Jörg Frommer & David L. Rennie (Eds.)

Qualitative Psychotherapy Research Methods and Methodology

Wichtiger Hinweis: Medizin als Wissenschaft ist ständig im Fluß. Forschung und klinische Erfahrung erweitern unsere Kenntnis, insbesondere was Behandlung und medikamentöse Therapie anbelangt. Soweit in diesem Werk eine Dosierung oder eine Applikation erwähnt wird, darf der Leser zwar darauf vertrauen, daß Autoren, Herausgeber und Verlag größte Mühe darauf verwendet haben, daß diese Angaben genau dem **Wissensstand bei Fertigstellung des Werkes** entsprechen. Dennoch ist jeder Benutzer aufgefordert, die Beipackzettel der verwendeten Präparate zu prüfen, um in eigener Verantwortung festzustellen, ob die dort gegebene Empfehlung für Dosierungen oder die Beachtung von Kontraindikationen gegenüber der Angabe in diesem Buch abweicht. Das gilt besonders bei selten verwendeten oder neu auf den Markt gebrachten Präparaten und bei denjenigen, die vom Bundesinstitut für Arzneimittel und Medizinprodukte in ihrer Anwendbarkeit eingeschränkt worden sind. Benutzer außerhalb der Bundesrepublik Deutschland müssen sich nach den Vorschriften der für sie zuständigen Behörde richten.

Contents

Introduction

JÖRG FROMMER AND DAVID L. RENNIE

Psychotherapy has come to occupy a major place in western culture. While in earlier times people turned to the clergy for help when troubled in mind, they now turn to psycho-therapists. As depicted wonderfully by Cushman (1995), it has become a part of modern society to an extent where it contributes to the construction of that same society. It is applied to individuals, couples, families and groups. Whatever its focus, its intent is to reduce suf-fering and promote more effective living. This intent is founded on the assumption that suffering and unsatisfactory living in many ways are matters of the subjective world of the individual. In this regard, broad subscription is given to the psychoanalytic assumption that subjectivity involves conflicts between any of a number of dualities of existence - between biology and culture, reason and emotion, practicalities and idealities, one's own needs and those of others, and so on. It is further assumed that any of a number of hindrances may impede the resolution of conflicts, and hence of suffering. These may be hindrances such as denial, suppression, and repression of awareness of what is involved in conflict, guilt about past actions, dread of future actions, and security from stability however unsatisfying. Within this framework, psychotherapy sees as its task to help people articulate the complex fabric of thoughts and feelings involved in what is troubling them and, through the articula-tion, to resolve their difficulties. It is assumed that, through the agency of the therapist in collaboration with the agency of clients, the clients' negative feelings, mystification about their experience and ineffective behavior come to change to positive feelings, insight into their experience, and effective action.

Significantly, the theory and practice of psychotherapy do not involve only the subjec-tivity of those receiving it. They also entail the subjectivity of those conceptualizing its nature and providing it. It is thus open to endless modifications responsive to whatever interests theorists and practitioners bring to it. Accordingly, an interest in behavior leads to behavior therapy, in cognition to cognitive therapy, in existence to existential therapy, and so on. The joint subjectivity involved in psychotherapy make it especially challenging as a *researchable* activity. How is it possible to approach rigorously, meaningfully and thus compellingly an activity that is inherently so unstable?

Historically, two main avenues of approach to psychotherapy research have been en-gaged, the one tacitly, the other explicitly. The tacit engagement has been hermeneutic, while the explicit engagement has been natural scientistic. Hermeneutics traditionally has entailed the interpretation of textual material of various sorts that is difficult to understand (Ricoeur, 1978). In a broad sense, the discourse between the person receiving therapy and the one giving it may be thought of as such a text. It is the interpretation of a number of such texts leading to an awareness of patterns of relationships among forms of discourse that leads to an understanding of what is involved in therapy and of its effectiveness. In being a

matter of interpretation, hermeneutics takes it for granted that different people engaged with the same text often derive different interpretations. Thus, hermeneutics acknowledges the role of subjectivity in interpretation. Psychoanalysis and its variants are good examples of this approach to inquiry in that the discourse and behavior of the analysand in effect is taken to be a complex text requiring interpretation. Meanwhile, the concept of counter-transference takes into account the role of the analyst's subjectivity.

Alternatively, the natural scientistic approach to psychotherapy research draws on research practices in the biological and natural sciences. Thus, the application of psychotherapy is likened to an experiment. Measures of 'variables' (see Danziger & Dzinas, 1997) of interest are taken. Some of these variables have to do with what is assumed to be operative during the therapy – variables such as the working alliance between the therapist and the client (see Bordin, 1979). These 'process' variables are hypothesized to impact positively on other variables such as the client's self-esteem or maladaptive symptoms of various sorts ('outcome' variables). In the natural scientistic approach, rather than deliberately making the researcher's subjectivity integral to the research proceedings, attempts are made to nullify this subjectivity through the utilization of various procedural controls. In support of this objectivism, quantitative returns are analyzed statistically as a protection against the possibility that apparent positive effects of the therapy may have occurred by chance.

In the history of psychotherapy research, the hermeneutic approach has had an uneasy relationship with the natural scientistic one. In its quest for respectability in the larger scientific community, the therapy research guild has ruled that the term 'research' should be reserved for the application of the natural scientific method. It is within the context of this historical development that a third approach to inquiry – qualitative research – is both interesting and promising. Having arrived on the psychotherapy research scene during the last two decades, this approach has its origins in phenomenology (Husserl, 1913/1962), hermeneutics (Dilthey, 1961; Gadamer 1960/1992), ethnography (e.g., Geertz, 1973), symbolic interactionism (Blumer, 1969), and discourse analysis (e.g., Garfinkel, 1967). It is an attempt to understand the meaning and impact of human discourse and actions. It is a resurrection of the *human* science that was argued for by Dilthey and Wundt but repudiated by the positivism expressed in the natural science approach (Fischer, 1977; Giorgi, 1970; Rennie, 1995; on the repudiation of Wundt's folk psychology - as opposed to his physiological psychology - see Danziger, 1979). Thus, it takes into account such matters as history, language and context that make the production of knowledge relative to the perspectives of the individuals studied and of those doing the inquiry. Yet, as claimed by Elliott, Fischer and Rennie (1999), "…this relativism is not solipsistic in that pains are taken to ground understandings of the subject matter empirically, and to specify the researchers' conceptual frameworks" (p. 217). Thus, the common ground of these approaches, viewed epistemologically, is marked by the attempt to reconcile the opposing perils of objectivism and relativism (Kvale, 1996, this volume; Rennie, this volume).

Although not accepted on equal terms with the natural scientistic approach, the psychotherapy research community increasingly is making room for qualitative therapy research. This uptake has been reflected in the programs of annual meetings of professional bodies such the International Society for Psychotherapy Research, the British Psychological Society, the Canadian Psychological Association, and the American Psychological Association. Also, it has been featured in special sections of major journals such the *Journal of Counsel-*

ing Psychology (1994), the *British Journal of Guidance and Counselling* (1996) and *Psychotherapy Research* (1999), and books are being devoted to it either whole or in part (e.g., Faller & Frommer, 1994; Langenberg, Aigen & Frommer, 1996; McLeod, 2000; Toukmanian & Rennie, 1992).

The present work is constituted in the main of revisions and expansions of the papers given at the first international conference on qualitative psychotherapy research, held in Düsseldorf in 1996. A feature of this conference, and hence of this book, is that qualitative therapy research in both the German-speaking countries of Europe and the Anglo-American countries is addressed. The volume is organized around two questions. Firstly, what methodological justification does qualitative research claim within a scientific discourse dominated by the nomological epistemology of positivistic, natural scientist method? Secondly, what empirical methods constitute good qualitative psychotherapy research? The first question thus addresses the methodology of qualitative research, while the second pertains to its methods as they have been developed for and applied to the study of psychotherapy.

The methodological question is attended to in Part 1. Steinar Kvale opens this section with a chapter on the psychoanalytic interview as qualitative research. In a lucid analysis, he explores the paradigmatic meaning that the psychoanalytic interview holds for psychological research in general. He elucidates how broad areas of psychological knowledge implicitly recur to psychoanalytic knowledge and, in so doing, he challenges the ubiquitous discredit of psychoanalysis in contemporary academic psychology. Turning to qualitative research, he draws attention to extensive parallels between it and the psychoanalytic interview, such as knowledge production through interpersonal relations, generalization from case studies, and validation through communication and action. In the course of these considerations, he develops a strong postmodern argument that making more visible the relational and constructive aspects of therapeutic knowledge gained through the psychoanalytic interview both integrates this knowledge into and enriches social science knowledge.

Some expression of the Anglo-American approach to qualitative research is given in the next chapter in this section, on the methodology of the grounded theory approach to qualitative research developed by Glaser and Strauss. In this contribution, David Rennie offers a new methodology of this method by drawing on several lines of traditional and contemporary philosophical thought and integrating them into Dilthey's methodical hermeneutics, or the application of induction to the interpretation of historical documents. A feature of this methodology is the gains it makes toward explicitating the reconciliation of realism and relativism implicit in the grounded theory method. In turn, this explicitation provides guidance on the many procedural choices facing users of this method.

The first section closes with a complement to Kvale's consideration of the applicability of the psychoanalytic method to qualitative therapy research. Similar to Rennie's quest regarding grounded theory, Jörg Frommer and Michael Langenbach attempt to work out a coherent logic of justification for the psychoanalytic case study as a source of epistemic knowledge. Following Kvale, these authors argue that the psychoanalytic understanding of case stories and research methodologies in the social sciences converge in interesting ways. The case story is conceived as a holistic structure which is different from but not incompatible with the kinds of structures yielded by 'thick descriptions' (Geertz, 1973) of the process of therapy. The authors take Weber's concept of the *ideal type* to connect more abstract

levels of description of the structure of psychotherapeutic processes with empirical data. In addition, they hold that Glaser and Strauss's concept of *trajectory* may help to explain just how it is that therapy processes seem to assume to structural form despite their entailing non-linear, multi-level, dialectical and dramatic aspects.

The second part of the book concretizes the methodological considerations by portraying particular methods of qualitative psychotherapy research and providing helpful specification of ways in which they may be conducted. The extensive contribution by Robert Elliott, Emil Slatick and Michelle Urman on qualitative change process research distinguishes between *data collection* and *data analysis,* and describes in rich detail supported by illustrations several approaches to each aspect of this application of qualitative research. The data collection approaches range from the use of questionnaires to tape-replay assisted recall of experience, while the data analytic approaches include grounded theory analysis, task analysis, discourse analysis and conversation analysis, as well as Elliott's own Comprehensive Process Analysis.

In the next chapter, Bill Stiles and Lynne Angus present a portrayal of how microanalysis of therapeutic discourse is used in reference to the *Assimilation Model* of therapy process developed by Stiles and colleagues over the last decade. This model of therapy seeks to deal with the scope and duration of the process and outcome of therapy by identifying particular problematic experiences and tracking them throughout the course of a therapy. The chapter is thus a fine example of how qualitative research can be used to develop and then to elucidate a particular model of therapy.

Similar to Robert Elliott and Bill Stiles and their associates, John McLeod and his group are influenced by the clinical tradition of the experiential psychotherapies. Key features of these approaches to therapy are a conception of people as imbued with reflexivity, and a perspective on therapeutic practice that eschews labelling and emphasizes the resolution of personal difficulties through a process of meaning-making based in the expression and unfolding of these feelings and emotions. The contribution of John McLeod and Sophia Balamoutsou connects this tradition with an interest in narrative theory which was grown within psychotherapy and social sciences in recent years. Following a description of the epistemological principles of their approach, they present strategies and techniques of the method of Qualitative Narrative Analysis which they have developed.

Next is a chapter by Ulrich Stuhr and Sylvia Wacholz, committed to the psychoanalytic tradition. Echoing the views of Kvale as well as Frommer and Langenbach, they start from the assumption that there is a similarity between the structure of the psychoanalytic interview and the qualitative research paradigm. In keeping with the sentiment of Frommer (1996), Stuhr and Wacholz make use of the qualitative taxonomic method, *Verstehende Typenbildung* (forming types by comprehension) which, they hold, corresponds with the psychoanalytic mode of comprehension.

The section on method ends with a contribution by Constance Fischer and colleagues on the empirical phenomenological approach, developed at Duquesne University, to the study of psychotherapy. Few of the many doctoral dissertations coming out of this graduate program in psychology have been published and thus the elucidation and illustration of this approach to the study of psychotherapy are overdue.

The final chapter of the volume by David Rennie and Jörg Frommer offers some reflections on the contents of the volume. Three main concerns arising from the chapters are given

attention: the first is how to deal with the qualitative researcher´s subjectivity once it is actively taken into account. The second is that most qualitative research does not seem to build on itself but instead seems headed in the direction of creating a polyglot of unrelated studies. Last but not least is the matter of the practicality of conducting qualitative therapy research given its demands on time and resources and given the sociology of knowledge production in contemporary psychotherapy research.

The contribution by Steinar Kvale first appeared in *Qualitative Inquiry*, Volume 5, pp. 87-113, while the chapter by David Rennie is reprinted from *Theory & Psychology*, Volume 10, pp. 481-502. Appearing here in their published forms except for minor changes, both of these chapters derived from papers given at the Düsseldorf conference. Thanks are extended to Sage Publishing for granting permission to reprint them. The editors are also indebted to Andreas Strattkötter and Martina Knüfermann for their large-scale assistance in the preparation of this volume. Thanks are also due to Wolfgang Pabst of Pabst Science Publishers for his prompt and ready willingness to assume the responsibility of publishing it.

References

1. Blumer, H. (1969). Symbolic interactionism. Edgeworth Cliffs, NJ: Prentice-Hall.
2. Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. Psychotherapy: Theory, Research and Practice, 16, 252-260.
3. Cushman, P. (1995). Constructing the self, constructing America: A cultural history of psychotherapy. Reading, MA: Addison-Wesley.
4. Danziger, K. (1979). The positivist repudiation of Wundt. Journal of the History of the Behavioral Sciences, 15, 205-230.
5. Danziger, K., & Dzinas, K. (1997). How psychology got its variables. Canadian Psychology, 38, 43-48.
6. Dilthey, W. (1961). Meaning in history: Dilthey's thoughts on history and society. (H. P. Rickman, Ed., Trans., & Intro.). London: George Allen and Unwin.
7. Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for the publication of qualitative research in psychology and related fields. British Journal of Clinical Psychology, 38, 215-229.
8. Faller, H., & Frommer, J. (Eds.) (1994). Qualitative Psychotherapieforschung. Grundlagen und Methoden. Heidelberg: Asanger.
9. Fischer, C. T. (1977). On psychology as an object science and subject science: How about psychology as a human science? Journal of the History of the Behaviorial Sciences, 13, 369-378.
10. Frommer, J. (1996). Qualitative Dianostikforschung: Inhaltsanalytische Untersuchungen zum psychotherapeutischen Erstgespraech. Berlin: Springer.
11. Gadamer, H.-G. (1992). Truth and method (2nd rev. Ed.; J. Weisheimer & D. G. Marshall, Trans.). New York: Crossroad. (Original work published 1960).
12. Garfinkel, H. (1967). Studies in ethnomethodology. New York: Harper Row.
13. Geertz, C. (1973). The interpretation of cultures. New York: Basic Books.
14. Giorgi, A. (1970). Psychology as a human science: A phenomenologically based approach. New York: Harper Row.

15. Husserl, E. (1962). Ideas: General introduction to phenomenology. New York: Colliers. (Original work published 1913).
16. Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Thousand Oaks, CA/London: Sage.
17. Kvale, S. (this volume). The psychoanalytic interview as qualitative research. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 9-31). Lengerich: Pabst.
18. Langenberg, M., Aigen, K., & Frommer, J. (Eds.) (1996). Qualitative music therapy: Beginning dialogues. Gilsom, NH: Barcelona
19. McLeod, J. (2001). Qualitative research in counselling and psychotherapy. London/Thousand Oaks, CA: Sage.
20. Rennie, D. L. (1995). On the rhetorics of social science: Let's not conflate natural science and human science. Humanistic Psychologist, 23, 321-332.
21. Rennie, D. L. (this volume). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 32-49). Lengerich: Pabst.
22. Ricoeur, P. (1978). The task of hermeneutics. In M. Murray (Ed.), Heidegger and modern philosophy: Critical essays (pp. 141-160). New Haven and London: Yale University Press.
23. Toukmanian, S. G., & Rennie, D. L. (Eds.) (1992). Psychotherapy process research: Paradigmatic and narrative approaches. Thousand Oaks, CA, London and New Delhi: Sage.

