaptive tendencies or expressions, highlighting the incongruity between those insights and the tendencies or expressions. Links are also often made to previously addressed longstanding maladaptive tendencies, or to other interventions recently addressed in the session, either re-asserting them or emphasizing their incongruity with current difficulties. Links are also often made to statements and feelings the patient expressed which counteract maladaptive tendencies and expressions. These interpretations were presented in a persistent, assertive, and confrontational manner.

Confrontational Interpretations were by far the least frequently conducted interpretations across the three sessions. They dramatically stand out as the least frequently conducted interpretations in the humanistic session. Although less dramatically, these interpretations were also the least common psychodynamic and cognitive behavioural interpretations. Interestingly the two patient-initiated and guided Confrontational Interpretations, which technically represents an intermediate frequency for patients, were only present in the cognitive behavioural session within a single interpretive segment. Thus one could conclude that they're relatively infrequent for patients.

Therapist-initiated Confrontational Interpretations were intended to help the patient shift out of the difficulties in which s/he is caught and return him/her to the therapist's therapeutic direction. With this in mind, therapists often presented these interpretations in a playful, obscure, or dramatic manner. This style was intended to force the patient to engage by slowing down or stopping and reflecting. Through such reflection, it was hoped that the patient would gain the distance necessary to enhance his/her awareness, and thereby shift out of his/her rigid maladaptive patterns and towards the therapist's therapeutic direction. Patient-initiated Confrontational Interpretations frustratingly emphasized his/her own experiencing, particularly the extent of his/her difficulties and the extent of his/her being mired in maladaptive tendencies and their associated hopelessness. This often emerged in the context of countering therapist interpretations or other interventions which emphasized change. In such contexts, patients counter-emphasized their cognitive understanding but

practical or emotional inability to actualize the insights, despite deeply desiring the associated changes.

When Confrontational Interpretations were initiated by the therapist, patients reacted with surprise due to the novelty of the insight. They satisfied patients' needs to have the implications of their statements, and their engagement in maladaptive tendencies, firmly and potently highlighted. Provided with reflective distance from the burden of their entrapping difficulties, patients realized that their maladaptive tendencies or circumstances are not as dire as they thought, and as such they gained hope for future change. Continuing to question themselves, patients confronted their engagement in these maladaptive tendencies, and sometimes identified their sources. However, patients sometimes also experienced ambivalence regarding therapists' Confrontational Interpretations. These interpretations sometimes validly challenged them, but did not fully take into account the frustrations, difficulty, and effort required for change. When they experienced this ambivalence, patients felt highly frustrated at being caught in these tendencies for so long, as well as feeling frustrated at having been confronted regarding them.

As previously mentioned, Confrontational Interpretations were only presented by the patient in the cognitive behavioural session. When they were initiated by P_3 , T_3 was pleased at P_3 's therapeutic awareness in being able to interpret her experiences and recognize her own patterns and difficulties. Such insight was experienced as a positive indication of therapeutic progress, and T_3 was happy and satisfied at P_3 's self-insights. Although these interpretations expressed P_3 's difficulties and her obstacles in moving forward in therapy, the insight these interpretations required provided T_3 with hope that P_3 will eventually gain deeper insights and be able to actualize the required changes.

General Responses by Patients to Interpretations

Although the typology of interpretation presented above identified specific patients' responses to interpretations, there were also some more general responses which patients experienced towards all interpretations. Overall, due to the insights which they provided, patients experienced some relief and comfort immediately following the therapist interpretations. Patients also generally agreed with therapists' interpretations. They often experienced them as indications of therapist understanding and acceptance, and as providing

a sense of encouraging presence. Fulfilling their general therapeutic intention, therapists' interpretations also provided patients with some distance from their tormenting and entrapping difficulties. Lifting them out of their turmoil, they provided them with alternatives and with courage and hope for the future. Interestingly it seemed that the wording of the interpretations, if partially inaccurate or inappropriate from the patients' perspectives, was irrelevant under certain conditions. For patients, a strong rapport and belief in the therapist and his/her intervention could overcome inaccurate or inappropriate wording.

As indicated in the above discussion regarding Temporality, the contents of therapists' interpretations remained with patients and provided them with additional insights in the periods between sessions. Continuing to struggle with and reflect upon their novel content, patients seemed to eventually better understand the core therapeutic intentions of these interpretations. Through this post-session reflective process, patients gained a fuller understanding of their experiences, which ameliorated their difficulties. They were better able to identify the presence of their maladaptive tendencies outside the session, and to build upon the positive implications of the therapists' interpretations. However, despite serious efforts, patients had the greatest difficulty with practically implementing the implications of these interpretations. Thus it seems that interpretations allowed patients to gain a fuller understanding of and to ameliorate their difficulties, but they required further interventions to help with practical implementation.

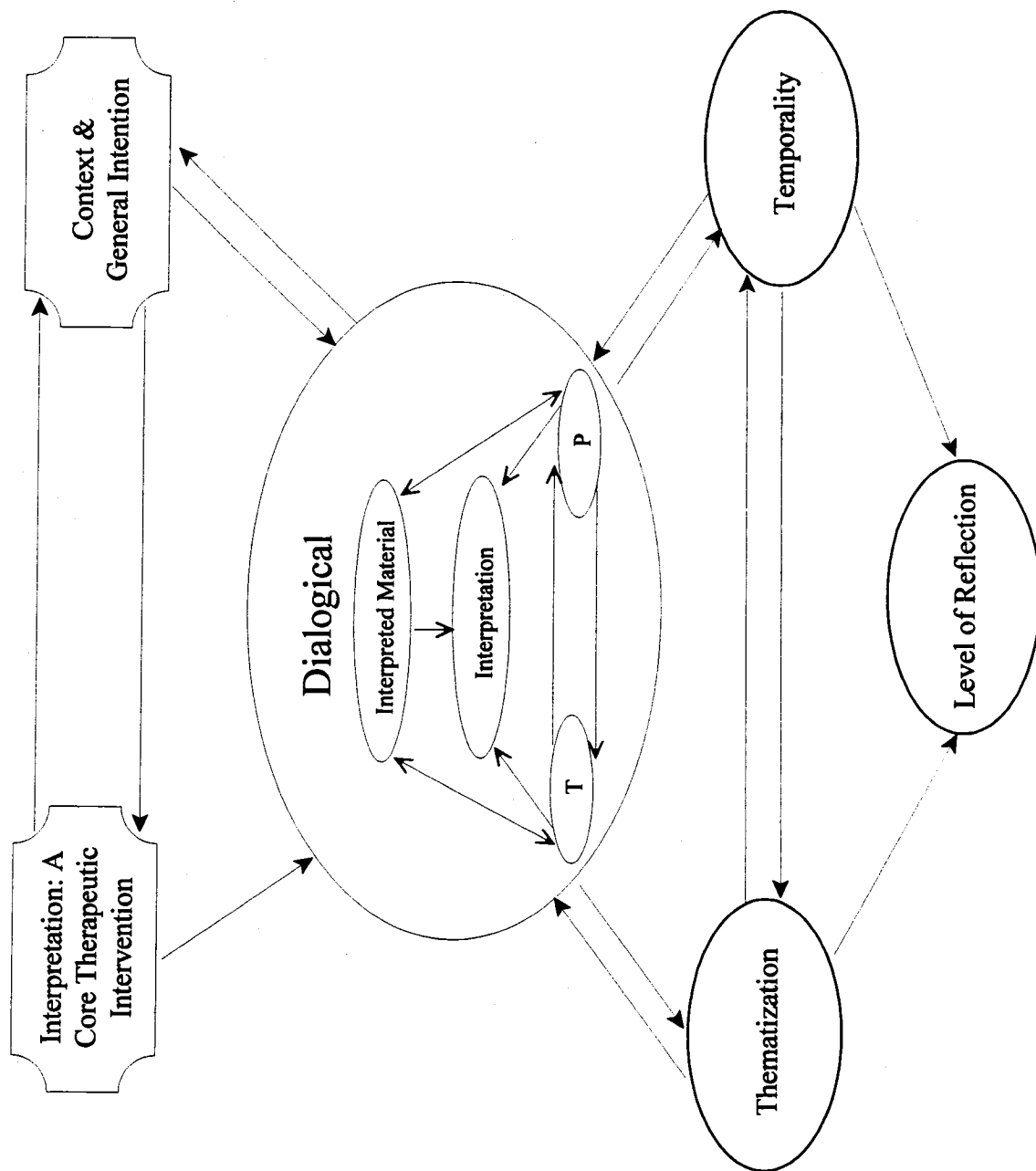
Interrelating the General Structure of the Phenomenon of Interpretation

As suggested in the above discussion of the various main features of interpretation, its general structure is deeply interrelated (see Diagram 3 below). Interpretation is a *Core*

Insert Diagram 3 here

Therapeutic Intervention which is present throughout the three therapy sessions in the study. However, theoretical orientation played an essential role in the relative primacy and frequency given to interpretation, and affected the independent presence of other interventions in the session. The *Dialogical* nature of interpretation is foundational to all its other main features, but the collaborative features of that dialogue varied across the different theoretical orientations, although they all became more collaborative as the session

Diagram 3. The General Meaning Structure of Interpretation and Its Interrelated Main Features



progressed. This gave rise to various therapeutic styles associated with the orientations, which resulted in their concerning themselves with issues such as wording and timing to greater or lesser extents.

Based upon these dialogical foundations, the *Context and General Intentions* of the therapist and the patient set the stage for their interpretations. However, it is through their intent and contextual history that interpretation becomes a Core Therapeutic Intervention, which leads to its Dialogical nature. During their interpretations therapists were generally concerned with lifting the patient out of his/her turmoil, and providing him/her with sufficient distance to deepen his/her insights and the meanings of his/her life-world. The contexts which helped achieve these intentions included previous experiences with the patient, the patient's historical context (e.g., family history, life history), patients in general, and his/her theoretical orientation. Patients' interpretations were contextualized by their previous experiences with the therapist, and were concerned with self-realization and assuring that the therapist is remaining true to their lived experiences as they understood them. These Dialogical and Context and General Intentions main features of interpretation clearly interact with *Temporality*. While interpretations occurred in the lived present of the dialogue, therapists' contexts through their previous dialogues provided a history, and their intentions pointed to a future of insights and implications for the patient and the dialogue. Patients' contexts were based upon a history of dialogue with the therapist, and their intentions pointed to a future of insight and implications for the therapist and the dialogue.

The previously discussed main features of interpretation came together to form its *Thematization*. Based upon the contexts and intentions of the interpreter, the interpretations emerged and evolved through the temporal dimensions of the dialogue, as the therapist and patient cognitively and affectively struggled with meaning. Centred around core thematic issues, the interpretations temporally weaved through the sessions, forming progressively more complex interpretive threads which built upon and deepened each other in layers of thematic development. These main features of Thematization and Temporality, carrying with them all of the previous main features, influenced the *Level of Reflection* involved in the interpretations. Founded in its temporal dimensions, as the session progressed and the level of thematization increased, so did the interpretive reflectiveness, inclusiveness, abstraction,

and complexity, which was counterbalanced by more immediate intuition that remained closely engaged in the details of the patient's life-world. These interpretations addressed the core themes of the patients' therapy, forming a temporal continuity as they reflected previously discussed issues and constructed novel issues which were carried forward to future sessions, as well as to patients' between-session reflections. Based upon all of these main features, the interpretations that were present in the sessions can be distinguished according to a specific *Typology*: consolidatory, elaborative, determinant, and confrontational. Aside from some common intentions, responses, and outcomes associated with all interpretations, each of these types was associated with unique specific therapist and patient intentions, responses, and outcomes.

VII. DISCUSSION

“... just as theory can clarify and reform interpretive practice, it itself can be enlightened and reshaped by that practice theory, in fact always depends on a background of entrenched interpretive practices that initially get it going and continue to orient it. Theory emerges from practice and is judged pragmatically by its fruits in the practice that it can help reshape and sustain” (Bohman, Hiley, & Schusterman, 1991, p. 11).

Overall, the findings of the present study both confirmed and extended some previous theories and research on the phenomenon of interpretation, while contradicting others. Returning to the reviewed literature, this chapter is devoted to a dialogue with it and the results of the present study. Given the complexity of the phenomenon of interpretation, the dialogue will follow its main features. This chapter concludes by identifying the overall contributions and limitations of the study, and suggesting directions for future research.

Interpretation as a Core Therapeutic Intervention

We have seen that the psychodynamic orientations have emphasized the role of interpretation as the sole essential vehicle of insight (e.g., Freud 1912/1958; Bibring, 1954; Barton, 1974; Moore & Fine, 1990). While they do not attribute to it such a central role, the more contemporary cognitive-behavioural (Fester, 1979; Hackbert, 1999; Meichenbaum, 1988a, 1988b) and humanistic (Gendlin, 1968; Greenberg & Elliott, 1997; Nielson, 1980; Schonbar, 1968; Snyder, 1982) stances recognize its presence and use in therapy. Countering their own classical stances, they argue that theoretical errors and false dichotomies have been created between interpretation and the other interventions, and that it clearly plays an important role in their therapy. The empirical literature certainly supports these positions, indicating that cognitive-behavioural (Flowers & Booraem, 1990; Stiles, Shapiro, & Firth-Cozens, 1989) and humanistic (Troemel-Ploetz, 1980) therapists do use interpretations, and that even Rogers utilized interpretations (Gazzola & Stalikas, 1997; Menahan, 1996; Weinrach, 1990). The results of the present study confirm the importance of interpretation to these three major therapeutic orientations, albeit to varying degrees.

Despite their distinctly different orientations, interpretation was not only an important but a core therapeutic intervention in all three sessions, described by the participants as moments where they moved towards the most essential aspects of the patient's therapy. As such, it was found to be more central than acknowledged in the

cognitive-behavioural and humanistic literatures. This supports the hermeneutic literature, which argues that interpretation is key to psychotherapy, in that it constantly and critically challenges existing understandings and creates new understandings (Martin & Thompson, 2003). The results also support the previously discussed theoretical claims that interpretation is common to all major orientations (Hammer, 1968; Levy, 1963; Kelly, 1994; Sass, 1988), and that it is likely to be present in all approaches of psychotherapy and possibly used more often than is theoretically expected (Yardley, 1990). It also supports the process psychotherapy literature, which found that interpretation was viewed by patients as an essential component of therapy (Dowd & Boroto, 1982), and was rated among the most helpful therapist interventions by patients (Gazzola, 2001; Hill, 1989; Spiegel & Hill, 1989). Finally, the present study clearly supports the common factors research, which has found interpretation to be an essential common factor across therapeutic orientations, whether used implicitly or explicitly (Claiborn, 1982; Gazzola, 2001; Hammer, 1968).

Although this study supports claims that interpretation is fundamental to all psychotherapy (Levy, 1963; Snyder, 1982; Spiegel & Hill), it found that theoretical orientation played a major role in determining the dominance of interpretation in the sessions. Predictably, the psychodynamic session was primarily interpretive, with other interventions tending to support the interpretations. It was consistent with the psychoanalytic principle that all analytic procedures should either be steps which lead to an interpretation or make an interpretation more effective (e.g., Greenson, 1967). It is not surprising that throughout the humanistic session interpretations tended to be blended with empathic reflections, given the emphasis of humanistic theory upon such interventions as well as the concept of empathy-based interpretations (Greenberg & Elliott, 1997; Schonbar, 1968; Snyder, 1982). It is also not surprising that interpretations in the cognitive-behavioural session tended to be blended with cognitive restructuring and behavioural recommendations, given the stance taken in cognitive behavioural theory to utilize interpretations for the functional analysis of behaviour and cognition (Ellis, 1968, 1977; Meichenbaum, 1988a, 1988b). The frequency research similarly found that, while interpretation is used in all of the orientations, its frequency varies across the orientations (Flowers & Booraem, 1990; Stiles, Shapiro, & Firth-Cozens, 1989; Strupp, 1955). In particular, frequency of interpretations can

be used to distinguish psychodynamic approaches from others (Piper, Azim, Joyce, & McCallum, 1991; Piper, McCallum, Azim, & Joyce, 1993).

Theorists have attempted to explain the gap between consistent empirical findings of the presence of interpretation across the different orientation, and the diverse theoretical positions regarding it. They generally account for this discrepancy between professed and observed practices through difficulties in theoretical conceptualization. The essential argument is that interpretation is a basic therapeutic phenomenon which has often been mislabeled as another type of intervention (Gazzola, 2001; Gazzola & Stalikas, 1997), or at least that the therapeutic interventions have common interpretive elements or properties that account for their therapeutic effects (Claiborn, 1982; Troemel-Ploetz, 1980). Troemel-Ploetz (1980) argues that therapists are guided by intuition in therapy, and thus are not fully aware of the complexity of their activities. As such they conduct interpretations, even while they deny them theoretically. It is interesting to note that none of the therapists in the study, when interviewed, denied the presence of interpretation in their therapies, despite identifying with radically different theoretical orientations.

Interpretation as a Dialogical Phenomenon

The results of the present study have clearly shown that interpretation is a dialogical phenomenon, arising in-between the therapist and patient. This fundamental feature of interpretation has far reaching implications regarding its nature. Given these results, interpretation must be conceptualized as a continuing process rather than a static event, as an intersubjective phenomenon created through dialogue in-between the therapist and patient, as present within a broader therapeutic context and style, and as initiated by the patient as well as the therapist. Each of these implications, and their relationship to the literature, will be addressed below.

Interpretation's Immersion in a Patient-Therapist Interrelationship

Based upon this study's results, interpretation can no longer be simply thought of as an intervention conducted by the therapist. While it is true that interpretations were most often initiated by therapists (74.7%), patients were always active contributors to those interpretations (25.3%), and in fact initiated some interpretations themselves. All three sessions also moved towards greater therapist-patient collaboration in the interpretive

process as they progressed. Thus interpretations are immersed in a therapist-patient interrelationship, and as such the “other” in the interrelationship, whether interpreter or recipient, is fundamental to its development and evolution. Furthermore, interpreter and recipient are roles which sometimes alternate between the therapist and patient.

Although rarely emphasized in the psychoanalytic literature, the gradually growing psychoanalytic emphasis upon transference interpretation (Frances & Perry, 1983; Lowenstein, 1951) can be seen as a reflection of this insight. Transference interpretations are the only interpretations in psychoanalysis that require full engagement of the patient. Furthermore, to provide material for transference interpretations, the therapist must remain engaged in and closely attentive to the ongoing therapeutic interaction. This can be understood as a recognition of the importance of engaging in dialogue, and of interpreting material that is immediate to the interaction of the therapist and patient. The large amount of empirical research conducted on transference interpretations, previously reviewed in the dissertation, supports their effectiveness. In contrast to other types of analytic interpretations, they were associated with engagement in therapy, disclosure and exploration of immediate experiencing and emotions, patients’ confidence in the therapy, enhanced therapeutic alliance, and positive therapeutic outcome measures. However, the concept of a transference interpretation does not fully reflect the interrelational nature of interpretation identified in the present study. Aside from being highly saturated with psychoanalytic transference theory, it emphasizes the therapist as interpreter and patient as recipient, which contradicts the fully interrelational nature of interpretation found in the study.

Some later psychoanalytic theorists more directly addressed the importance of the therapist-patient interrelationship to interpretation (e.g., Fromm-Reichmann, 1950; Winnicott, 1954). They emphasized face-to-face models of interaction, analyst authentic participation, and analysts relinquishing their knowledge and control so that patients can reshape analyst interpretations and “unearth” their own interpretations. The present study would not only support the principle of analysts relinquishing control so that patients can fully participate in the interpretive process, but would argue that it is in fact necessary for the emergence of a constructive interpretive dialogue. Although the principle of authentic participation by the therapist was not a theme that emerged in the present study, genuine

therapist participation is certainly necessary for the creation of a constructive interpretive dialogue.

As a relatively contemporary development in psychodynamic theories, we have also seen that the interpersonal approaches emphasize interpretation as arising through a dialogue between the two worlds of the therapist and patient, through an oscillating interpersonal or analytic field (e.g., Chalfin, 1992; Crits-Christoph & Connolly-Gibbons, 2002; Merendino, 1997; Pancheri, 1998; Parment, 1994; Stolorow & Atwood, 1997; Sullivan, 1953). This shared terrain of intersubjective engagement unfolds between therapist and patient, which limits their individual subjectivity as their conscious and unconscious processes flow and are registered and acted upon by both. According to these theorists, since a phenomenon becomes what it is by comparison to what it is not, the interpretive alteration of meaning requires the otherness of the therapist and patient through interaction, counterpoint, and alternative perspectives. This theoretical description, with its emphasis upon intersubjective participation in interpretation and the essential role of the “other” in interpretive dialogue, is very consistent with the results of the present study.

Existential phenomenological theorists (Barclay, 1992; Binswanger, 1963; Boss, 1963; Friedman, 1985; Heaton, 1972; Holtz, 1968; Schutz, 1967) hold that interpretation emerges out of the intersubjective dialogue of self and other in the realm-of-the-in-between. Interpretation can only arise in the genuine encounter between the therapist and patient, wherein the therapist always interprets with an intentional reference towards the meaning-context of the patient. Through revealing to the patients newer as well as deeper and more implicit pre-reflective meanings and reasons, the therapist broadens the patient’s constricted horizons and elucidates new modes of being. This conceptualization of the intersubjective dimensions of interpretation bears some interesting similarities to that of the interpersonal perspective presented above. As such, for similar reasons, the findings of the present study are consistent with this existential phenomenological theoretical description. Interpretation does emerge through an intersubjective realm, wherein the intentions of each are directed towards the other, in service of elucidating new meanings for the patient. The importance of genuineness is also interestingly similar to the psychoanalytic principle of authentic participation described earlier, and (as previously stated) it is certainly necessary for the

creation of a constructive interpretive dialogue.

The immersion of interpretation in a patient-therapist interrelationship was also found and supported by other qualitative studies. In his empirical study, Murray (1991) found that interpretation emerges as a cooperative dialogue with the patient, out of which mutual understanding and a new meaning can emerge (i.e., the theme of Co-constitution in his study). Although it was not conceptualized as a theme, the interrelational nature of interpretation was also clearly supported by Fessler (1978) and Kelley's studies, in which they described the interplay between therapist and patient in the process of interpretation.

Interpretation as an Intersubjective Phenomenon

The results of the present study indicated that interpretation is not simply immersed in the dialogue in-between the therapist and patient, arising out of their interplay and evolving within their intersubjective realm, as recognized by the theorists and researchers presented above. As a dialogical *phenomenon*, interpretation exists intersubjectively for the therapist and patient. One could argue that the interpretive dialogue emerges out of "the otherness" which they provide for each other. Through their dialogue, the therapist and patient also interrelate with the phenomenon of interpretation, in that the ultimate focus of interpretation is the material being addressed through the dialogue. Interpretation certainly emerges and is maintained through the therapist-patient dialogue, but it also has the quality of a phenomenon which stands outside that specific dialogue, and with which the therapist and patient also interact. By overemphasizing the importance of the dialogue *between* the therapist and patient, theorists and researchers tended to neglect this specific quality of interpretation. However, there are some previously reviewed theorists and researchers who come closer to identifying this essential quality.

As we have seen, Lacan (1968) argues that the unconscious possesses a deep structure and a quality of Otherness (Burgoyne, 1997; Hamburg, 1992; Steiner, 1976). By interpreting, the analyst and patient bring forth a new presence in the world, through an operation of logos upon the discourse of the unknowable Otherness that is the unconscious. Lacan's conceptualization interestingly presents the patient's material as a phenomenon, an "intersubjective Other," with which the therapist and patient dialogue and which calls to be interpreted. This is a highly novel concept in the psychodynamic literature, and certainly

conforms with the results of the present study by identifying that interpretation and the interpreted material have the quality of a phenomenon which stand outside the dialogue. Furthermore, the meaning of the patient's material is certainly ambiguous, dense, and problematic for the patient, and can be seen as harbouring a deep structure. However, this does not imply that the meaning exists "in" an unconscious Otherness which is absolutely beyond the patient's awareness. Consistent with psychoanalysis, Lacan's theory emphasizes the unconscious as an entity, and accords "it" autonomous function as the ultimate meaning signifier of the patient's life-world. Furthermore, Lacan's theory makes out of the patient's unconscious material, as an autonomous "intersubjective Other", a separate personified entity. This implies that the therapist must interact with this personified Other and "pull out" the meaning that lies "in" the unconscious, since the patient cannot know what is unconscious to himself/herself. The present study clearly indicated that meaning is not an independent unit created by an autonomous entity, but rather it arises out of the dialogue between therapist and patient as they struggle to discover *and* create meaning out of the patient's material. Furthermore, in the present study the patient's interpreted material and its meaning did not take the form of an autonomous unconscious entity, but was created by the therapist and patient through dialogue and was dialogued with by both the therapist and patient.

Hermeneutic theorists (Martin & Thompson, 2003; Sass, 1988) have argued that therapeutic interpretation is both a discovery and a creation. It is a discovery, in the sense that interpretation is founded upon a deeper understanding of the patient's life-world and its implicit meanings. But it is also a creation, in the sense that novel meaning is imparted upon that life-world, which emerges through a constructive therapist-patient dialogue. While interpretation and the patient's interpreted material are present as phenomena with which the therapist and patient dialogue, they arise through the active dialogue between the therapist and patient, and do not exist as autonomous entities outside it. This conclusion is supported by Kelly's (1994) qualitative study, which found that interpretation is a discovery to the extent that it flows from the network of already accepted meanings, but it is also a construction to the extent that it creates new meaning. In fact, the very idea of the unconscious as a signifier of meaning contradicts the dialogical nature of interpretation, as it

casts the therapist as a semi-active searcher for meaning as opposed to a discoverer and creator of it, and it casts the patient as a passive recipient of meaning. It is interesting to note that Winnicott's (1954) psychodynamic conceptualization of this issue coincides with these conclusions. As we have previously seen, Winnicott argues that interpretation, as a playful and spontaneous phenomenon, both finds meaning and creates it.