The Psychoanalytic Interview as Qualitative Research

Steinar Kvale

Introduction

In what follows I will discuss the potentials of the psychoanalytic interview in providing knowledge of the human situation. I will, on the basis of philosophical analyses of knowledge and qualitative social science research, point to possibilities of a conceptual and methodological refinement of the therapeutic interview as a method of research. I shall further argue that the psychoanalytic interview is relevant for enriching and deepening the use of qualitative interviews in the social sciences today.

I have not myself worked with therapeutic research; I have recently written a book about qualitative interview research, where I draw upon therapeutic interviews as well as postmodern reconceptualisations of knowledge (Kvale, 1996).

Therapeutic Research between Scylla and Charybdis

A therapeutic research project may be a dangerous voyage, cruising between anecdotal case stories with little method and quantified physiological and behavioral measures with little psychological content. Clinical research has produced a long history of rejected articles and shipwrecked dissertations. A therapeutic research voyage may be compared to Odysseus sailing the narrow strait between Charybdis and Scylla on his return from Troy, a passage which he declared to be the most dangerous part of his long research voyage.

On one side of the perilous strait waits the monster Charybdis, swallowing whole ships with their crew. The therapeutic researcher here gets carried away by entertaining and exciting case histories, often with the therapist as the hero. There is seldom any methodical reflection on how the evidence for the story is obtained, nor analyses of the narrative structures involved, nor of the validity of the knowledge presented. After a century of psychoanalytic therapy and knowledge production, the main evidence of the psychoanalytic theory still rests upon knowledge accumulated through psychoanalytic interviews, a research method which has hardly been given systematic thought in the social sciences.

Odysseus attempted so hard to avoid Charybdis that he came too close to the other side of the narrow strait, where the six-headed monster Scylla devoured six of his crew. Contemporary therapeutic researchers may try so hard to avoid therapeutic anecdotes that they get caught on the other side in a positivist straight jacket, losing the lived therapeutic relations in a web of statistical correlations and significances which rarely yield knowledge relevant to the therapeutic situation. In this form of imitative scientism, the clinical researcher may become more Catholic than the pope or, in psychoanalytic terminology, may identify with the aggressor.

The classical psychoanalysts and the statistical experimentalists may remain secure and comfortable behind fortifications on each of their coasts, hardly taking notice of each other. It is the therapists who venture into research who are in trouble, caught in the dangerous waters between the opposing sides.

Vessels sailing the current qualitative research wave in the social sciences may also be caught in the narrow strait, interview researchers blowing back and forth between a *no-method* Charybdis and an *all-method* Scylla, and often fall prey to both monsters. On the one hand, there is hardly any methodical account of or reflection on the production of knowledge in the original conversations. The same applies to the transformations from living conversations to written texts and to the validity of the interpretations of meanings of the text. On the other hand, there is a qualitative hyperempiricism of quantified categorizations and endless quotes from interview transcripts. Such interview reports lose the lived reality of the conversation as well as the human situation portrayed in the subjects' stories.

One way out of this dilemma is to turn to Freud's (1963) writings on the psychoanalytic interview, for which he claimed: "It is indeed one of the distinctions of psychoanalysis that research and treatment proceed hand in hand" (p. 120).

Postulates about Psychoanalytic Knowledge Production

In what follows I will investigate possibilities of developing conceptual maps for researchers today navigating in the dangerous waters between a no-method Charybdis and an all-method Scylla. I will then go back to Freud's writings on therapy in the light of later philosophical analysis of knowledge. First I shall put forward some general postulates about psychoanalytic knowledge and research and point out some paradoxes in the field (see Table 1). Thereafter I provide documentation for the postulates and suggest some ways out of the paradoxes.

Psychoanalytic Knowledge and Research

If the postulates put forth about psychoanalytic knowledge and research should not hold, the paradoxes evaporate and the following analysis would collapse like a house of cards. So, before looking closer at the construction of knowledge in the psychoanalytic interview, I shall provide some documentation for the first two postulates concerning the significance of psychoanalytically produced knowledge and the neglect of the psychoanalytic research method.

Table 1: Four Postulates about Psychoanalytic Knowledge Production

Postulate 1. *The significance of psychoanalytic knowledge production:*
Major parts of the knowledge presented in current textbooks of scientific psychology stem from psychoanalytic therapeutic interviews.

Postulate 2. *The neglect of the psychoanalytic research method:*
The psychoanalytic interview does not exist as a method in textbooks on scientific psychological methods.

The therapeutic research paradox:
Major parts of current psychological knowledge are derived from a psychoanalytic interview which does not exist either as a research method either in scientific psychology or in current therapeutic research.

Postulate 3. *The noncompatibility of psychoanalytic research and positivist science:*
The psychoanalytic interview breaks systematically with positivist demands for a scientific psychological method.

Postulate 4. *The compatibility of psychoanalytic research and alternative conceptions of science:*
The psychoanalytic interview comes in important aspects close to the conceptions of knowledge production within existential, hermeneutic, dialectical and postmodern philosophical positions.

The therapeutic philosophy paradox:
Therapeutic researchers still adhere to philosophically outdated positivist conceptions of scientific research and do not recognize the coherence of knowledge production arising out of therapeutic conversation with current developments in philosophy.

Postulate 1. *The Importance of Psychoanalytically Produced Knowledge*

Psychoanalysis is the one branch of psychology which, a century after its inception, still has a strong professional impact on psychotherapy. Moreover, it continues to be of interest to the general public, other sciences, and philosophers. Psychoanalytic theory has been a major generator of research in psychology. Psychoanalytic concepts have been assimilated into the mainstream of contemporary psychology in that central areas of current textbooks of psychology are based on knowledge originally obtained through the psychoanalytic interview. Examples of such knowledge are dreams and neurosis, childhood development and personality, anxiety and motivation, defense mechanisms and unconscious forces, and the general importance of sexuality. To give one indication of the pervasive influence of psychoanalytically produced knowledge, in the *Encyclopedia of Psychology* (Corsini, 1994) there are more than twice as many references to Freud than to any other pioneer in psychology such as Wundt, Pavlov, Watson, Piaget or Skinner.

It should be noted that significant knowledge construction in the psychoanalytic interview is not confined to Freud's contributions. Other psychoanalysts, such as Jung and Adler, also produced important knowledge of the human situation through their therapeutic interviews. Neither should it be overlooked that a significant social psychological study of racial prejudice and personality - *The Authoritarian Personality* (Adorno et al., 1950) - was based on insights originally developed through psychoanalytic interviews by Erich Fromm and others in conection with the *Frankfurt Institute of Social Research* in the 1930s. Also, the current focus on *narcissistic personality disorders*, a term developed theoretically by Freud, originated with clinical descriptions from the therapeutic interviews of analysts such as Kohut, Kernberg and Mitscherlich in the 1960s.

Not all knowledge produced from the therapeutic situation generates significant understandings of human relationships. Much current knowledge produced from therapy tends to be of a popularized technical kind, designed for the bookstores' "self help" sections. On the other hand, the fact that the therapeutic conversation has been the production site for penetrating insights into the human situation by therapists such as Freud, Jung and May should remain a challenge for current therapeutic researchers.

Postulate 2. *The Neglect of the Psychoanalytic Interview as a Method of Knowledge Production*

One looks in vain in textbooks of psychological methods for the major source of psychoanalytic knowledge - the therapeutic interview. This neglect pertains not only to the traditional natural science oriented textbooks featuring experimental and quantitative methods. Also in recent, more open approaches, which also draw in methods from the humanities such as discourse and narrative analysis, Freud's psychoanalytic interview does not appear as a research method, as is true, for example, of *Research Methods in Psychology* (Breakwell, Hammond & Fife-Shaw, 1995) with separate chapters on about 20 research methods, and *Rethinking Methods in Psychology* (Smith, Harré & Langenhove, 1995). The sociological *Introduction to Qualitative Research Methods* by Taylor and Bogdan (1998), which contains a sensitive chapter on the interpersonal relations of in-depth interviewing, has no references to the contributions hereto by psychoanalytic research interviews.

More paradoxical than the external academic disregard of the innovative psychoanalytic research method, is that the neglect is also mirrored internally in the psychoanalytic tradition. In a systematic analysis of the status of psychoanalytic theory, Rapaport stated that "the major body of positive evidence for the theory lies in in the field of accumulated clinical observations" and went on to state "...the lack of clarification as to what constitutes a valid clinical research method leaves undetermined the positive evidential weight of the confirming clinical material" (Rapaport 1959, p. 140f), concluding "the techniques of psychoanalysis have been studied, but its methods have hardly been given systematic thought" (Rapaport 1959, p. 151). Rapaport's challenge made over 40 years ago does not appear to have been taken up by later therapeutic researchers.

It remained for philosophers such as Apel (1965) and Habermas (1971), inspired by the work of the psychoanalyst Alfred Lorenzer, to reconsider the research potentials of the therapeutic interview and to follow up Freud's assertion that in psychoanalysis research and

treatment follow hand in hand. Through an analysis of Freud's (1963) writings on therapy and technique Habermas found a model for an emancipatory social science of self reflection, resting on an oscillation between naturalist quasi-causal explanations and hermeneutical interpretations of meaning. Habermas' analysis of the methodological blind spot of psycho-analysis and his arguments for psychoananalysis as a model for a critical social science has, to my knowledge, hardly been taken up by current therapeutic researchers.

Recent books on therapeutic research in the Anglo-American tradition scarcely contain references to Freud and the psychoanalytic research interview (see, e.g., *Psychotherapy Process Research: Paradigmatic and Narrative Approaches* by Toukmanian & Rennie [1992]); and *Clinical Reasoning: Forms of Inquiry in a Therapeutic Practice* by Mattingly & Fleming [1994]). Within the German tradition the potentials of the psychoanalytic inter-view for therapy research have been more seriously considered, as in *Qualitative Psycho-therapieforschung: Grundlagen und Methoden* by Faller and Frommer (1994), where a chapter by Wilke addresses parallels between the psychoanalytic interview and current methods of the social sciences. An innovative approach by Stern (1985) should also be mentioned. Working both as a psychoanalyst and a developmental psychologist, he has investigated the infant's subjective experiences by relating the findings about the *clinical child*, as reconstructed through psychoanalytic interviews with adult patients, and the *ob-served child* of empirical developmental psychological studies. Such examples provide exceptions to the general neglect in psychology of the the psychoanalytic interview as a research method.

The therapeutic research paradox. Major parts of psychological knowledge are pro-duced by a method which does not exist in a scientific psychology. General textbooks of scientific psychology draw on knowledge produced by a therapeutic method that is denied scientific status. Two solutions to this paradox appear. One solution would be to censor psychoanalytically produced knowledge, insist that it lies outside the premises of a scientific psychology, and ban it from textbooks of psychological science. An alternative solution would be to regard the psychoanalytic interview as one among many psychological research methods, reflect upon its nature and critically develop its research potential. This second alternative is pursued in what follows.

Perspective on psychoanalytic research. Some qualifications about the present perspec-tive need to be pointed out before turning to nature of the psychoanalytic interview and its place in a philosophical context. In what follows, first, I address the concrete descriptive and interpretative knowledge of human relations produced in the psychoanalytic interview, while not putting forth a global endorsement of psychoanalytic theory. Rather the focus is on what Klein (1973) terms Freud's clinical theory, in contrast to Freud's speculative metapsychol-ogy of the human mind as a mechanical system of energy transformations (the latter aspect being what Habermas has termed the scientific self-misunderstanding of psychoanalysis). Second, I confine the discussion to the classical psychoanalytic view as developed by Freud, and neither draw on further developments by Lacan and others nor address the many critical discussions of psychoanalysis by French poststructuralist and by feminists.

Third, the present focus is on the contributions of psychoanalytic interviews to the pro-duction of psychological knowledge; it does not address the common therapy efficiency studies. Fourth, it is recognized that there are many problems with the use of the psycho-analytic interview as a research method, in particular overinterpretation and overgeneralisa-

tion from selected clinical cases. The flagrant misuse of therapeutic situations, not necessarily psychoanalytic, has come to the attention of the public and the courts regarding the current therapeutic productions of false memories of seduction and the multiple personality disorders (e.g., Acocella 1998). The empirical validity of the psychoanalytic observations and the coherence of the theoretical interpretations of them have been critically discussed for several decades, (see e.g., Fisher & Greenberg 1977). A critical review of research on the psychoanalytic process by Wallerstein and Sampson (1971) stated that we need to develop the clinical case study, with its compelling power and obvious scientific limitations, into a disciplined research instrument. Although recognizing the serious problems of overinterpretation and overgeneralization from therapeutic sessions, I do not address them here, but focus on the neglected research potentials of psychoanalytic therapy in bringing forth new phenomena and new interconnections.

Finally, fifth, I here focus on the psychoanalytic interview rather than other forms of therapy interviews, due to its historical priority and theoretical significance. I am aware that today most psychotherapy is carried out within other traditions, such as Rogers's client-centered therapy, Gestalt therapy, and family therapy. The therapeutic research paradox for psychoanalysis presented above may also pertain to these traditions. Thus, for family therapy Chenail (1992) makes a case for clinical qualitative research conducted from the therapist's way of acting and knowing, and points to the paradoxical status of this research: "On the one hand, this style of research has produced a number of significant and clinically relevant studies for practitioners, but on the other hand, this work of researching clinicians has not been widely recognized and accepted by many clinical researchers as 'true research'." (p. 5; see also Atkinson, Heath & Chenail, 1991; Wertz, 1993)

The Psychoanalytic Research Interview

A brief depiction of the psychoanalytic situation shall be given here and taken up in the following discussion of philosophical interpretations of psychoanalytic research. Seven aspects of the psychoanalytic interview relevant to understanding its potential as a research situation are presented in Table 2. They are based on Freud's writings on therapy and technique (1963), and have been further treated in an earlier context (Kvale, 1986).

The seven aspects of the psychoanalytic interview outlined here have commonly been regarded as merely practical aspects of the therapeutic technique, or as sources of error for a scientific research method. From the present perspective it is these very aspects of the psychoanalytic interview that have led to its rejection as a scientific method, which contribute to the significant psychoanalytic knowledge production about the human situation.

Other explanations may be suggested for the significant knowledge production of psychoanalysis. These include the innovative psychoanalytic theory, the inclusion of the knowledge provided by culture, art and literature for understanding human action and pathology, and the emphasis on the therapist's self-analysis as a precondition for undertaking therapy. Important as these factors may be, the present discussion will focus on the knowledge potentials of the psychoanalytic interview situation.

Table 2: Seven Aspects of the Psychoanalytic Research Interview

The individual case study. Psychoanalytic therapy is an intensive case study of individual patients over several years. The extensive knowledge of patients' life world and of their past provides the therapist with a uniquely rich context for interpreting their dreams and neurotic symptoms.

The open mode of interviewing. The psychoanalytic interview takes place in the structured setting of the therapeutic hour. It is based on psychoanalytic theory, yet the content is free and nondirective and it proceeds in an open manner. The patient´s free associations correspond to the therapist's "evenly-hovering attention". Freud warned against formulating a case scientifically during treatment because it would interfere with the open therapeutic attitude in which one proceeds "aimlessly, and allows oneself to be overtaken by any surprises, always presenting to them an open mind, free from any expectations" (Freud, 1963, p. 120).

The interpretation of meaning. An essential aspect of psychoanalytic technique is the interpretation of the meaning of the patient's statements and actions. The psychoanalytic interpretations are open to ambiguity and contradictions, to the multiple layers of meaning of a dream or a symptom. They require an extensive temporal context, with the possibility of continual reinterpretations: "The full interpretation of such a dream will coincide with the completion of the whole analysis: if a note is made of it at the beginning, it may be possible to understand it at the end, after many months" (Freud 1963, p. 100).

The temporal dimension. Psychoanalytic therapy unfolds over several years in a historical dimension, with a unique intertwining of the past, present and future. Freud's innovation here was to see human phenomena in a meaningful historical perspective - to see the remembrance of the past as an active force of therapeutic change, and the therapy as a means for overcoming the repressions of the past and present resistance towards making the unconscious conscious.

The human interaction. Psychoanalytic therapy takes place through an emotional human interaction, with a reciprocal personal involvement. Freud noticed that if the analyst allowed patients time, devoted serious interest to them, and acted with tact, a deep personal attachment of the patient to the therapist developed. The strong emotions, ranging from love to rage, were interpreted theoretically as a "transference" of childhood feelings for the parents to the therapist. This transference is deliberately employed by the therapist as a means to overcome the patient's emotional resistance towards a deeper self-knowledge and change. Different depths of layers of the patient's personality are disclosed in relation to the intensity of the emotional ties to the therapist. Therapists do not seek to eliminate their own feelings towards their patients, termed *countertransference*, but employ them in the therapeutic process as a reflected subjectivity.

Pathology as topic of investigation. The subject matter of psychoanalytic therapy is the abnormal and irrational behavior of patients in crisis, their apparently meaningless and bizarre symptoms and dreams. The pathological behavior provides a magnifying glass for the less visible conflicts of average individuals; the neuroses and psychoses are extreme versions of normal behavior, they are the characteristic expressions of what has gone wrong in a given culture.

The instigation of change. The mutual interest of patients and therapists is to overcome the patients' suffering from their neurotic symptoms. Despite the patients having sought treatment voluntarily, they exhibit a deeply seated resistance to a change of self-understanding and action. "The whole theory of psychoanalysis is ... in fact built up on the perception of the resistance offered to us by the patient when we attempt to make his unconscious conscious to him" (Freud, 1963, p. 68). Although understanding may lead to change, the implicit theory of knowledge in psychoanalysis is that a fundamental understanding of a phenomenon can first be obtained by attempting to change the phenomenon.

Psychoanalytic Research in Differing Philosophical Contexts

Now that the seven main aspects of the psychoanalytic interview have been outlined, we may return to the postulates about the incompatibility of the psychoanalytic interview with positivist conceptions of knowledge and its compatibility with alternative Continental European philosophies.

Postulate 3. *Positivist Dismissal of Psychoanalytic Knowledge*

The third postulate put forth earlier stated that the psychoanalytic interview breaks systematically with conventional positivist demands for a scientific psychology. A positivist conception of psychology as a natural science was long paradigmatic for most of psychological research, fostering a technological approach to method with a selective disattention to the human relationships involved in producing psychological knowledge (Kvale, 1976a).

In Table 3 the seven aspects of the psychoanalytic interview outlined earlier are compared with criteria of scientific method developed from a positivist philosophy. It shows rather markedly how, point for point, the important aspects of the psychoanalytic interview as a research method violate key criteria of scientific research in a positivist-oriented psychology. The incompatibility of psychoanalytic research practice and positivist criteria of method makes logical the relegation of the psychoanalytic interview from the scientific discourse of academic psychology. For a psychological science based on eliminating the human factor from methods of investigating human inter-relations, the psychoanalytic interview, based on this very human interaction, must be dismissed as unscientific. Today the influence of a positivist philosophy in the social sciences has been declining. Much therapeutic research, however, remains confined to a strict quantifying statistical approach, par-

tially in response to the demands of insurance companies and health management for exact quantitative documentation of therapeutic effects.

The present argument does not take issue with the serious critiques of therapeutic over-interpretations and overgeneralizations mentioned earlier. In a later section I shall address some issues of generalization of therapeutic findings and validation of therapeutic interpretations. The present argument concerns the principal rejection of the personal human relation in scientific research on human relations. This conception is not confined to the older positivist philosophy of science. The aspects of the psychoanalytic interview outlined above also fall outside conceptions of method by more recent analytical philosophers. For example, Elster (1980) states that "a method is a set of rules which can be used in a mechanical way to realize a given aim. The mechanical element is important: a method shall not presuppose judgment, artistic or other creative abilities" (p. 295).

By going beyond the modern cult of rules and facts, and recognizing the social construction of psychological knowledge, therapeutic research could be freed from an obligation to either remain silent about its methods, or to imitate the technical data-reifying methods of the experimental and psychometric traditions.

Table 3: Psychoanalytic Research in a Positivist Context

The intensive studies of selected *cases* differ from the requirement of large samples of representative subjects.

The flexible *open mode of interviewing* contrasts with the demand for formalized observation and systematic design.

The primacy of *interpretation of meaning* does not lead to exact quantifiable facts.

The meaning of observations may change through the *temporal dimension* of a psychoanalysis, in contrast with a demand for immutable facts.

The *human emotional interaction* of the therapeutic interview, with its transference and countertransference relations, violate requirements for neutral observation.

The focus on *pathological behavior* of neurotic patients contrasts with the study of the normal behavior of average persons.

The *changes* produced throughout therapy makes control through repeated independent observations difficult.

Postulate 4. *Philosophical Rehabilitation of Psychoanalytic Knowledge*

In the century that has passed since Freud's original discoveries there have been significant philosophical reconceptualisations of the forms of knowledge pertaining to the human situation. Although rejected by a positivist philosophy of science, the knowledge production of psychoanalysis has been a challenge for thinkers in Continental European philosophy. Although critical of the speculative and reductionist trends of Freud's naturalistic metatheory, they have seen value in the unique nature of the personal interaction of the psychoanalytic situation, its potentials for personal change, and its contributions towards knowledge of the human situation.

The psychoanalytic interview comes in important respects close to conceptions of knowledge developed with existential, hermeneutical, dialectical and postmodern philosophy, as stated in the fourth postulate above. Although differing in fundamental positions, these alternative philosophies point to the importances of aspects of psychoanalytic knowledge production dismissed by a positivist methodology. With their complex and differing conceptions of knowledge, it is not feasible to make any simple point to point comparisons of these philosophies with the psychoanalytic interview, such as was done above with respect to positivist philosophy. I shall instead here briefly depict some meeting points and then in a later section discuss more specific implications for understanding the knowledge production in therapeutic and in research interviews.

The openness of the psychoanalytic observations has been emphasized from phenomenological positions and the richness and the complexities of meaning interpretation has been addressed from hermeneutical positions. The decisive influence of the therapeutic relationship for promoting knowledge and change has been pivotal to existential approaches to psychoanalysis. Moreover, the implications of psychoanalysis for the overcoming of oppressive forces have been emphasized from dialectical positions. Attention to the relational, constructive and conversational aspects of psychoanalytic knowledge production follows from a postmodern position and will be more specifically treated in the following section. Rather than being treated as sources of error in the quest for objective facts, the human aspects of the psychoanalytic interview appear from these alternative philosophies as pivotal for the rich knowledge of the human situation provided by psychoanalysis.

Some key works extensively addressing the above relations shall be briefly mentioned. From psychotherapists an early introduction was given by May, Angel and Ellenberger (1958) in *Existence: A New Dimension to Psychology and Psychiatry*. The existential psychoanalyst Boss's (1963) *Daseinsanalysis and Psychoanalysis* is based on Heidegger's phenomenological existential and hermeneutical philosophy, and Laing's (1961) *Self and Others* was inspired by Sartre's (1963) existentialism. Among the philosophers addressing psychoanalysis there are Sartre's (1963) existential mediation of psychoanalysis and marxism in *The Problem of Method*, Ricoeur's (1970) phenomenological and hermeneutical *Freud and Philosophy: Essays on Interpretation*, and Habermas' (1971) critical hermeneutical analysis of psychoanalysis as a model for an emancipatory social science in *Knowledge and Human Interests*.

The philosophical reinterpretations of forms of knowledge in the the psychoanalytic interview have to some extent been taken up by practising therapists writing on therapy, but only to a little extent by therapists doing research. In recent German social science, however,

the research potentials of psychoanalysis have been addressed by drawing upon hermeneutical and critical philosophy, such as in several chapters of a German handbook of qualitative research -*Handbuch Qualitative Sozialforschung* (Flick, von Kardorff, Keupp, von Rosenstiel, & Wolf, 1991). In this book, Treppenhauer, following Habermas, argues for a psychoanalytic-qualitative social research of societal forms of oppression; Wierling addresses the relevance of the historical dimension of psychoanalytic therapy for the new interest in oral history: Haubl treats models of psychoanalytic text interpretations; Auckenthaler recommends a renewed attention to therapeutic case study research; Scheele focuses on the dialogical hermeneutics of psychoanalytic interpretations and constructions; and Leithäuser argues for the general application of psychoanalytic methods in social research.

In the Anglo-American social sciences the new interest in qualitative research has largely bypassed the research potentials of the psychoanalytic interview and its philosophical reinterpretations. Thus in the comprehensive *Handbook of Qualitative Research* (Denzin & Lincoln, 1994), with a multitude of methods and philosophical perspectives represented, therapy is not included as a research method, and the qualitative researcher having largest impact on human culture in this century, Freud, does not exist in the index.

The philosophical paradox of therapeutic research. The neglect of the psychoanalytic research interview remains most remarkable within psychology. I have here attempted to document the earlier postulates of the incompatibility of psychoanalytic research with positivism and its compatibility with alternative philosophical schools. The paradox remains: therapeutic researchers may still adhere to philosophically outdated positivist conceptions of scientific research and not recognize the research potentials of the therapeutic conversation which follows from alternative conceptions of knowledge in current philosophy.

Although the dismissal of the therapeutic interview is rational from the viewpoint of a positivist psychology, it seems irrational for current therapists doing research to forego the research potentials of their own therapeutic practice. It is tempting to suggest a superficial psychoanalyzing of the causes of this paradox. Here may appear an anxiety-driven identification with the aggressor - the academic experimentalist - leading to a repression of the historical contributions of Freud to the development of culturally innovative and provocative knowledge through therapeutic interviews. It is also reflected in a resistance to facing newer developments in philosophy even as they are compatible with a psychoanalytic approach. The present discussion may be seen as an attempt to give self-assertion therapy for therapeutic researchers' low self esteem concerning the scientific value of their practice by repeatedly pointing out the historical significance of the knowledge contributions from the psychoanalytic interview, as well as the important position of psychoanalysis in current philosophical discussions of knowledge.

Knowledge Potentialities of Therapeutic and Research Interviews

Therapeutic researchers may today learn from the methods and conceptual approaches being developed in the qualitative research approach to the social sciences, just as qualitative researchers in the social sciences may learn from the use of the therapeutic interview as a research method originating a century ago. In this final section I shall address some specific research potentials of interviews by relating therapeutic and research interviews within

the context of current philosophical discussions of knowledge (for more extensive discussion see Kvale, 1996). The analysis shall focus on these aspects of interview research: the inter-relational nature of knowledge, the conversation as a site of knowledge production, the importance of personal knowledge, ethical issues of interview research, generalization from cases, validation as communication and action, and finally an epistemology of practice.

There are other aspects of psychoanalytic research relevant for current qualitative inquiries; a few shall be mentioned here, but not pursued further in the present context. They include the extensive theoretical and personal training of psychoanalytic interviewers, who work under close supervision for several years before becoming qualified to conduct psychoanalytic observations and interpretations. The psychoanalytic emphasis on a comprehensive theoretical background for making interview interpretations contrasts with some empiricistic atheoretical trends in current qualitative research (see, for example, the critiques by Giorgi, 1995, and Strauss, 1995). The openness of classical psychoanalysis to the insights of the cultural tradition deserves serious attention; the therapeutic interview interpretations also draw upon the knowledge of the human situation brought forth in myths, literature and art.

The inter-relational nature of knowledge

In postmodern philosophy, in interview research, and in therapy, we find an emphasis on the inter-relational nature of knowledge, with the creation of knowledge through human relationships.

Postmodern knowledge. The inter-relational and constructive nature of knowledge is prominent in postmodern conceptions of knowledge. Philosophy of the last half century has been characterized by a series of linguistic, conversational, narrative, and pragmatic "turns". The conception of knowledge as a mirror of reality has been replaced by a conception of the social construction of reality, where the focus is on the interpretation and negotiation of the meaning of the social world. With the breakdown of universal metanarratives of legitimation (Lyotard, 1984), there is an emphasis on the local context, upon the social and linguistic construction of a perspectival reality where knowledge is validated through practice. There is an openness to qualitative diversity, to a multiplicity of meanings in local contexts; knowledge is perspectival, dependent on the viewpoint and values of the investigator. Human reality is understood as conversation and action, where knowledge becomes the ability to perform effective actions. The question of whether a study can legitimately claim to be scientific tends to be replaced by the pragmatic question of whether it provides useful knowledge: justification is replaced by application (Kvale, 1992).

In postmodern and phenomenological philosophy there is an emphasis on knowledge as inter-relational and structural, interwoven in networks. Knowledge is neither inside a person nor outside in the world, but exits in the relationship between person and world. In an introduction to phenomenological philosophy Lyotard depicts the intentional relation of subject and the situation: "We arrive at a new locus of the 'psychological', which is no longer interiority, but intentionality - that is, the relation between the subject and the situation, is being understood that this relation does not unite two separable poles, but on the contrary that the ego, like the situation, is definable only in and by this relationship" (Lyotard, 1991, p. 80).

Merleau-Ponty has emphasized the inter-relational nature of man in *Phenomenology of Perception*. His critique of the prejudice of an objective world in psychology concludes with a quote from from Saint Exupery - "Man is but a network of relationships, and these alone matter to him"(Merleau-Ponty, 1962, p. 456). Within a social constructionist approach to psychology today there is a move from the individual mind to relations between persons: "Constructionism replaces the individual with the relationship as the locus of knowledge" (Gergen, 1994, p. x).

The inter-relational-nature of the interview. The qualitative research interview is a site of knowledge construction. An interview is literally an *inter-view*, an inter-change of views between two persons conversing about a theme of mutual interest.

The ambiguous drawing in Figure 1 was introduced by the Danish psychologist Rubin as an example of the figure-ground phenomenon in visual Gestalt perception. I shall here use the figure to picture the interview conversation as *inter views*. We may focus on the two faces of the ambiguous figure, see them as the interviewer and the interviewee, and conceive of the interview as the interaction between the two persons. Or we may focus on the vase in between the two faces, and see it as containing the knowledge constructed *inter* the *views* of the interviewer and the interviewee. The knowledge constructed between the two subjects in this intersubjective field is an *inter-subjective* knowledge.
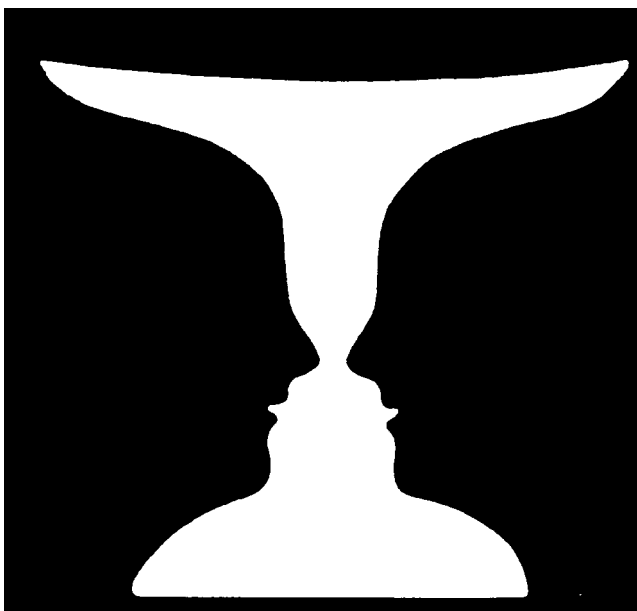

Figure 1:
The Inteview seen as Inter-Views

The therapeutic inter-relation. The interpersonal nature of therapeutic knowledge has long been recognized by therapists. To Sullivan (1954) knowledge was created through interpretation in the interpersonal relation of the psychiatric interview: "The processes and the changes in processes that make up data, which can be subjected to scientific study occur, not in the subject person nor in the observer, but in the situation which is created between the observer and the subject. ...There are no purely objective data in psychiatry, and there are no valid subjective data, because the data becomes scientifically usable only in the shape of a complex resultant - inference" (p. 3).

In an interview about the therapeutic interview the Jungian therapist Hillman (1984) replied to the interviewer: "The main thing is that we both get out of the way. What can block the interview is 'us', your thinking about what you have to get done here, and my thinking about my own thoughts, opinions, biography, myself. The 'you' and the 'me' can prevent the 'inter'. It's not our views that matter, it's the 'inter'" (1984, p. 8).

The inter-relational and conversational nature of the therapeutic interview, as recognized by therapists, remains for a modern empiricist and individualist psychology a source of error. From an alternative perspective the very inter-relational and constructive nature of the therapeutic interview is in line with key aspects of knowledge in a postmodern condition, which leads to a focus on the nature of the knowledge producing relationships. Social science interviewers may learn from therapeutic interviews to pay close attention to the complex interpersonal relations of the interview when contructing knowledge from the interview situation.

Academic psychology is today essentially a psychology of strangers, constructing a knowledge of human experience and behavior on the basis of brief chance encounters. In psychological experiments and tests, and also in many qualitative interviews, the subjects will be strangers meeting for a brief period, rarely for longer than an hour. Academic psychology has until now remained a tourist psychology, constructing its knowledge of the human situation on the basis of instamatic snapshots.