The results of the present study generally confirm the previously discussed narrative and hermeneutic conceptualizations of interpretation (e.g., Bouchard & Gu  rette, 1991; Kalt, 1983; Lepper, 1996; Saks, 1999; Sass, 1988; Schafer, 1985; Spence, 1992; Steele, 1979). These approaches, with their focus upon the text, come the closest to representing the dialogical core feature of interpretation. According to these theorists, since the therapist and patient are engaged in an intersubjective dialogue, they are both co-authors of the interpretation of the patient's material (i.e., text) which is seen as being co-constructed and co-constituted. The patient's life history is comparable to a text which is being deciphered by both the therapist and patient, both engaged in discovering and creating its meanings. As an "audience" of that text, the therapist and patient enter a dialogue with it and each other in an attempt to understand and interpret it. Of course, as we have seen, the therapist's training and distance often places him/her in a better position to identify the obscure and incoherent meanings in the patient's text (Goldman, 1978; Martin & Dawda, 1999; Ricoeur, 1970). This sometimes creates a tension between the discovered meaning of the therapist and the intended meaning of the patient (Ricoeur, 1979; 1981/1985), as the therapist attempts to make these meanings explicit through interpretation.

Thus interpretation, including the interpreted material, presents itself as a text experienced between the patient and the therapist, and its dialogical structure supercedes the immediate experiences of either party in the dialogue. Arguing against previous theories of interpretation, Sass (1988) states that meaning is not a determinate inner object residing in the mind of the speaker. Ultimately, therapeutic meaning is shared and resides in the text-dialogue, and much of that meaning is sufficiently dense and unaccounted for to require interpretation. This textual aspect of interpretation as a dialogical phenomenon was supported by Fessler's (1978) and Kelly's (1994) studies. Fessler found that interpretation is an intercorporeal event which is not found "in" the experiences of the participants but

emerging between and through them. Kelly argued that the interpretative meeting between therapist and patient is not encompassed by their subjectivities. It is a third type of presence, which lies between them and through which both their separate subjectivities and their togetherness is mediated.

Collaboration and Interpretive Style

As has been argued by many theorists (Bone, 1968; Claiborn, 1982; Duncan, 1989; Gazzola, 2001; Lepper, 1996; Levy, 1963; Shaffer, 1983), the present study revealed that the therapist's orientation plays a fundamental role in his/her interpretations. Most relevant to the present discussion of the dialogical nature of interpretation is the manner in which the therapists varied in their collaboration and therapeutic style. The present study found that the humanistic therapist was the most collaborative overall. She struggled extensively with presenting her interpretations, concerned that her interpretations and therapeutic plans could override the patient's freedom of exploration, experiencing, and own interpretive initiative. The psychodynamic and cognitive behavioural therapists, on the other hand, interpreted as soon as they felt the need to express their insights or guide the session's therapeutic direction. However, they were certainly also concerned about imposing their therapeutic agenda, as this would have been counterproductive because it would have reduced their patients' receptiveness and potentially harmed the therapeutic relationship. As such, they reported being concerned with the issues of timing, remaining gentle and experience-near, the patient's defensiveness and withdrawal, wording, and expressing an understanding for the patient's struggle with the communicated insight. However, despite this reported stance, it is important to note that they sometimes experienced frustration at their patients' lack of progress.

The interpretive style of the humanistic therapist in the present study is in line with the previously discussed empathy-based interpretations suggested by humanistic theorists (e.g., Gendlin, 1968; Greenberg & Elliott, 1997; Nielson, 1980; Schonbar, 1968; Snyder, 1982). The interpretive style of the psychodynamic therapist, with his concerns for the technical rules of interpretation, is also very much in line with psychodynamic theory. The interpretive style of cognitive behavioural therapists has not been addressed in the surveyed literature. Interestingly, this study found that the cognitive behavioural therapist resembled

the psychodynamic therapist in terms of style of interpreting.

In the present study, the psychodynamic therapist was concerned with what could be described as the technical issues of interpretation which have been addressed by psychodynamic theorists (Busch, 1998; Fenichel, 1941; Freud, 1912/1958; 1913/1958; Josephs, 1992; Joyce & Piper, 1996; Laufer, 1994; Lowenstein, 1951; Greenson, 1967; Ruttenberg, 1993; Saul, 1963). Interestingly, the cognitive behavioural therapist was also similarly concerned with these technical issues, despite the fact that the cognitive behavioural literature does not address them. Both of these therapists were concerned with the issues of timing, assuring that their interpretations were experience-near, and attending to patient defensiveness and withdrawal. The reference to "experience-near" interpretations by the psychodynamic and cognitive behavioural therapists is essentially a reference to the depth of the interpretations. In reference to depth, the psychodynamic literature generally argues that an event or experience must be affectively salient and experientially felt by the patient before it is interpreted. There is a considerable empirical literature which supports this fundamental psychodynamic rule (e.g., Crits-Christoph, Barber, Baranackie, & Cooper, 1993; Harway, Dittman, Raush, Bordin, & Rigler, 1955; Speisman, 1959), and it is consistent with Gazzola's (2001) finding that interpretations with feeling and need contents were the most effective type.

All the therapists in the present study share the core principles of this rule. It is essentially an issue of assuring that the patient is prepared and can tolerate the interpretation, and that the interpretation must be affectively charged and relevant. As a related issue, the wording of interpretations was also a concern for the psychodynamic and cognitive behavioural therapists in the study, and has been emphasized as important for most psychodynamic theorists. However, we have seen that some psychodynamic theorists (e.g., Kumin, 1989; Laufer, 1994; Lowenstein, 1963; Raphling, 1997) have argued that wording is not particularly important relative to the therapist's affective engagement and general style with the patient. This theoretical claim was supported in the present study by P₁, who explicitly stated that she disliked the wording of one of T₁'s interpretations, but still experienced it as positive and agreed with it. Given these contradictory positions, the importance of an interpretation's wording to patient receptivity requires further study.

As we have seen, Freud (1913/1958) argued that, for an interpretation to be successful, the analyst must maintain a positive transference with the patient. Since then, the importance of that therapeutic relationship for successful interpretation has been presented with progressively greater emphasis in the psychodynamic literature. This has been associated with an emphasis on founding the correctness of the therapist's interpretations in the patient's reactions, and the tentative presentation of interpretations. Although the cognitive behavioural literature does not address these issues, in the present study both the psychodynamic and cognitive behavioural therapists reflected these concerns through their emphasis on presenting their interpretations in a gentle manner, and expressing an understanding for the patient's struggle with the communicated insight. The importance of these interpretive rules is supported through some previously reviewed empirical studies. Jones and Gelso (1988) found that participants had a strong preference for tentative (with questions at the end) styles of therapist interpretations, as opposed absolute (assured and final) styles. Other researchers (Beck & Strong, 1982; Caspar, 2000; Claiborn, 1982; Gazzola and Stalikas, 1997) found that the form of interpretations are as essential as their content. Tentative interpretations with positive connotations tend to be more readily accepted and to promote positive reactions (such as increased exploration and enduring behaviour change). Closed-ended and authoritative interpretations, on the other hand, tend to be much less effective and could actually counteract the effectiveness of their content. In addition to this tentative style, Gazzola (2001) found that the most effective interpretations were presented in a supportive caring tone, and used the first person wording of the patient. Finally Fessler (1978) found that the therapists' sensitivity to the patient's understanding of the interpretation, and his/her awareness of the distance and divergence from the patient once it is conveyed, were essential to the interpretation's acceptance. The therapist made the new interpretation "habitable" by oscillating back to conveying his/her understanding of the patient's meanings, and then repeating and redirecting towards further concrete thematization of the interpretation.

As previously mentioned, the humanistic therapist in the present study was consistent with the empathy-based interpretations suggested in the literature. Furthermore, she described her style as working with what the patient emphasizes as important, which

emerges at the beginning of the session. As such, her interpretations were constantly focussed upon the most emotionally salient and experientially felt material of the patient. Since her style demanded that she focuses upon the patient's central emotional concerns, T₂'s interpretations were not likely to be "too shallow" or "too deep", or to be inappropriately timed. Furthermore, following the humanistic tradition, she was constantly concerned with the therapeutic relationship, with delivering gentle and tentative interpretations, and to show understanding for the patient's struggles. As such, given her attentiveness to the patient's therapeutic direction, the humanistic therapist did not concern herself with the style of her interpretations as much as the other two therapists.

Whether it is conducted through interpretative rules (as in the psychodynamic and cognitive behavioural sessions), or through a general style (as in the humanistic session), there is clear consensus that these general principles seem to be fundamental to successful interpretation. Furthermore, certain theorists (e.g., Bergsma, & Mook, 1998; Bohman, 1991; Habermas, 1971) argue that the faithfulness which such principles promote towards the patient's experiencing is an ethical responsibility for therapists. Given the power dynamics and potential domination of the session by therapists, they must found their interpretations upon the perspective of the patient.

As we have seen, the only other empirical research which addressed the issue of interpretive style as it relates to orientation was Gazzola's (2001) mixed-methods study. He found that the Client Centred interpretations were characterized by an egalitarian and permissive therapist style, and the Rational Emotive interpretations were characterized by a purely didactic, therapist driven, and power struggle therapist style. However, the therapeutic style of the humanistic therapist in the present study was not particularly permissive. More importantly, T₃'s cognitive behavioural session was not characterized by a purely didactic, therapist driven, and power struggle style, as the Rational Emotive interpretations were in Gazzola's study. These differences are likely due to the fact that Gazzola examined the interpretations of therapists who either originated these approaches or were closely associated with them. As such, the results of Gazzola's study do not compare well to the therapists in the present study.

The Interpretation Proper and Its Pre-interpretive and Post-interpretive Contexts

One of the implications of interpretation as a dialogical phenomenon, which emerged from the present study, is that interpretation is not a singular or solitary event conducted by the therapist. It presents itself in segments, within a broader therapeutic context. It requires a pre-interpretive context, wherein the recipient of the interpretation often sets the stage. It also leads to a post-interpretive context, wherein the participants react to each other and the interpretation, and set the stage for further therapeutic interventions.

The previously reviewed literature on interpretation contains hints of this recognition that interpretation is not a singular phenomenon, and that it is framed by a pre-interpretive and post-interpretive context. The object relations (e.g., Kohut, 1984; Lomas, 1987; Winnicott, 1989; Wolf, 1993) and interpersonal (e.g., Chalfin, 1992; Crits-Christoph & Connolly-Gibbons, 2002; Merendino, 1997; Pancheri, 1998; Parment, 1994; Stolorow & Atwood, 1997; Sullivan, 1953) psychodynamic approaches recognize the importance of a pre-interpretive context. In fact, along with some contemporary humanistic theorists (Gendlin, 1968; Greenberg & Elliott, 1997; Nielson, 1980; Schonbar, 1968; Snyder, 1982), these psychodynamic theorists describe and emphasize this pre-interpretive context. It is variably described as a holding environment, a bond of affective attunement, or an empathic understanding and immersion into the patient's experiencing. In psychodynamic approaches, it is thought to allow the patient to borrow the therapist's strength and capacity, whereas in the humanistic approaches it is thought to provide the patient with an empathic mirror through which s/he is better able to understand him/herself. Regardless of whether it is recognized by other approaches, without such an environment interpretation would not be possible. Empathic attunement and understanding set the stage for interpretation by comforting and engaging the patient, by providing the therapist with knowledge regarding the patient's experience, and by valuing of that experiencing which promotes patient competence and creativity and enables self-interpretations. As such, this environment is necessary for the emergence of a genuine and caring interpretive dialogue.

While most of these theorists argue that an environment of empathic understanding is insufficient for therapeutic change, they all view this environment as having a curative component in and of itself. Kohut (1959) represents this position well through his argument

that the new experience of being understood by the therapist through an empathic interpretation is at least as important as the explanation itself. If interpretation is to produce therapeutic effect, it must provide the patient with a new experience of being deeply understood. These conceptualizations are congruent with the phenomenological-hermeneutic argument that understanding and interpretation are deeply interrelated (e.g., Barclay, 1992; Binswanger, 1963; Boss, 1963; Holt, 1968; Kruger, 1988; Mook, 1994; Ricoeur, 1985). According to these theorists, understanding is the necessary foundation for interpretation, the process of interpretation involves phases of understanding and explanation, and that the ultimate result of interpretation is a deeper understanding. These conceptualizations of what could be called the pre-interpretive context support the findings of the present study. They identify at least some of the necessary foundations for the formation of an interpretive dialogue, and support the finding that both the therapist and the patient are involved in setting the stage for the interpretations proper.

In describing the interpretation proper, some psychoanalytic theorists (e.g., Bibring, 1954; Greenson, 1967; Lowenstein, 1963) have argued that it is not a single static act or isolated moment in analysis, but rather a prolonged and dynamic process that is present and verified throughout the course of treatment. It occurs in installments and through gradual transitions, and requires other processes (i.e., preparatory and working through) to be possible and effective. Aspects of this formalization of interpretation is certainly supported by the present study. Interpretation does present itself as a prolonged and dynamic process, and does require other interventions to be possible and effective. However, beyond occurring in small installments throughout the session, the present study found that the phenomenon of interpretation presents itself in segments, which contain pre-interpretive and post-interpretive contexts as well as the interpretations proper. Furthermore, within these segment, one could argue that either an interpretation or sets of interrelated interpretations were present, and that the boundaries between them were blurred. The findings support Levy's apt statement that "with few exceptions, interpretation presents itself phenomenally as a deft, smoothly operating process, possessed of a unity that defies analysis" (1963, p. 152). The psychoanalytic idea of viewing interpretation as emerging in installments does not fully represent the present study's finding of interpretive segments which contain pre-

interpretive and post-interpretive contexts as well as multiple interpretations proper.

Another group of psychodynamic theorists (e.g., Casement, 1986; Kohut, 1959; Ornstein & Ornstein, 1985, Winnicott, 1954) argue that the ultimate significance of interpretation does not lie in what the interpreter imparts, but what the patient experiences in connection to what the interpretation imparted. What constitutes the totality of interpretation includes the impact on the patient, the patient's response, the impact of that response on the analyst, as well as further interventions. From the present study's perspective, this conceptualization accurately identifies the importance of the post-interpretive context in interpretive segments. Given interpretation's dialogical nature, the present study showed that the post-interpretive context is a fundamental continuation to the interpretation. Ultimately, an interpretation and its impact are indeed dependent upon this context.

Based upon the findings of the present study, it seems that most theorists have failed to address the fully dynamic nature of the phenomenon of interpretation as it emerges through interpretive segments with a pre-interpretive context, interpretations proper, and a post-interpretive context. Most of the above presented theorists either address these components incompletely or emphasize one component of the continuity of interpretive segments. With the exception of Murray's qualitative study (1991), all of the previously discussed empirical studies did not address this continuity as well. Even other qualitative studies treated interpretation as a singular encapsulated phenomenon when they actually examined it empirically. Fessler (1978), Kelly (1994), and Gazzola (2001) identified particular interpretations (as opposed to interpretive segments of therapy) and studied them individually. Murray's study, on the other hand, identified what could be referred to as a pre-interpretive context and the interpretation proper as a continuity. He found three phases to the therapist's interpretation, which he referred to as Paragenesis, Transcendence, and Conception. The first two describe the therapist's intentions and pre-interpretive struggles as he formulated the interpretations, whereas Conception describes the actual formulation. Since these phases address the therapist's intentions, the correspondence of the content of these phases with the present study will be elaborated upon in the next section. Murray's study identified the theme of Explication, which describes the process of the emergence of new meaning that most essentially characterizes interpretation. This theme corresponds to

what is referred to as the interpretation proper in the present study, and highlights his recognition that a pre-interpretive context precedes it. However, similar to other empirical research, Murray's study did not address the presence of multiple interpretations or post-interpretive contexts.

The Therapeutic Context and General Intentions of Interpretation

The results of the present study have shown the essential and interrelated roles played by the therapist and patient intentions and contexts. The pre-interpretive context of interpretation is in fact directly related to the contexts and general intentions of both the therapist and patient, as these set the stage for the interpretation proper. For the purposes of discussion, their different aspects are divided below into therapists' contexts, therapists' intentions, patients' contexts and intentions, and the overlay of these four aspects.

Therapists' Interpretive Contexts

As we have seen, the therapists in the present study founded their interpretations upon four essential contexts: 1) their previous experiences with that specific patient; 2) the patient's historical context (e.g., family history, life history); 3) their experiences with patients in general; and 4) their theoretical orientations. These results concur with two of the previously reviewed qualitative studies. Murray (1991) found that the therapist grounded his interpretations in what he viewed as helpful in general, and as helpful during that actual encounter. The former was associated with the therapist's historical presuppositions (theoretical knowledge and experience) about therapy which overlap with the present encounter. This aspect of Murray's findings directly corresponds to the third and fourth contexts found in this study; namely, the therapist's experiences with patients in general and his/her theoretical orientation. However, "what is helpful during that actual encounter" is far too vague to be associated with the therapist contexts found in the present study. It could be associated with all of them, and in fact is too general to be useful.

The results of Fessler's (1978) qualitative study, on the other hand, are closer to the results of the present study. Fessler refers to therapists' contexts as their "meaning contexts," and argues that these include their (always evolving and shifting) overall ideas of health and pathology, their understanding of the patient's contexts, and their general and specific intentions with the patient. "Ideas of overall health and pathology" correspond with the third

and fourth contexts in the present study; namely, therapists' experiences with patients in general and their theoretical orientations. "Understanding of patients' contexts" somewhat correspond with the first and second contexts (i.e., the therapist's experiences with that specific patient as well as his/her historical context), as these are necessary for understanding the patient. However, it is more directly related to the principle of interpretation being founded upon understanding, as opposed to being a therapist context per se. This issue will be taken up in the *Interpretation's Level of Reflection* section below. Fessler's last meaning context, "general and specific intentions with the patient," clearly corresponds with the present study's findings regarding therapists' intentions (discussed in the next section).

Interestingly, Fessler referred to these "meaning contexts" as always evolving and shifting. Given his lack of explicating this specific quality, it is unclear what is meant by a constant evolution and shifting of the therapist's overall ideas of health and pathology. Furthermore, while certain therapeutic understandings and intentions may change over time, according to the present study other therapeutic intentions (e.g., helping the patient out of his/her suffering) do not change, even when examined across different orientations. Finally, it is unclear how Fessler can assume that therapist "meaning contexts" evolve without examining more than one session from each therapist. Overall the results of the present study generally affirmed Fessler's (1978) and Murray's (1991) conclusions regarding therapist contexts and intentions. However, it differentiated four distinct therapist contexts which subsumed and went beyond them. The present study also had sufficient data to be able to discuss therapists' contexts separately from therapists' intentions.

The previously presented literature review clearly indicated that therapeutic orientation is fundamental to therapist interpretations. Psychodynamic theorists have conceptualized interpretation as an alternative and healthier theory-based construction of the patient's problematic life-world (e.g., Kohut, 1984; Levy, 1963; Stolorow, 1993). Schaefer (1992) argues that therapists enter into a particular theoretical world and make a commitment to that narrative world, which creates the "facts" necessary for shaping their interpretations. Other theorists refer to interpretation, and orientation in general, as a linguistic filtering system in which therapists are embedded and through which the information provided by the patient is made to fit the theoretical propositions of their theory

of human change (Barton, 1974; Benvenuto, 1998; Claiborn, 1982; Duncan, 1989; Gazzola & Stalikas, 1997; Jager, 1967; Maione & Chenail, 1999; Kalt, 1983; Pogge & Dougher, 1992; Saari, 1988; Yardley, 1990). By implicitly structuring therapist interpretations, orientation is necessary for helping to bring unfamiliar meanings to the realm of the familiar. As a persuasive communication by a socially powerful counsellor, the therapist's implicit conviction in the interpretation is central to the cure (Bergsma & Mook, 1998).

The present study seems to be the first to illustrate the central contextual role which theoretical orientation plays in therapist interpretations. As we have seen, quantitative studies have shown that interpretations are present with certain frequencies in non-psychodynamic orientations (Flowers & Booraem, 1990; Gazzola & Stalikas, 1997; Menahan, 1996; Stiles, Shapiro, & Firth-Cozens, 1989; Troemel-Ploetz, 1980; Weinrach, 1990). But they did not conceptualize theoretical orientation as a foundational context for interpretation. Qualitative studies, on the other hand, either disregarded the role of orientation (Kruger, 1988; Murray, 1991), dismissed its importance (Fessler, 1978), or mentioned its importance but did not examine it empirically (Kelly, 1994). Gazzola's (2001) study was the first to examine and find that the content and style of interpretation varies meaningfully according to the theoretical orientation of the therapist. But given the methodological limitation of not interviewing the therapists of his study, he was unable to experientially examine the role of those orientations. Supporting the theoretical literature, the present study found that theoretical orientation provided the rationale and justification for the therapists' therapeutic direction and interventions, whether they discussed the specific patient in the session or (much more rarely) made comments about the general treatment of all patients. As will be elaborated in the *Thematization of Interpretation* section below, this rationale helped to form a consistent thematic thread throughout the session.

Therapists' Interpretive Intentions

The present study reveals that the therapists' interpretations flowed from some general intentions with the patient. At a more affective level, the therapists were generally motivated by an urgent concern for the patient's struggles and confusion, wanting to lift the patient out of his/her suffering, and feeling frustration when little or no progress towards their therapeutic direction was being made. At a more cognitive level, the therapists wanted

to provide the patient with some distance from his/her suffering, and bring forth meanings and insights which were in line with their therapeutic intentions. These meanings and insights included indicating to the patient that his/her manner of meaningfully accounting for his/her experiencing is incomplete, and making him/her aware of meaningful unattended aspects of him/herself. This distancing was seen as allowing the patient to reflect upon his/her material, which was intended to deepen his/her meanings and insights and provide him/her with new understandings. The different aspects of these therapist intentions can be dialogued with the literature, and for the ease of discussion they are divided below into creating and discovering meanings, therapists' emotional engagement, and creating reflective distance.

Creating and Discovering Meanings

As we have seen in the *Interpretation as an Intersubjective Phenomenon* section above, interpretive meanings in psychotherapy emerge as both a creation of new meanings and a discovery of deeper and obscure meanings in the patient's material. In the present study, one aspect of therapists' intentions was to help create and discover these meanings, thereby opening up the patient's meaningful possibilities. Through these meanings, the therapists attempted to help the patient better account for his/her experiencing, become aware of unattended aspects of him/herself, and deepen his/her insights and understandings. Aspects of these results resemble psychodynamic theories. Beginning with Freud (1900), we have seen that psychodynamic theorists conceptualize interpretation as a therapist technique which uncovers and reveals the hidden and condensed meanings of latent content that underlie apparently meaningless manifest content. These latent meanings are thought to be the key unconscious issues and etiological agents of the patient's suffering. To a certain extent, the present study confirms the psychodynamic argument that interpretation involves a therapeutic intention to discover latent meanings. However, as previously discussed in the *Interpretation as an Intersubjective Phenomenon* section above, meaning does not exist "in" an unconscious which must simply be discovered by the therapist for the patient. The results of the present study indicate that both the therapist and the patient are highly active in their quest for the meaning of dense and incoherent patient material. Meaning arises out of the active dialogue between therapist and patient as they *both* struggle to discover *and* create

meaning out of the patient's material. As such, meaning is as much a discovery of implicit dimensions of the patient's life-world, as it is a creation of the therapist-patient dialogue.

Therapists' Emotional Engagement

With the exception of the object relations and interpersonal psychodynamic approaches, as well as the humanistic theorists and researchers who address interpretation, we have seen that the majority the literature on interpretation focuses upon the cognitive aspects of interpretation while ignoring its affective aspects. The concept of empathic interpretations, variously found within the object relations (e.g., Kohut, 1959; Winnicott, 1965) and humanistic (e.g., Greenberg & Elliott, 1997) theories, emphasizes remaining "experiencing-near," affectively attuned and responsive, and showing a sympathetic and caring positive regard towards the patient. The interpersonal approaches (e.g., Aron, 1992; Parment, 1994; Sullivan, 1953) similarly argue that if therapy is to truly be intersubjective, and thereby lead to helpful interpretations, the emotional involvement of the therapist is necessary. Furthermore, interpretations can only be curative in the context of a novel relational experience and emotional engagement with the therapist. Engagement with a caring therapist, who responds differently relative to the patient's core historical relationships, provides the patient with a corrective emotional experience.

Phenomenological-hermeneutic theorists (e.g., Snyder, 1982) similarly argue that interpretation, as any other human phenomenon, cannot be conceptualized as simply cognitive or affective. Genuinely engaged interpretation is rather an experiential meeting which involves the manner in which each person fully lives his/her world.