In contrast, therapists and anthropologists (see e.g., Lave & Kvale, 1995) construct their knowledge of the human situation through personal inter-relationships over long periods of time. Together with observation, the human conversation is here the main base for knowledge construction.

A classical psychoanalysis would imply 5 hours of therapy a week over several years. The psychoanalytic relationship is construed to provoke emotional reactions. Over the hundreds of hours of therapeutic interviews, an emotional attachment between therapist and patient will arise, theoretically conceived as transference and countertransference. This intensive personal therapeutic relationship may open painful, hidden memories and deeper levels of personality, which may be inaccessible through a brief research interview. The unique nature of the therapeutic conversation with the trust of the personal inter-relation opens layers of self-disclosure not available in a brief research interview. The extended and close personal inter-relation of the therapeutic interview allows for more penetrating critical forms of investigation and validation than will be ethically feasible in a brief research interview.

Conversational knowledge

Although long discredited as too subjective for a scientific method for obtaining knowledge in academic psychology, the conversation has a central position in current philosophy of knowledge. The analysis of conversations may contribute to clarifying the conversational nature of therapeutic and research interviews. The conversation encompasses not only the research and the therapeutic interview as specific methods. It involves epistemologically a clarification of the nature of the knowledge constructed, and it is ontologically the basic form of human interaction in a human world as a conversational reality.

The conversation may thus be conceived *epistemologically* as a basic mode of knowing. Richard Rorty, a neopragmatist philosopher close to postmodern thought, has emphasized the constitution of knowledge through conversation. The notion of mind as re-presenting an objective world can be discarded "if we see knowledge as a matter of conversation and social practice, rather than as an attempt to mirror nature" (Rorty, 1979, p. 171). The certainty of our knowledge is then a matter of conversation between persons, rather than a matter of interaction with a nonhuman reality. If we regard knowing not as having an essence, but as a right to believe, we may see "*conversation* as the ultimate context within which knowledge is understood" (Rorty, 1979, p. 389).

Human reality may further be understood *ontologically* as persons in conversation. To the hermeneutic philosopher Gadamer we are conversational beings for whom language is a reality (see Bernstein, 1983). In a postmodern conversational version of social constructionism Shotter (1993) attempts to describe the conversational worlds within which we have our being: "For conversation is not just *one* of our many activities in *the* world. On the contrary, we constitute both ourselves and our worlds in our conversational activity. For us they are foundational. They constitute the usually ignored background within which our lives are rooted" (p. vi).

Personal knowledge

Schön (1987) has pointed to the detrimental effect of an academic rationality neglecting the professional's implicit knowing-in-practice. The contextual embeddedness of practical knowledge goes forth in the recent studies of unverbalised knowledge, philosophically analysed by Polyani as "tacit knowledge". There is a focus on the implicit, tacit knowledge of the practices of everyday life, as well as on the performances of experts. Dreyfus and Dreyfus (1986) have, for their novice-expert hierarchy of skill learning, depicted a transition from an explicit knowledge of the novices based on rules and facts to intuitive forms of knowing at the higher level of expertise. Such competencies need not be formulated in explicit rules or verbalised at all, and are acquired by participating in local forms of practice, often in what effectively is a master-apprenticelike relationship, even for research (Kvale, 1997; Mishler, 1990). The intuitive nature of professional knowledge which has to operate in unique and uncertain practical situations was described by Schön (1987) as a knowing-in-practice which relies more on qualified judgements than on explicit general rules. He discusses the constructive nature of this knowledge, and its dependence on the training of the therapist, in a chapter entitled *Learning the artistry of psychoanalytic practice.*

The knowledge obtained in a therapeutic interview goes beyond the explicitly formulated verbal dimension to encompass tacit knowing. Much of the therapist's knowledge is based on an intuitive, empathic listening to what goes on in the therapeutic relationship. Freud (1963) thus recommended that the therapist listen with an evenly-hovering attention, aimlessly, allowing oneself to be overtaken by any surprises.

Although some therapeutic researchers are starting to apply methodical approaches focusing on language, such as hermeneutics and narrative analysis, conversational analysis analysis and discourse analysis, it should not be forgotten that the "data base" of the therapeutic interpretations also encompasses the bodily presence of the patient, with the wealth of information provided by facial gestures and bodily postures, systematically employed within the character analysis and vegetotherapy developed by Wilhelm Reich.

The emphasis on empathy as a mode of knowing, the focus on a bodily human being and on the personal interaction in the interview situation may also be of value to interview research in the social sciences in general. The linguistic verbal modes of analysis are restricted to an impoverished embodied material, abstracted from the human presence of the interpersonal interview. Current interview research is often subject to the tyranny of verbatim transcripts and formalized methods of analysis. One may speculate that if the tape recorders had been available in Vienna at Freud's time, there might not have existed any powerful psychoanalytic theory or practice today; a small sect of psychoanalytic researchers might still have been reading and categorizing their transcripts, and discussing their reliability, rather than empathically listening to the many layers of meaning revealed in the embodied therapeutic inter-relations.

Interview ethics in research and therapy

Although the research interviewer can learn much from therapeutic interviews, it is important to distinguish the different forms of human interaction. In therapy the main goal is the change of the patient, in research it is the obtaining of knowledge. A research interviewer's ability to listen attentively may, however, in some cases lead to quasi-therapeutic relationships, for which most interviewers neither have the training nor the time to enter into. Not having therapeutic training in handling the emotional and personal nature of therapeutic relations, interview researchers in the social sciences should be careful not to promote therapeutic expectancies coming from their subjects. By studying therapeutic interviews the researchers may, however, become aware of the complexities of the personal relations in interview situations.

Therapeutic and research interviews also differ with regard to interpretations and testing of interpretations. In therapy it is ethical for therapists to be skeptical of what the patients tell them: The patients may be at a loss about meaning and purpose and go to a therapist for help to clarify what they really mean and want. In a therapeutic interview a suspicious atttitude brought to the manifest content of patients' statements may be part of an implicit therapeutic contract. In contrast, the use of concealed techniques and interpretations with a distrust of the participants' motives raises ethical problems in a research interview.

When a qualitative researcher makes interpretations going beyond the self-understanding of the interviewees, a series of issues are raised: Should participants be confronted with

interpretations of themselves, which they may not have asked for? During the interview? By the analysis of the interviews? When reporting the interviews? And what should be done about disagreements between their's and the researcher's interpretations of themes?

In therapy the answer to such questions is relatively simple: The patients have themselves sought the therapy and they are paying the therapist to help them change, involving often painful changes in self-understanding, and which may take place in a dialogue over many years. In psychoanalysis the working through of the patient's resistance to the therapist's interpretations is an essential part of the therapeutic process. In research it is the interviewer who has sought the interviewees, they have not asked for interpretations leading to fundamental changes in the way they understand themselves and their world. Put sharply: In a therapy it may be unethical if the therapeutic conversations the patient has asked for, and often paid highly for, do not lead to new insights or emotional changes. In a research interview, which the interviewee has not asked for, it may, however, be unethical to instigate new self interpretations or emotional changes.

Fog (1992) has discussed an inherent contradiction in pursuing scientific knowledge and ethically respecting the integrity of the interviewee. As a therapist also conducting separate research interviews, she addresses the dilemma of the researcher wanting the interview to be as deep and probing as possible at the risk of trespassing the person, on the one hand, and wanting to be as respectful to the interview person as possible at the risk of getting empirical material that only scratches the surface, on the other hand. She reports the example of a woman who repeatedly and energetically tells the interviewer how happy she is in her marriage. The woman also gives many verbal and non-verbal signals denying the happiness, and reports situations where she is angry about the marriage. The information obtained by the interview is thus ambiguous and puts the interviewer in a conflict between scientific and ethical considerations. Should she accept the woman's version or should she follow her hunch that the woman is denying the realities of the marriage and probe further and point out to her the many inconsistencies and contradictions in what she tells about her marriage? A consequence of the latter could be a radical challenge of the woman's understanding of herself and her marriage. This outcome would have been part of an implicit contract of a therapeutic interview, but is definitely beyond the contract of a normal research interview, and was not attempted in this case.

Generalization

Psychoanalytic research has been been criticized in mainstream psychology on the ground that its basis in case studies does not allow generalizations. Current therapeutic research more broadly also harbors critical voices that challenge the reliance on case studies (e.g., Faller, 1994). In current social science research there is on the other hand a renaissance of the case study (see, for example, Stake, 1995; Yin, 1994). Drawing upon pragmatic and postmodern philosophy, Fishman (1999) argues that a methodology creating databases of rigorous, solution-focussed, case studies will provide a realistic and contextualised psychological knowledge. It should be noted that, in contrast to a modern demand to develop context-independent knowledge, ideally in the form of universal laws of human behavior, a postmodern approach emphasizes that knowledge obtained within one context is not neces-

sarily transferable or translatable to, nor commensurable with the knowledge of, other contexts. This leads to an interest in contextual, local and narrative knowledge.

Generalization of knowledge has been a persistent problem in modern psychology. This problem includes the issue of generalizing to professional situations the knowledge produced in experimental laboratories, such as by applying to the domain of education the laboratory-based theories of learning (Kvale, 1976b). It also includes problems with the relevance of current clinical psychological research to therapeutic practice (Hoshmand & Polkinghorne, 1992; Polkinghorne, 1992).

For classical psychoanalysis the problem of the transfer of knowledge from the research situation to the therapeutic situation is overcome - the psychoanalytic knowledge is produced in the same type of therapeutic situation as it is to be applied. The transfer of psychoanalytic knowledge rests upon *analytical generalization*, which involves a reasoned judgement about the extent to which we can use the findings from one study as a guide to what might occur in another situation. Analytical generalization of psychoanalytically produced knowledge to human behavior outside therapeutic situations will then depend upon extensive documentation and argumentation.

Generalizations from case studies have today become a concern of qualitative research. In a discussion of *Generalizing From Single Case Studies* in evaluation research, Kennedy (1979) argues for establishing rules for drawing inferences about the generality of qualitative findings from a case study, and rules of inference that reasonable people can agree upon. As one point of departure Kennedy turns to the practical situations in the legal and the clinical fields.

In case law it is the preceding case that is most analogous and has the most similiar attributes to the actual case, which is selected as the most relevant precedent. The validity of the generalization hinges on the extent to which the attributes compared are relevant, again resting upon rich, dense, and thick descriptions of the case. In case law it is the later court which decides whether in fact a particular decision generalizes to its own case: "Thus it is the receiver of the information who determines the applicability of a finding to a new situation. ... Like generalizations in law, clinical generalizations are the responsibility of the receiver of information rather than the original generator of information, and the evaluator must be careful to provide sufficient information to make such generalizations possible" (Kennedy, 1979, p. 672).

There is an issue here of who should conduct the analytical generalization from the qualitative research case - the researcher or the reader and the user? In science it has commonly been the researcher who builds up and argues for the generality of his or her findings - through statistical procedures or by an assertational logic. For the legal and the clinical cases discussed by Kennedy (1979), it is the judge or the clinician who makes the judgement of whether a previous case was sufficiently analogous to be used a precedent for the present case. In both instances it is paramount that sufficient evidence is provided by the researcher for the analytic generalizations to be made. The reception of Freud's therapeutic case stories may be mentioned as one case of a reader generalization - his descriptions and analyses of human behavior were so vivid and convincing that readers today generalize many of his findings to current cases.

Validation as construction

New developments in conceptions of knowledge make it possible to clarify forms of validation taking place in therapeutic and in research interviews. A move from knowledge as correspondence with an objective reality to knowledge as a social construction of reality involves a change in emphasis from observation of, to a conversation and interaction with, a social world (Kvale, 1995). Method as a truth guarantor dissolves; with a social construction of reality the emphasis is on the discourse of the community. Communication of knowledge becomes significant, with esthetics and rhetorics entering into a scientific discourse. With a modern legitimation mania receding, there is an emphasis upon a pragmatic proof through action.

Communicative validity involves testing the validity of knowledge claims in a dialogue. *Pragmatic validation* is verification in the literal sense - "to make true". A pragmatic concept of validity goes further than communication; it represents a stronger knowledge claim than an agreement through a dialogue - "actions speak louder than words". Both a communicative and a pragmatic approach to validation were discussed by Freud (1963) in the article *Constructions in Analysis*. Here he addressed the validation of the therapist´s interpretations and constructions. The therapist makes constructions about the forgotten past of the patient being analysed, and he conveys the constructions to the patient.

Freud did not rely on the patient's self-understanding and verbal communication; he regarded neither the patient's direct "yes" nor "no" to his constructions as sufficient confirmation or disconfirmation - they were both ambiguous and could be results of suggestion, as well as of resistance, in the therapeutic process. He recommended more indirect validation in the form of inference made from the patient's reactions after he had offered one of his interpretative constructions. Acknowledging that a patient's reactions to the therapist's constructions may be the expression of legitimate dissent as well as of resistance evoked by the subject matter of the construction, he would carefully observe the patient's subsequent behavior for indirect forms of confirmation of a construction, such as changes of the patient's free associations, dreams, the recall of forgotten memories, and alteration of neurotic symptoms.

Freud's reflections on validation through the therapeutic interaction appear more subtle than many of the current discussions about "member checks" by qualitative researchers - that is the tactic of presenting their interpretations to their subjects for confirmation or disconfirmation. The construct validation of psychoanalytic interpretations through multiple methods has later been expanded from the mainly verbal domain of Freud's treatment to encompass the body by Christiansen (1964), drawing in the characteranalytic and vegetotherapeutic techniques developed by Wilhelm Reich.

Although the intense interaction and critical questioning of the participant´s statements are out of bounds for academic interviewers, they may find inspiration in therapists´ recognition of the influence of suggestion as well as resistance upon the results of their "member checks", and of going beyond verbal member checks to include observations of the participant´s bodily actions.

Epistemology of practice

In modern thought, the scientific legitimation of knowledge has preceded the application of knowledge. Also, within current therapeutic research there may be a stronger preoccupation with the scientific position of this research than with its relevance for practising therapists. In a postmodern condition the legitimation of knowledge through external justification by appeals to grand systems, or metanarratives, loses interest. Justification of knowledge is replaced by application; knowledge becomes the ability to perform effective actions. Criteria of efficiency and their desirability become pivotal, raising ethical issues of right action.

In *Educating the Reflective Practitioner* Schön (1987) points to a crisis of confidence in professional knowledge, which he traces to the technical rationality derived from a positivist philosophy. Within a constructive conception of knowledge Schön develops an epistemology of practice for professionals. For the clinical domain Polkinghorne (1992; see also Hoshmand & Polkinghorne, 1992) has pointed to the irrelevance of a major part of current clinical research for clinical practice, and has attempted to overcome the gap between research and practice in therapy through an analysis of the nature of therapists' expert knowledge. He tries to develop a postmodern epistemology of therapeutic practice from neopragmatic and postmodern approaches to knowledge. Science is then not a foundationalist search for underlying laws and truths about the universe, but an attempt to collect, organize and communicate forms of practice which lead to intended purposes.

The purpose of a therapeutic interview is the facilitation of changes in the patient, and the knowledge acquired in the interview interaction is a means for instigating personality changes. The general knowledge of the human situation gained through the psychoanalytic interview has followed from the attempts to help patients overcome their neurotic suffering, including the resistance they provide to change. In this respect, the psychoanalytic research interview comes close to action research. Thus, in collaborative action research, investigators and participants together seek knowledge of a social situation in order to change the situation and then apply this knowledge through new actions in the situation. In this form of participatory inquiry, validation of the findings goes beyond a possible collusion among researchers when seeking validity through consensus, testing the validity of their knowledge in praxis (see Reason, 1995).

It remains a paradox of psychology that some of its most lasting and relevant knowledge of the human situation has been produced as a side effect of helping patients change. One potential implication for psychology may be a move from treating professional practice merely as the application of academically produced theoretical knowledge, and towards regarding professional practice as a powerful site for producing knowledge of the human situation.

Conclusion

I have argued that therapeutic researchers in light of the historical contributions of the psychoanalytic interview also today should pay serious attention to the potentialities of their therapeutic interviews as a research method. In doing so, they may here draw upon the methodical and conceptual refinement of the qualitative interview research developed in the

social sciences in the last decades. They may further draw on the philosophical analysis of the last century about knowledge of the human situation in order to articulate and elaborate the nature of the knowledge produced in the therapeutic situation.

I have further argued that interview researchers in the social sciences today may learn from the use of psychoanalytic interviews as a research method. This position concerns in particular the influence of the interpersonal interaction of the interview situation by the construction of knowledge. It further concerns the importance of extensive knowledge of the research participants and their life situation over longer periods of time for making sound interpretations and for critically validating interpretations of their participants' statements.

Existing philosophical and methodological refinement of knowledge about the human situation makes it possible for interview researchers to go beyond the opposing alternatives of uncontrolled case reports and overcontrolled experimental-statistical investigations. Today there exists conceptual maps of knowledge pertaining to the human situation which were not available by Freud's therapeutic explorations a century ago. With refined maps of their knowledge area, therapeutic researchers may today be able to navigate more safely through the dangerous strait between a no-method Charybdis and an all-method Scylla. They may return home with exciting tales from their adventures to the strange and difficult accessible sites discovered through the therapeutic interviews, and perhaps inspire other interview researchers to adventurous pursuits in the new domains.

References

1. Acocella, J. (1998). The politics of hysteria. The New Yorker, April 6, 64-79.
2. Adorno, T.W., Frenkel-Brunswik, E., Levinson, D.J., & Sanford, R.N. (1950). The authoritarian personality. New York: Norton.
3. Apel, K.O. (1965). Die Entfaltung der "sprachanalytischen" Philosophie und das Problem der Geisteswissenschaften. Philosophisches Jahrbuch, 72, 239-289.
4. Atkinson, B., Heath, A., & Chenail,R. (1991). Qualitative research and the legitimation of knowledge. Journal of Marital and Family Therapy, 17, 175-180.
5. Bernstein, R.J. (1983). Beyond objectivism and relativism. Philadelphia: University of Pennsylvania Press.
6. Breakwell, E.M., Hammond, S., & Fife-Schaw, C. (Eds.) (1995). Research methods in psychology. London: Sage.
7. Boss, M. (1963). Psychoanalysis and daseinsanalysis. New York: Basic Books.
8. Chenail, R. (1992) A case for clinical qualitative research. The Qualitative Report, 1, Number 1, 1-7.
9. Christiansen, B. (1964). The scientific status of psychoanalytic clinical evidence. Inquiry, 7, 47-79.
10. Corsini, J.R. (Ed.) (1994). Encyclopedia of psychology. 2. Ed. New York: Wiley.
11. Denzin, N., & Lincoln, Y. (Eds.) (1994). Handbook of qualitative research. Thousand Oaks, CA: Sage.
12. Dreyfus, H.L., & Dreyfus, S.E. (1986). Mind over machine. New York: Free Press.
13. Elster, J. (1980). Metode. PaxLeksikon IV. Oslo: Pax.

14. Faller, H. (1994). Das Forschungsprogramm Qualitative Psychotherapieforschung. Versuch
     einer Standardbestimmung. In H. Faller & J. Frommer (Eds.), Qualitative Psychotherapiefor-
     schung - Grundlagen und Methoden (pp. 15-37). Heidelberg: Ansager.
15. Faller, H., & Frommer, J. (Eds.) (1994). Qualitative Psychotherapieforschung - Grundlagen
     und Methoden. Heidelberg: Ansanger.
16. Fisher, S., & Greenberg, R.P. (1977). The scientific credibility of Freud's theories and therapy.
     New York: Basic Books.
17. Fishman, D. B. (1999). The case for a pragmatic psychology. New York: University Press.
18. Flick, U., v. Kardoff, E., Keupp, H., v. Rosenstiel, L., & Wolff, S. (Eds.) (1991). Handbuch
     qualitative Sozialforschung. München: Psychologie Verlags Union.
19. Fog, J. (1992). Den moralske grund i det kvalitative forskningsinterview. Nordisk Psykologi,
     44, 212-229.
20. Freud, S. (1963) Therapy and Technique. New York: Collier.
21. Gergen, K.J. (1994). Realities and relationships. Soundings in social constructionism. Cam-
     bridge, MA.: Harvard University Press.
22. Giorgi, A. (1995). A phenomenological perspective on certain qualitative research methods.
     Journal of Phenomenological Psychology, 25, 190-220.
23. Habermas, J. (1971). Knowledge and human interests. Boston: Beacon.
24. Hillman, J.(1984) Inter Views. New York: Harper.
25. Hoshmand, L.T., & Polkinghorne, D.E. (1992) Redefining the science-practice relationship
     and professional training. American Psychologist, 47, 55-66.
26. Kennedy, M.M. (1979). Generalizing from single case studies. Evaluation Quarterly, 3, 661-
     678.
27. Klein, G.S. (1973). Two theories or one? Bulletin of the Menninger Clinic, 37, 102-132.
28. Kvale, S. (1976a). Meanings as data and human technology. Scandinavian Journal of Psychol-
     ogy, 17, 171-189.
29. Kvale, S. (1976b). The psychology of learning as ideology and technology. Behaviorism, 4,
     97-116.
30. Kvale, S. (1986) Psychoanalytic therapy as qualitative research. In P.D. Ashworth, A. Giorgi &
     A.J.J. de Koning (Eds.), Qualitative Research in Psychology (pp. 155-184). Pittsburgh:
     Duquesne University Press.
31. Kvale, S. (1992) A postmodern psychology - A contradiction in terms. In S. Kvale (Ed.),
     Psychology and postmodernism (pp. 31-57). London: Sage.
32. Kvale, S. (1995). The social construction of validity. Qualitative Inquiry, 1, 19-40.
33. Kvale, S. (1996). InterViews - An introduction to qualitative research interviewing. Thousand
     Oaks, CA: Sage.
34. Kvale, S. (1997). Research apprenticeship. Nordisk Pedagogik - Nordic Journal of Educational
     Research, 17, 186-194.
35. Laing, R. (1962). Self and others. London: Tavistock Publication.
36. Lave, J., & Kvale, S. (1995). What is anthropological research? An interview with Jean Lave
     by Steinar Kvale. Qualitative Studies in Education, 8, 219-228.
37. Lyotard, J.F. (1984). The postmodern condition: A report on knowledge. Manchester: Man-
     chester University Press.
38. Lyotard, J.F. (1991). Phenomenology. Albany, New York: SUNY Press.
39. Mattingly, C., & Fleming, M.H. (1994). Clinical reasoning: Forms of inquiry in a therapeutic
     practice. Philadelphia: Davis.

40. May, R., Angel, E., & Ellenberger, H.F. (Eds). (1958). Existence: A new dimension in psychiatry and psychology. New York: Basic Books.
41. Merleau-Ponty, M. (1962). Phenomenology of perception. London: Routledge & Kegan Paul.
42. Mishler, E.G. (1990). Validation in inquiry-guided research: The role of exemplars in narratives studies. Harvard Educational Review, 60, 415-442.
43. Polkinghorne, D. (1992). Postmodern epistemology of practice. In: S. Kvale (Ed.), Psychology and postmodernism (pp. 146-165). London: Sage, 1992.
44. Rapaport, D. (1959). The structure of psychoanalytic theory: A systematizing attempt. In S. Koch (Ed.), Psychology: A study of a science, III (pp. 55-183). New York: McGraw-Hill.
45. Reason, P. (1994). Three approaches to participatory inquiry. In N.K. Denzin & Y.S. Lincoln (Eds.), Handbook of qualitative research (p. 324-349). Thousand Oaks, CA: Sage.
46. Ricouer, P. (1970). Freud and philosophy: An essay on interpretation. New Haven: Yale University Press.
47. Rorty, R. (1979). Philosophy and the mirror of nature. Princeton: Princeton University Press.
48. Sartre, J.-P. (1963). The problem of method. London: Methuen.
49. Schön, D.A. (1987). Educating the reflective practitioner. London: Jossey-Bass.
50. Shotter, J. (1993). Conversational realities. Thousand Oaks, CA: Sage.
51. Smith, J.A., Harré, R., & Langenhove, L.V. (1995). Rethinking methods in psychology. Thousand Oaks, CA: Sage.
52. Stake, R.E. (1995). The art of case study research. Thousand Oaks,CA: Sage.
53. Stern, D.N. (1985). The interpersonal world of the infant. New York: Basic Books.
54. Strauss, A. (1995). Notes on the nature and development of general theories. Qualitative Inquiry, 1, 7-18.
55. Sullivan, H.S. (1954) The psychiatric interview. New York: Norton.
56. Taylor, S.J., & Bogdan, R.B (1998). Introduction to qualitative research methods. New York: Wiley.
57. Toukmanian, S.G., & Rennie, D.L. (Eds.) (1992). Psychotherapy process research: Paradigmatic and narrative approaches. Thousand Oaks, CA: Sage.
58. Wallerstein, R.S & Sampson, H. (1971). Issues in the psychoanalytic process. International Journal of Psychoanalysis, 52, 11-50.
59. Wertz, F.J. (1993). On psychoanalysis and academic psychology. American Psychologist, 43, 584-585.
60. Yin, R.K. (1994). Case study research. Thousand Oaks, CA: Sage.

Grounded Theory Methodology as Methodical Hermeneutics: Reconciling Realism and Relativism

DAVID L. RENNIE

The grounded theory method was developed by Glaser and Strauss (1967) as an alternative to what they saw as a predominantly rational approach to theorizing in sociology. Thus, rather than conceptualizing theory and then testing it with data, in the grounded theory method the conceptualization of theory is derived from data. Since its inception, it has been taken up by several disciplines in addition to sociology, including psychology (e.g., Pilowski, 1993; J. Watson & Rennie, 1994). Typically, the application of the method involves understanding the meaning of texts of various sorts, whether as notes of participant observation of social conduct, extant writings, or transcriptions of interviews. Glaser and Strauss have always maintained that a grounded theory is relative to the perspective(s) of the person(s) producing it, and that different sets of investigators working with the same information may derive alternative theories from it. In compensation, they have held that this perspectivism is acceptable so long as each theory is accountable to the information. Thus, relativism and realism have been acknowledged, but only tacitly. Recently, I have brought the realism and relativism intrinsic to the grounded theory method out into the open, and have challenged that neither Glaser's (1992) nor Strauss's (1987; Strauss & Corbin, 1990, 1994) current methodologies adequately address the tension between them. I have held that, in order for this tension to be reconciled with the subject matter addressed by the grounded theory method and with the procedures constituting the latter, it is necessary to view it as a form of hermeneutics. Correspondingly, I have drawn upon phenomenology, C. S. Peirce's theory of inference, philosophical hermeneutics and pragmatism in support of the notion that the grounded theory method amounts to a union of hermeneutics and method, or methodical hermeneutics (Rennie, 1998a, 1998b, 1999; cf. Corbin, 1998; Madill, Jordan & Shirley, 2000).

Up to now, this methodical hermeneutics has been only sketched. In the present article, I more fully develop the arguments for it. I begin by examining the nature of the subject matter typically addressed in a grounded theory analysis, and the way it is dealt with, as a way of teasing out how the method resolves to hermeneutics. Within this examination, Continental philosophical thought is drawn upon to support the point that, *as* hermeneutical, the method addresses the tension between realism and relativism. I then turn to how induction is involved in the method. Here the application of C. S. Peirce's theory of inference is useful because Peirce worked out a way to support the claim that induction is self-correcting, which helps to make the grounded method sufficient unto itself rather than merely the first step in scientific inquiry. This outcome is in keeping with the intent of a hermeneutic analysis, which is to derive an understanding of the meaning of text -- an understanding that stands on its own. Moreover, as a pragmatist, Peirce held that knowledge production involves the perspectives of those engaged in it, which keeps in place the tension between realism and relativism.

Thus, the presentation has several objectives. The immediate goal is to establish that the grounded theory method is indeed hermeneutical. The second purpose is to raise the possibility that, although it was not conceived as such, the method actually constitutes an improvement, in some respects, on earlier attempts to apply method to hermeneutics. Integral to this second goal is a third intent, which is to challenge the philosophical hermeneutic critique that method holds little place in hermeneutics. Fourth, a practical goal is to derive from the study a constructive contribution to the debate on the validity and reliability of the returns from a grounded theory inquiry. Finally, throughout, all of these objectives are organized by the attempt to reconcile the realism and relativism intrinsic to the method. This reconciliation is, of course, extremely difficult to achieve and I do not pretend that what follows is a final accomplishment of it. Instead, it is offered as a contribution to the quest for it.

The Hermeneutic Nature of Grounded Theory Method

Hermeneutics has been defined as the "theory of the operation of understanding in its relation to the interpretation of text' (Ricoeur, 1978, p. 141). It is an ancient tradition that began as Greek and Judaic interpretation of legal and religious texts, and which was practiced intensely during the Reformation. The role of the hermeneut is to understand the meaning of text when the meaning is confusing or obscure in some way (Taylor, 1971). This is not to say that text that is easy to understand does not involve interpretation in the broadest sense. Philosophical hermeneutics (see below) has contributed to the contemporary view that understanding ineluctably involves perspectives and hence is interpretive (for a historian's take on this point, see Kuhn, 1970).

Ricoeur makes a distinction between the semantic and structural aspects of text, suggesting that the structural (i.e., syntactic) features are constitutive of the text itself and are readily apparent, and hence objective (Ricoeur, 1981). The semantic aspect has to do with the meaning of the text, which may require interpretation. Thus, according to Ricoeur, consideration of structure enables explanation, whereas engagement with semantics is a matter of understanding. As an extension, then, when the text is difficult to understand, the activity of understanding is hermeneutic. From the beginning, Glaser and Strauss have been interested in *explaining* social conduct on the basis of the analysis of observations about it, reports on it made by the actors engaged in it, and/or extant literature to do with it. The mode of explanation is in terms of relations among structures. The system of categories (see below) and relations among them that instantiate the theory assume this form. But all this is not structure in the syntactic sense. It has nothing to do with the structure of a sentence on a page. It is structuralism having to do with the *meaning* of text.

Although Strauss and Corbin (1994) indicate that grounded theory analysis is interpretive, they do so from the position of American pragmatism (particularly, the writings of Dewey [1938/1991] and Mead [1917]). Pragmatism is contemporary in recognizing that all forms of enquiry in all domains involve perspectivism, and hence are interpretive. But it fails to take into account adequately the insight that sociology (and hence, social science in general, it could be added) involves what Giddens (1976) has referred to as a *double* hermeneutic. As Giddens remarks, "Sociology...deals with a pre-interpreted world where the creation and production of meaning-frames is a very condition of that which it seeks to analyze,

namely human social conduct" (quoted in Habermas, 1981/1984, Vol. 1, p. 110). Moreover, the double hermeneutic is about human agency. As agents, people may choose the way in which they represent their experience and, indeed, may opt either to misrepresent it or not to disclose it. Regardless of the extent to which persons are prepared to represent their experience in "good faith", the experience is both constituted in part and influenced by interests, values, beliefs, and so on. In this sense, people are made to be interpreters of their experience of themselves.

A person's experience is external to another person. As suggested by Schütz (1967), when compared to an Other, the person having an experience is in a better position to know its meaning. It may also be the case, however, that experience is inchoate for the person experiencing it and may be difficult to articulate (Taylor, 1989). In this circumstance, the Other may be helpful as an aid to the articulation. In any case, shared language and custom allow the Other to understand much of what the person conveys. Nevertheless, this understanding is influenced by the Other's own values, beliefs and experiences. Thus, any understanding of a person's utterances and displays is an interpretation of an already interpreted text. This state of affairs means that researchers must decide on how deeply to interpret text. If cautious, they may elect to stay close to denotation of the text. Alternatively, they may prefer to engage in what Ricoeur variously has referred to as a "depth" hermeneutics, or a "hermeneutics of suspicion". In this approach, it is the latent rather than the manifest meaning of the text that is interpreted (Ricoeur, 1981). The first strategy, of course, serves the interest of objectivity while the second is practised in the interest of achieving deeper understanding at the risk of heightened relativity.

Categorization as An Expression of Understanding

It is because the grounded theory method has to do with the meaning of the semantic aspects of text that any theory coming out of the application of the method is about understanding, not explanation. Grounded theorists represent their understandings in the form of *categories* and relations among them. Usually the primary investigator is both the enquirer into the phenomenon of interest and the analyst of information about it. This tactic is adopted because it is generally agreed that it is not good practice to delegate to someone else the gathering of the text to which the analytic procedures are to be applied. Thus, when interviews are used as the mode of enquiry, the analyst already has a sense of the text given by a respondent even before it is transcribed. Moreover, the act of transcribing it deepens the understanding of it so that, irrespective of whether or not the text as a whole is read and reread prior to the analysis of its particulars, the analyst has a sense of the meaning of the text as a whole. Thus, the hermeneutic circle is entered. In other words, the understanding of the whole of the text influences the understanding of a part of it, and the understanding of each part in turn influences the understanding of the whole. This circling from part to whole and back again results in progressive understanding that, in principle, is non-ending although, hopefully, it reaches a kind of stability, at least within the horizon of the particular hermeneut. (For more on the hermeneutic circle see, e.g., Dilthey, 1976).