The present study clearly indicates that interpretation, and interpretive intentions, contain essential affective components. Therapists' motivation to interpret was galvanized by their empathic concern for the patient's struggle and confusion, and their desire to lift the patient out of his/her suffering. Frustration also played a factor sometimes, when therapists felt that little or no progress towards their therapeutic direction was being made. These results certainly support the theorists and researchers in the literature who emphasize the importance of emotional engagement for interpretation. Interestingly, the present study also supports phenomenological-hermeneutic theorists, who argue that interpretation involves a full engagement of the person. Although the therapists did not report any bodily components

to their experiencing, the patients reported embodied reactions which were associated with their affect during the interpretive segments.

Creating Reflective Distance

Driven by the empathy and concern they felt for their patients' struggles and confusions, the therapists in the present study intentionally sought to lift them out of their suffering by providing them with some distance from it. This distance was also intended to allow therapists to bring forth meanings and insights which were in line with their therapeutic intentions, and to allow the patient to reflect upon his/her material, thereby deepening his/her insights providing him/her with new understandings. We have seen that psychoanalysts (e.g., Fenichel, 1945; Cornyetz, 1968) and ego psychologists (e.g., Hartmann, 1964) have argued that the therapeutic effect of interpretation occurs through its capacity to split the patient's ego into an observing an experiencing part. By borrowing the observational qualities of the therapist, the former confronts the irrational character of the latter with the heretofore warded off or denied material, and allows the patient to take in the insights communicated by the therapist. The concept of an observing ego implies the process of distancing, in that it argues that the therapist's interpretation provides the patient with an enhanced ability to take a distance from his/her difficulties. However, the implications of this conceptualization is that patients need to be removed from their biased realm of experiencing and to take an observing distance on their *overall* experiencing. The results of the present study indicated that, as intended by the therapist, this perspective allowed patients take a distance from a *specific aspect* of their experiencing; namely, being immersed in their suffering (this will be discussed in greater detail in the *General Patient Responses to Interpretation* section below). The process of distancing allowed them to *experience* their suffering differently, and thereby discover and help create the new meanings implied by the therapist's interpretation. The concept of an "observing ego" and an "experiencing ego" is problematic in that, through structural psychoanalytic theory, it implies that all of the patient's experiencing is problematic, and that self-observation is possible without experience.

As we have seen, the concept of distancing is central to Ricoeur's (1974, 1976) theory of interpretation. Discussing the results of his qualitative study in the context of

Ricoeur's theory, Kelly (1994) argues that, as the therapist and patient struggle with meaning, the otherness which the therapist represents provides the patient with a distancing. This allows the patient a relief from his/her appropriatory experiential belongingness, and thereby allows for the emergence of meanings which may otherwise be far too intense, immersive, and immediate to be fully understood by the patient. Kelly's conclusions regarding distancing were generally supported by the results of the present study. However, he does not distinguish between the therapist's intent to create a distance, and the actual process of distancing. Given the nature of the dialogical core feature of interpretation found in the present study, one could argue that it is not the otherness of *the therapist* per se which provides distance for the patient. Rather through the otherness which the therapist's presence provides, the interpretive dialogue emerges. It is this interpretive dialogue regarding the patient's material, as a presence which emerges through but also stands outside the subjectivities of the therapist and patient, which provides the patient with the necessary reflective distance. Thus, by confounding the therapist's *intention* to create distance with the creation of that distancing, Kelly underestimates the role of the dialogical nature of interpretation by claiming that the therapist is responsible for that distancing.

Kelly's (1994) is not alone in failing to elaborate the therapist's intentions. Fessler's previously mentioned final therapist "meaning context," the "general and specific intentions with the patient," is very vague and does not specify the nature of these intentions. In fact, aside from the present study, Murray's (1991) qualitative study is the only other empirical one which directly addresses the therapist's interpretive intentions. The theme of Therapeutic Intention was one of the four central themes discovered in his study. Murray found that the therapist in his study had a directive to help the patient gain insight through opening up the patient's ambiguous horizons. As previously discussed, this therapist intention evolved through the three phases of Paragenesis, Transcendence, and Conception.

Murray's study must be commended for being the only other study to explicitly examine the therapist's interpretive intentions. However, the conclusions which he reached are limited when compared to the results of the present study. An aspect of therapist interpretive intentions is certainly to open up the patient's ambiguous horizons, and this

aspect of Murray's findings parallels the intention of creating and discovering meanings found in the present study. Opening up ambiguous horizons is essentially the process of disclosing undisclosed meanings and creating new meaningful possibilities, although Murray does not sufficiently elaborate that the ultimate purpose of opening up ambiguous horizons is to discover and create new meanings. Furthermore, the results of the present study do not support the specific phases of interpretation which Murray proposes. It is true that the therapist uses his/her contexts, which are essentially historical, to help guide his/her interpretations. However, across the examined interpretations, there was no evidence that initially the therapist relies *solely* upon these contexts during a Paragensis phase, then is challenged by the patient during a Transcendence phase and realigns based upon the context of the present encounter, and finally expresses his/her interpretation during a Conception phase. It seems that Murray confounds therapists' *contexts* with therapists' *intentions*. The therapist's historical contexts (i.e., previous theory and experiences) certainly set the stage for interpretation, but the therapist's intentions are overwhelming oriented towards the present struggles of the patient, towards the therapeutic dialogue, and towards their attempts at making sense of undisclosed meanings. Yet Murray's phases seem to bear a resemblance to a specific type of interpretation discovered in the present study; namely, Confrontational Interpretations. This will be elaborated in *The Issue of Typology* section below.

Patients' Interpretive Intentions and Contexts

We have seen that, aside from the context of their previous experiences with the therapist, patients' interpretations arose through two general intentions and contexts for their therapy, which contained both cognitive and affective components (as they did for the therapists). The first context and intention in which patient interpretations arose was of patients' self-realizations. These self-realizations built upon the patient-affirmed therapist's interpretations, and were in line with the therapist's therapeutic intentions. They were experienced by patients as providing some relief from their struggles and their sense of confusion and turmoil. The second context and intention in which patient interpretations arose was of self-interpretations which emphasized the therapist's misunderstanding of either the patients' life-worlds, or the nature and extent of the patients' difficulties and struggles. They were experienced as a frustrating struggle with the therapist, as the patients

attempted to counteract the therapist's interpretations in the direction of their perspective.

Fessler's (1978) qualitative study found that the patients' "meaning context" included their (always evolving and shifting) self-understanding, their understanding of the therapist's "meaning context," and their intentions for their therapy. Essentially, the patients were primarily concerned with their narrow network of meanings (as opposed to possibilities the therapists were aware of) and with being understood. As long as they felt understood, patients were willing to follow the therapist. But when they felt misunderstood, they resisted and became further entrenched in their difficulties. The results of the present study coincide with Fessler's conclusions regarding the patients' primary intentions. When the patients in the present study felt understood by the therapist's interpretation, they did affirm it, and when the opposite occurred, they did resist it. However, Fessler's study did not address the active role which patients play in the interpretive dialogue, including their interpretations. The patients certainly wanted to be understood. But they were not simply concerned with their narrow network of meaning. They too struggled to interpret the emerging material in the session. In fact, patients sometimes responded to therapists' interpretations by affirming them *and* (through self-realization) presenting follow-up interpretations, or rejecting them *and* presenting self-interpretations to counteract them.

Fessler's findings regarding the patients' contexts somewhat coincide with the present study's findings, but examine the issue from a different perspective. Patients certainly require an awareness of their context and the context of their therapist for them to either express self-realizations which build upon the therapist's interpretations, or present self-interpretations which counteract the therapist's interpretation. As such, Fessler's findings were implied but did not emerge as core meaning structures for the patients in the current study. Furthermore, as was true for Fessler's findings regarding the therapist's "understanding the patient's contexts," these issues of understanding are more directly related to the principle of interpretation being founded upon understanding, as opposed to being patient contexts per se. This issue will be taken up in the *Interpretation's Level of Reflection* section below.

Kelly's (1994) conclusions similarly described patients' intentions as holding the interpretive dialogue accountable for the descriptive details of their experiences as they

were/are lived. In the present study, this conclusion was generally found in the patients' intentions. When the interpretive dialogue was faithful to the patients' experiences, it was affirmed by patients and led to further self-realizations. However, when the interpretive dialogue was not faithful to the patients' experiences, it was challenged by patient self-interpretations which emphasized the therapist's misunderstandings.

The Overlay of Interpretive Contexts and Intentions in the Interpretive Dialogue

The dialogical nature of interpretation logically precludes conceptualizing the therapists' and patients' contexts and intentions as purely individual phenomena. In fact, the results of the present study indicate that the therapist and patient interact throughout the living dialogue of session, pulling and pushing as they struggle together to reach new understandings. Founded in various historical contexts, the therapist's intentions move the dialogue towards his/her therapeutic direction. The patient either acknowledges this shift and enhances it through self-realization and interpretation, or resists it through self-interpretations regarding the manner in which the therapist misunderstood his/her life-world.

As we have seen in the literature review, a few theorists and researchers, who have addressed the dialogical core feature of interpretation, have attempted to account for this overlay of contexts and intentions. From a hermeneutic perspective, Bouchard and Guérette (1991) argue that interpretation enters therapy when two partners commit themselves to a common project of elucidating and unveiling hidden, obscure, and incoherent meanings. In his qualitative study, Kelly (1994) describes interpretation as a striving together to develop an understanding of unintelligible and inexplicable meanings. The present study generally supports this concept of a "joint project" between the therapist and patient. Through dialogue, they create a novel relationship with the interpreted material and strive together to understand the unintelligible and obscure meanings which underlie it. However, while describing this joint project, it is essential to maintain this study's findings that the therapist and patient do present with their own specific contexts and intentions, which overlay and sometimes collide. Furthermore, these descriptions of the joint project seem to emphasize the conscious and intentional commitment of the therapist and patient towards it. Given the emphasis upon the dialogue in the present study's findings, it would be more accurate to describe the therapist and patient as taken up by the dialogue through their commitment to it.

We have seen that, from an existential phenomenological perspective, Schutz (1967) agrees that both the therapist and patient bring a particular context to the dialogue with which to understand the other. But once engaged in the dialogue, their intentional acts are persistently inclusive of the other in the dialogue. The results of the present study confirm that, given their immersion in dialogue, the intentions of both the therapist and the patient necessarily include the other. However, based upon these results, this conclusion insufficiently encompasses the full implications of interpretation's dialogical character. It needs to be extended by stating that the intentions of both the therapist and patient encompass the other and the material being interpreted, the latter presenting itself as a presence with which both the therapist and patient interact. This discovery is novel to the field of psychotherapy research.

In his qualitative study, Fessler (1978) describes the process through which the therapist's and patient's contexts converge. As they come to understand each other's positions regarding the interpreted material, he found that the divergencies of therapists and patients interflowed through expressed meanings, encroaching on each other's contexts and contributing to the evolution of the interpretations. Founded upon Gadamer's (1994) previously discussed philosophical insight regarding the fusion of horizons of understanding, Kelly (1994) describes the interpretive encounter as an intersubjective space which allowed the therapist's and patient's perspectives to meet and fuse without losing sight of their separate subjectivities. As the hermeneutic theorists argue (Baydala, 1999; Gadamer, 1994; Martin & Dawda, 1999), this meeting enlarged the horizons of both participants, leading to a mutual enlightenment of heretofore unaddressed meanings. This dialogically leads to therapeutic understanding and interpretation.

The results of the present study demonstrate that the therapists' and patients' perspectives do diverge and converge as they struggle to reach a new understanding. There is certainly an interflow and enlightenment of meanings, similar to a dance, wherein they experience moments of fusion of their horizons of understanding and interpretation. It is through this meeting of horizons, through the dialogue, that their pre-dialogical understanding is enlarged. But the results of the present study also emphasize the living nature of this interpretive dialogue. Fessler and Kelly seem to be suggesting that

convergence and fusion gradually builds up and peaks during the interpretations which they examined. The present study had the advantage of examining interpretive segments across the whole session. While it confirmed that there are periods of horizontal fusion of understanding, the interpretive dance and the interflow of meaning does not cease at those times, but rather extends beyond them. After convergence there may be divergence, where the fusion of horizons are transcended as the therapist and patient come to newer meaningful realizations, only to converge again later in the session. As such, the struggle to reach new meanings was never truly complete in the examined sessions, and the fusion of horizons was never final.

The Thematization of Interpretation

The results of the present study indicate that the core thematic issues, which form the foundation of the interpretations in the sessions, emerge at the beginning of the sessions through the therapists' and patients' intense struggles with the meanings of the patients' material. These themes weaved through the entire session in the form of interpretive threads. Based upon these threads, the interpretations permeated and flowed through the session material, forming interpretive peaks of frequent and/or complex interpretations, and valleys of infrequent and/or simpler interpretations. Following the interweaving of the therapeutic themes, some of these interpretations progressively deepened, increasing the thematic formation in the form of layers of thematic development - particularly for the psychodynamic session. Although the thematic formulation of the interpretations varied based upon the immediately present session material, as previously indicated the interpretations were not singular encapsulated interventions. They formed a continuity of interpretive intent which spanned the session as a whole.

The theoretical and empirical literature on interpretation tends not to examine the interrelated continuity which interpretations form, the thematic core which gives rise to that continuity, and the session contexts which surround and frame them and their segments. As such, the findings of the present study are novel contributions to the literature. The concept of working through, introduced by Freud (1913/1958) and accepted throughout the psychodynamic literature, bears some resemblance to the continuity of interpretations. As we have seen, Freud argues that deepened insight and ultimate behaviour change require

multiple similar interpretations of related content which are repeated, reinforced, elaborated, and integrated. This leads to a progressive awareness of content, bringing the patient to a higher level of understanding and cohesion. Based upon his qualitative study, Fessler (1978) goes further by arguing that therapists did not “give” an interpretation as a fixed or isolated incident. Interpretation was rather an event that unfolded over time, emerging out of ongoing developing meanings which existed in the dual context of speaker and listener and their intentional structure. The interpersonal approaches (e.g., Aron, 1992; Lichtenberg, 1999; Merendino, 1997; Stolorow, 1993) similarly argue that interpretation is a constant interpersonal participation which involves the dimensions of intersubjective engagement and observation and reflection. By presenting an interpretation, the therapist engages in yet another cycle of interpersonal enactment which builds upon the previous one and leads to further interpretations. While these conceptualizations of interpretation do recognize the continuity of interpretation within therapeutic sessions, they clearly do not fully address the findings of the present study, particularly the thematic aspects of this continuity.

The narrative and hermeneutic theorists (Benevenuto, 1998; Bouchard & Gu  rette, 1991; Kalt, 1963; Liria, 2000; Martin & Thompson, 2003; Sass, 1988; Schaefer, 1992; Sepping, 1999; Sluzki, 1992; Spence, 1982; Steele, 1979), on the other hand, focus upon the broad thematic aspects of interpretation. They argue that interpretations provide thematically consistent, reasonable, and comprehensive alternatives, helping patients build more satisfying life narratives. Remaining faithful to the clinical landscape of events, the therapist interpretively selects, organizes, and formulates previously incoherent and disconnected events in thematic relation to each other. These interpretations alter the manner in which significance is assigned to the patient’s life-story, revealing its new potential meanings and its intentional reasons within the patient’s agency, as well as reducing the thematic cohesion of the stories which support the problematic experiences and behaviours. Ultimately, interpretations provide an account, a coherence, and an integration to the patient’s life-story within a narrative structure. We have seen that Kelly’s (1994) qualitative study supports these theoretical claims. He found that interpretive meanings emerge as a gradual recognition of the patients’ problematic overriding themes and underlying patterns of engaging in life. By recognizing the broad thematic aspects of interpretation, these

researchers interestingly counterbalance the above presented psychodynamic concepts, as well as Fessler's findings. However, the above mentioned hermeneutic researchers do not address the manner in which these broad themes form a continuity which unfolds, interweaves, and becomes more complex as sessions progress. The present study, on the other, does address thematic continuity of in-session interpretations.

As previously mentioned, with the exception of Fessler's (1978) recognition of its continuity, the empirical literature does not seem to address the continuity and thematic aspects of interpretations. However, the frequency of interpretation research is relevant to these aspects. Empirical studies which have addressed the frequency of interpretations have generally found that they are relatively infrequent interventions (e.g., Gazzola, 2001; Hill, 1989; Spiegel & Hill, 1989), but as possessing an average duration of 18.6 seconds in psychodynamic sessions, and as such representing the longest overall speaking time for psychodynamic therapists in sessions (e.g., Piper, Debbane, de Carufel, & Bienvenu, 1987). The present study sheds doubt upon the logical validity of such claims regarding the frequency and duration of interpretation. These studies have never identified patients' interpretations. Given the fact that 25.3% of interpretations were conducted by the patient in the present study, these studies seem to have been biased towards identifying only therapist interventions as interpretations. In fact, a review of their operational definitions of interpretation and their findings clearly indicates this bias. More importantly, the present study highlights the difficulty of defining and identifying an interpretation in absolute terms. There is a continuity to interpretive intent and interpretive threads in the session, and interpretations are present within interpretive segments which provide pre-interpretive and post-interpretive contexts. As such, interpretation is not a singular act, but a continuity present within a segment, often emerging as a set of interpretations. One can certainly identify interpretive peaks and valleys in the sessions, as well as segments in which interpretations are not present. One can also identify the presence of a set of interrelated interpretations. However, it is difficult to identify the absolute boundaries of a singular "interpretation." These frequencies and durations likely refer to interpretations proper, which must be verbalized to be identified and measured by an observer. Identifying the interpretations proper as singular "interpretations" breaks with the continuity of the

phenomenon. It neglects to identify the surrounding contexts, such as interpretive intent and reactions to interpretations, which are often not verbalized in the session and require an interview with the therapist and patient for them to emerge.

The results of the present study also indicate that the end of the session marked a pivotal period in the thematization process. At those times, the therapists experienced an urgency to communicate the central therapeutic insights of their interpretations. Given the thematic development which had already occurred, they presented global summary interpretations which reemphasized their previous interpretations, addressed the core thematic difficulties of the patient, and deepened previous interpretations through novel and more complex interconnections. Kelly's (1994) qualitative study contained some interestingly overlaps with these results. Kelly found that, as the central themes of the patient's therapy were formed later in the interpretive dialogue, they began to deeply influence the interpretations and help make explicable new and broader experiences which were not directly used to generate the interpretations. The results of the present study confirm and extend beyond Kelly's conclusions. It is true that the central themes formed and progressed through interpretations, and reached their peak of thematic layering and formation at the end of the session. However, the results of the present study suggest that their initial emergence occurs much earlier than he claims. In fact, these core thematic issues emerged at the beginning of the sessions. Furthermore, their interrelationship with interpretive threads was a persistent quality of interpretation. The interpretive segments throughout the session tended to be linked to these core thematic issues in some manner. Interestingly, the thematic continuity of these interpreted core issues also extended to patients' interpretations, which no other theoretical or empirical study has yet addressed. It also extended to the periods between sessions, during which patients reflected upon the interpretations in the previous session.

Interpretation and Temporality

As was discussed in the *Philosophical Foundations* chapter, existential phenomenological philosophers argue that human beings are rooted in time and space. For Heidegger (1962), temporality situates Dasein in a stream which extends to the past and reaches into the future. Human experience is existentially centred around the present, but the

present is interconnected with a future potentiality which completes it, and a past which implies it. As such, Dasein presents with a historicity (Gadamer, 1994), it is embedded in an implicit but pervasive cultural and linguistic context. We have seen that, in the present study, this dimension of temporality was fundamentally interrelated with the interpretive dialogue, the process of thematization, and the interpretive level of reflection. Interpretation presents with a temporal continuity, as it reaches into past and thrusts forwards into the future. Its foundations lie in a historical context, the therapist and patient live it and develop it in the present of the dialogue, and their intentions and insights reach into the future where implications are reflected upon and possibly realized by the patient.

Aside from the present study, Murray's (1991) qualitative study is the only other piece of literature found which addresses this core feature of interpretation. Temporality is one of Murray's four key themes of interpretation. He found that the therapist's historical pre-suppositions (including his theoretical knowledge and experience) about therapy overlap with the present encounter, shaping his understanding of the patient while he attempts to remain open to the patient. While the present study concurs with Murray's findings, its results extend beyond Murray in including temporality's future orientation and the dimensionality with which it grounds interpretation's other core features.

Interpretation's Level of Reflection

As we have seen in the results section, the level of reflection of an interpretation is a complex core feature which has implications for the interpretation's complexity and whether it is primarily founded upon a basic understanding or a more theoretical explanation. The discussion of this core feature is divided into a discussion of the degree of intuition or reflection, interpretive complexity, and the roles of understanding and explanation.

The Degree of Intuition or Reflection

The results of the present study indicate that interpretations contain greater or lesser degrees of intuition and reflection, which tended to counterbalance each other. Interpretations with greater degrees of intuition contained lesser degrees of reflection, appeared more spontaneous, and were more immediately grounded in the patient's life-world and concerned with simply understanding its unintelligible and obscure meanings. Interpretations with greater degrees of reflection, on the other hand, involved less intuition

and a more complex and intentional theoretical analysis of the patient's life-world, as well as more complex attempts at explaining it. However, regardless of their degrees of intuition or reflection, interpretations always occurred within the immediate therapeutic moment. They occurred through constant engagement with the other person in the dialogue as well as the patient's material, and they were never fully pre-formulated or pre-planned. Furthermore, there appeared to be no meaningful difference in the amount of reflection and construction across the three sessions. Given that patients' interpretive contexts did not include a theoretical orientation or considerations of other patients (as the therapists' context did), their interpretations appeared more spontaneous and involved more intuition and less reflection.

Interestingly, the only literature which has addressed these aspects of interpretive reflection is psychodynamic theory. As we have seen, some theorists (Arlow, 1979; Bergmann, 1968; Blomfield, 1982; Duncan, 1989; Kris, 1951) attempt to counteract what they perceive as the overly reflective and analytical emphasis of classical psychoanalysis. They argue that interpretation arises out of the unconscious "drift" and intuition of the therapist as s/he joins the flow of the patient's unconscious and associations. It suddenly and unexpectedly penetrates the therapist's consciousness in a form that is not theoretically well formulated or logically consistent, and in the process of expression it undergoes formation and formulation. As such, interpretations are not directed, timed, or purposefully controlled, and the therapist's direction is unpredictable and does not represent point-to-point connections. Winnicott's (1954) concept of spontaneously playful interpretations echoes a similar conceptualization.

The results of the present study concur with these psychodynamic theorists to some extent. Classical psychoanalysis does overly emphasize the reflective and analytic aspects of interpretation. Interpretation certainly does emerge naturally from the ongoing dialogue and is not fully pre-planned or pre-formulated by either the therapist or patient. However, the suggestion that interpretation emerges from the unconscious of the interpreter implies that the unconscious, as an entity separate and distinct from that interpreter's conscious awareness and intentions, is responsible for the foundation of the interpreter's interpretation. This overlooks the interpreter's capacity to intentionally initiate and guide the interpretation,

which contradicts the experiences of the participants in the present study. While intuition was always present as an aspect of the participants' experience of the interpretive dialogue, the participants were usually consciously aware of the foundations, intentions, and formulations of their interpretations. Furthermore, even interpretations that involved the greatest degrees of intuition required some level of thought and reflection on the part of the interpreters.

Interpretive Complexity

The present study indicates that interpretive complexity is directly related to the interpretation's level of reflection. Complexity ultimately refers to an interpretation's inclusiveness and comprehensiveness, to the extent of the patient's life-world it attempts to explain. An increase in an interpretation's complexity required an increase in the amount of reflection, the number of created links, and its level of abstraction and levels of thematic layering.

Responding to the issue of interpretive complexity, we have seen some psychoanalytic theorists (e.g., Busch, 1998; Greenson, 1967; Lowenstein, 1963) argue that specific interpretations are better as they are more "digestible" to the patient. According to these theorists, abstract and vague interpretations bolster resistance, and create a therapeutic barrier and distance between the therapist and patient, thereby frustrating the patient. This is interestingly similar to the critique which classical humanistic theorists launched against all interpretations, viewing them as involving a therapist who imposes of insight and meaning onto the patient, as violating patient-determined rates of exploration and experiencing, and as harmful to the therapeutic relationship. However, some psychodynamic empirical researchers (e.g., Piper, Debbane, de Carufel, & Bienvenu, 1987) distinguish between an interpretation's complexity and an interpretation's unnecessary abstraction and vagueness. In their studies they found that specific but multi-component interpretations (which involved complex connections) were more related to positive therapeutic outcome than single-component interpretations. Concurring with these researchers, the present study found that an interpretation can be more abstract and complex, while remaining "specific," or sufficiently grounded in the patient's experience to be effective. Therapists often found ways to maintain this grounding, for example by using metaphor and imagery. In fact, as the

psychodynamic researchers found, more complex interpretations seemed to result in a greater increase in therapeutic insight.

Humanistic theorists are correct in arguing that interpretations, particularly abstract and complex ones as the psychoanalytic theorists argue, tend to increase the struggles and frustrations between the therapist and patient. However, interpretations often also result in relief, and struggles and frustrations are not negative in and of themselves. In fact, one may argue that discomfort is a necessary aspect of growth and change. Furthermore, while the humanistic theorists are correct that interpretations involve a reflective therapist going beyond what is expressed by the patient, this is not necessarily a negative process. As has previously been argued, one of the purposes of the therapeutic dialogue is to provide the patient with some reflective distance from his/her immersive experiencing, which allows for therapeutic change. Classical humanistic theory tends to not recognize the benefits of such reflective distance, but more contemporary humanistic theorists do (e.g., Gendlin, 1968; Greenberg & Elliott, 1997; Nielson, 1980; Schonbar, 1968; Snyder, 1982). As we have seen, these theorists argue that therapeutic interventions lie upon a continuum of progressively higher levels of inference, involving empathic reflection interventions at one end (dealing with immediate patient responses) and empathic interpretations on the other (dealing with inferential statements). This continuum is compatible with the results of the present study, which would make finer distinctions at the interpretive end of the continuum by arguing that interpretations themselves range from immediate and intuitive to complex and highly reflective. Based upon the results of the current study, one could also argue that the humanistic continuum of empathic reflection and interpretation, as well as this study's identification of levels of interpretive reflection, are related to a continuum of understanding and explanation.