Glaser and Strauss developed a technique described as "constant comparative analysis", in which the meaning of a given fragment of text (or meaning unit) is constantly compared

with the meaning of other units.[1] The purpose of this technique is to force the analyst to stay close to meaning of the text or, looking at it the other way, to discourage the analyst from making subjective the understanding of the text by importing a priori, rationally-derived understandings. How constant comparison is to be carried out procedurally has never been insisted on dogmatically. In the set of procedures specified in the original version of the method, Glaser and Strauss (1967) recommend converting fragments of the text into "codes", which are then sorted into categories. It would seem that what they mean by a "code" is a reduction of a given unit of the text. These codes are sorted into clusters according to shared meanings, and the meaning of each cluster is represented as a category. The codes are repeatedly sorted into clusters until new sorts are exhausted. Accordingly, categorization at this level is judged to have reached *saturation.*

Alternatively, Turner (1981) and Rennie, Phillips and Quartaro (1988) independently chose to categorize progressively from meaning unit to meaning unit when proceeding through a text. Thus, in this procedure, a list of categories develops as the analysis goes ahead, and the list is referred to as each new meaning unit is addressed. When new meanings are encountered, categories to represent them are added to the list. Understanding the relations among categories may be assisted by diagrams, flow charts, narrative schematization, and so on, depending on what works best for the particular analyst. As in the other procedure, the gathering of new texts to do with the phenomenon of interest continues until relatively few new categories are necessary as new texts are analyzed, at which point the list of categories is judged to be saturated.

In the interest of furthering the "discovery-oriented" objective of a grounded theory analysis, analysts are encouraged to hold in abeyance their anticipations, hunches, expectations, hypotheses, and so on, about the phenomenon of interest. Thus, although they have never acknowledged the connection, Glaser and Strauss have incorporated into their method the phenomenological technique of bracketing without addressing the complex question of the extent to which such an activity can be carried out successfully (for an excellent elucidation of bracketing in phenomenology, see Zaner, 1970). In addition, grounded theory analysts are encouraged to keep a research log in which they record their hunches, speculations, thoughts about relations among categories, and so on, as they arise once the study has begun (to engage in "theoretical memoing", as Glaser and Strauss put it). These various expressions of reflexivity are advocated in the interest of objectifying the understanding of the phenomenon of interest.

This quest needs to be appraised in the light of hermeneutics. The philosophical hermeneutic critique (Gadamer, 1960/1992; Heidegger, 1927/1962) of Husserl's transcendental phenomenology (e.g., Husserl, 1913/1962) makes a strong argument against the belief that it is possible to achieve transcendental objectivity through the procedure of bracketing. This critique points out that certain aspects of an individual's horizon of understanding ineluctably are inaccessible to self-reflection. The strength of this argument notwithstanding, however, it is also the case that there are aspects of the horizon that *are* accessible (cf. Nisbett & Wilson, 1977; Ericsson & Simon, 1980), if not in the transcendental sense. Once explici-

---

[1] In order to deal with the complexity of the text, the notes or transcripts, etc, constituting the text are broken into units of analysis, or "meaning units", to use the term used by Giorgi (1970) to describe the same procedure in empirical phenomenological psychology. The size of the units is at the discretion of the analyst, but is seldom larger than a page of transcript.

tated, the aspects become objectified in terms of the local culture of which they are a part. The upshot is that grounded theorists' efforts to contain biases by being reflexive in various ways eventuate in a middle ground between realism and relativism.[2]

The activity of categorizing proceeds through several stages of increasing abstraction. Analysts are encouraged to keep their initial categories close to the language of the text. Such categories are termed "descriptive" by Glaser and Strauss although, as seen, interpretation is involved in the description. The objective of the analysis is to conceptualize "higher-order", or more abstract categories that subsume the descriptive categories. Indeed, the pinnacle of this objective is the conceptualization of a supreme or *core* category that gathers together the meanings of all other categories. Glaser and Strauss suggest that the conceptualization of higher order categories is best achieved through the sorting of the "theoretical memos" (i.e., research log entries) made *about* the (interpreted) relations among the lower-order categories. In any case, during the initial phase of the analysis, the analyst experiences considerable tension in deciding whether to conceptualize concrete or abstract categories. In the interest of concreteness, it is tempting to make the units of meaning very small, and to stay close to the denotation of the text. This strategy can easily result in hundreds of "categories" that do little more than repeat the text. For the unwary, the Turner-Rennie et al. method of categorizing, especially, may lead to this temptation (in the language of the Glaser and Strauss approach, the codes are all too easily treated as categories). Even the latter approach can entail a similar temptation, however, depending on how the analyst goes about the task. That is, positivistic analysts may be inclined to keep the meaning of clusters of codes tightly tied to the words of the text making up the codes, thus resulting in a large number of clusters of codes and hence categories.

Given that it becomes very difficult to represent, in a write-up, a system of more than 50 categories (Glaser and Strauss recommend that it be limited to around 20), abstraction is the order of the day. It is done either immediately, during the initial "descriptive" categorizing phase, or later, when the many "descriptive" categories resulting from concrete conceptualization are pooled into higher-order categories (or discarded if they prove to have limited applicability to the text as a whole being analyzed). The point is that, regardless of how it is done, with the advent of higher-order categorizing, interpretation increasingly comes into play.

The development of categories and associated theory in grounded theory analysis is complex and has much to do with creativity. Users of the method have commented on how they get immersed in the phenomenon under study to the point where it becomes their life: the articulation of the understanding of the phenomenon gestates for weeks or months but even then the resulting understanding is always open to new interpretations. It is difficult to know as a consequence when the analysis is actually over, yet it is necessary to force an ending at some point (K. Watson, 1999).

Within this creative process, grounded theory analysts work with their own experience when attempting to understand the experience of others mediated through the text. It is within the interplay between external and internal experience that the art of good interpreta-

---

[2] There is a difference between the kind of universal, a-historical objectivity quested for by Husserl and the objectivity having to do with local cultures. It is this second kind of objectivity that I have in mind when holding that objectivity is involved in a grounded theory analysis.

tion lies. Too much caution expressed as reluctance to give rein to subjectivity can result in "missing" the life of the experience under study. Alternatively, giving undue rein expresses the life of the analyst more than that of the respondents. Good interpretation thus involves living inside and outside the experience and monitoring of the degree of fit between the two aspects.

Resulting from this engagement, good categories are often metaphorical because metaphors succinctly articulate complex meanings. For example, in a study of the impact of therapists' imagery on the psychotherapeutic process, Shaul (1994) did a grounded theory study of therapists' tape replay-assisted recollections of moments in which they experienced an image in response to clients' discourse. Shaul came to understand that the therapists' discourse was influenced by the experience of the image, regardless of whether or not the image itself was imparted to the client. He also interviewed the therapists' clients about their experience of the discourse before and after the time that the therapists' images had occurred, and performed a grounded theory analysis of these reports. The analysis indicated that the therapists' discourse following their experiences of their images matched the clients' inner experience more than the discourse preceding the image. Shaul concluded that therapists' imagery acts as an *empathic lens* - a metaphor that aptly captures the effect of the imagery.

Induction in the Grounded Theory Method

In its original form, the grounded theory method is thought to emphasize the context of discovery more than the context of justification (Reichenbach, 1949). Although they have never acknowledged it explicitly, both Glaser and Strauss tacitly endorse the notion of verification in science as put forward by the logical positivists. Thus, in the original version of the method (and the version upheld by Glaser, 1978, 1992), a distinction is made between verification and validation. Verification is a stronger version of credibility than is validation. Validation of the categories, and hence the theory, comes from the procedures constituting the method of grounded theory analysis, but their verification must await the development of hypotheses *from* the grounded theory so developed and which are tested in the way of normal science.

The difficulty created by the claim of validation, however, is that the assertion is made in terms of induction alone; deduction is excluded from the method entailed in the development of the theory, and instead is reserved for the testing of the theory once it is developed. Glaser (1978, 1992) maintains that validation comes about through the checks and balances constituting the method itself, that is to say, the constant comparative method, bracketing and theoretical memoing. This is not a strong argument, however, and appears to be what motivated Strauss (1987; Strauss & Corbin, 1990, 1994) explicitly to incorporate hypothesis testing directly into the method itself. In this approach, the traditional way of categorizing by clustering codes is replaced by a study of text in which hypotheses about how a given unit of analysis, whether an observed behavior recorded as a note or some other kind of text fragment, could be explained. "What could have given rise to this particular datum?" is in effect the operative question asked. The assumption is that evidence will accrue during the course of the analysis that will differentially support some hypotheses over others. Thus, from a given fragment, predictions are made about what might be expected in future fragments. Accordingly, as the analysis proceeds, some hypotheses are confirmed while others

are not. By the end of the analysis, if all goes well, the analyst has developed a categorial structure that is internally verified

Glaser (1992) criticizes this approach to categorizing on the grounds that it promotes a premature leaping into theory because, unless the analyst is very careful, it would be easy to fall into personalized hypothesizing. An examination of transcripts of Strauss's interactions with students whom he trained using his approach tends to provide support for Glaser's concern (see Strauss, 1987). Strauss's hypothesis generation and testing, from text fragment to fragment, is very tedious. Evidently, an hour or more easily could be spent speculating on how a single fragment might be explained. Given that a text protocol could consist of scores of fragments, the prospect of repeating the intensity of that kind of analysis throughout is daunting. It is perhaps for this reason that it is apparent from the transcripts of his training sessions that Strauss was inclined to settle on his confirmed hypotheses after going through just a few fragments, thereafter treating the meaning of ensuing fragments as confirmatory. It would thus seem that this procedure can lead to an early interpretation that gets rather rapidly consolidated, perhaps at the expense of other interpretations that could be made if the text is treated more as a whole.

Hence, it is difficult to be sanguine about the gain achieved by the Strauss and Corbin innovation if it is made at the expense of the discovery-orientation prized by traditional grounded theory. On the other hand, it is not easy to argue convincingly that the returns from the original grounded theory method are valid in their own right when there is not a good fit between the procedures on which the claim is made and the logic supporting them.

Peirce's Theory of Inference

The foregoing analysis has thus raised the following question: Is it possible to support Strauss's claim that the grounded theory method is inherently more verificational (or better, validational) than supposed while maintaining the original way of doing the method?[3] As we have seen, the key seems to have something to do with hypothesis testing. Is it possible to make the case that, although Glaser has never characterized the original method of categorizing as such, it too can be considered to involve hypothesis testing? It is difficult to do this in terms of the conventional theory of inference because, as indicated, it is limited to induction and deduction. It is possible to do it, however, in terms of C. S. Peirce's theory of inference (Peirce, 1965).

Peirce maintains that, in addition to induction and deduction, abduction is another mode of inference. In his view, deduction is tautological in that the meaning entailed in the conclusion of a deduction is already contained in its premises. Thus, new knowledge does not come from deduction. Instead, it comes about through the interplay between abduction and induction. Abduction is the imaginative creation of a hypothesis and is the "sheet anchor" of science, as he puts it (Peirce, 1965, *VI*, p. 531; *VII*, p. 220; see Tursman, 1987) because new ideas are always abductive.

---

[3] The notion of verification was stressed by the logical positivists, but even they came to abandon it (Christopher Green, personal communication, 1996).

Peirce explains abduction as follows. Let us suppose that a scientist is working with data of some sort and comes up with a finding that cannot be explained. The scientist may then imagine a cause which, if true, would provide an explanation. He puts such a situation in the form of an argument:

The surprising fact, C, is observed.

But if A were true, C would be a matter of course.

Hence, there is reason to suppose that A is true

(Peirce, 1965, *V*, p. 189).

More recently, in an attempt to address what he judges to be a weakness in its third term - the conclusion - Curd (1980) has modified this argument as follows:

The surprising fact, C, is observed.

The hypothesis, A, is capable of explaining C.

Hence, there are *prima facie* grounds for *pursuing* A (p. 213, cited in Tursman, p. 14).

Thus, for Peirce, the normal course of science involves the gathering of facts (induction), which give rise to an abduction, which is then tested by further induction. The significant consequence is that *induction is self-correcting* (Tursman, 1987).

Peirce's interest was in applying logic to natural science. Thus, caution is in order when making any attempt to extend his logic to human science. Even so, the extension seems reasonable. First, when giving a prominent place to the role of imagination (abduction), Peirce gives free play to interpretation, thereby providing a link with hermeneutics. Second, Peirce holds that knowledge is always tentative, never absolute. In turn, the constitution of knowledge is a matter of growing consensus among those engaged in a given line of inquiry. This position is also in keeping with hermeneutics.

As for the grounded theory method, Peirce's theory is directly applicable as follows. Regardless of the set of procedures used to conceptualize categories, any category in effect is an abduction (hypothesis) awaiting validation as the grounded theory analysis proceeds. Accordingly, it does not stretch Peirce's concept of abduction argument too far if it is modified for hermeneutics in the following way:

This [interesting, surprising, etc) passage of text, C, is encountered.

The meaning, A, of C may apply to the text as a whole.

Therefore there are *prima facie* grounds for pursuing A.

In the case of the original way of categorizing, abduction awaits the inductive sorting of codes into clusters. Once made in the form of a category applied to the cluster, the abduction is tested by ensuing inductive analysis of the text. When abduction is engaged early in the analysis, most of the induction involves additional texts that are acquired as the analysis proceeds (by virtue of analysis and the gathering of data being conducted concurrently). Alternatively, when the abduction is made later in the analysis, the induction involves both new text as it is gathered and the text that is already on hand. In the case of the Turner-Rennie et al. way of categorizing, abduction is applied to a new text fragment as it is encountered during the course of the analyst's progress through the text. Once made, the resulting hypothesis is tested by the inductive analysis of ensuing text. Thus, in the traditional way, abduction emerges from induction and returns to it. In the Turner-Rennie et al. way, inference begins with abduction and is followed by induction. Either way, induction informs the abduction. Categories (or abductions/hypotheses) are changed, discarded or pooled into other categories depending on the interpretations given to the remaining text to be analyzed.

Moreover, in the grounded theory method, earlier text is analyzed in the light of the categories developed later on in the analysis, to see if they apply to the earlier text (in expression of the hermeneutic circle).

It is important to point out that the interplay between abduction and induction applies regardless of whether the text is given by a single participant or is constituted of the individual reports regarding several individuals. Depending on the interpretation given to his works, this feature either extends significantly or complements Dilthey's methodical hermeneutics. My reading of translations of and commentaries on Dilthey's works (e.g., Dilthey, 1961, 1976, 1977; Makkreel, 1977/1992; Rickman, 1988) has given me to understand that his methodical hermeneutics was directed to the understanding of either particular events or actors. If this interpretation is accurate, then the present version of methodical hermeneutics could be taken as a way to expand Dilthey's version into a way of understanding generals as well as particulars. In a recent paper, however, Teo (1999) acknowledges that, indeed, the usual interpretation made of Dilthey's method is that it was restricted to the understanding of particulars. Teo holds, however, that this interpretation is wrong. Instead, Teo asserts, Dilthey was interested in types as well as tokens. If Teo's interpretation is sound then the present approach complements Dilthey's method (see note 6 below).

Methodical Hermeneutics and Rhetoric

When the objectifying returns from bracketing combined with the interplay between abduction and induction in the grounded theory method are taken into account, support is provided for the claim that the method involves the demonstration of knowledge claims. As such, a link is established between the method and Cartesian-Kantian epistemology. Alternatively, to the extent that the fundamentally hermeneutic nature of the mode of inquiry involves relativism, rhetoric is brought into play. Rhetoric has been defined as the art of persuading an audience to a point of view over matters that are uncertain (Aristotle, 1954). It is closely connected with hermeneutics -- a point that is made about both ancient (Eden, 1987) and contemporary (Hernadi, 1987) hermeneutics. In response to Aristotle's defense of it, rhetoric was esteemed in the Middle Ages and the Renaissance but came under the same disfavor accorded to it by Plato, once the Enlightenment got underway (Vickers, 1988).[4] Rhetoric is coming into renewed respectability in contemporary thought about knowledge

---

[4] Rhetoric has always involved the use of tropes and figures. In this regard, a trope is defined as, 'A figure of speech which consists in the use of a word or phrase in a sense other than is proper to it; also, in casual use, a figure of speech; figurative language', while a figure is defined as 'Any form of expression which deviates from the normal; e.g., Aposiopesis, Hyperbole, Metaphor, etc' (Oxford Shorter Dictionary). Plato emphasized these elements of rhetoric when attacking it on the grounds that their use in eloquent oratory has to do with the production of persuasive effect rather than knowledge, truth. In response to Plato, Aristotle (1954) maintains that the use of figures, such as metaphor, may effectively articulate inchoate meaning having to do with human affairs. Moreover, he points out that, in addition to tropes and figures, rhetoric may involve demonstration in the form of induction, including the use of examples. Accordingly, although this kind of demonstration involves probability and is not as strong as the application of a logical syllogism, it has to do with knowledge nevertheless and its use contributes to making rhetoric more than the clever use of words for effect (see also Vickers, 1988).

development, however, and in the bargain has been extended beyond its traditional confine to oratory to include written arguments as well (e.g., Bazerman, 1988; Dearin, 1969; Nelson, Megill, & McCloskey, 1987; Perelman & Olbrechts-Tyteca, 1958/1969). This renewal has been buoyed by contemporary thought as expressed in American pragmatism (e.g., Dewey, 1938; Peirce, 1965), postmodernism (e.g., Rorty, 1979), social constructionism (Gergen, 1985) and philosophical hermeneutics (Gadamer, 1960/1992; Heidegger, 1927/1962). These schools of thought are united in emphasizing that knowledge production is relativized to the perspectives of its producers (for a good overview, see Fay, 1996; for related literature see Bernstein, 1983; Kvale, 1996; Margolis, 1986).

The case for the involvement of rhetoric in the grounded theory method inquiry needs to be made directly. In recognizing that a grounded theory is to be presented as *plausible*, Strauss and Corbin (1994) coherently draw upon pragmatism. Whether in terms of Peirce's or Dewey's version of it, pragmatism holds that knowledge production is a matter of perspective and that warrants to truth are a matter of consensus among the members of the community of inquirers. Pragmatism makes no distinction between natural and human science, however. Although Peirce's pioneering work in semiotics has implications for human science (Hernadi, 1987), his main concern was with developing a modern logic commensurate with modern natural science (Tursman, 1987). Meanwhile, although Dewey was greatly preoccupied with social issues, his characterization of the experiment as the most advanced expression of human inquiry is modeled after the experiment in natural science (see Dewey, 1938/1991). As seen, the constant comparative procedure interpreted as abduction and induction contributes to a way of making hermeneutics methical, and in a way that provides justification for the claim that the returns are internally valid. But it would be a mistake to conclude from this that the grounded theory method is thereby brought into the domain of natural science, precisely because of the double hermeneutic pertinent to the method. The result of all this is that the method involves rhetoric to an even greater extent than is made visible when it is seen as an expression of pragmatism.

Qualitative research methodologists influenced by the grounded theory method who identify with positivism are inclined to import natural scientistic notions of reliability and validity (e.g., Miles & Huberman, 1984; Hill, Thompson, & Williams, 1997; for a characterization of this approach as scientific realism, see Madill, Jordon & Shirley, 2000). Thus, researchers may be encouraged (even required in some cases) to conduct "member checking" (i.e., checking with research participants about the adequacy of formulations [Guba & Lincoln, 1982]). They may be urged to "triangulate" findings (that is, to look for alternative evidence in support of their formulations). They may be directed to work in teams and to make categorization a matter of team consensus. The incorporation of such procedures into a grounded theory endeavor applies an objectivistic gloss to the study that may increase the study's rhetorical impact -- at least on readers who identify with positivism. Ironically, it is consistent with looking upon grounded theory methodology as methodical hermeneutics to suppose that the same procedures may *decrease* its impact if they interfere with the groundedness of the study, thereby diminishing the extent to which it resonates with the reader. First, engaging in "member checking" is collegial and expressive of the humanistic values supporting qualitative research. It is also useful, as intended, as a check on the biases of the researcher. However, it raises the thorny question of whom to believe when there is a disparity between the researcher's and the respondent's interpretation of the respondent's text.

Although it is true that respondents may know the meaning of their texts better than anyone else, it is also true that this may not be the case, depending on whether or not respondents are defensive about the experience and conduct represented in their texts. Second, triangulation may enhance persuasiveness but its use is tricky. For example, acquaintances of respondents may be asked to give their impressions of the respondents' experience and conduct, as a way of getting an objective stance on that experience, but this "objectivity" requires interpretation as much as the respondents' reports. Finally, team consensus in the conceptualization of categories doubtless increases their reliability, but possibility at the expense of their validity. After all, the interpretations given by a single member of the team may be more penetrating than those of other members, but may be censored because the others cannot "see" them (for related critiques, see Giorgi, 1988, 1989; Madill, Jordan, & Shirley, 2000; Packer & Addison, 1989a, 1989b; Stiles, 1993, 1997). Once it is understood that the grounded theory method is both hermeneutical and rhetorical, the relativization inherent in all objectifying initiatives, whether positivistic or not, becomes more clear.

On the other side of the coin, as emphasized, the grounded theory method does not resolve to being empty rhetoric constituted of the use tropes and figures. There are a number of considerations having to do with the method that support claims to knowledge coming out its application. Figures indeed may be employed (as in the use of metaphor in the conceptualization of categories). Nevertheless, when the intent is to convey understanding and not merely the creation of effect, the use of such figures contributes to demonstration although, of course, not the kind of demonstration that comes from the application of the syllogism in logic. Second, being reflexive during all phases of the inquiry and communicating the returns from the reflexivity help to objectify the researcher's understanding, and thereby contribute to demonstration. Third, the detailing of the procedures used in the inquiry lets the reader know that the analysis was done thoughtfully, painstakingly and systematically, all of which reassure the reader that presented understandings are based on rigorous method. Fourth, staying grounded when interpreting enhances persuasiveness: as Glaser and Strauss have always maintained, a properly grounded theory will ring true for the reader (sharing the same culture as the author of the theory) and need not be illustrated very much. Still, it is reassuring for the reader to be enabled to "see" the theory and categories supporting in it in fragments of the text involved in the inquiry, regardless of how much the overall formulation resonates. Finally, in making impact on the reader, there is no substitute for clear, vivid language, as in any other kind of writing.

In summary, the grounded theory method is very different from the positivistic approach to social science because it takes into account the double hermeneutic inherently constituting it. Accordingly, users of the grounded theory method need to resist a slide into the kind of objectivism that positivism upholds because this slide risks throwing the baby out with the bath water. The "life" of the subject matter is in the meaning of the text constituting it, and ascertaining of the meaning is a matter of interpretation, which is always relative to the interpreter. Thus, users draw upon the assumption that the meaning of the text that is brought to light through the grounded theory inquiry will resonate with the reader sharing a culture with the interpreter, such that the audience will identify with the interpretation and be moved by it. These principles have figured in an effort made recently by Elliott, Fischer and Rennie (1999) to develop tentative guidelines for publishing qualitative research in psychology and related disciplines.

Discussion and Conclusion

Although Strauss and Corbin characterize the grounded theory method as interpretive, they do not go as far as to cast it as a form of hermeneutics, while Glaser is less inclined to mention that the method involves interpretation despite his recognition of perspectivism. On the other side of the coin, qualitative researchers who have addressed the relationship between hermeneutics and grounded theory have not taken the step of making the grounded theory method a part of hermeneutics. Thus, Addison (1989) indicates that he used some grounded theory procedures to aid his hermeneutic study of medical residents' passage through a residency (Addison, 1984), but sees the grounded theory method as involving different assumptions than hermeneutics. In a similar vein, Wilson and Hutchinson (1991) have theorized that hermeneutics can be used to complement a grounded theory analysis, but do not view the latter as an expression of the former. Meanwhile, none of the above methodologists has gone so far as to conclude that supports for claims to understanding derived from the method coherently is a matter of rhetoric supported by relativized demonstration.

Whether advanced by Schleiermacher (see Bleicher, 1980; Palmer, 1967), Dilthey (1961, 1976, 1977) or Betti (see Bleicher, 1980), methodical hermeneutics has been an attempt to extend the Cartesian-Kantian epistemological project to the human sciences. In their efforts to adhere to realism in the face of the relativism involved in the double hermeneutic, all of these formative hermeneuts in one way or another looked to Hegelian foundationalism. Thus, Scheiermacher's divinatory method of interpreting the intentions of the author of a text was influenced by Hegel's notion of transcendental Absolute mind (Dilthey, 1977). Dilthey's approach expressed his objection to idealist philosophies of history, including Hegel's (Bleicher, 1980). Nevertheless, Dilthey drew on Hegel's concept of objective mind instantiated in cultural objects of various sorts; although Dilthey was sensitive to relativism, it is generally agreed that he was uncomfortable with it (see Rickman's Introduction to Dilthey, 1976). Meanwhile, Betti (1962/1980) drew on Hegel when attempting to work out an objective-idealist approach to *verstehen* (Bleicher, 1980).[5]

The striving for epistemology represented in Schleiermacher's, Dilthey's and Betti's methodical hermeneutics has been challenged by Heidegger's prioritizing of ontology over epistemology and by Gadamer's (1992/1960) notion of the fusion of the interpreter's horizon of understanding and the horizon entailed in the text. In the light of this philosophical hermeneutics, the epistemological project carried forward by the methodical hermeneuts is considered untenable because of the ineluctable immersion in culture and language of all attempts to achieve understanding, and especially those made in the human sciences. This position has led to a debate between Habermas, Betti and Gadamer about the relationship between hermeneutics and epistemology, with Habermas and Betti being on the side of epistemology, and Gadamer against it (for useful commentaries, see Bleicher, 1980; Teigas, 1995; Warnke, 1987). Fanned by the relativistic wind of postmodernism that philosophical hermeneutics helped to create, there has been a tendency in the contemporary application of hermeneutics to human inquiry to give the nod to Gadamer. This sentiment has been expressed in Addison's position on the relationship between hermeneutics and the grounded theory method.

---

[5] Verstehen has been translated to mean both 'understanding' and 'knowing how and knowing that'.

The departure that I am taking is to blend Cartesian-Kantian epistemology, hermeneutics and rhetoric. The relativism stressed in the philosophical hermeneutic critique supports this move. But the compatibility with the critique does not end there: Heidegger's ontology is about being-in-the-world as opposed to a dualistic separation from it and in this sense expresses realism. Meanwhile, Gadamer emphasizes the role of tradition in human affairs. Both positions support the stance that realism entails the commonalities afforded by language and culture. As for the matter of horizons of understanding, as seen, the present version of methodical hermeneutics disputes the philosophical hermeneutic argument that it is pointless to attempt to escape from one's horizon of understanding. Instead, it maintains that a relativized version of Husserl's technique of bracketing offers a middle ground between realism and relativism so long as the investigator makes a conscientious effort to be self-reflective and to express the returns from the reflexivity. Overall, then, the present version of methodical hermeneutics is in league with the others in arguing against the Gadamerian conclusion that, apart from philosophical hermeneutics itself, method has no place in hermeneutics. Moreover, although to address the matter in detail would take us beyond the scope of this article, the move of characterizing the grounded theory method as methodical hermeneutics appears to bring induction more systematically into the latter, compared to the earlier approaches to methodical hermeneutics. If it can be agreed that this move is made while positioning methodical hermeneutics midway between realism and relativism, then it would seem that the approach strengthens the stand against the philosophical hermeneutic position.[6]

Some critics may argue that declaring grounded theory method to be hermeneutic ignores the emphasis in contemporary hermeneutics on praxis, or engagement in the world, as opposed to mere reporting on such engagement. Addison (1989), for example, makes this complaint. Although the returns from his participant observation of medical residents are wonderful, there is nothing about the method that excludes such an approach to research. Indeed, it does not look all that different from the way in which Glaser and Strauss did their

---

[6] Among those of the three formative methodical hermeneuts, it is Dilthey's approach that comes closest to the present one in terms of induction. Dilthey's historical interpretation has been described by Rickman (1961) as follows:

"In the interpretations which men of the past and, indeed, in whole ages, have given to their lives and actions lies a firm starting point for the historian and, in grasping it, he can unify historical method. Of course, if matters are as Dilthey suggests, we cannot first establish the facts scientifically, collect, arrange and interpret them and afterwards exercise our historical imagination on them. There must, rather, be a pendulum movement between the processes. Having got hold of some facts we try to glean from them some imaginative insight; this will help us to arrange these facts and to discover the relevance of others. In the light of the new facts we can test, and perhaps modify, our original imaginative conclusions. Thus, gradually, we widen and deepen our inquiry through the interplay of these complementary methods. Historical imagination helps us to decide what the relevant historical facts are but the imaginative reconstruction is, in turn, based on these facts" (p. 47f).

The interplay between facts and imagination advocated by Dilthey maps very well on to the interplay between induction and abduction formulated by Peirce. The effect of interpreting the approach Dilthey addresses in terms of Peirce's theory of inference, however, is to bring induction more centrally into the picture. Meanwhile, I can find no evidence that either Dilthey or Rickman attempted to apply Peirce's thought to Dilthey's methodical hermeneutics.

own hospital studies (e.g. Glaser & Strauss, 1965). In any case, it is important to distinguish between hermeneutics per se and hermeneutics influenced by Heidegger's preoccupation with prereflective engagement in the world more than with reflection about the world. To repeat the point made above, hermeneutics traditionally has been defined as the theory of the interpretation of text that is difficult to understand, and thus is more inclusive than the understanding of text emphasized by Heideggerians. Within this broader framework, the information addressed in the grounded theory method is hermeneutic even when in entails reports on experience.

In closing, the present portrayal of methodical hermeneutics raises the provocative question of whether or not it is sufficiently robust to apply to all approaches to qualitative research. I recently expressed some tentative thoughts in this regard (Rennie, 1999), but, as pointed out there, to address this question properly would require extensive study indeed. Thus, in the interim, qualitative research methodologists will have to form their own conclusions.

References

1. Addison, R. B. (1984). Surviving the residency: A grounded, interpretive investigation of physician socialization. Unpublished doctoral dissertation, University of California, Berkeley (University Microfilms No. 84-268-89).
2. Addison, R. B. (1989). Grounded interpretive research: An investigation of physician socialization. In M.J. Packer & R. B. Addison (Eds.), Entering the circle: Hermeneutic investigation in psychology (pp. 39-57). Albany, NY: State University or New York Press.
3. Aristotle (1954). Rhetoric and poetics. (W. Rhys Roberts & I. Bywater, Trans.). New York: Random House.
4. Bazerman, C. (1988). Shaping written knowledge: The genre and activity of the experimental article in science. Madison: University of Wisconsin Press.
5. Bernstein, R. (1983). Beyond objectivism and relativism. Philadelphia: University of Philadelphia Press.
6. Betti, E. (1980). Hermeneutics as the general method of the Geisteswissenschaften. In J. Bleicher, Contemporary hermeneutics: Hermeneutics as method, philosophy and critique (J. Bleicher, Trans.; pp. 51-94). London and Boston: Routledge & Kegan Paul. (Original work published 1962.)
7. Bleicher, J. (1980). Contemporary hermeneutics: Hermeneutics as method, philosophy and critique. London and Boston: Routledge & Kegan Paul.
8. Corbin, J. (1998). Alternative interpretations: Valid or not? Theory & Psychology, 8, 121-128.

9. Curd, M. (1980). The logic of discovery: An analysis of three approaches. In R. S. Cohen & M. W. Wartofsky (Series Eds.), Boston studies in the philosophy of science: Vol. 56: T. Nickles (Ed.), Scientific discovery, logic and rationality (pp. 201-219) [Volume 56 of Boston Studies in the Philosophy of Science]. Dordrecht, Holland/Boston/London: Reidel.

10. Dearin, R. D. (1969). The philosophical basis of Chaim Perelman's theory of rhetoric. Quarterly Journal of Speech, LV, 213-224.

11. Dewey, J. (1991). Logic: The theory of inquiry. Carbondale: University of Illinois Press. (Original work published 1938.)

12. Dilthey, W. (1961). Meaning in history: W. Dilthey's thoughts on history and society. (H. P. Rickman, Ed., Trans. and Intro.). London: Allen & Unwin.

13. Dilthey, W. (1976). W. Dilthey: Selected writings. (H. P. Rickman, Ed., Trans., & Intro.). Cambridge, UK: Cambridge University Press.

14. Dilthey, W. (1977). Descriptive psychology and historical understanding. (R. M. Zaner & K. L. Heiges, Trans; R. A. Makkreel, Intro.). The Hague: Martinus Nijhoff.

15. Eden, K. (1987). Hermeneutics and the ancient rhetorical tradition. Rhetorica, V, 59-86.

16. Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for the publication of qualitative research in psychology and related fields. British Journal of Clinical Psychology, 38, 215-229.