The Roles of Understanding and Explanation in Interpretation

As was discussed above, the results of the current study seem to indicate that more intuitive interpretations involved a greater focus upon simpler understanding, and that more reflective interpretations involved a greater focus upon more complex explanation. As we have seen in the *Philosophical Foundations* and the *Review of the Psychological Literature* chapters, the issues of understanding and explanation, and their relationship to interpretation,

are quite complex. Drawing upon Heidegger (e.g., 1962) and Gadamer (e.g., 1994), but going beyond them, Ricoeur (e.g., 1974; 1976; 1985) argues that understanding and explanation are fundamental aspects of interpretation. Understanding seeks a synthetic and holistic intuitive grasp of the text, and as such a deeper understanding is a necessary aspect and consequence of interpretation. Explanation, on the other hand, aids in the interpretive process by unfolding the most incoherent and obscure meanings of the text through theoretical structural analysis. We have seen that phenomenological-hermeneutic psychology theorists and researchers (e.g., Barclay, 1992; Kelly, 1994; Kruger, 1988; Mook, 1994) founded their conceptualizations of understanding, interpretation, and explanation upon these principles.

The interpretive degree of intuition and reflection, with associated abstraction and complexity, is comparable to the continuum of understanding and explanation. However, as indicated in the *Philosophical Foundations* chapter, before Ricoeur understanding and explanation had never been brought together as aspects of interpretation. This is also true of the psychological literature, wherein understanding has been associated with the classical humanistic orientation, and interpretation and explanation have been associated with the psychodynamic orientation (Mook, 1994). However, we have seen that within the contemporary humanistic literature (e.g., Gendlin, 1968; Greenberg & Elliott, 1997; Nielson, 1980) the argument has shifted towards empathy-based interpretations. These go beyond the patient's frame of reference and utilize theory, but remain experience near in that they are based upon understanding the patient's frame of reference and make as few inferences as possible. The existential phenomenological psychological literature (e.g., Binswanger, 1963; Boss, 1963; Kruger, 1988) similarly argues that interpretation must be founded upon a careful attunement to and understanding of the patient's experientially-lived meanings. Based upon their qualitative studies, Fessler (1978), Murray (1991), and Kelly (1994) agree that a basic level of empathic understanding forms the foundation of interpretation. As one of the four central themes in his study, Murray describes Explication as the process of emergence of interpretation out of an intuitive level from within the common ground of mutual understanding. As previously discussed, according to Fessler one of the therapist's interpretive contexts is an understanding of the patients' perspective.

Although none of these theorists or researchers address patients' interpretations, Fessler also found that an aspect of patients' contexts included their understanding of the therapist's context. As was true for therapists, the present study would argue that such understanding factors into the patients' interpretations. More specifically, the patient must understand the therapist's perspective and his/her interpretations to respond to them through further self-realization interpretations or through challenging interpretations.

As we have seen, Fessler and Kelly further explain the process through which therapists' understandings led to interpretations. According to these studies, while therapists were concerned with understanding the patient's meanings, as long as these expressed meanings were contributing to the developing overall meaning flow that was consistent with the therapists' intentions, they allowed the flow to continue. However, when these meanings were inconsistent with the therapists' intentions, the therapists experienced a tense divergence of meaning contexts. At those points, they shifted the dialogue away from what they understood as the patient's meanings by expressing their emerging alternative meanings through an interpretation. Concerned with being understood, patients tended to hold the interpretive dialogue accountable for the descriptive details of their experience. Therapist interpretations tended to lose some of the experiential texture and immediacy of the patient's life-world, and as such create some resistance for the patient. As such, a tension was often created as the distance increased between the immediacy of the patients' experiences and alternative meanings provided by the therapist.

Fessler's and Kelly's findings are consistent with particular aspects of the results of the present study. Interpretations are sometimes based upon a divergence of understanding between patients and therapists, and this is often characterized by tension in the interpretive dialogue. However, this description is certainly not the consistent manner in which all interpretations arose in the present study. The results of the present study indicated that therapists and patients often interpreted when their understandings were converging, particularly to deepen the meaning flow of the dialogue. Furthermore, patients were not simply interested in holding the therapist accountable to their experiencing, as patients sometimes presented interpretations themselves. Patients, as active interpreters, did not always resist the therapist's attempts to move beyond the immediacy of their experiencing.

This tension was dependent upon the type of therapist interpretation, its level of reflective complexity, and whether the patients interpretively agreed with them. It seems that Fessler and Kelly focussed upon the therapist's understanding, and the patient's passive experience of being understood, as the primary manner in which convergent meaning flow was maintained in the dialogue. For them, the role of interpretation was to highlight divergence through the therapist's introduction of new meaning. However, in the present study interpretation was also often used to deepen convergence by introducing new meaning, and the patients played an active interpretive role in both divergence and convergence of meaning. Furthermore, all of the above presented theorists and researchers, who emphasize understanding, often neglect explanation as an essential aspect of interpretation.

Explanation has implicitly been associated with the psychodynamic orientation beginning with Freud, and has always been an implicit aspect of psychodynamic interpretations (Aron, 1992; Haas, 2003; Lepper, 1996; Pancheri, 1998; Ricoeur, 1970; Rosen, 1974; Sciacchitano, 1997; Tosone, 1998). As we have seen, the results of the present study support Ricoeur's position (e.g., 1976; 1985) that explanation plays an essential role in interpretation, particularly in more complex and inclusive interpretations. However, in contrast to the classical psychodynamic view, the present study also supports Ricoeur's (e.g., 1976; 1981) view that explanation and interpretation would not be possible without understanding, and deeper understanding is arguably their ultimate goal. Transcending the more classical psychodynamic view, the object relations theorists (e.g., Kohut, 1984; Lomas, 1987; Winnicott, 1989; Wolf, 1993) present a similar argument. They view a preliminary empathic understanding as grounding the therapist in the patient's experience, which is necessary for a genuine and caring interpretive dialogue and for the identification of dense and puzzling meanings that require interpretation. Based upon that foundation, the therapist then shifts to an "explanatory psychology" which involves empathic but theoretically-grounded interpretations.

The Issue of Typology

In one form or another, the issue of typology is central to most of the literature on interpretation. It began with Freud (1912/1958; 1913/1958), who implicitly suggested a typology through his reference to resistance interpretations, transference interpretations, and

conflict interpretations. Following Freud, psychodynamic theorists added impulse interpretations and defence interpretations. They also differentiated dimensions of interpretations, including shallow, moderate, or deep, vertical or horizontal, and general or specific. The psychodynamic literature also progressively emphasized transference interpretations (Frances & Perry, 1983; Lowenstein, 1951; Strachey, 1934). Humanistic theorists (e.g., Greenberg & Elliott, 1997) would probably argue that the only valid "type" of interpretation is an empathic interpretation, as it is founded upon the patient's experiencing and retains the humanistic necessary and sufficient conditions for therapy. Cognitive behavioural theorists would probably argue for interpretations which challenge patients' cognitions by directly addressing them or behaviourally illustrating their illogical basis. By examining three therapists from different orientations, and attempting to analyze beyond content and style for deeper structural patterns, we have seen that the present study was able to propose a typology of interpretation. These four types correspond to a large extent to implicit and explicit suggestions in the literature.

Consolidatory Interpretations

We have seen that, during Consolidatory Interpretations, the interpreter links the patient's manifestations in a novel manner, opening up a novel perspective by viewing these manifestations in a unitary or consolidatory manner. These complex interpretations were presented by therapists in the three sessions quite frequently. In different forms and with different labels, Consolidatory Interpretations are commonly recognized in the literature. While Consolidatory Interpretations are broader therapeutic phenomena, they bear some resemblance to Freud's (1937/1958) concept of construction. He viewed construction as an interpretive linking of current material to its childhood and unconscious sources, and an integration of the ongoing emerging interpretations. Cognitive-behavioural theorists (Ellis, 1977; Ferster, 1979; Meichenbaum, 1988a), on the other hand, conceptualize all interpretations as consolidatory. For these theorists, interpretation involves an integrative functional analysis of cognitions and behaviours that identifies the patients' difficulties. In his qualitative study, Kelly's (1994) description of the interpretive dialogue seems to indicate that he examined primarily Consolidatory Interpretations, as it corresponds directly to this type of interpretation. Kelly describes therapists' interpretations in his study as a

unifying process of weaving thematic linkages and overarching accounts through the patient's material. It is also interesting that Consolidatory Interpretations were relatively common in the humanistic therapist's session, yet humanistic theory does not address them.

Interestingly, Flowers and Booraem's (1990) study examines different types of interpretations which roughly correspond to the present study's typology. They found that interpretations which identified the patient's patterns of behaviour, roughly corresponding to Consolidatory Interpretations, to be the most effective, particularly when followed by interpretations identifying the impact of those behaviours. The other interpretations which they addressed in their study will be presented below as the relevant interpretation types are presented.

Elaborative Interpretations

The Elaborative Interpretations, previously described in the *Results* section, penetrated and expanded one specific aspect of the patient's problematic life-world. These interpretations identified the deeper meaning of this problem, connected it to various other experiences and events, and addressed its implications to the patient's life-world and difficulties. Elaborative Interpretations were the most common type of interpretation for both therapists and patients. These interpretations are also commonly recognized in the literature, although they are presented with different labels in different contexts. Freud's (e.g., 1904/1958) basic definition of interpretation is the uncovering and revealing of the hidden meanings of the patient's material. Beginning with early Freudian theory (Freud, 1900), the search for deeper meanings of specific manifestations has always been the primary quests of psychodynamic therapy. In fact Elaborative Interpretations are the hallmark of psychodynamic therapy, highly theoretically developed and used, with corresponding references to dimensions of interpretive depth and vertical to horizontal interpretations. These psychodynamic dimensions can be seen as levels of Elaborative Interpretation.

Contemporary humanistic theory (e.g., Gendlin, 1968; Greenberg & Elliott, 1997) also essentially defines interpretation in a manner that directly corresponds to Elaborative Interpretations. As we have seen, they view interpretation as the empathic imagining of hidden and deeper meanings within the patient's specific experiencing, which are beyond the patient's awareness. Fessler's (1978) study supports this humanistic definition of

interpretation. Fessler found that interpretation was essentially the concretizing of fringe possibilities of meaning within the patient's expressed material, which are beyond the patient's awareness. It is also interesting that Elaborative Interpretations were the most common interpretations in the cognitive behavioural therapist's session, yet cognitive behavioural theory does not address them.

Determinant Interpretations

We have seen that Determinant Interpretations involved an active search for interrelated sources or reasons of the patient's experiencing and/or behaviour, accounting for them and contextualizing them within the patient's life-events. These interpretations were present in a relatively intermediate frequency in the psychodynamic and cognitive behavioural sessions, and in a very low frequency in the humanistic session. Interestingly, the humanistic literature is the only literature which does not address this type of interpretation. Referring to the Rogerian stance, they would likely argue that Determinant Interpretations essentially search for causes or justifications of the patient's experiencing. As such, these interpretations are not only unnecessary, but also the least empathic and least grounded in the patient's experiencing.

The psychodynamic and cognitive behavioural literatures, on the other hand, certainly describe the search for underlying reasons as an essential aspect of interpretations, although they do not conceptualize this as a "type" of interpretation per se. We have seen that, drawing upon archeology, Freud (e.g., 1904/1958) often describes interpretation as the excavation of the underlying causes of patients' manifestations. The psychodynamic literature has generally followed Freud's lead, often searching for what they refer to as the root, genetic, motivational, primitive/historical, or etiological agents of patients' suffering. The cognitive behavioural literature refers to searching for patients' underlying cognitive patterns and stimulus-response sequences, which are thought to cause the patients' problematic behaviours (Ellis, 1977; Ferster, 1979; Meichenbaum, 1988a). Interestingly, Flowers and Booraem's (1990) study found that psychodynamic and cognitive behavioural therapists focus upon different aspects of the reasons for patients' difficulties. Psychodynamic therapists were found to use more interpretations associated with motives and past relationships, whereas cognitive behavioural therapists used more interpretations

which identified the impact of behaviour on the patient's environment. Of these different types, interpretations associated with past relationships were more effective, but the psychodynamic session diluted their effectiveness by using terminology that was often too conceptual and difficult for patients to understand. In his mixed-methods study, Gazzola (2001) contradicts these results by finding that interpretations which explain causes or origins were the least likely to be followed by "good therapeutic moments." Such interpretations would, of course, correspond with Determinant Interpretations in the present study.

Confrontational Interpretations

Confrontational Interpretations, as described in the *Results* section, emerge in the context of concern for the direction of the therapy and a need to assertively express the interpreter's perspective. These interpretations were the least common type of interpretation within the three sessions, representing 12.5% of interpretations in the psychodynamic session and 18.9% of interpretations in the cognitive behavioural session. Consistent with the humanistic stance of empathically following the patient's perspective and experiencing, Confrontational Interpretations emerged as particularly infrequent in the humanistic session, representing 7.7% of overall interpretations.

Confrontational Interpretations are not found in the previously addressed theoretical literature. Hill (1986; see Appendix B), in her definition of interpretation, does address the fact that interpretations could be confrontative, but suggests that they should be categorized as confrontations. Perhaps the rest of the literature ignores this type of interpretation for similar reasons. However, in the present study it was found that Confrontational Interpretations are interpretive in their own right and should be treated as interpretations. Interestingly, Murray's (1991) study describes the patient's opposition to the therapist's interpretations because the therapist addressed him/her from a distant historical context. One wonders whether the patient's opposition was ever in the form of an interpretation, given that in the present study patients' Confrontational Interpretations arose in opposition to the therapist by emphasizing the therapist's misunderstandings.

Patients' General Responses to Interpretations

The patients in the present study reported some consistent general responses to the

interpretive work of the session. As we have seen, these responses included general agreement, and expressions of relief and comfort, particularly given the distance which interpretations provided from their tormenting and entrapping difficulties. Interpretations were also relieving and comforting because they provided patients with alternative meanings for their experiences and explanations for their difficulties, leading to feelings of courage and hope for the future. Relationally, interpretations also provided patients with indications of understanding and acceptance by the therapist, as they experienced the therapist as an encouraging presence. The insights from the interpretations tended to remain with the patients, who often continued to struggle and reflect upon their novel content. Through these reflections, they tended to build upon the positive implications of these insights, gained further new insights, and were better able to identify their maladaptive tendencies.

We have seen that the interpersonal approaches (e.g., Aron, 1992; Lichtenberg, 1999; Merendino, 1997; Stolorow, 1993) and hermeneutic theorists and researchers (e.g., Baydala, 1999; Kelly, 1994; Martin & Dawda, 1999; Ricoeur, 1985; Sass, 1988) argue that self-reflection depends greatly upon gaining a distant perspective from one's appropriatory belonging to an immersive life-world, particularly for patients as they tend to be disconnected from various unexamined aspects of themselves. From an interpersonal perspective, this is created through the sustained and emotionally intense contrast which the therapist's subjective otherness provides. In contrast, from a hermeneutic perspective, it is created through the interpretive dialogue, and not the therapist *per se*. Regardless, this distance allows patients to better perceive their life-patterns and to access intense and avoided meanings, which are integrated and re-appropriated in a new light, thereby introducing new awareness and insight. This ultimately satisfies the patients' need for greater coherence and integration regarding their underlying life-patterns, and introduces new modes of relating and possibilities for action.

The results of the present study generally support the presence of these positive effects of interpretation for the patient. Through the interpretive dialogue, distancing helped to provide patients with new meanings and explanations, allowing for new possibilities. The interpretive dialogue was also found to help patients become more critical and interpretive themselves in the future, as indicated by the patients' post-session struggles, reflections, and

insights. However, in contrast to the present study, these researchers do not address the affective aspects of these gains, which included the patient's sense of relief, comfort, courage, and hope, and the relational effects of feeling understood and accepted by the therapist as an encouraging presence. Exceptionally, Kelly (1994) does mention that distancing relieves patients' anxieties, but he does not elaborate on the nature of these anxieties. We have seen that the process psychotherapy literature, on the other hand, has examined the effects of interpretation on patients' affect and on patients' perceptions of the therapeutic relationship. The present study supports their findings that interpretations were perceived by patients, therapists, and external raters as empathic, genuine, caring, trustworthy, and arousing low resistance (Claiborn, 1982; Claiborn, Ward & Strong, 1981; Strong, Wambach, Lopez, & Cooper, 1979; Spiegel & Hill, 1989). They also found that interpretations reinforced patients' disclosure, led to perceptions of the therapist as more credible, and indicated to patients that the therapist has grasped and understood their material, which enhanced the therapeutic relationship. Finally, the present study supports Gazzola's (2001) finding that patients across therapeutic orientations agreed with the majority of the therapists' interpretations. We have seen that, in the present study, only a specific set of therapist interpretations were challenged through self-interpretations by P₃.

The effects and outcome of interpretation has been most extensively studied by the process psychotherapy literature. In support of the previously argued importance of interpretation, we have seen that the process research has found interpretation to be among the most effective interventions in contributing to immediate and distal positive therapeutic outcome (Gazzola, 2001; Hill, 1989; Spiegel & Hill, 1989). It was rated as one of the most effective techniques in moving the therapeutic process forward by objective raters, therapists, and patients (Auerswald, 1974; Elliott, Barker, Caskey, & Pistrang, 1982; Frank & Sweetland, 1962; Garduk & Haggard, 1972; Gazzola, 2001; Hill et. al., 1988; Spiegel & Hill, 1989). Interpretations have been related to subsequent patients' "good moments in therapy," greater patients' affect which increased over time, and greater overall patient understanding and insight. Finally, it has been associated with one of the most important process variables in that literature, level of patient experiencing, defined as level of high quality exploration of experience and affect leading to self-understanding and insight

(Gazzola, 2001; Hill, Carter, & O'Farrell, 1983; Hill et al., 1988; O'Farrell, Hill, & Patton, 1986; Joyce, Duncan, Piper, 1995). This literature supports the present study's findings that interpretation was generally positively received by both patients and therapists, as well as its seemingly important and extensive efficacy as an intervention.

As we have seen, Claiborn (1982) attempts to account for the efficacy of interpretation across theoretical orientations. Countering Claiborn's argument that the discrepancy model can solely account for that efficacy, the present study can be viewed as supporting Spiegel and Hill's (1989) counterargument that all three models of interpretive efficacy are valid. It supports the relationship model, in that despite the diverse content of the interpretations across three varied orientations, the interpretations generally enhanced the therapeutic relationship and the therapists' credibility, communicated a therapeutic attitude of interest and understanding, and reinforced exploration of feelings and attitudes. This is, of course, also supported by the above presented process psychotherapy literature. The present study also supported the discrepancy model. Interpretations sometimes did challenge the patients with alternative meanings which, through the patients' attempts at assimilating that meaning, led to their taking some distance and reflecting. As the discrepancy model argues, in a sense this can be viewed as the creation of a cognitive dissonance between the patients' views and the therapists' views, thereby changing the construal of the patients. However, if one follows the discrepancy model to its full implications, it suggests that the therapist could potentially present the patient with nonsensical random meanings, as long as they are sufficiently different to challenge the patient. As such, the content model is correct in arguing that the content of interpretations are highly relevant aspects of its efficacy. The results present study certainly do not support the notion that content is irrelevant, given the fact that meaning was such a fundamental aspect of interpretation for both therapists and patients. Thus, based upon the results of the present study, one could argue that all three models present aspects of interpretation which may account for its efficacy.

Conclusion: Contributions, Limitations, and Future Directions

Referring to his phenomenological study of interpretation, Fessler (1978, p. 219) concludes that

we must accept our expressions as merely steps along the way to truth, and not truth

itself - for truth '... is theoretically impossible, is known only through the praxis which *creates* it' (Merleau-Ponty, 1964, p. 96). The justification for our research lies in its ability to provide a more meaningful comprehension of the phenomenon than previous approaches.

The present dissertation was hopefully able to provide a more meaningful comprehension of interpretation as it presents itself as a unitary complex phenomenon. By describing the manner in which interpretation emerges and reveals itself through psychotherapy sessions and therapist and patient interviews, it undercuts and moves beyond the quantitative literature's focus upon variable relationships and its hypothesis-based preconceptions. Previous qualitative studies were also able to transcend these difficulties, but we have seen that they suffered from various limitations. The present dissertation addressed these limitations by utilizing a systematic and recognized method of analysis, by identifying interpretation using particular criteria, by examining interpretation dialogically within the context of the rest of the session, and by recognizing the potential role of theoretical orientation through the use of diverse session orientations. As a result, the present dissertation was able to provide various novel contributions.

One of the major contributions of the present dissertation is its confirmation that interpretation is a fundamental intervention across three distinct theoretical orientations. Interpretation was present across these orientations, although it was most prominent in the psychodynamic orientation, and it presented with various patterns and types. Although therapists' orientations affected the amount and type of interpretive collaboration, therapists' interpretations were usually tentative, addressed the most salient emotional material at the time, and were understanding of the patient's struggles. Going beyond most of the previous literature, the present dissertation highlighted the dialogical nature of interpretation. Some of the essential novel implications of this dialogical nature were that the patient is not only actively involved but actually conducts some interpretations, and that the therapist and patient interact with the interpreted material as a presence that can be differentiated from their interrelationship. In fact, the intentions of both the therapist and patient are related to each other as well as to the material being interpreted. In a related vein, the present dissertation was able to contribute to previous specific conceptualizations and findings regarding the therapist and patient contexts and general intentions in the interpretive

dialogue.

Another major and novel contribution of the present dissertation is its moving away from conceptualizing interpretation as a singular or solitary intervention. It showed that therapeutic interpretations form an interrelated thematic and dynamic continuity, interweaving layers of thematic development which tended to increase in complexity. Thematic complexity naturally led to a discussion of degrees of interpretive reflection. The present dissertation found that interpretations involve greater or lesser degrees of intuition or reflection. This distinction allowed the innovative articulation of various aspects of interpretation, including complexity, thematic layering, interpretive inclusiveness and comprehensiveness, abstraction, and theoretical analysis. This distinction also allowed the present study to be the first empirical-phenomenological study to fully integrate understanding and explanation as aspects of interpretation.

Thematization was also associated with the novel finding of interpretations as existing within segments of broader therapeutic contexts. These segments presented with a pre-interpretive context of empathic attunement and understanding, interpretations proper as dynamic events in time, and post-interpretive contexts of reactions which were fundamental to the continuity of interpretive effects. The present dissertation also emphasized the temporal dimension of interpretation, which described interpretation's reach into the past and thrust towards the future. Finally, the present dissertation was able to suggest a tentative typology of interpretations.

Despite its various contributions, the present study contains four essential limitations. The present study utilized a limited sample of three sessions, although the three sessions that were used represented a diversity in orientations and improved upon the representativeness of most previous qualitative designs. However, these three sessions cannot represent therapy sessions in general, particularly given the large variability of approaches within the broadly defined orientations.

The second major limitation of the present study involved the participation of a small number of female patients, who all broadly speaking suffered from some form of abuse, although they presented with various other primary difficulties from a diagnostic perspective. These patients were self-selecting, and their commonalities were unintentional.

Nevertheless, due to these commonalities the patients in the present study potentially represent a distinctive group. Their commonalities may have impacted their interpretive dialogue and responses, thereby reducing the generalizability of the results of the present study.

The self-identified orientations of the therapists represents a third potential limitation of the present study. Although the three therapists self-identified with one of three major theoretical orientation as their primary orientation, they all reported being influenced by a secondary orientation. Since both the humanistic and cognitive behavioural therapists identified a psychodynamic approach as their secondary influence, this may have created a degree of overlap in the three therapeutic approaches, leading to greater similarities in their sessions than would be expected given their primary orientation alone. However, the influence of secondary orientations may reflect a reality that few therapists in contemporary practice are “purists,” or practising using one orientation exclusively.

The issue of self-identification also raises the question of how to best identify the orientation of therapists. Self-identification was used in the present study because it is a simple and parsimonious criterion. However, particularly given the potential reality that contemporary therapists practice using multiple orientations, is self-identification a sufficient or even valid criterion? It certainly suffers from a great deal of subjectivity and potential personal bias. Future research may consider the use of other criteria for the identification of therapist orientation (e.g., years of training in a particular approach). But this, of course, also raises the question of which criteria to use, how they can be validated, and how they will affect recruitment.

Finally, the fourth major limitation of the present study is related to the fact that a pan-theoretical definition was used to identify interpretation. Although this definition drew upon phenomenological hermeneutic philosophy, which was consistent with the phenomenological nature of the present study, it also drew upon the pan-theoretical definitions found in the psychotherapy literature. As we have seen, many researchers have argued that pan-theoretical definitions are necessary for the study of therapeutic phenomena, including interpretation. They are particularly valid if one believes that previous conceptualizations have been too theoretically laden to allow for the identification and study

of these phenomena, particularly across orientations. However, some theoretically-based researchers could argue that, in attempting to be overly inclusive, pan-theoretical definitions dilute therapeutic phenomena such as interpretation, and no longer represent an accurate or complex study of it. Yet if theoretically-based definitions are used, they are bound to favour that orientation's perspective. They reduce the possibility of comparison across theoretical orientations, and reject the notion that interventions have common elements which transcend specific orientations. This debate is not resolvable by the present dissertation. However, it is important to note that the definition used in this dissertation was simply a tool to help delineate the phenomenon, and that the results of the present study were not intended to validate it or justify it. While this definition did guide which segments became the focus of study, the therapists and patients were given the opportunity to identify what they perceived as interpretive segments, and once interpretations were delineated they phenomenologically were allowed to reveal themselves independent of the definition.

Future research on the phenomenon of interpretation following the design of the present dissertation could include a greater number of sessions from each broadly-defined orientation. This would certainly increase the representativeness of the study, allowing the researcher to achieve more conclusive results, particularly regarding issues such as the proposed typology of interpretation. Furthermore, this would allow the researcher a deeper analysis within and across each orientation, thereby achieving more conclusive and representative results regarding the interpretive practices of the major orientations. Finally, if possible, future researchers should videotape the sessions. Although this would likely increase recruitment difficulties, it would contribute invaluable experiential and behavioural data to the study (e.g., non-verbal expressions).

The majority of psychotherapeutic theories and research have been grounded in the viewpoints of detached therapist-observers who describe their technical considerations. Although this knowledge is ultimately based upon the therapists' original experiences of, for example, interpretation, it arguably became divorced of experience when therapists retrospectively conceived of their therapeutic experiences as theory-specific "techniques." As such, the phenomenon of interpretation has generally been studied through theoretically-laden lenses. This dissertation attempted to transcend these difficulties by studying

interpretation as it presents itself in lived therapeutic sessions. Based upon the results of the present study, one could argue that the phenomenon of interpretation is not bound to any single theory of psychotherapy. It is a phenomenon that is ever present given the seemingly interpretive nature of human existence, and particularly given the obscurity and incoherence of the meanings experienced by patients. Levy (1963) argues that interpretation should be divorced from any particular personality theory, and that as an activity it can be accounted for by all theories. Gendlin (1968) beautifully argues this point:

Why is it that different orientations in therapy look so similar when they are examined experientially? It is because we are then looking at what actually occurs in psychotherapy, concretely, when it works. The events which then happen are not always exactly the same in each therapy orientation, but they are very largely the same. There are only so many (quite few) concrete processes which are therapeutic, although there is an endless variety of ways of conceptualizing them (p. 226).

Yardley (1990) writes that "if we are to be genuinely curious about the process of psychotherapy, then we ought to concede that we know less than we frequently pretend, as we act to maintain professional face" (p. 44). This echoes the sentiments of the initial quote presented in this chapter, which argues that what therapists claim in theory is made relevant through practice and is corrected by studying actual practice. Hopefully, the present study has contributed to the realization that the sometimes radical views of the three major theoretical orientations have obscured their similarities in interpretive practice.

REFERENCES

- Abend, S. (2000). Analytic technique today. *Journal of the American Psychoanalytic Association*, 48(1), 9-15.
- Abt, L. (1968). A transactional view of interpretation: The experiential response. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 228-231). New York: Grune & Stratton.
- Arieti, S. (1966). *American handbook of psychiatry*. New York, Basic Books
- Arlow, J. (1979). The genesis of interpretation. *Journal of the American Psychoanalytic Association*, 27, 193-206.
- Arlow, J. (1987). The dynamics of interpretation. *Psychoanalytic Quarterly*, 56, 68-87.
- Aron, L. (1992). Interpretation as expression of the analyst's subjectivity. *Psychoanalytic Dialogues*, 2(4), 475-507.
- Aronsson, K., & Cederborg, A.-C. (1996). Coming of age in family therapy talk: Perspective setting in multiparty problem formulations. *Discourse Processes*, 21(2), 191-212.
- Auerswald, M. (1974). Differential reinforcing power of restatement and interpretation on client production of affect. *Journal of Counseling Psychology*, 21, 9-14.
- Barber, J., Crits-Christoph, P., & Luborsky, L. (1996). Effects of therapist adherence and competence on patient outcome in brief dynamic therapy. *The Journal of Clinical and Consulting Psychology*, 64, 619-622.
- Barclay, M. (1992). The utility of hermeneutic interpretation in psychotherapy. *Theoretical & Philosophical Psychology*, 12(2), 103-118.
- Barton, A. (1974). *Three worlds of therapy*. Palo Alto, California: National Press Books.
- Baydala, A. (1999). The influence of psychotherapeutic practices on a hermeneutics of discourse. In J. Morss, N. Stephenson, & H. van Rappard (Eds.), *Theoretical Issues in Psychology: Proceedings of the International Society for Theoretical Psychology 1999 Conference* (pp. 341-350). Boston: Kluwer Academic Publishers.
- Beck, J., & Strong, S. (1982). Stimulating therapeutic change with interpretation: A comparison of positive and negative connotations. *Journal of Counseling Psychology*, 29, 551-559.
- Benvenuto, S. (1998). The crisis of interpretation. *Journal of European Psychoanalysis*, 6,

19-46.

- Bergman, M. (1968). Free association and interpretation of dreams: Historical and methodological considerations. In E. Hammer (Ed.), *The Use of Interpretation in Treatment: Technique and Art* (pp. 270-279). New York: Grune & Stratton.
- Bergsma, J., & Mook, B. (1998). Ethical considerations in psychotherapeutic systems. *Theoretical Medicine and Bioethics*, 19, 371-381.
- Bernstein, R. (1988). Interpretation and its discontents. In S. Messer, L. Sass & R. Woolfolk (Eds.), *Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality, Psychotherapy, and Psychopathology* (pp. 87-108). New Brunswick, NJ: Rutgers University Press.
- Bibring, E. (1954). Psychoanalysis and the dynamic psychotherapies. *Journal of the American Psychoanalytic Association*, 2, 745-770.
- Binswanger, L. (1963). *Being-in-the-world*. New York: Basic Books.
- Bleicher, J. (1980). *Contemporary Hermeneutics: Hermeneutics as Method, Philosophy, and Critique*. Boston: Routledge & Kegan Paul.
- Blomfield, O. (1982). Interpretation: Some general aspects. *International Review of Psychoanalysis*, 9, 287-301.
- Bohman, J., Hiley, D., & Shusterman, R. (1991). The interpretative turn. In D. Hiley, J. Bohman, & R. Shusterman (Eds.), *The Interpretive Turn: Philosophy, Science, Culture* (pp. 1-14). Cornell University Press: London.
- Bohman, J. (1991). Holism without skepticism: Contextualism and the limits of interpretation. In D. Hiley, J. Bohman, & R. Shusterman (Eds.), *The Interpretive Turn: Philosophy, Science, Culture* (pp. 129-154). Cornell University Press: London.
- Bone, H. (1968). Two proposed alternatives to psychoanalytic interpreting. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 169-196). New York: Grune & Stratton.
- Boss, M. (1963). *Psychoanalysis and Daseinanalysis*. New York: Basic Books.
- Bouchard, M. & Guérette, L. (1991). Psychotherapy as a hermeneutic experience. *Psychotherapy: Theory, Research, and Practice*, 28(3), 385-394.
- Bouchard, M. (1995). The specificity of hermeneutics in psychoanalysis: Leaps on the path from construction to recollection. *International Journal of Psycho-analysis*, 76(3),

533-546.

- Breuer, J., & Freud, S. (1955). Studies on hysteria. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. II)*. London: Hogarth Press. Original publication 1893-1895
- Burgoyne, B. (1997). Interpretation. In B. Burgoyne & M. Sullivan (Eds.), *The Klein-Lacan Dialogues* (pp. 45-58). New York: Other Press.
- Busch, F. (2000). What is a deep interpretation? *Journal of the American Psychoanalytic Association*, 48(1), 237-254.
- Casement, P. (1986). Interpretation: Fresh insight or cliché. *Free Associations*, 5, 90-104.
- Caspar, F., Pessier, J., Stuart, J., Safran, J., Wallner-Samstag, L., & Guirguis, M. (2000). One step further in assessing how interpretations influence the process of psychotherapy. *Psychotherapy Research*, 10, 309-320.
- Chalfin, R. (1992). The nature of interpretation. In M. Aronson & M. Scharfman (Eds.), *Psychotherapy: The Analytic Approach* (pp. 85-101). New Jersey: Jason Aronson.
- Chenail, R. (1993). Charting clinical conversations. In A. Rambo, A. Heath, & R. Chenail (Eds.), *Practicing therapy: Exercises for growing therapists* (169-224). New York: Norton.
- Chessick, R. (1996). The application of postmodern thought to the clinical practice of psychoanalytic therapy. *Journal of the American Academy of Psychoanalysis*, 24(3), 385-407.
- Claiborn, C. (1982). Interpretation and change in counseling. *Journal of Counseling Psychology*, 29, 439-453.
- Claiborn, C., & Dowd, E. (1985). Attributional interpretations in counseling: Content versus discrepancy. *Journal of Counseling Psychology*, 32, 188-196.
- Claiborn, C., Ward, S., & Strong, S. (1981). Effects of congruence between counselor interpretations and client beliefs. *Journal of Counseling Psychology*, 28, 101-109.
- Clark, A. (1995). An examination of the technique of interpretation in counseling. *Journal of Counseling and Development*, 73, 483-490.
- Connolly, M., Crist-Christoph, P., Shappell, S., Barber, J., Luborsky, L., & Shaffer, C. (1999). Relation of transference interpretations to outcome in the early sessions of brief supportive-expressive psychotherapy. *Psychotherapy Research*, 9, 485-495.

- Cornyetz, P. (1968). Remarks on insight and interpretation. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 253-259). New York: Grune & Stratton.
- Crits-Christoph, P., Barber, J., Baranackie, K., & Cooper, A. (1993). Assessing the therapist's interpretations. In N. Miller & L. Luborsky (Eds.), *Psychodynamic Treatment Research: a Handbook for Clinical Practice* (pp. 361-386). NY: Basic Books.
- Crits-Christoph, P., Barber, J., & Kurcias, J. (1993). The accuracy of therapists' interpretations and the development of the therapeutic alliance. *Psychotherapy Research*, 3(1), 25-35.
- Crits-Christoph, P. & Connolly-Gibbons, M. (2002). Relational interpretations. In J. Norcross (Ed.), *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (pp. 285-300). New York: Oxford University Press.
- Crits-Christoph, P., Cooper, A., & Luborsky, L. (1988). The accuracy of therapists' interpretations and the outcome of dynamic psychotherapy. *Journal of Consulting and Clinical Psychology*, 56, 490-495.
- Crist-Christoph, P, Schuller, R., & Connolly, M. (1988). *The Impact of the Accuracy of Therapists' Interpretations on Patient's Levels of Resistance in Dynamic Psychotherapy*. Unpublished manuscript. University of Pennsylvania.
- Davis, K. (1986). The process of problem re(formulation) in psychotherapy. *Sociology of Health & Illness*, 8, 44-74.
- Denzin, N., & Lincoln, Y. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Deri, S. (1968). Interpretation and language. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 141-147). New York: Grune & Stratton.
- De Racker, G. (1961). On the formulation of the interpretation. *International Journal of Psychoanalysis*, 42, 49-54.
- Dilthey, W. (1977). *Descriptive Psychology and Historical Understanding* (R. Zaner & K. Heiges, Trans.). The Hague: Martinus Nijhoff. Original publication 1894
- Dowd, E., & Boroto, D. (1982). Differential effects of counselor self-disclosure, self-involving statements, and interpretation. *Journal of Counseling Psychology*, 29, 8-13.

- Dreyfus, H. (1991). Heidegger's hermeneutic realism. In D. Hiley, J. Bohman, & R. Shusterman (Eds.), *The Interpretive Turn: Philosophy, Science, Culture* (pp. 25-41). Cornell University Press: London.
- Duncan, D. (1989). The flow of interpretation: The collateral interpretation, force and flow. *International Journal of Psychoanalysis*, 70, 693-700.
- Durkheim, E. (1964). *The Division of Labor in Society*. New York: Free Press of Glencoe.
- Elliott, R. (1984). A discovery-oriented approach to significant change events in psychotherapy: Interpersonal process recall and comprehensive process analysis. In L. Rice & L. Greenberg (Eds.), *Patterns of Change: Intensive Analysis of Psychotherapy Process* (pp. 249-286). New York: Guilford.
- Elliott, R. (1985). Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of Counseling Psychology*, 32(3), 307-322.
- Elliott, R. (1986). Interpersonal process recall (IPR) as a process research method. In L. Greenberg & W. Pinsof (Eds.), *The Psychotherapeutic Process: A Research Handbook*. New York: Guilford.
- Elliott, R., Barker, L., Caskey, N., & Pistrang, N. (1982). Differential helpfulness of counselor verbal response modes. *Journal of Counseling Psychology*, 32, 307-322.
- Elliott, R., Hill, C., Stiles, W., Friedlander, M., Mahrer, A., Margison, F. (2001). Primary therapist response modes: Comparison of six rating systems. In C. Hill (Ed.), *Helping Skills: The Empirical Foundations* (pp. 9-19). Washington, DC: American Psychological Association.
- Elliott, R. & Shapiro, D. (1992). Client and therapist as analysts of significant events. In S. Toukmanian & D. Rennie (eds.), *Psychotherapy Process Research: Paradigmatic and Narrative Approaches* (pp. 163-186). Newbury Park, California: Sage.
- Ellis, A. (1968). Rational therapy: A rational approach to interpretation. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 232-239). New York: Grune and Stratton.
- Ellis, A. (1977). A rational approach to interpretation. In A. Ellis & R. Grieger (Eds.), *Handbook of Rational-Emotive Psychotherapy* (pp. 216-224). New York: Springer Publishing.
- Elkind, D. (1994). *Ties That Stress: The New Family Imbalance*. Cambridge, Mass.: Harvard University Press.

- Ernerstvedt, R. (1989). The problem of validity in social sciences. In S. Kvale (Ed.), *Issues of Validity in Qualitative Research* (pp. 93-108). Sweden: Studentlitteratur.
- Ferster, C. (1979). Psychotherapy from the standpoint of a behaviorist. In J. Keehn (Ed), *Psychopathology in Animals: Research and Clinical Implications* (pp. 279-303). San Diego, CA: Academic Press.
- Fessler, R. (1978). *A Phenomenological Investigation of Psychotherapeutic Interpretation*. Unpublished Doctoral Dissertation, Pittsburgh: Duquesne University.
- Fenichel, D. (1945). *The Psychoanalytic Theory of Neurosis*. New York: Norton.
- Fenichel, O. (1941). *Problems of Psychoanalytic Technique*. Albany: Psychoanalytic Quarterly.
- Flowers, J. & Booraem, C. (1990). The frequency and effect on outcome of different types of interpretation in psychodynamic and cognitive-behavioral group psychotherapy. *International Journal of Group Psychotherapy*, 40, 203-214.
- Fingarette, H. (1963). *The Self in Transformation: Psychoanalysis, Philosophy, and the Life of the Spirit*. New York: Basic Books.
- Foreman, S. & Marmar, C. (1985). Therapist actions that address initially poor therapeutic alliances in psychotherapy. *American Journal of Psychiatry*, 142(8), 922-926.
- Frances, A., & Perry, S. (1983). Transference interpretations in focal therapy. *American Journal of Psychiatry*, 140, 405-409.
- Frank, G., & Sweetland, A. (1962). A study of the process of psychotherapy: The verbal interaction. *Journal of Counseling Psychology*, 26, 133-138.
- Frankl, V. (1969). *The Will to Meaning: Foundations and Applications of Logotherapy*. Toronto: New American Library.
- Freud, S. (1958). Studies on hysteria. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. II)*. London: Hogarth Press. Original publication 1895
- Freud, S. (1958). The interpretation of dreams. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. IV-V)*. London: Hogarth Press. Original publication 1900
- Freud, S. (1958). Psycho-analytic procedure. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XII)*. London: Hogarth Press. Original

publication 1904

Freud, S. (1958). Observations on "wild" psychoanalysis. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XI)*. London: Hogarth Press. Original publication 1910

Freud, S. (1958). Recommendations to physicians practising psycho-analysis. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XII)*. London: Hogarth Press. Original publication 1912

Freud, S. (1958). On beginning the treatment: Further recommendations on the technique of psychoanalysis I. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XII)*. London: Hogarth Press. Original publication 1913

Freud, S. (1958). Remarks on the theory and practice of dream interpretation. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XIX)*. London: Hogarth Press. Original publication 1923

Freud, S. (1958). The question of lay analysis. *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XVI)*. London: Hogarth Press. Original publication 1927

Freud, S. (1958). New introductory lectures on psychoanalysis. *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XVI)*. London: Hogarth Press. Original publication 1933

Freud, S. (1958) Constructions in analysis. In J. Strachey (trans.), *The Standard Edition of the Collected Works of Sigmund Freud (Vol. XXI)*. London: Hogarth Press. Original publication 1937

Friedman, M. (1985). *The Healing Dialogue*. New York: Jason Aronson.

Fromm-Reichman, F. (1950). *Principles of Intense Psychotherapy*. Chicago: University of Chicago Press.

Gadamer, H. (1994). *Truth and Method* (J. Weinsheimer & D. G. Marshall, Trans., 2nd Rev. ed.). New York: The Continuum. Original work published 1960

Gale, J. (1991). *Conversation Analysis of Therapeutic Discourse: The Pursuit of a Therapeutic Agenda*. Westport, CT: Ablex Publishing.

Gale, J. & Newfield, N. (1992). A conversation analysis of a solution-focused marital therapy session. *Journal of Marital & Family Therapy*, 18(2), 153-165.

Garduk, E. & Haggard, E. (1972). Immediate effects on patients of psychoanalytic

interpretations. *Psychological Issues*, 7(4), 85.

Gazzola, N. (2001). *Therapist Interpretations and Client Change: An Investigation of Process in Non-Dynamic Psychotherapies*. Unpublished Doctoral Dissertation, Montreal, Canada: McGill University.

Gazzola, N., & Stalikas, A. (1997). An investigation of counselor interpretations in client-centered therapy. *Journal of Psychotherapy Integration*, 7(4), 313-327.

Gendlin, E. (1968). The experiential response. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 208-227). New York: Grune & Stratton.

Geraets, I. (2001). *A phenomenological hermeneutic study of the imaginative play of young children staying at shelters for abused women*. Unpublished doctoral dissertation, Ottawa, Canada: University of Ottawa.

Giorgi, A. (1970). *Psychology as a Human Science: A Phenomenologically Based Approach*. New York: Harper & Row.

Giorgi, A. (1971). Phenomenology and experimental psychology. In A. Giorgi, W. Fischer, & R. von Eckartsberg (Eds.), *Duquesne Studies in Phenomenological Psychology* (pp. 6-29). Pittsburgh: Duquesne University Press.

Giorgi, A. (1975). An application of the phenomenological method in psychology. In A. Giorgi, C. Fischer, & E. Murray (Eds.), *Duquesne Studies in Phenomenological Psychology* (Vol. 2, pp. 82-103). Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (1983). Concerning the possibility of phenomenological psychological research. *Journal of Phenomenological Psychology*, 14, 129-169.

Giorgi, A. (1985). Sketch of a psychological phenomenological method. In A. Giorgi (Ed.), *Phenomenology and Psychological Research* (pp. 8-22). Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (1987). Validity and reliability from a phenomenological perspective. In W. Baker, L. Mos, H. Rappard & H. Stam (Eds.), *Recent Trends in Theoretical Psychology* (pp. 167-176). New York: Springer Verlag.

Glaser, B. & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.

Glover, E. (1931). The therapeutic effect of inexact interpretation. *International Journal of Psycho-analysis*, 12, 397-411.

- Goldman, A. (1978). Psychoanalytic interpretation: A phenomenological clarification. *Journal of Phenomenological Psychology*, 8(2), 164-180.
- Goodman, G. & Dooley, D. (1976). A framework for help-intended communication. *Psychotherapy: Theory, Research, and Practice*, 13, 106-117.
- Goolishian, H., & Anderson, H. (1987). Language systems and therapy: An evolving idea. *Journal of Psychotherapy*, 24, 529-538.
- Greenberg, L., & Elliott, R. (1997). Varieties of empathic responding. In A. Bohart & L. Greenberg (Eds.), *Empathy Reconsidered: New Directions in Psychotherapy* (pp. 167-186). Washington: American Psychological Association.
- Greenberg, L., Rice, L., & Elliott, R. (1993). *Facilitating Emotional Change: the Moment-by-moment Process*. New York: Guilford Press.
- Greenson, R. (1967). *The Technique and Practice of Psychoanalysis*. New York: International University Press.
- Grossen, M., & Apotheloz, D. (1996). Communicating about communication in a therapeutic interview. *Journal of Language & Social Psychology*, 15(2), 101-132.
- Grünbaum, A. (1984). *The Foundations of Psychoanalysis: A Philosophical Critique*. Berkeley, Los Angeles: University of California Press.
- Habermas, J. (1971). *Knowledge and Human Interests*. London: Heinemann.
- Hackbert, L. (1999). *An Experimental Analysis of the Effects of Two Types of Interpretation in the Context of an Acceptance-based Psychotherapy*. Unpublished Doctoral Dissertation, Albuquerque, USA: University of New Mexico.
- Hamburg, P. (1992). Interpretation, empathy, and the future of psychoanalytic psychotherapy. In S. Rutan (ed.), *Psychotherapy for the 1990s* (pp. 167-190), New York, NY: The Guilford Press.
- Hammer, E. (1968). Interpretation: What is it? In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 1-4). New York: Grune & Stratton.
- Hanley, C. (1990). The concept of truth in psychoanalysis. *International Journal of Psychoanalysis*, 71, 375-383.
- Hartmann, H. (1964). *Papers on Psychoanalytic Psychology: Psychological Issues, Monograph No. 14*. New York: International Universities Press.

- Harway, N., Dittman, A., Rausch, H., Bordin, E., & Rigler, D. (1955). The measurement of depth interpretation. *Journal of Consulting Psychology, 19*, 247-253.
- Hass, R. (2003). *Dictionary of Psychology and Psychiatry: English-German*. Toronto: Hogrefe & Huber.
- Heaton, J. (1972). Insight in phenomenology and psychology. *Journal of the British Society for Phenomenology, 13*, 2.
- Heidegger, M. (1962). *Being and Time*. New York: Harper & Row. Original published 1927
- Helner, P., & Jessell, J. (1974). Effects of interpretation as a counseling technique. *Journal of Counseling Psychology, 21*, 475-481.
- Hiley, D., Bohman, J., & Shusterman, R. (1991). *The Interpretive Turn: Philosophy, Science, and Culture*. Ithaca, NY: Cornell University Press.
- Hill, C. (1978). Development of a counselor verbal response category. *Journal of Counseling Psychology, 25*(5), 461-468.
- Hill, C. (1986). An overview of the Hill Counselor and Client Verbal Response Modes Category Systems. In L. Greenberg & W. Pinsof (Eds.), *The Psychotherapeutic Process: A Research Handbook* (pp. 131-159). New York: Guilford.
- Hill, C. (2001). *Helping Skills: The Empirical Foundation*. Washington, DC: American Psychological Association.
- Hill, C., Carter, J., & O'Farrell, M. (1983). A case study of the process and outcome of time-limited counseling. *Journal of Counseling Psychology, Vol 30*(1), 3-18.
- Hill, C., Helms, J., Tichenor, V., Spiegel, S., O'Grady, K., & Perry, E. (1988). Effects of therapist response modes in brief psychotherapy. *Journal of Counseling Psychology, 35*, 222-233.
- Hill, C., Thompson, B., & Williams, E. (1997). A guide to conducting consensual qualitative research. *Counseling Psychologist, 25*(4), 517-572.
- Hirsch, E. (1967). *Validity in Interpretation*. New Haven: Yale University Press.
- Hirsch, E. (1976). *The Aims of Interpretation*. Chicago: University of Chicago Press.
- Holt, H. (1968). The problem of interpretation from the point of view of existential psychoanalysis. In E. Hammer (Ed.), *The Use of Interpretation in Treatment: Technique and Art* (pp. 240-252). New York: Grune & Stratton.

- Hoshmand, L. (1989). Alternative research paradigms: A review and teaching proposal. *The Counseling Psychologist*, 17(1), 3-79.
- Husserl, E. (1970). *The Crisis of European Sciences and Transcendental Phenomenology: An Introduction to Phenomenological Philosophy*. Evanston: Northwestern University Press. Original published 1935
- Jager, B. (1967). *The Pretheoretical Field of Investigation of Freudian Psychoanalysis*. Unpublished Doctoral Dissertation, Pittsburgh: Duquesne University.
- Jensen, K. (1989). Discourses of interviewing: Validating qualitative research findings through textual analysis. In S. Kvale (Ed.), *Issues of Validity in Qualitative Research* (pp. 93-108). Sweden: Studentlitteratur.
- Jones, A., & Gelso, C. (1988). Differential effects of style of interpretation: Another look. *Journal of Counseling Psychology*, 35, 363-369.
- Josephs, L. (1992). The timing of an interpretation: A comparative review of an aspect of the theory of therapeutic technique. *Psychoanalytic Review*, 79(1), 31-54.
- Josephs, L. (1997). Balancing empathy and interpretation in the analytic process. *Issues in Psychoanalytic Psychology*, 19(1), 5-25.
- Joyce, A., Duncan, S., & Piper, W. (1995). Task analysis of "working" responses to dynamic interpretation in short-term individual psychotherapy. *Psychotherapy Research*, 5(1), 49-62.
- Joyce, A. & Piper, W. (1996). Dimensions and predictors of patient response to interpretation. *Psychiatry*, 59, 65-81.
- Kalt, H. (1983). The two hermeneutics of psychotherapy. *The American Journal of Psychoanalysis*, 43(3), 95-203.
- Karlsson, G. (1993). *Psychological Qualitative Research from a Phenomenological Perspective*. Stockholm: Almqvist & Wiksell.
- Karpf, R. (1980). Nonverbal components of the interpretive process in psychoanalytic psychotherapy. *American Journal of Psychotherapy*, 19(4), 477-486.
- Kelly, K. (1994). *Hermeneutics in Psychotherapy: A Study of Interpretation in the Context of the Therapeutic Dialogue*. Unpublished Doctoral Dissertation, Grahamstown, South Africa: Rhodes University.
- Kernberg, O. (1984). *Severe Personality Disorders: Psychotherapeutic Strategies*. New

Haven: Yale University Press.

- Khun, T. (1991). The natural and the human sciences. In D. Hiley, J. Bohman, & R. Shusterman (Eds.), *The Interpretive Turn: Philosophy, Science, Culture* (pp. 17-24). Cornell University Press: London.
- Khun, T. (1970). *The structure of scientific revolution*. Chicago: University of Chicago Press.
- Kiesler, D. (1994). Standardization of integration: The tie that binds psychotherapy research and practice. In P. Talley, H. Strupp, & S. Butler (Eds.), *Psychotherapy Research and Practice: Bridging the Gap* (pp. 143-153). New York: Basic Books.
- Klein, M. (1964). *Contributions to Psycho-Analysis, 1921-1945*. New York: McGraw-Hill.
- Kleist, D. & Gompertz, K. (1997). Current use of qualitative research methodology in couples and family counseling. *Family Journal - Counseling & Therapy for Couples & Families*, 5(2), 137-143.
- Kohut, H. (1959). Introspection, empathy, and psychoanalysis. *Journal of the American Psychoanalytic Association*, 7, 459-483.
- Kohut, H. (1984). *How Does Analysis Cure?* Chicago: University of Chicago Press.
- Kris, E. (1951). Ego psychology and interpretation in psychoanalytic therapy. *Psychoanalysis Quarterly*, 20, 15-29.
- Kruger, D. (1979). *An Introduction to Phenomenological Psychology*. Pittsburgh: Duquesne University.
- Kruger, D. (1988). *The Problem of Interpretation in Psychotherapy: An Exploratory Study*. Pretoria, South Africa: Human Science Research Council.
- Kumin, I. (1989). The incorrect interpretation. *International Journal of Psychoanalysis*, 70, 141-152.
- Kvale, S. (1983). The qualitative research interview: A phenomenological and hermeneutical mode of understanding. *Journal of Phenomenological Psychology*, 14, 171-196.
- Kvale, S. (1989). To validate is to question. In S. Kvale (Ed.), *Issues of Validity in Qualitative Research* (pp. 73-92). Sweden: Studentlitteratur.
- Lacan, J. (1968). *The Language of the Self: The Function of Language in Psychoanalysis*. Baltimore: John Hopkins Press.

- Lachmann, F., & Beebe, B. (1993). Interpretation in a developmental perspective. In A. Goldberg (Ed.), *The Widening Scope of Self Psychology: Progress in Self Psychology* (Vol. 9, pp. 45-52). Hillsdale: Analytic Press.
- Laing, R. (1967). *The Politics of Experience*. Baltimore, Maryland: Penguin Books.
- Laufer, M. (1994). Formulation of interpretation: From truth to experience. *International Journal of Psycho-analysis*, 75(5-6), 1093-1105.
- Lepper, G. (1996). Between science and hermeneutics: Towards a contemporary empirical approach to the study of interpretation in analytic psychotherapy. *British Journal of Psychotherapy*, 13(2), 219-231.
- Levy, L. (1963). *Psychological Interpretation*. New York: Holt, Rinehart and Winston.
- Lichtenberg, J. (1999). Listening, understanding, and interpreting: Reflections on Complexity. *International Journal of Psychoanalysis*, 80, 719-737.
- Liria, A. (2000). From interpretation to commentary: Truth and meaning in psychotherapy. *Journal of Psychotherapy Integration*, 10(3), 325-334.
- Lomas, P. (1987). *The Limits of Interpretation*. New Jersey: Jason Aronson.
- Lowenstein, R. (1951). The problem of interpretation. *Psychoanalytic Quarterly*, 20, 1-14.
- Lowenstein, R. (1963). Some thoughts on interpretation. In L. Paul (Ed.), *Psychoanalytic Clinical Interpretations*. New York: Free Press of Glencoe.
- Luborsky, L. & Crits-Christoph, P. (1998). *Understanding Transference: The Core Conflictual Relationship Theme Method* (2nd Ed.). Washington: American Psychological Association.
- Lyotard, J-F. (1986). *Phenomenology*. Albany, NY: State University of New York Press.
- Madison, G. (1990). *The Hermeneutics of Postmodernity: Figures and Themes*. Indianapolis University Press.
- Mahrer, A. & Nadler, W. (1986). Good moments in psychotherapy: A preliminary review, a list, and some promising research avenues. *Journal of Consulting and Clinical Psychology*, 54, 10-15.
- Mahrer, A. (1988). Discovery-oriented psychotherapy research: Rationale, aims, and methods. *American Psychologist*, 43, 694-702.

- Mahrer, A. (1996). Discovery-oriented research on how to do psychotherapy. In W. Dryder (Ed.), *Research in Counseling and Psychotherapy: Practical Applications* (pp. 232-258). London: Sage.
- Mahrer, A. (2000). Philosophy of science and the foundations of psychotherapy. *American Psychologist*, 55(10), 1117-1125.
- Mahrer, A., Dessaulles, A., Gervais, P., & Nadler, W. (1987). An indictment of interpretation: The elevated role of the therapist as grand interpreter. *Psychotherapy in Private Practice*, 5, 39-51.
- Maione, P., & Chenail, R. (1999). Qualitative inquiry in psychotherapy: Research on the common factors. In M. Hubble, B. Duncan, and S. Miller (Eds.), *the Heart and Soul of -Change: What Works in Therapy* (pp. 57-88). Washington: American Psychological Association.
- Martin, J., & Dawda, D. (1999). Beyond empathy: A hermeneutically inspired inquiry into interpersonal understanding in psychotherapy. *Theory & Psychology*, 9(4), 459-481.
- Martin, J. & Thompson, J. (2003). Psychotherapy as the interpretation of being: Hermeneutic perspectives on psychotherapy. *Journal of Constructivist Psychology*, 16(1), 1-16.
- Marziali, E. (1984). Prediction of outcome of brief psychotherapy from therapist interpretive interventions. *Archives of General Psychiatry*, 41, 301-304.
- Maslow, A. (1970). *Motivation and Personality* (2nd ed.). New York: Harper & Row.
- Masterson, J. (1976). *Psychotherapy of the Borderline Adult*. New York: Brunner and Mazel.
- May, R. (1958). *Existence*. New York: Basic Books.
- Meichenbaum, D. (1988a). What happens when the "brute data" of psychological inquiry are meanings: Nurturing a dialogue between hermeneutics and empiricism. In S. Messer, L. Sass & R. Woolfolk (Eds.), *Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality, Psychotherapy, and Psychopathology* (pp.116-130). New Brunswick, NJ: Rutgers University Press.
- Meichenbaum, D. (1988b) The ubiquity of interpretation: Commentary on Donald P. Spence. In S. Messer, L. Sass & R. Woolfolk (Eds.), *Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality, Psychotherapy, and Psychopathology* (pp.85-86). New Brunswick, NJ: Rutgers University Press.
- Mendel, W. (1964). The phenomenon of interpretation. *American Journal of Psycho-*

analysis, 24, 185-189.

Merendino, R. (1997). The psychoanalytic "field" of interpretation. *Journal of European Psychoanalysis*, 5, 91-107.

Merleau-Ponty, M. (1962). *The Phenomenology of Perception* (C. Smith, Trans.). London: Routledge & Kegan Paul. Original work published 1945

Merleau-Ponty, M. (1963). *The Structure of Behavior* (A. L. Fisher, Trans.). Boston: Methuen. Original work published 1942

Merleau-Ponty, M. (1973). *The Prose of the World*. Illinois: Northwestern University Press.

Mergenthaler, E. & Stinson, C. (1992). Psychotherapy transcription standards. *Psychotherapy Research*, 2, 124-142.

Messer, S. & Warren, C. (1995). *Models of Brief Psychotherapy: A Comprehensive Approach*. New York: Guilford.

Messer, S., & Woolfolk, R. (1998). Philosophical issues in psychotherapy. *Clinical Psychology: Science and Practice*, 5(2), 251-263.

Miller, G. (1987). Producing family problems: Organization and uses of the family perspective and rhetoric in family therapy. *Symbolic Interaction*, 10, 245-265.

Mook, B. (1989). Intersubjectivity and narrative structure in family therapy. *The Humanistic Psychologist*, 17 (3), 251-264.

Mook, B. (1991). The significance of hermeneutics to child psychotherapy. *Journal of Psychiatry & Neuroscience*, 16 (3), 182-187.

Mook, B. (1994). Therapeutic play: From interpretation to intervention. In J. Hellendoorn, R. Van der Kooij, and D. Sutton-Smith, *Play and Intervention* (pp. 39-52). New York: New York State University.

Mook, B. (1999a). Metabletics and the family. *Metabletics: J. H. Van den Berg's Historical Phenomenology*. Pittsburgh: The Simon Silverman Phenomenology Center.

Mook, B. (1999b). Interpreting play in child psychotherapy: A phenomenological hermeneutic approach. *The Humanistic Psychologist*, 26(3), 173-186.

Moon, S., Dillon, D., & Sprenkle, D. (1990). Family therapy and qualitative research. *Journal of Marital and Family Therapy*, 16(4), 357-373.

- Moore, B., & Fine, B. (1990). *Psychoanalytic Terms and Concepts*. New York: The American Psychoanalytic Association and Yale University Press.
- Murray, P. (1991). *An Existential-Phenomenological Investigation of the Psychotherapeutic Interpretive Process Enabling Immediate Insight*. Unpublished Doctoral Dissertation, Pittsburgh: Duquesne University.
- Nelson, M. (2001). On the (presumed) authority of interpretation. *Psychoanalytic Review*, 88(1), 83-86.
- Nielsen, A. (1980). Gestalt and psychoanalytic therapies: Structural analysis and rapprochement. *American Journal of Psychotherapy*, 19(4), 534-544.
- O'Farrell, M., Hill, C., & Patton, S. (1986). A comparison of two cases of counseling with the same counselor. *Journal of Counseling & Development*, 65(3), 141-145.
- Olinick, S., Poland, W., Grigg, K., & Granatir, W. (1973). The psychoanalytic work ego: Process and interpretation. *International Journal of Psycho-analysis*, 54, 143-151.
- Oremland, J. (1991). *Interpretation and Interaction Psychoanalyses on Psychotherapy*. Hillsdale, NJ: Analytic Press.
- Ornstein, P. & Ornstein, A. (1985). Clinical understanding and explaining: The empathic vantage point. In A. Goldberg (Ed.), *Progress in Self Psychology* (pp.43-60). New York: Guilford Press.
- Osborne, J. (1990). Some basic existential-phenomenological research methodology for counsellors. *Canadian Journal of Counselling*, 24(2), 79-91.
- Palmer, P. (1969). *Hermeneutics: Interpretation Theory in Schleimacher, Dilthey, Heidegger and Gadamer*. Evanston: North-Western University Press.
- Pancheri, L. (1998). Interpretation and change in psychoanalysis: What is left of classical interpretation. *Journal of European Psychoanalysis*, 6, 3-18.
- Parment, U. (1994). Interaction and interpretation: "How can I tell what I think till I see what I say?" *International Forum of Psychoanalysis*, 3(4), 227-233.
- Perls, F. (1969). *Gestalt Therapy Verbatim*. Utah: Real People Press.
- Piper, W., Azim, H., Joyce, A., & McCallum, M. (1991). Transference interpretation, therapeutic alliance, and outcome in short-term individual psychotherapy. *Archives of General Psychiatry*, 48(10), 946-953.

- Piper, W., Debbane, E., Bienvenu, J., de Carufel, F., & Garant, J. (1986). Relationships between the object of focus of therapist interpretations and outcome in short-term individual psychotherapy. *British Journal of Medical Psychology*, 59, 1-11.
- Piper, W., Debbane, E., de Carufel, F., & Bienvenu, J. (1987). A system for differentiating therapist interpretations from other interventions. *Bulletin of the Menninger Clinic*, 51, 532-550.
- Piper, W., Joyce, A., McCallum, M., & Azim, H. (1993). Concentration and correspondence of transference interpretations in short-term psychotherapy. *Journal of Consulting and Clinical Psychology*, 61, 586-595.
- Piper, W., McCallum, M., Azim, H., & Joyce, A. (1993). Understanding the relationship between transference interpretation and outcome in the context of other variables. *American Journal of Psychotherapy*, 47, 479-493.
- Pogge, D. (1986). *Dimensions of Evaluation of Psychotherapeutic Interpretation: A Phenomenological Empirical Analysis*. Unpublished Doctoral Dissertation, New Mexico: The University of New Mexico.
- Pogge, D., & Dougher, M. (1992). Evaluation of psychotherapeutic interpretations: An example of the application of the phenomenological method to discovery-based psychotherapy research. *Journal of Psychotherapy Practice & Research*, 1(3), 248-258.
- Polkinghorne, D. (1983). *Methodology for the Human Sciences*. Albany, NY: State University of New York Press.
- Polkinghorne, D. (1989). Phenomenological research methods. In R. S. Valle and S. Halling (Eds.), *Existential-phenomenological Perspectives in Psychology*. New York: Plenum.
- Polkinghorne, D. (1994). Reaction to special section on qualitative research in counseling process and outcome. *Journal of Counseling Psychology*, 41(4), 510-512.
- Polster, E. & Polster, M. (1974). *Gestalt Therapy Integrated*. New York: Vintage Books.
- Raphling, D. (1997). Interpretation as comparison. *Psychoanalytic Quarterly*, 66(2), 242-258.
- Reich, W. (1973). *Character Analysis*. London: Vision.
- Rennie, D. (1992). Qualitative analysis of the client's experience of psychotherapy: The unfolding of reflexivity. In S. Toukmanian & D. Rennie (eds.), *Psychotherapy*

- Process Research: Paradigmatic and Narrative Approaches* (pp. 211-233). Newbury Park, California: Sage.
- Rennie, D. (1994). Human science and counselling psychology: Closing the gap between research and practice. *Counselling Psychology Quarterly*, 7(3), 235-250.
- Rennie, D. (2002). Experiencing psychotherapy: Grounded theory studies. In D. Cain & J. Seeman (Eds.), *Humanistic Psychotherapies: Handbook of Research and Practice* (pp. 117-145). Washington, DC: American Psychological Association.
- Rice, L., & Greenberg, L. (1984). The new research paradigm. In L. Rice & L. Greenberg (Eds.), *Patterns of Change: Intensive Analysis of Psychotherapy Process* (pp. 7-25). New York: Guilford.
- Ricoeur, P. (1970). *Freud and Philosophy: An Essay on Interpretation*. New Haven: Yale University Press.
- Ricoeur, P. (1974). *The Conflict of Interpretation*. Evanston: Northwestern University Press.
- Ricoeur, P. (1976). *Interpretation Theory: Discourse and the Surplus of Meaning*. Fort Worth: Texas Christian University Press.
- Ricoeur, P. (1979). The model of the text: Meaningful action considered as a text. In P. Rabinow & W. Sullivan (Eds.), *Interpretive Social Science: A Reader* (pp. 73-102). Berkeley: University of California Press.
- Ricoeur, P. (1984). *Time and narrative*. Chicago: University Chicago Press.
- Ricoeur, P. (1985). *Hermeneutics and the Human Sciences: Essays on Language, Action, and Interpretation*. New York: Cambridge University Press. (Original work published 1981)
- Rogers, C. (1951). *Client-centred therapy*. Boston: Houghton Mifflin.
- Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 22, 95-103.
- Roth, P. (1991). Interpretation as explanation. In D. Hiley, J. Bohman, & R. Shusterman (Eds.), *The Interpretive Turn: Philosophy, Science, Culture* (pp. 179-196). Cornell University Press: London.
- Rubovits-Seitz, P. (1992). Interpretive methodology: Some problems, limitations, and remedial strategies. *Journal of the American Psychoanalytic Association* 40(1), 139-168.

- Ruttenberg, B. (1993). Interpretation. In M. Etezady (Ed.), *Treatment of Neurosis in the Young: A Psychoanalytic Perspective* (pp. 189-234). Northvale, NJ: Jason Aronson Inc.
- Saari, C. (1988). Interpretation: Event or process? *Clinical Social Work Journal*, 16(4), 378-390.
- Saks, E. (1999). *Interpreting Interpretation: The Limits of Hermeneutic Psychoanalysis*. New Haven: Yale University Press.
- Salner, M. (1989). Validity in human science research. In S. Kvale (Ed.), *Issues of Validity in Qualitative Research* (pp. 47-71). Sweden: Studentlitteratur.
- Sass, L. (1988). Humanism, hermeneutics, and the concept of the human subject. In S. Messer, L. Sass & R. Woolfolk (Eds.), *Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality, Psychotherapy, and Psychopathology* (pp. 222-271). New Brunswick, NJ: Rutgers University Press.
- Saul, L. (1963). Making interpretations. In L. Paul (Ed.), *Psychoanalytic Clinical Interpretations*. New York: Free Press of Glencoe.
- Schafer, R. (1981). *Narrative Actions in Psychoanalysis*. Massachusetts: Clark University Press.
- Schafer, R. (1985). The interpretation of psychic reality: Developmental influences and unconscious communication. *Journal of the American Psychoanalytic Association*, 33, 537-554.
- Schafer, R. (1992). *Retelling a Life: Narration and Dialogue in Psychoanalysis*. New York: Basic Books.
- Schonbar, R. (1968). Confessions of an ex-nondirectivist. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 55-58). New York: Grune & Stratton.
- Schutz, A. (1967). *The Phenomenology of the Social World*. Illinois: Northwestern University Press.
- Sciacchitano, A. (1997). An interpretation that makes sense: The elementary point of view. *Journal of European Psychoanalysis*, 5, 119-131.
- Sepping, P. (1999). Narrative and interpretation. In C. Mace (Ed.), *Heart and Soul: The Therapeutic Face of Philosophy* (pp. 164-178). Florence, USA: Taylor & Francis/Routledge.

- Shorter, E. (1976). *The Making of the Modern Family*. New York: Basic Books.
- Shusterman, R. (1991). Beneath interpretation. In D. Hiley, J. Bohman, & R. Shusterman (Eds.), *The Interpretive Turn: Philosophy, Science, Culture* (pp. 102-128). Cornell University Press: London.
- Silberschatz, G., Fetter, P., & Curtis, J. (1986). How do interpretations influence the process of psychotherapy? *Journal of Consulting and Clinical Psychology*, 54, 646-652.
- Sluzki, C. (1992). Transformations: A blueprint for narrative changes in therapy. *Family Process*, 31, 217-223.
- Snyder, D. (1982). Perspective and engagement in counseling and psychotherapy: The phenomenological approach. *International Journal for the Advancement of Counselling*, 5(2), 95-107.
- Snyder, W. (1968). Interpretation in relationship therapy. In E. Hammer (Ed.), *Use of Interpretation in Treatment: Technique and Art* (pp. 43-54). New York: Grune and Stratton.
- Speisman, J. (1959). Depth of interpretation and verbal resistance in psychotherapy. *Journal of Consulting Psychology*, 23, 93-99.
- Spence, D. (1982). *Narrative Truth and Historical Truth*. New York: W. W. Norton.
- Spence, D. (1987). Turning happenings into meanings: The central role of the self. In P. Young-Eisendrath & J.A. Hall (Eds.), *the Book of the Self: Person, Pretext, and Process* (pp. 131-150). New York: New York University Press.
- Spence, D. (1988). Touch and tender-minded hermeneutics. In S. Messer, L. Sass, & R. Woolfolk (Eds.), *Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality, Psychotherapy, and Psychopathology* (pp. 62-84). New Brunswick, NJ: Rutgers University Press.
- Spence, D. (1989). Narrative appeals vs. historical validity. *Contemporary Psychoanalysis*, 25(3), 517-524.
- Spence, D. (1992). Interpretation: A critical perspective. In J. Barron & M. Eagle (eds.), *Interface of Psychoanalysis and Psychology* (pp. 558-572). Washington, DC: American Psychological Association.
- Spiegel, S., & Hill, C. (1989). Guidelines for research on therapist interpretation: Toward greater methodological rigor and relevance to practice. *Journal of Counseling Psychology*, 36(1), 121-129.

- Spooner, S. & Stone, S. (1977). Maintenance of specific counseling skills over time. *Journal of Counseling Psychology*, 24, 66-71.
- Steele, R. (1979). Psychoanalysis and hermeneutics. *International Review of Psycho-Analysis*, 6, 389-411.
- Steiner, G. (1976). A note on language and psychoanalysis. *International Review of Psycho-Analysis*, 3, 253-258.
- Stiles, W. (1979). Verbal response modes and psychotherapeutic technique. *Psychiatry*, 42, 49-62.
- Stiles, W. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13(6), 593-618.
- Stiles, W. (1997). Consensual qualitative research: Some cautions. *Counseling Psychologist*, 25(4), 586-598.
- Stiles, W., Shapiro, D., & Firth-Cozens, J. (1989). Therapist differences in the use of verbal response mode forms and intents. *Psychotherapy: Theory, Research, & Practice*, 26(3), 314-322.
- Stolorow, R. (1993). Thoughts on the nature and therapeutic action of psychoanalytic interpretation. In A. Goldberg (Ed.), *The Widening Scope of Self Psychology: Progress in Self Psychology* (Vol. 9, pp. 31-43). Hillsdale: Analytic Press.
- Stolorow, R., & Atwood, G. (1997). Deconstructing the myth of the neutral analyst: An alternative from intersubjective systems theory. *Psychoanalytic Quarterly*, 66(3), 431-449.
- Strachey, J. (1934). The nature of the therapeutic action of psycho-analysis. *International Journal of Psychiatry*, 15, 127-159.
- Strong, S., Wambach, C., Lopez, F., & Cooper, R. (1979). Motivational and equipping functions of interpretation in counseling. *Journal of Counseling Psychology*, 26, 98-107.
- Strupp, H. (1955). An objective comparison of rogerian and psychoanalytic techniques. *Journal of Consulting Psychology*, 19, 1-7.
- Sullivan, H. (1953). *The Interpersonal Theory of Psychiatry*. New York: Norton.
- Taylor, C. (1980). Understanding in the human sciences. *Review of Metaphysics*, 34, 25-38.

- Thompson, C., McCaughan, D., Cullum, N., Sheldon, T., & Raynor, P. (2004). Increasing the visibility of coding decisions in team-based qualitative research in nursing. *International Journal of Nursing Studies*, 41(1), 15-20.
- Thompson, J. (1996). Hermeneutics. In A. Kuper & J. Kuper, *The Social Science Encyclopedia* (2nd ed.). New York: Routledge.
- Tosone, C. (1998). Interpretation: Evolution of a concept and technique. *Journal of Analytic Social Work*, 5(3), 1-27.
- Tosone, C., Crits-Christoph, P., & Luborsky, L. (1999). Interpretation in short-term therapy: The role of level of patient functioning. *Psychoanalytic Social Work*, 6, 113-129.
- Troemel-Ploetz, S. (1977). "She is just not an open person": A linguistic analysis of a restructuring intervention in family therapy. *Family Process*, 16, 339-352.
- Troemel-Ploetz, S. (1980). "I'd come to you for therapy": Interpretation, redefinition and paradox in Rogerian therapy. *Psychotherapy: Theory, Research and Practice*, 17(3), 246-257.
- Valle, R., King, M., & Halling, S. (1989). An introduction to existential-phenomenological thought in psychology. In R. Valle & S. Halling (Eds.), *Existential-phenomenological Perspectives in Psychology* (pp. 3-16). New York: Plenum Press.
- van den Berg, J. (1971). What is psychotherapy? *Humanitas*, 7(3), 321-370.
- van den Berg, J. (1974). *Divided Existence and Complex Society: An Historical Approach*. Pittsburgh: Duquesne University press.
- van Kaam, A. (1962). *The Art of Existential Counselling*. Pennsylvania: Dimension Books.
- von der Tann, M., & Boening, J. (1999). The myth of the "correct" interpretation. *Journal of Analytic Psychology*, 44(1), 57-67.
- Watson, J. (1930). *Behaviorism*. New York: Norton.
- Wertz, F. (1987). Qualitative research: Educational considerations. In A. Giorgi (Ed.), *Phenomenology and Psychological Research* (pp. 155-216). Pittsburgh: Duquesne University Press.
- White, M., & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: Norton.
- Wilson, S. (1981). A Piagetian-based analysis of insight and the interpretive process. *American Journal of Orthopsychiatry*, 51(4), 626-631.

- Winnicott, D. (1954). *Through Paediatrics to Psycho-Analysis*. London: Hogarth Press.
- Winnicott, D. (1965). *The Maturation Processes and the Facilitating Environment*. New York: International Universities Press.
- Winnicott, D. (1989). Interpretation in psychoanalysis. In M. Fromm & B. Smith (Eds.), *The Facilitating Environment: Clinical Applications of Winnicott's Theory*. Connecticut: International Universities Press.
- Wisdom, J. (1967). Testing an interpretation within a session. *International Journal of Psychoanalysis*, 48, 44-52.
- Wolf, E. (1993). The role of interpretation in therapeutic change. In A. Goldberg (Ed.), *The Widening Scope of Self Psychology: Progress in Self Psychology* (Vol. 9, pp. 15-30). Hillsdale: Analytic Press.
- Woolfolk, R., & Messer, S. (1988). Psychoanalytic interpretation and the question of validity: Commentary on Richard J. Bernstein. In S. Messer, L. Sass & R. Woolfolk (Eds.), *Hermeneutics and Psychological Theory: Interpretive Perspectives on Personality, Psychotherapy, and Psychopathology* (pp. 109-113). New Brunswick, NJ: Rutgers University Press.
- Wyatt, M. (1986). The narrative in psychoanalysis: Psychoanalytic notes on storytelling, listening, and interpreting. In T. Sarbin (Ed.), *Narrative Psychology: The Storied Nature of Human Conduct* (pp. 193-210). New York: Praeger.
- Yalom, I. (1980). *Existential Psychotherapy*. New York: Basic Books.
- Yardley, K. (1990). Psychotherapy process and research: Missing persons and missing values. *Counselling Psychology Quarterly*, 3(1), 3-55.

APPENDICES

Appendix A

A Sampling of Pan-Theoretical Definitions of Interpretation

Hill (1978)

Interpretation: This goes beyond what the client has overtly recognized. It might take one of several forms: it might establish connections between seemingly isolated statements or events; it interprets defences, feelings, resistance, or transference (the interpersonal relationship between counsellor and client); it might indicate themes, patterns, or causal relationships in the client's behaviour or personality. It adds something qualitatively different to clients' verbalizations and often presents clients with new meanings or perspectives. It usually gives alternative meanings for old behaviour or issues. If a statement also meets the criteria for a confrontation, it should be put in confrontation.

Elliott (1985)

Interpretation Response Mode: conveys new information to the client, therapist intends to explain the client to him/herself.

Goodman and Dooley (1976)

Interpretation Response Mode: is a theory-derived response which classifies the other or asserts a causal relation involving the other's behavior, thought or feelings. It is an explanation or a diagnosis of the presumed problem, and it offers an alternate view. The more it differs from the patient's current self-assessment, the greater its depth. The purpose of interpretation is to provide insight (link cause and effect), to create meaning, to manage the patient's status, or to predict. For example, in reaction to "I don't want my friends to know that I'm afraid to travel in planes," and interpretation could be "you're defensive about the plane phobia because of your strong social conformity need."

Spooner and Stone (1977)

Interpretation/Summary: Counselor statements that go beyond restatement/reflection and pull together several parts of the client's content. They may or may not place any interpretation on this content.

Stiles (1978)

Interpretation concerns the other's experience in the speaker's frame of reference, focussed on the other. The speaker offers an explanation or a particular way for the other to understand his or her own experience or behaviour. The frame of reference into which the speaker presumes to place the other's experience may be the speaker's personal opinion or some general standard or even a formal theory, such as psychoanalytic theory. Interpretation form is second person (you) with a verb that describes an attribute, condition, or ability of the other ("You're a bit modest in how you appraise yourself").

(1979)

Making connections for the other, explaining the other to himself, confronting, labelling the other, or judgments and evaluations of the other are generally scored as interpretation. In this taxonomy, judgements or opinions about matters besides the other's experience or behaviour (e.g., a work of art, an external event, or a third person) are not scored interpretation.

Stiles, Shapiro, and Firth-Cozens (1989)

They consider verbal response modes at two levels: the grammatical form of what is said, and the intent of what is "meant" in the communication.

Interpretation Form: involves the second person ("you"), the verb implies an attitude or ability of the other, and the terms used are those of evaluation.

Interpretation Intent: involves explaining or labelling the other, and includes judgements or evaluations of other's experience or behaviour.

Appendix B

Hill's (1986) Verbal Response System

1. *Minimum Encourager*: A short phrase that indicates simple agreement, acknowledgment, or understanding. It encourages but does not request the client to continue talking; also, it does not imply approval or disapproval. It may be a repetition of a key word, but does *not* include responses to questions (see *Information*).

CL: There's so much I need to do that I don't know where to begin.

CO: MmHmm.

CL: A year ago I decided to change my major from microbiology to physical education.

CO: Go on.

2. *Silence*: A pause of 5 seconds is considered the counsellor's pause if it occurs between a client's statement and a counsellor's statement or within the client's statement (except after a simple acceptance of the counsellor's statement, e.g., "Yes," pause).

CL: I'm not sure what to do.

CO: (*Pause = 5 seconds*)

CL: I'm not sure what to do.

CO: [MmHmm.] (*Pause = 5 seconds*)

3. *Approval-reassurance*: Provides emotional support, approval, or reinforcement. It may imply sympathy or tend to alleviate anxiety by minimizing client's problems.

CL: I didn't know if I should come here.

CO: I think you did the right thing.

CL: I get so uptight before exams.

CO: Everyone feels that way from time to time.

4. *Information*: Supplies information in the form of data, facts, resources, theory, and the like. It may be information specifically related to the counselling process, counsellor's behaviour or arrangement (time, place, fee, etc.). It may answer direct questions, but does not include directions for what the client should do (see *Direct Guidance*).

CL: What were the results of the test?

CO: The SCII indicates that your interests are forestry.

CL: How about Horney? Did she agree with that theory?

CO: I don't know the answer to that questions.

5. *Direct Guidance:* Directions or advice that the counsellor suggests for the client or for the client and counsellor together, either within or outside the counselling session. It is not aimed at soliciting verbal material from the client (see *Closed* or *Open Question*).

CL: Do you have a solution for my tension right now?

CO: Practice this relaxation exercise 15 minutes a night.

CL: Last night the president was in my dream.

CO: Play the part of the man in your dream.

6. *Closed Question:* Data-gathering inquiry that requests a one- or two-word answer, a "yes" or "no," or a confirmation of the counsellor's previous statement. The possible client responses to this type of inquire are typically *limited* and *specific*. If statements are phrased in the form of a closed question but meet the criteria for another category, they should be put in the *other* category.

CL: I'm still procrastinating.

CO: Did you read the book I suggested?

CL: My husband thinks I'm too fat.

CO: How much do you weigh?

7. *Open Question:* A probe requests a clarification of feelings or an exploration of the situation *without purposely limiting* the nature of the response to a "yes" or "no" or a one- or two-word response. If statements are phrased in the form of an open question but meet the intent or criteria for another category, put in the more appropriate category.

CL: I've had a backache for days.

CO: What's making you tense?

CL: My sister got all the attention in the family.

CO: How do you feel about that?

8. *Restatement:* A simple repeating or rephrasing of the client's statement(s) (not necessarily just the immediate preceding statements). It typically contains fewer but *similar words and is more concrete and clear* than the client's message. It may be phrased either tentatively or as a statement.

CL: I'm on probation and just got F's on tests.

CO: You say you're flunking out of school this semester.

CL: Since I got into trouble, no one will talk to me.

CO So it seems that everyone is ignoring you.

9. *Reflection:* A repeating or rephrasing of the client's statements (not necessarily just the immediately preceding statements). It *must* contain reference to stated or *implied* feelings. It may be based on previous statements, nonverbal behaviour, or knowledge of the total situation. It may be phrased either tentatively or as a statement.

CL: My best friend went out with a guy I had been dating.

CO: You feel hurt that she did that.

CL: I did better than I've ever done before.

CO: You're pleased and satisfied with your performance on the exam.

10. *Interpretation:* Goes beyond what the client has overtly recognized. It might take one of several forms: it might establish connections between seemingly isolated statements or events; interpret defences, feelings, resistance, or transference (the interpersonal relationship between counsellor and client); or indicate themes, patterns, or causal relationships in the client's behaviour or personality. It usually gives alternative meanings for old behaviour or issues. If a statement also meets the criteria for a *Confrontation*, it should be put in *Confrontation*.

CL: It makes me extremely mad when you bring that up.

CO: You may be hostile because I remind you of your mother.

CL: Nothing seems to be going well. School is really rough and my husband and I have been arguing constantly.

CO: Maybe your difficulties in school are related to your difficulties with your husband.

11. *Confrontation:* Contains two parts: The first part may be implied rather than stated and refers to some aspects of the client's message or behaviour (this will usually be rated as a restatement). The second part usually begins with a "but" and presents a discrepancy. This contradiction or discrepancy may be between words and behaviour, between two things the client has stated, between behaviour and action, between real and ideal self, between verbal and nonverbal behaviour, between fantasy and reality, or between the counsellor's and the client's perception.

CL: Susan asked me how I felt about it, but I knew she didn't really care what I said. Nobody really listens to me; they're too concerned with themselves.

CO: You say nobody ever listens to you, but you didn't say anything to Susan when she asked how you were feeling.

CL: I'm just feeling great today.
CO: You say you're happy but you look sad.

12. *Nonverbal Referent*: Points out or inquires about aspects of the client's nonverbal behaviour, for example, body posture, voice tone or level, facial expressions, gestures and so on. It does not interpret the meaning of these behaviours.

CL: I don't feel much of anything.
CO: You're fidgeting a lot with your hands.

CL: I guess you're right about that.
CO: Your voice was very soft just then.

13. *Self-Disclosure*: Usually begins with an "I." The counsellor shares his or her own personal experiences and feelings with the client. Note: Not all statements that begin with an "I" are self-disclosures; it must have a quality of sharing or disclosing.

CL: I want to socialize but when I get to a party I get so uptight I can't make conversation with anyone. Everyone else always seems to be having a good time.
CO: I have a hard time at parties too.

CL: I'd like to have you as my father.
CO: I'd like you for a daughter.

14. *Other*: Statements that are unrelated to the client's problems, such as small talk or salutations, comments about the weather or events; disapproval or criticism of the client; or a statement that does not fit into any other category.

CL: I spent yesterday watching football.
CO: Wasn't the game terrific?

CL: See you next week?
CO: Bye now.

Appendix C
Recruitment and Consent Forms

Recruitment Form for Therapists

Interpretation in Psychotherapy: An Empirical Phenomenological Study

Interpretation is a pervasive phenomenon in the field of psychotherapy, and is often essential to the therapeutic process. Various therapeutic orientations conceptualize it differently, but most agree that it is essential to psychotherapy. This is particularly true when it is generally formulated as the search for meaning of the client's behaviours and experiences, involving the creation of connections between seemingly isolated aspects of the client's life-world and the emergence of novel insights which are communicated in the psychotherapeutic process. A fruitful approach to understanding the phenomenon is to study the manner in which it presents itself in actual therapy sessions.

Richard Zayed, a Ph.D. student in Clinical Psychology, is conducting the study under the supervision of Dr. Bertha Mook, both of whom are affiliated with the School of Psychology at the University of Ottawa. We are seeking experienced registered psychologists (with 5 or more years of experience). This study aims to increase our understanding of interpretation in psychotherapy by studying the phenomenon through an in-depth qualitative phenomenological method. It intends to examine the manner in which interpretation is revealed through a small number of different therapeutic sessions by therapists of different orientations, and will include an interview with both the therapist and the client regarding those therapeutic sessions. The study will allow both the therapist-participants and client-participants an opportunity to observe and discuss their therapeutic sessions. Such in-depth explorations may provide the participants with further insights, and may actually improve or further their therapeutic process. In fact, previous studies have found such an effect, and have gone as far as suggesting that all therapists and clients engage in such a process (e.g., Elliott, 1986; Fessler, 1978). The results of the study could help professionals improve their therapeutic practices.

Participant-therapists who are interested in participating will be asked to approach a client whom they feel may be appropriate for the study. They will be provided with a recruitment form to give to their clients. During recruitment it is important to emphasize to the client that participation in the study is independent of the client's treatment, that it is completely voluntary, and that they will suffer no ill consequences if they choose not to participate. If the client is willing to participate, the therapist will be asked to provide us with an audiotape of a session in the mid to late psychotherapy process. We will also ask for a brief biography of the client to contextualize the session (a form will be provided with guidelines) which the client will be allowed to edit. Separate interviews with the client and the therapist will be conducted within two weeks of the taped session, after an initial analysis of the tape. They will be interviewed individually regarding the session by the researcher, which will involve reviewing the audiotaped therapy session that was provided by the therapist. More specifically, the client and the therapist will be interviewed regarding their experience of the interpretive segments which were identified by the researchers, as well as any interpretive segments which they identify in the process of reviewing the session. The interview will be

approximately 1 to 1.5 hours in duration and will be audiotaped.

All information will be kept strictly confidential and will not be used in any way that will identify the persons who are present in the therapy tape and who participated in the interview. All participants will be provided with a pseudonym which will be used at all points. All possibly identifying raw data (consent forms, audiotapes, and biographies) will be kept in a locked filing cabinet in the researcher's office at the University of Ottawa, and only he and his supervisor will have access to it. Upon completion of the study, consent forms and biographies will be shredded and audiotapes will be erased. Remuneration, in the form of \$60.00, will be offered as a gesture of thanks for the time participants spend with the interviewer.

If you are interested in participating or would like further information concerning this study, please contact Richard Zayed at 265-7848 (cell), 562-5800 ext. 4469 (office), or rzaye001@uottawa.ca (email). Thank you for your consideration.

Recruitment Form for Clients

Interpretation in Psychotherapy: An Empirical Phenomenological Study

Interpretation is a pervasive phenomenon in the field of psychotherapy, and is often essential to the therapeutic process. Various therapeutic orientations conceptualize it differently, but most agree that it is essential to psychotherapy. This is particularly true when it is generally formulated as the search for meaning of the client's behaviours and experiences, involving the creation of connections between seemingly isolated aspects of the client's life-world and the emergence of novel insights which are communicated in the psychotherapeutic process. A fruitful approach to understanding the phenomenon is to study the manner in which it presents itself in actual therapy sessions.

Richard Zayed, a Ph.D. student in Clinical Psychology, is conducting the study under the supervision of Dr. Bertha Mook, both of whom are affiliated with the School of Psychology at the University of Ottawa. We are seeking clients who have undergone psychotherapy with a registered psychologist. This study aims to increase our understanding of interpretation in psychotherapy by studying the phenomenon through an in-depth qualitative phenomenological method. It intends to examine the manner in which interpretation is revealed through a small number of different therapeutic sessions by therapists of different orientations, and will include an interview with both the therapist and the client regarding those therapeutic sessions. The study will allow both the therapist-participants and client-participants an opportunity to observe and discuss their therapeutic sessions. Such in-depth explorations may provide the participants with further insights, and may actually improve or further their therapeutic process. In fact, previous studies have found such an effect, and have gone as far as suggesting that all therapists and clients engage in such a process (e.g., Elliott, 1986; Fessler, 1978). The results of the study could help professionals improve their therapeutic practices.

Participant-clients who are interested in participating will be asked to audiotape a session in the mid to late psychotherapy process with their therapists. The therapists will also be asked for a brief biography of the client to contextualize the session (a form will be provided with guidelines) which the client will be allowed to edit. Separate interviews with the client and the therapist will be conducted within two weeks of the taped session, after an initial analysis of the tape. They will be interviewed individually regarding the session by the researcher, which will involve reviewing the audiotaped therapy session that was provided by the therapist. More specifically, the client and the therapist will be interviewed regarding their experience of the interpretive segments which were identified by the researchers, as well as any interpretive segments which they identify in the process of reviewing the session. The interview will be approximately 1 to 1.5 hours in duration and will be audiotaped.

It is important to emphasize that participation in the study is independent of the client's treatment, that it is completely voluntary, and that they will suffer no ill consequences if they choose not to participate. All information will be kept strictly confidential and will not be

used in any way that will identify the persons who are present in the therapy tape and who participated in the interview. All participants will be provided with a pseudonym which will be used at all points. All possibly identifying raw data (consent forms, audiotapes, and biographies) will be kept in a locked filing cabinet in the researcher's office at the University of Ottawa, and only he and his supervisor will have access to it. Upon completion of the study, consent forms and biographies will be shredded and audiotapes will be erased. Remuneration, in the form of \$60.00, will be offered as a gesture of thanks for the time participants spend with the interviewer.

If you are interested in participating or would like further information concerning this study, please inform your therapist and contact Richard Zayed at 265-7848 (cell), 562-5800 ext. 4469 (office), or rzaye001@uottawa.ca (email). Thank you for your consideration.

Research Consent Form for Therapists

I, Dr. _____, am interested in participating in this study on interpretation in psychotherapy, being conducted by Richard S. Zayed, Ph.D. student, and Dr. Bertha Mook, thesis supervisor, both affiliated with the School of Psychology at the University of Ottawa. The purpose of the study is to better understand the phenomenon of interpretation in psychotherapy by examining interpretive segments in an actual session, and by interviewing the client and the therapist regarding their experience of interpretive segments in the session.

If I agree to participate, I will be asked to approach a client whom I feel may be appropriate for the study. If my client is willing to participate, I will be asked to provide the researcher with an audiotape of a session in the mid to late psychotherapy process, and I consent to creating such a tape. I will also provide him with a brief biography of the client to contextualize the session (a form will be provided with guidelines), regarding which my client will be consulted and given freedom to edit. After initial analysis of the tape, approximately one to two weeks after its receipt, myself and my client will be contacted for our separate interviews. I consent to our being interviewed individually regarding the session by the researcher, which will involve reviewing the audiotaped therapy session that was provided by me. The interview will be approximately 1 to 1.5 hours in duration and will be audiotaped. I understand that in order for the researcher to conduct an in-depth qualitative study of interpretation in psychotherapy, he requires these audiotapes. However, the contents of the tapes will only be used for research purposes and in respect of confidentiality. I realize that the interview with my client must remain confidential and that I will not be able to review it, but that the researcher (with the consent of the client) will contact me if anything relevant to the therapeutic process emerges during the interview with the client. I understand that my interview will also remain confidential and will not be available for review by my client.

In general, research has shown that the process of reviewing and reflecting on a session can be enriching for the client and the therapist, and can enhance or further the therapeutic process. However, the personal nature of the material can evoke negative emotional responses for the client. The researcher will make every effort to minimize the negative nature of the responses and will be supportive of the client's wishes at such times. If therapeutic intervention is necessary as a result of material which emerges for the client, this will be discussed with the client and (with his/her permission) it will be communicated to the therapist so that it can be addressed in future sessions. I understand that if either myself or my client is uncomfortable with any particular questions regarding the session, that we may refuse to answer without penalty.

I have received assurances from the researcher that all of the information I will share and that my client will share will only be used for research purposes and will remain strictly confidential. That is, only the investigator of this project and his supervisor will have access to this information. To assure my and my client's confidentiality, a pseudonym will be

substituted for our names on all but one piece of data, this consent form, which will identify us by name. This form, along with all possibly identifying raw data, will be kept in a locked filing cabinet at the University of Ottawa, to which only the primary researcher (Richard Zayed) and his supervisor (Dr. Bertha Mook) will have access. The research material may be used for publication purposes, but all names and identifying references would already have been changed to protect our privacy. Upon completion of the study, consent forms and biographies will be shredded and audiotapes will be erased.

I understand that myself and my client will be offered remuneration, in the form of \$60.00, as a gesture of thanks for the time participants spend with the interviewer. I and my client are free to withdraw from the study at any time or refuse to participate without penalty.

PARTICIPANT'S SIGNATURE: _____

NAME OF CLIENT: _____

DATE: _____

RESEARCHER'S SIGNATURE: _____

There are two copies of this consent form, one which the researcher keeps and one which I keep. If I have any questions or require further information, I can contact Richard Zayed at 265-7848 (cell), 562-5800 ext. 4469 (office), or rzaye001@uottawa.ca (email). Dr. Bertha Mook can be contacted at 562-5800 ext. 4451. Any information about my rights as a research participant may be addressed to the Protocol Officer for Ethics in Research, 550 Cumberland Street, Room 160, (613) 562-5387 or ethics@uottawa.ca.

A summary of the study results will be available from Richard Zayed upon completion of the study at the following address: School of Psychology, University of Ottawa, 120 University Private, Ottawa, Ontario, K1N 6N5. The summary will be mailed to me if I call or write to Richard Zayed and provide him with my address anytime before the fall of 2006.

Research Consent Form for Clients

I, _____, am interested in participating in this study on interpretation in psychotherapy, being conducted by Richard S. Zayed, Ph.D. student, and Dr. Bertha Mook, thesis supervisor, both affiliated with the School of Psychology at the University of Ottawa. The purpose of the study is to better understand the phenomenon of interpretation in psychotherapy by examining interpretive segments in an actual session, and by interviewing the client and the therapist regarding their experience of interpretive segments in the session.

If I agree to participate, my therapist will be asked to provide the researcher with an audiotape of one of my sessions in the mid to late psychotherapy process. My therapist will also provide him with a brief biography about me to contextualize the session (a form will be provided with guidelines). I am free to review and edit the biography before my therapist gives it to the researcher. After initial analysis of the tape, approximately one to two weeks after its receipt, myself and my therapist will be contacted for our separate interviews. I consent to our being interviewed individually regarding the session by the researcher, which will involve reviewing the audiotaped therapy session that was provided by my therapist. The interview will be approximately 1 to 1.5 hours in duration and will be audiotaped. I understand that in order for the researcher to conduct an in-depth qualitative study of interpretation in psychotherapy, he requires these audiotapes. However, the contents of the tapes will only be used for research purposes and in respect of confidentiality. I realize that the interview with my therapist must remain confidential and that I will not be able to review it. I understand that my interview will also remain confidential and will not be available for review by my therapist, but that the researcher (with my consent) will contact my therapist if anything relevant to the therapeutic process emerges during my interview.

In general, research has shown that the process of reviewing and reflecting on a session can be enriching for the client and the therapist, and can enhance or further the therapeutic process. However, the personal nature of the material can evoke negative emotional responses for me. The researcher will make every effort to minimize the negative nature of the responses and will be supportive of my wishes at such times. If therapeutic intervention is necessary as a result of material which emerges for me, this will be discussed with me and (with my permission) it will be communicated to the therapist so that it can be addressed in future sessions. I understand that if I am uncomfortable with any particular questions regarding the session, that I may refuse to answer without penalty.

I have received assurances from the researcher that all of the information I will share and that my therapist will share will only be used for research purposes and will remain strictly confidential. That is, only the investigator of this project and his supervisor will have access to this information. To assure my and my therapist's confidentiality, a pseudonym will be substituted for our names on all but one piece of data, this consent form, which will identify us by name. This form, along with all possibly identifying raw data, will be kept in a locked filing cabinet at the University of Ottawa, to which only the primary researcher (Richard Zayed) and his supervisor (Dr. Bertha Mook) will have access. The research material may be

used for publication purposes, but all names and identifying references would already have been changed to protect our privacy. Upon completion of the study, consent forms and biographies will be shredded and audiotapes will be erased.

I understand that myself and my therapist will be offered remuneration, in the form of \$60.00, as a gesture of thanks for the time participants spend with the interviewer. I and my therapist are free to withdraw from the study at any time or refuse to participate without penalty.

PARTICIPANT'S SIGNATURE: _____

NAME OF THERAPIST: _____

DATE: _____

RESEARCHER'S SIGNATURE: _____

There are two copies of this consent form, one which the researcher keeps and one which I keep. If I have any questions or require further information, I can contact Richard Zayed at 265-7848 (cell), 562-5800 ext. 4469 (office), or rzaye001@uottawa.ca (email). Dr. Bertha Mook can be contacted at 562-5800 ext. 4451. Any information about my rights as a research participant may be addressed to the Protocol Officer for Ethics in Research, 550 Cumberland Street, Room 160, (613) 562-5387 or ethics@uottawa.ca.

A summary of the study results will be available from Richard Zayed upon completion of the study at the following address: School of Psychology, University of Ottawa, 120 University Private, Ottawa, Ontario, K1N 6N5. The summary will be mailed to me if I call or write to Richard Zayed and provide him with my address anytime before the fall of 2006.

Appendix D
Client Biography Forms

Biography Form for Client 1

Date: February 16th, 2004

Pseudonym: Patient 1 (P₁)

Therapist Orientation: Psychodynamic/Systemic

Age: 53

Sex: F

Level of Education: University (2nd year)

Occupation: Student

Approximate Income: below 20,000 (X) 20,000 to 29,000 ()
 30,000 to 39,000 () 40,000+ ()

Marital Status: Single () Married () Separated (X)
 Divorced () Widowed ()

Psychotherapeutic Information

Presenting Problem at Intake (please describe the problems with which the client presented at intake)

Separation with her husband.

Her own mental health and the unfolding of her multiple personalities.

Diagnosis or Diagnostic Formulation (please provide a diagnosis and/or a dynamic description of your client's problems)

Linda has multiple personalities, the two main being Lydia and The Baby - others are Florence and Grace, as well as Linda the adult. At the same time, Linda studies full-time (3 courses) with special help, and lives on her own and is self-sustained. She is not on medication, and refuses to be.

History of the Client's Problems (please provide a history of the client's problems before his/her seeking therapy with you, particularly those that were not present at intake)

Linda came to Canada at age 5 - the oldest of six siblings. She was physically and sexually abused by her father over approximately 5 years (ages 5-10). Her mother then dismissed her father and moved in with his brother - also abusive. Linda married and had a daughter, Angela (who died at age 12) and a son who is now 27 years old and lives with his father. Linda and her husband separated 3 years ago and she now lives with another man. Linda has worked as a youth worker for years before disability, stopped work 8 years ago.

Therapeutic Work (please briefly describe your therapeutic work with the client thus far in previous sessions; namely, what have been the major issues addressed in therapy and how were they addressed)

We have been doing therapy for over 3 years - beginning with the separation. Linda continued in therapy and gradually opened herself to her personalities - and the general coping in life - which continue to be the main issues. Much of therapy is supportive, and Linda has done much painting as part of therapy.

Future Sessions and Prognosis (please provide any ideas regarding the manner in which you predict psychotherapy will unfold in future sessions; namely, what are the major issues and difficulties that need to be addressed, how will you address them, and what is your prediction regarding the client's recovery and/or individual enhancement)

The future direction of therapy has been to make peace with all her personalities - a slow process. Linda understands herself in this way - but recent changes and pressure has brought her back to an earlier state. Present therapy has slowed to bi-weekly.

Biography Form for Client 2Date: April 21st, 2004Pseudonym: Patient 2 (P₂)

Therapist Orientation: Existential-Humanistic/Interpersonal

Age: 33

Sex: F

Level of Education: University (Bachelor's Degree)

Occupation: Fund-Raising Consultant

Approximate Income: below 20,000 (X) 20,000 to 29,000 ()
 30,000 to 39,000 () 40,000+ (X)

Marital Status: Single () Married (X) Separated ()
 Divorced () Widowed ()

Psychotherapeutic Information

Presenting Problem at Intake (please describe the problems with which the client presented at intake)

The client was referred for counselling by her family doctor whose request for medical consultation stated that she "seems to be having a recurrence of her depression. She had a late post-partum depression after her first child four years ago. Second baby is now 18 mos. old."

In the client's presentation of the problem at intake, however, the issue of paramount importance for her was twofold: An actual work-related incident which had affected her self confidence (and which did appear to reflect objective organizational problems in respect of management of work assignments for my client) and her confrontation of patterns of thought and feeling which reflected family of origin issues that coloured her view of her self-worth and efficacy. These patterns were those of being "the outsider" and the one who was "not entitled to" (e.g., a relationship, to good things happening in her life).

Diagnosis or Diagnostic Formulation (please provide a diagnosis and/or a dynamic description of your client's problems)

Diagnostic Formulation: Depression; Anxiety; Low self-confidence stemming from having not felt important in comparison with two other siblings; Sexual Abuse.

History of the Client's Problems (please provide a history of the client's problems before his/her seeking therapy with you, particularly those that were not present at intake)

At intake my client was comprehensive in her disclosure of past and present issues which have influenced her. These include:

1. Having moved to a bigger house at the beginning of last summer, which involved increase in mortgage and general stress and mayhem associated with the move.
2. Job history of successful work experiences prior to therapy but all employment has exacted an emotional toll for the client by virtue of the emotional energy she has put into them, work being her source of personal validation.
3. Married to a husband whom she describes as very supportive of her but also not imaginative or particularly an occupational risk-taker.
4. 2 small children (4 yrs. old daughter and almost 2 yrs. old son).
5. Family of origin: Parents both living with whom they have supper nearly every night; mother whom she describes as "very self centred;" father whom she describes as meaning "the world" to her and as being to her husband that "father he never had;" elder brother, married, who is the family star: Ph.D., studied at Sorbonne, etc.; younger brother, mentally handicapped, who, although he can work in a grocery store, still requires some looking-after.
6. Significant adversities faced: sexual abuse at about age 8 by a female baby sitter; reports having not felt that anyone believed her; dealing with being overlooked given the demands on mother's time and energies in caring for a handicapped child

Therapeutic Work (please briefly describe your therapeutic work with the client thus far in previous sessions; namely, what have been the major issues addressed in therapy and how were they addressed)

The initial focus of the therapy was to help the client deal with issues of workplace conflict, stress and harassment with the aim of helping her return to work, at the least on a part-time basis but ideally on a full-time basis. The client did return to work; however, there appeared to be objective obstacles complicating her remaining at work and she again took sick leave.

Respond to the here-and-now issues associated with work free of undue stress stemming from interpretations of her present-day experiences in terms of unresolved family-of-origin and early childhood experiences.

Broader issues addressed in therapy included her relationship with her parents, siblings, husband and children and the expectations she has of herself in relation to these people, as well as the generalizations she drew from her experience of having been sexually abused and their contribution to the meaning she makes of her here-and-now life experiences.

Future Sessions and Prognosis (please provide any ideas regarding the manner in which you predict psychotherapy will unfold in future sessions; namely, what are the major issues and difficulties that need to be addressed, how will you address them, and what is your prediction regarding the client's recovery and/or individual enhancement)

Prognosis: Good.

Future Sessions: Will include development of a career path more reflective of her aspirations than her current line of work has been.

Help client reduce her tendency to call herself into question as sweepingly as she does by supporting a healthy critical mindedness and minimizing the contribution of the Internal Saboteur to her self-assessments.

Theme of being the over-looked one, feeling left out, over-looked; seeking a sense of connection but not feeling free to do so without suppressing herself.

Biography Form for Client 3

Date: April 11th, 2005

Pseudonym: Patient 3 (P₃)

Therapist Orientation: Cognitive Behavioural/Psychodynamic

Age: 45

Sex: F

Level of Education: High School, Some University Courses, Real Estate License

Occupation: Receptionist / Part-time Real Estate Agent

Approximate Income: below 20,000 () 20,000 to 29,000 ()
 30,000 to 39,000 () 40,000+ (X)

Marital Status: Single () Married (X) Separated ()
 Divorced () Widowed ()

Psychotherapeutic Information

Presenting Problem at Intake (please describe the problems with which the client presented at intake)

She reported feeling stress, anxiety, fatigue, and depression for over a month. Major problems with insomnia and anger/irritability. Very dissatisfied with work; wished she could retire. Also dissatisfied with her marriage. She reported a lot of couples' conflict that went unresolved.

Diagnosis or Diagnostic Formulation (please provide a diagnosis and/or a dynamic description of your client's problems)

- | | |
|----------|--|
| Axis I | Major Depressive Disorder, Recurrent, Moderate to Severe (without psychotic features), currently in remission. |
| Axis II | Avoidant Personality Disorder with Paranoid features |
| Axis III | High Blood Pressure (when overweight) |
| Axis IV | Occupational Problems
Marital Problems |
| Axis V | GAF 65 (at intake) |

History of the Client's Problems (please provide a history of the client's problems before his/her seeking therapy with you, particularly those that were not present at intake)

She has a history of childhood trauma and abuse, all types. Has a sister two years older, two older step-sisters, a younger step-sister, and an older step-brother. The family has never been close and she cut them out of her life nine years ago, reconciling when her step-father became very ill three years ago. Birth father was an alcoholic who died when she was eight years old, two years after her mother separated from him. She married her husband at age 40. Has had previous relationships that were unsatisfactory. She says that she is somewhat socially isolated except for co-workers and husband's friends. Had a serious depression ten years ago; saw a psychologist, no medication. Also had group therapy in the 1980's. Currently is on antidepressant medication and CBT. She has been seeing me for a year (since April 22/04), once weekly.

Therapeutic Work (please briefly describe your therapeutic work with the client thus far in previous sessions; namely, what have been the major issues addressed in therapy and how were they addressed)

She has a longstanding history of depression. Her past treatment ten years ago dealt with her childhood trauma, so our focus has been more current. I saw quickly that medications were a required adjunct to CBT and they have helped reduce her rage and raise her mood and motivation. She must change her habitual negative and cyclical thought patterns to sustain remission. She also must make some behavioural self-care changes. Thus our focus has been more present focussed. She and her husband are also in couples' counselling with another psychologist.

Future Sessions and Prognosis (please provide any ideas regarding the manner in which you predict psychotherapy will unfold in future sessions; namely, what are the major issues and difficulties that need to be addressed, how will you address them, and what is your prediction regarding the client's recovery and/or individual enhancement)

Currently, her step-father (83) is ill and probably dying. This raises past and present issues for her. It also gives us more opportunity to examine her interpersonal relationships, her thoughts, and her emotions. Many painful emotions funnel down into anger for her. Understanding this process and her core beliefs about herself (identity) and her behaviour/emotional expression will help free her from cyclic depression. I am optimistic that she will continue to improve. She has come a long way in a year, and I am sure the various interventions will be successful, in part because of her capacity to persist in the face of adversity.

Appendix E Sample Interview Questions

Therapist Questions

1. What do you mean by [a particular verbal utterance or interpretation]?
2. Tell me more about [a particular verbal utterance or interpretation]?
3. What was your intent in saying a particular verbal utterance or interpretation]?
 - A. What did you want to achieve by saying [a particular verbal utterance or interpretation]?
 - B. What goal did you have in mind when you said [a particular verbal utterance or interpretation]?
4. What was it like for you to say [a particular verbal utterance or interpretation]?
5. What were you thinking/feeling when you said [a particular verbal utterance or interpretation]?
6. Do you feel that [a particular verbal utterance or interpretation] made a difference?
7. Additional questions of themes either related to the interpretations or involved in the interpretations themselves.

Client Questions

1. What do you mean by [a particular verbal utterance or interpretation]?
2. Tell me more about [a particular verbal utterance or interpretation]?
3. What was it like for you to hear [a particular verbal utterance or interpretation]?
4. How did hearing [a particular verbal utterance or interpretation] effect you?
 - A. What impact did hearing [a particular verbal utterance or interpretation] have on you?
 - B. How did it make you feel to hear [a particular verbal utterance or interpretation]?
 - C. What did you think ... or ... What thoughts went on for you ... when you heard

[a particular verbal utterance or interpretation]?

5. Do you feel that [a particular verbal utterance or interpretation] made a difference?
6. What were you thinking/feeling when you said [a particular verbal utterance or interpretation]?
7. Was that particular interpretation significant for you?
8. Additional questions of themes related to the interpretations.

Appendix F
Sample Data Analysis Tables

Therapy Session 1 (S₁)

Meaning Units	Transformation 1	Transformation 2
Post-interpretive Context 1/Pre-interpretive Context 2 [24] P: / So I didn't go to church. {Few second pause}. I, I, I, I did a painting though {sounds of pulling painting out}. T: Not going to church is not a bad idea. {Laughs}. There've been lots of times in your life when you never went ... and you've been fine ... P: ... that's right, that's right ... that's right, I did. T: Yeah?	P changes the subject by noting that she didn't go to church, but that she made a painting. T notes that currently avoiding church may be wise, and reminds her that she often skipped church in the past without ill effects, to which P agrees.	[24] Following P, T suggests that avoiding church is not problematic and may actually be wise, and P emphatically agrees.
Interpretation 2 (Therapist) [25] P: So when's all the hoopla over? T: Well look at the big changes you've had in your life here in the last three months. You know, in a certain sense ah, you know this ah, RCIA, going into a church, where you've got a lot of men teaching you, you've got a patriarchal church you've got a hierarchical church, /	In response to P's inquiring when her difficulties will be over, T refers to big changes in P's life over the past three months. He points out P's Catholic initiation process, which involves her in a patriarchal and hierarchical church.	[25-26] T helps P make sense of her current difficulties by noting the recent major changes in her life. A major one is her Catholic initiation process which engages her in a patriarchal and hierarchical church. T expresses his view that, in contrast to her previously stated faith which included a mature and loving view of God, its patriarchal nature is partially stimulating the childish material.
[26] T: / and your faith has always been of a different nature, you know, your your God has been of a different nature ... P: ... childish you mean ... T: ... no, no, not at all, I think, as a matter of fact I think what's happening now, the childish, the old childish stuff is coming out now, before I think you had a much more, easy, mature, loving nature of God and faith. P: I do!	T differentiates the nature of P's faith from the initiation process of the Catholic church. P asks whether T means it's childish, and T clarifies that the childish material is emerging currently, but before she had a mature and loving view of God and faith, which P affirms.	

[27] T: But but because you're in a certain situation, you know that, a church that's a bit hierarchical, from the top down, male, to you too ... add to that you're moving in with John where, you know, he has his own issues around life ... and it seems like you're losing a bit of your own self and your own old freedom. {Few second pause}.	T expresses his insight that P's current situation, which includes her involvement in a hierarchical and patriarchal church and her current moving in with her boyfriend (who has his own difficulties), as resulting in P losing some of her own self and previous freedom.	[27] T expresses his insight that the hierarchical and patriarchal nature of P's church and her moving in with her boyfriend have required major transitions. This has resulted in P losing some of her previous freedom and sense of self.
[28] T: / You're in two different worlds than you were three months ago ... personally in your new house, and even spiritually. Those are two big transitions ... P: ... really big ...	In contrast to three months ago T conceptualizes P as living in two different worlds in having moved to a new home with her boyfriend and a new church. P agrees that they are very big transitions.	[28] T expresses and P agrees that the personal and spiritual transitions have been major ones and have transformed her world.
[29] T: ... and then, you get interpretations, you're thinking about, okay, there's God, there's abuse abusers, God who punishes, there's, you know, all that stuff, body stuff talk, kicks in lots of old ghosts.	In addition, T views P as struggling with her interpretation of abuse and abusers, a punishing God, and body-related issues, which together evoke "old ghosts" from the past.	[29] T points out that these transitions have also led to P struggling with various related issues, which have triggered traumatic material from the past.
Post-interpretive Context 2 [30] P: {Few second pause}. {Much calmer voice, no longer crying} I did something really awful. I didn't do something really awful, I showed poor judgement though ... because Sunday ... sorry, I feel sick. {Few second pause}. Sunday, I don't know where I went Sunday, in my head I mean. And I went out, I shouldn't have gone out. I took the car out, I had been drinking, and I took the car out. {Few second pause}. Which is not like me ... T: ... no ...	In a much calmer voice P reveals that on Sunday she showed poor judgement by drinking and driving. P feels that it was unlike her and revealing it still evokes nauseating feelings for her.	[30] T's interpretation calms P. It leads her to reveal an upsetting and nauseating incident in which she showed poor judgement and acted unlike her character by drinking and driving.

Therapy Session 2 (S₂)

Meaning Units	Transformation 1	Transformation 2
[69] Pre-interpretive Context 9 T: ... what're you doing there? P: I'm defeating myself. T: You your also ... P: ... I'm I'm creating guilt ... T: ... you're you're a creating a a standard in which you're not gonna get one client.	Through T's question, P reflectively states that she's defeating herself and creating guilt for herself. T adds that she's creating a standard wherein she will fail to get even one client.	[69-70] With T's help, P reflectively states that she's self-defeating by assuming that she won't get any clients. T adds that P's harshly giving herself no recognition in that she feels she'll fail to find even one interested client. This contradicts her insight that she has power and choice in her life.
[70] P: It scares me to death. Interpretation 9 (Therapist) T: It's wisdom to have some fear or some, caution about starting a business, sure. But, you you you're flogging yourself. You were saying, "I'm I'm not gonna get any". You gave yourself no recognition. But you were saying "my insight, my insight this past week or so is, I get to make the choices". /	P states that she's extremely fearful that she won't get a client. T responds that it's wise to be cautious when beginning a business, but that P is being very harsh with herself in not giving herself any recognition, despite her insight that she has the power over her choices.	
[71] / Now there's, there's a, a pattern here, that, needs to be addressed, which is you're really accustomed to, it's an old pattern, heavily recurrent pattern, "I'm accustomed to everybody else's power ... except me. My abuser got the power, my folks in there have got some power ... my bosses and coworkers had power, but I don't have power". With this insight that you have, you're saying "no I do have some power". /	T identifies P's old and heavily recurring pattern of constantly feeling that everyone has power (her abuser, parents, bosses, coworkers) except herself. However her recent insight was that she does have power.	[71-72] T identifies P's old and heavily recurring pattern of constantly feeling that everyone else has power except herself, which she fell into during their current discussion hence moving away from her insight that she has power. Connecting this to P's question regarding how to actualize that insight in action, T suggests that she begin by not undercutting her abilities or qualifying herself,

[72] T: / And I'm just reflecting to you a moment where, you moved away from using your power. {Snaps finger} you happened to go right over to, a familiar pattern which is your undercutting yourself. And you were saying "how do I translate this insight into action?" Post-interpretive Context 9 P: {Soft voice} that's right. T: Maybe by not undercutting yourself. The power that comes from your insight has gotta be qualified.	T identifies that during their current discussion P fell into her old pattern and moved away from using her power, which is curious given her insight and her question regarding translating it into action. She suggests that P can translate it by not undercutting herself or qualifying the power discovered in herself.	and identifying the power she has discovered in herself.
[73] P: [Long pause]. This is all so tiring. T: It is, it is tiring. P: Why does it have to be so hard? Freg everything, everything always seems like such a struggle. Why, why can't just one thing be easy?	P finds this topic tiring and wonders why it, along with all aspects of her life, have to be a difficult struggle for her. T sympathizes with P.	[73-74] Finding the topic tiring, P wonders why everything in her life has to be a difficult struggle for her. T sympathizes with her and shifts to a positive focus in asking what gives her joy. But P fails to identify or acknowledge joy in her life.
[74] T: Do you ever note things that, give you any joy? Tell me about those. P: I'd don't even know what they are. Maybe my my kids give me joy. T: Okay. P: Not all the time. T: {Laughing} but ... but it's ... P: ... but I don't even know how to acknowledge that that just doesn't seem, if you were to ask me what give me joy ... T: ... mmmm ... P: ... saying my kids or my husband, those are just common sense answers.	T wonders if P ever notes the aspects of her life that give her joy. Not knowing and without certainty, P states that perhaps her children and husband. However, she adds that she doesn't know how to properly acknowledge the question and that her response was colloquial.	

Therapy Session 3 (S₃)

Meaning Units	Transformation 1	Transformation 2
Pre-interpretive Context 2 [32] T: / one of the things I love to do is I love to just fantasize as I drift off, I usually fantasize I've won the lottery and how would I spend that [laughs]. P: [Laughs] fantasize it's five years down the road [laughs] and I don't have to go to work anymore ... yeah. T: That might cheer you up for the night ... might make getting up in the morning hard but, it would work at night ...	T informs P that, as she drifts off, she loves to fantasize (e.g., winning the lottery). P jokingly suggests fantasizing that it's five years from now and she's retired. T responds that it may cheer her up for the night, but may make going to work in the morning difficult.	[32-33] Responding to T's self-disclosure regarding fantasizing as she drifts off, P jokingly suggests fantasizing that she's reached retirement. T states that it may cheer her up for the night but make going to work difficult, and P responds by interpreting her own suggestion as an example of how her pessimistic thoughts make her situation worse and how she's her "own worst enemy".
Interpretation 2 (Patient, Therapist) [33] P: ... that's what I always say too "I'm my own worst enemy" because I eh I eh I know the thoughts that I have are just make it make it worse you know it it you know by going around saying "oh you know" the way I've been feeling lately you know "oh five years I don't know if I can hang in there for five years it seems like such a long time" ...	P interprets her own suggestion as an example of how her pessimistic thoughts make her situation worse, making herself her "own worst enemy."	
[34] T: ... you see what you're doing, you see what you're doing, you see how that makes that worse? P: Yeah it does [laughs], the negative thinking as opposed to the positive thinking ...	T affirms P's self-realization. P agrees and adds that it's negative, as opposed to positive, thinking.	[34-35] Affirmed and prompted by T, P adds that it's negative as opposed to positive thinking. T adds that it's also a future projection and an unnecessary living out of anticipated drudgery in the present.
[35] T: ... and projecting into the future as though you have to live those five years, well if you could you would live them now and get retired but ... you know it sort of brings the the, if you will drudgery of, the next five years into the present time ... P: ... mhm ... T: ... it's the old time warp you know.	T adds that it's also projecting into the future and unnecessarily living out the drudgery of the five years in the present.	

[36] P: It's funny ahm as we're talking I was just thinking when you mentioned 'cause I forgot about that after my vacation about how, for several weeks after that I was feeling really good ... T: ... you were ... P: ... it was so [laughs] short lived you know [laughs], which seems to be often the case ahhh, you know looking back ahhh.	As they were talking, P was significantly reminded that, for several weeks after her vacation, she was actually feeling very good. Unfortunately, as is often the case for P, it was short lived.	[36-37] Through their discussion P is reminded of feeling good after her vacation. Unfortunately these effects were short lived, as is often the case for P. T responds that their short lived nature is common, but emphasizes that one can make the effects last longer through one's thoughts and behaviours.
[37] T: Yeah the often the effects of holidays don't last very long ... P: ... yeah ... T: ... on the other hand I think we can, we can make it, last longer by ... P: ... mmmm ... T: ... by what we do and what we think. /	T responds that the effects of holidays are often short lived. However, she emphasizes one can make the effects last longer by what one does and one thinks.	
Post-interpretive Context 2 [38] T: / The other thing about sleeping is, you know if you're, tired from work and you don't do any exercise then your body is not really tired enough to go to sleep quickly.	Returning to the issues of sleep, T adds that without exercise her body may not be sufficiently tired to sleep quickly.	[38-39] Returning to P's difficulty with sleep, T states that P's lack of exercise may be a contributor. P agrees and adds that her poor diet may also be a contributor, as she has more energy and feels better when her nutrients are higher.
[39] P: Mmmm, well that's what I'm thinking too yeah not only, exercise but even I I know that I'm not eating properly these days so ahhh I know that's probably ... a factor as well you know not getting any fruit or vegetables in type of thing and eh ... T: ... so so your nutrients aren't all there tell me when you were on Bernstein did, you notice a change in your sleep because ah I know a lot of people report, they sleep better when they're on that type of diet. P: I don't know can't if I really noticed any change in ... my sleep I know I noticed ahhh obviously like even throughout the day and that I you know had more energy and felt better and... stuff like that but ahm .../	P agrees that it's a factor, and adds that her diet has also been poor. Given what she knows from others' reports, T wonders whether P slept better when she was on her higher nutrient diet. P is uncertain, but reflects that she did notice that she had more energy and felt better.	

Appendix G
Biblical Passage Read By Patient 1 (P₁)
Two Samuel (Ch. 12, V. 1-25): Nathan Rebukes David

Then the Lord sent Nathan to David. And he came to him, and said, "There were two men in one city, the one rich and the other poor. The rich man had a great many flocks and herds. But the poor man had nothing except one little ewe lamb which he bought and nourished; and it grew up together with him and his children. It would eat of his bread and drink of his cup and lie in his bosom, and was like a daughter to him. Now a traveler came to the rich man, and he was unwilling to take from his own flock or his own herd, to prepare for the wayfarer who had come to him; rather he took the poor man's ewe lamb and prepared it for the man who had come to him." Then David's anger burned greatly against the man, and he said to Nathan, "as the Lord lives, surely the man who has done this deserves to die. And he must make restitution for the lamb fourfold, because he did this thing and had no compassion." Nathan then said to David, "you are the man! Thus says the Lord God of Israel. 'It is I who anointed you the king over Israel and it is I who delivered you from the hand of Saul. I also gave you your master's house and your master's wives into your care, and I gave you the house of Israel and Judah; and if *that had been* too little, I would have added to you many more things like these! Why have you despised the word of the Lord by doing evil in His sight? You have struck down Uriah the Hittite with the sword, have taken his wife to be your wife, and have killed him with the sword of the sons of Ammon. Now therefore, the sword shall never depart from your house, because you have despised Me and have taken the wife of Uriah the Hittite to be your wife'. Thus says the Lord, 'Behold, I will raise up evil against you from your own household; I will even take your wives before your eyes, and give *them* to your companion, and he shall lie with your wives in broad daylight. Indeed you did it secretly, but I will do this thing before all Israel, and under the sun.'" Then David said to Nathan, "I have sinned against the Lord." And Nathan said to David, "The Lord also has taken away your sin; you shall not die. However, because by this deed you have given occasion to the enemies of the Lord to blaspheme, the child also that is born to you shall surely die." So Nathan went to his house. Then the Lord struck the child that Uriah's widow bore to David, so that he was *very* sick. David therefore inquired of God for the child; and David fasted and went and lay all night on the ground. And the elders of his household stood beside him in order to raise him up from the ground, but he was unwilling and would not eat food with them. Then it happened on the seventh day that the child died. And the servants of David were afraid to tell him that the child was dead, for they said, "Behold, while the child was *still* alive, we spoke to him and he did not listen to our voice. How then can we tell him that the child is dead, since he might do *himself* harm!" But when David saw that his servants were whispering together, David perceived that the child was dead; so David said to his servants, "Is the child dead?" And they said, "He is dead." So David arose from the ground, washed, anointed *himself*, and changed his clothes; and he came into the house of the Lord and worshiped. Then he came to his own house, and when he requested, they set food before him and he ate. Then his servants said to him, "What is this thing that you have done? While the child was alive, you fasted and wept; but when the child died, you arose and ate food." And he said, "While the child was *still* alive, I fasted and

wept; for I said, 'Who knows, the Lord may be gracious to me, that the child may live.' But now he has died; why should I fast? Can I bring him back again? I shall go to him, but he will not return to me." Then David comforted his wife, Bathsheba, and went in to her and lay with her; and she gave birth to a son, and he named him Solomon. Now the Lord loved him and sent *word* through Nathan the prophet, and he name him Jedidiah for the Lord's sake.

Appendix H
The Painting of Patient 1 (P₁)