17. Ericsson, K. A., & Simon, H. A. (1980). Verbal reports as data. Psychological Review, 87, 215-251.

18. Fay, B. (1996). Contemporary philosophy of social science: A multicultural approach. Oxford: Basil Blackwell.

19. Gadamer, H-G. (1992). Truth and method (2nd rev. ed.; J. Weisheimer & D. G. Marshall, Trans.). New York: Crossroad. (Original work published 1960.)

20. Gergen, K. (1985). The social constructionist movement in modern psychology. American Psychologist, 49, 412-416.

21. Giddens, A. (1976). New rules for sociological method. New York: Basic Books.

22. Giorgi, A. (1970). Psychology as a human science: A phenomenologically based approach. New York: Harper Row.

23. Giorgi, A. (1988). Validity and reliability from a phenomenological perspective. In M. Baker, L. Mos, H. Rappaport & H. Stam (Eds.), Recent trends in theoretical psychology (pp. 167-176). New York: Springer.

24. Giorgi, A. (1989, August). The status of qualitative research from a phenomenological perspective. Paper presented at the annual meeting of the Human Science Research Conference, University of Aarhus, Aarhus, Denmark.

25. Glaser, B. G. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. Mill Valley, CA: Sociology Press.

26. Glaser, B. G. (1992). Emergence vs. forcing: Basics of grounded theory analysis. Mill Valley, CA: Sociology Press.

27. Glaser, B. G., & Strauss, A. (1965). Awareness of dying. Chicago: Aldine.

28. Glaser, B. G., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine.

29. Guba, E., & Lincoln, Y. (1982). Epistemological and methodological bases of naturalistic inquiry. Education Communication and Technology Journal, 30, 233-252.

30. Habermas, J. (1984). The theory of communicative action. Vol. 1: Reason and the rationalization of society. (T. McCarthy, Trans.). Boston: Beacon. (Original work published 1981.)

31. Heidegger, M. (1962). Being and time. (J. Macquarrie & E. Robinson, Trans.). San Francisco: Harper & Row. (Original work published 1927.)

32. Hernadi, P. (1987). Literary interpretation and the rhetoric of the human sciences. In J. S. Nelson, A. Megill, & D. N. McCloskey (Eds.), The rhetoric of the human sciences: Language and argument in scholarship and public affairs (pp. 263-275). Madison: University of Wisconsin Press).

33. Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. The Counseling Psychologist, 25, 517-572.

34. Husserl, E. (1962). Ideas: General introduction to phenomenology. New York: Colliers. (Original work published 1913.)

35. Kuhn, T. (1970). The structure of scientific revolutions (2nd ed.). Chicago: University of Chicago Press.

36. Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Thousand Oaks, CA/ London: Sage.

37. Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist, and radical constructionist epistemologies. British Journal of Psychology, 91, 1-20.

38. Makkreel, R. A. (1992). Dilthey: Philosopher of the human studies. Princeton, NJ: Princeton University Press. (Original work published 1977.)

39. Margolis, J. (1986). The persistence of reality 1: Pragmatism without foundations: Reconciling realism and relativism. Oxford/New York: Blackwell.

40. Mead, G. H. (1917). Scientific method and the individual thinker. In J. Dewey (Ed.), Creative intelligence (pp. 167-227). New York: Holt.

41. Miles, M., & Huberman, M. (1984). Drawing valid meaning from qualitative data: Toward a shared craft. Educational Researcher, 13, 20-30.

42. Nelson, J. S., Megill, A., & McCloskey, D. N. (Eds.). (1987). The rhetoric of the human sciences: Language and argument in scholarship and public affairs. Madison: University of Wisconsin Press.

43. Nisbett, R. E., & Wilson, T. D. (1977). Telling more than we know: Verbal reports on mental processes. Psychological Review, 84, 231-259.

44. Packer, M. J. , & Addison, R. B. (1989a). Introduction. In M. J. Packer & R. B. Addison (Eds.), Entering the circle: Hermeneutic investigation in psychology (pp. 13-26). Albany: State University of New York Press

45. Packer, M. J., & Addison, R. B. (1989b). Evaluating an interpretive account. In M. J. Packer & R. B. Addison (Eds.), Entering the circle: Hermeneutic investigation in psychology (pp. 275-292). Albany: State University of New York Press.

46. Palmer, R. (1969). Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer. Evanston, IL: Northwestern University Press.

47. Peirce, C. S. (1965). Collected papers of Charles Sanders Peirce. Cambridge, MA: The Belknap Press of Harvard University Press.

48. Perelman, C., & Olbrechts-Tyteca, L. (1969). The new rhetoric: A treatise on argumentation. (J. Wilkinson & P. Weaver, Trans.). South Bend, IN: University of Notre Dame Press. (Original work published 1958.)

49. Pilowski, J. E. (1993). The courage to leave: An exploration of Spanish-speaking women victims of spousal abuse. Canadian Journal of Community Psychology, 12, 15-30.

50. Reichenbach, H. (1949). The theory of probability. (E. H. Hutton and M. Reichenbach, Trans.). Berkeley: University of California Press.

51.   Rennie, D. L. (1998a). Grounded theory methodology: The pressing need for a coherent logic of justification. Theory & Psychology, 8, 101-119.

52.   Rennie, D. L. (1998b). Reply to Corbin: From one interpreter to another. Theory & Psychology, 8, 129-135.

53.   Rennie, D. L. (1999). Qualitative research: A matter of hermeneutics and the sociology of knowledge. In M. Kopala & L. Suzuki (Eds.), Using qualitative methods in psychology (pp 3-19). Thousand Oaks, CA/London: Sage.

54.   Rennie, D. L., Phillips, J. R., & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology? Canadian Psychology, 29, 139-150.

55.   Rickman, H. P. (1961). Introduction. In W. Dilthey, Meaning in history: Wilhelm Dilthey's thoughts on history and society (H. P. Rickman, Ed., Trans., & Intro.; pp. 11-63). London: Allen & Unwin.

56.   Rickman, H. P. (1988). Dilthey today: A critical appraisal of the contemporary relevance of his work. New York: Greenwood.

57.   Ricoeur, P. (1978). The task of hermeneutics. In M. Murray (Ed.), Heidegger and modern philosophy: Critical essays (pp. 141-160). New Haven, CT/London: Yale University Press.

58.   Ricoeur, P. (1981). Hermeneutics and the human sciences. (J. B. Thompson, Ed., Trans., & Intro.). Cambridge: Cambridge University Press.

59.   Rorty, R. (1979). Philosophy and the mirror of nature. Princeton, NJ: Princeton University Press.

60.   Schütz, A. (1967). The phenomenology of the social world. Evanston, IL: Northwestern University Press.

61.   Shaul, A. (1994). Therapists' symbolic visual imagery: A key to empathic understanding. Dissertation Abstracts International, 54: 5953-B. Order Number: DANN84217.

62.   Stiles, W. B. (1993). Quality control in qualitative research. Clinical Psychology Review, 13, 593-618.

63.   Stiles, W. B. (1997). Consensual qualitative research: Some cautions. The Counseling Psychologist, 25, 586-598.

64.   Strauss, A. (1987). Qualitative analysis for social scientists. Cambridge: Cambridge University Press.

65.   Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA/London: Sage.

66.   Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 273-285). Thousand Oaks, CA/London: Sage.

67.   Taylor, C. (1971). Interpretation and the sciences of man. Review of Metaphysics, 25, 3-51.

68.   Taylor, C. (1989). Sources of the self: The making of modern identity. Cambridge, MA: Harvard University Press.

69.   Teigas, D. (1995). Knowledge and hermeneutic understanding: A study of the Habermas-Gadamer debate. London/Toronto: Associated University Press.

70.   Teo, T. (1999). The socio-historical conceptualization of the mind: Karl Marx and Wilhelm Dilthey on its nature and methodology. Unpublished ms., Department of Psychology, York University, Toronto, Ontario.

71.   Turner, B. (1981). Some practical aspects of qualitative data analysis: One way of organizing process associated with the generation of grounded theory. Quality and Quantity, 15, 225-247.

72.   Tursman, R. (1987). Peirce's theory of scientific discovery: As system of logic conceived as semiotic. Bloomington: Indiana University Press.

73.   Vickers, B. (1988). In defence of rhetoric. Oxford: Clarendon Press.

74.   Warnke, G. (1987). Gadamer: Hermeneutics, tradition, and reason. Stanford, CA: Stanford University Press.

75.   Watson, J. C., & Rennie, D. L. (1994). A qualitative analysis of clients' subjective experience of significant moments in therapy during the exploration of problematic reactions. Journal of Counseling Psychology, 4, 500-509.

76.   Watson, K. (1999). The way I research is who I am: The subjective experiences of qualitative researchers. Unpublished MA thesis, Department of Psychology, York University, Toronto, Ontario.

77.   Wilson, H. S., & Hutchinson, S. A. (1991). Triangulation of methods: Heideggerian hermeneutics and grounded theory. Qualitative Health Research, 1, 263-276.

78.   Zaner, R. M. (1970). The way of phenomenology: Criticism as a philosophical discipline. New York: Pegasus.

The Psychoanalytic Case Study as a Source of Epistemic Knowledge

JÖRG FROMMER AND MICHAEL LANGENBACH

Introduction

It will be the task of this chapter to examine in detail the short story-like, narrative character of the declining genre of the case study, with specific respect to its adequacy and scientific quality. It is not the intent of the chapter to provide an overview of the multitude of psychotherapeutic and psychoanalytic case reports that have appeared since Freud's studies on hysteria (Freud, 1895). Nor are we interested in attempting an adequate and/or sufficient account of the many modern quantitatively based single-case analyses. Rather, we shall concentrate on the justification and acceptability of narrative case reports, primarily with regard to methodological aspects, in order to work out a methodology. We shall begin by locating the value of the case study within recent psychotherapy research. In a second step, we shall look at the roots and historical development of the case study. In particular, we shall consider Freud's famous case reports, trying to pinpoint their implicit methodology and to relate it to modern approaches of biographical psychology and qualitative research. We shall then proceed to try to conceptualize Freud´s implicit methodology and to relate it to the methodology of qualitative research. Finally, we shall present a preliminary description of our concept of the case study which will not only delineate it from other methods but also determine it structurally. Essential characteristics in this context will be the concepts of typification, ideal type, and trajectory. Within this framework, we shall end by discussing the linear, dialectical, and dramatic aspects of the psychotherapeutic trajectory.

Discontent in Psychotherapy Research and the Need for a Holistic Understanding

Since the mid-80s, there has been a growing discontent with psychotherapy research findings hitherto attained. Originally, this discontent had been about a series of over 4000 studies centering on the question of effectiveness, wherein preference was given to research designs based on group comparison - similar to what is done in pharmacological research settings. The dispute arose from Eysenck's (1952) provocative claim that spontaneous remission rates among patients with psychoneuroses were higher than improvement rates from psychotherapeutic treatments. This claim has proved to be untenable even on the basis of Eysenck´s own data pool (McNeilly & Howard, 1991). More strongly, it has been refuted by further findings from the relevant literature (Lambert & Bergin, 1994). Currently, a somewhat polemical discussion is going on regarding the question of superiority of different individual therapy approaches (Grawe, Donati & Bernauer, 1994; Mertens, 1994; Meyer, 1994; Tschuschke, Kächele & Hölzer, 1994). The different parties agree, however, that,

although psychotherapy can be reasonably assumed to be helpful, it is yet unclear how this is achieved. According to Klaus Grawe, the problem is caused by "... an all too euphemistic, statistically generated concept of effectivity of different individual therapy approaches under study."[1] (Grawe, 1988, p. 2).

Grawe has further argued, "... group statistical screenings and analyses isolate each piece of data from the context within which it operates as meaningful for an individual or for a specific therapy, integrating it with other likewise decontextualized scraps of data. The results and evaluations thus extracted no longer relate to an individual or to a therapy, but represent abstract features, such as, for instance, membership of a certain patient or therapy group..."[2] (Grawe, l.c.). As a consequence, the data collection of a project grows into an enormous data pool, by means of which the various different statistical procedures, aiming at isolating significant relationships, can then be "tested". Yet, high and unambiguous correlations are rare. In a programmatic essay of 1988 Grawe demanded, *Zurück zur psychotherapeutischen Einzelfallforschung (Back to psychotherapeutic single-case research)*. Psychotherapy research has since begun undogmatically to attend to sequences of ongoing therapy interaction. In other words, it has begun to question the use of questionnaires administered to groups of patients prior to and/or after therapy sessions, and to favor audio and/or video documentation and transcripts of therapy sessions instead. Along with this turn different psychotherapy researchers have approached one and the same case, using and comparing various different instruments and description models. It is the goal of such projects - for instance, the project initiated by Horst Kächele and his Ulm research work group on psychotherapeutic single-case research – "... to compare with one another the various different methods of process analysis and to test them as to their epistemic potentials, and their applicability, practicability, and restrictions"[3] (Grawe, 1992, p. 155).

Any attempt to account critically for the methodological aspects of studies on psychotherapy research needs to distinguish the multiple dimensions characterizing the subject matter. Following Orlinsky and Howard (1987), Kiesler (1973), Bordin (1974), Russell (1988), and Greenberg (1986), Robert Elliott, in a systematic overview, has distinguished the following five dimensions of the psychotherapeutic process:

1) *Perspective of observation:* What is the point of view of the person observing the therapy process?
   - client
   - therapist
   - researcher

---

[1] "...ein allzu euphemistisches, gruppenstatistisch erzeugtes Bild von der Wirkung der jeweils untersuchten Therapie."

[2] "...bei der gruppenstatistischen Aufarbeitung und Analyse wird jedes einzelne Datum aus dem Kontext, aus dem es seine Bedeutung für diese spezifische Person oder Therapie gewinnt, herausgelöst und mit anderen Einzeldaten integriert, für die dasselbe zutrifft. Daraus gezogene Kennwerte und Ergebnisaussagen beziehen sich nicht mehr auf einzelne der untersuchten Therapien oder Personen, sondern auf abstrakte Merkmale wie die Zugehörigkeit zu einer bestimmten Behandlungs- oder Patientengruppe ... "

[3] "...die verschiedenen Methoden der Prozeßanalyse hinsichtlich ihres Erkenntniswertes, ihrer Praktikabilität, ihrer Möglichkeiten und Beschränkungen zu erproben und miteinander zu vergleichen".

2) *Person/Focus:* Which element of the therapeutic system is studied?
    - client(s)
    - therapist(s)
    - dyad/system
3) *Aspect of process:* What kind of communication variable is studied?
    - content (kinds of propositions, themes)
    - action (speech act, intention, task, response mode)
    - style (paralinguistic and nonverbal behavior, vocal quality, mood)
    - quality (therapist´s skillfulness, client working)
4) *Unit level:* At what level is the therapy process studied?
    - sentence
    - speaking turn/interaction sequences
    - topical episode
    - session
    - treatment phase
    - entire course of treatment
5) *Sequential phase:* What temporal orientation of the text unit under investigation is studied?
    - context (what has led up to a certain sequence or process unit?)
    - process (a specific perspective, person, or aspect targeted for study at a given unit/level)
    - impact/ outcome (what is the therapeutic significance of the process unit regarding the course and outcome of the treatment?) (Elliott, 1991, p. 94)

These dimensions can be studied by means of a variety of methods. The major distinction is between quantitative and qualitative designs. Even so, the differences between these two approaches are not total: Although qualitative methods usually do not employ quantification of observations, quantitative methods using nominal scaling of their findings take an intermediate status, depending on the point of view. Although some authors subsume them under qualitative methodology or categorize them as falling somewhere in between qualitative and quantitative approaches (Alberti, 1994; Faller, 1994), methodologists from traditional qualitative research do not ascribe them to the spectrum of qualitative methodology (Denzin & Lincoln, 1994; Flick et al., 1991).

Moreover, there is a field of inquiry that draws on both quantitative and qualitative psychotherapy research. Primarily quantitative approaches (for instance, Benjamin, 1974; Dahlbender & Kächele, 1994; Luborsky, 1984; Tress, 1993) contain qualitative elements wherever linguistic and/or other forms of symbolically mediated social interaction come into play, because the handling of these processes characteristically implies hermeneutic and contextual interpretations. The fact that even primarily quantitatively oriented methods gather data through the "hermeneutische Nadelöhr (hermeneutic eye of the needle)" (Frommer & Faller, 1994, p. 9) bears relevance to the fact that semantic units do not have firm, unique meanings but take multiple meanings which are organized gradually, ranging from prototypical, central meanings to peripheral, less frequently evoked, or even idiosyncratic meanings. Relevant functional interactional meaning is contextually derived and mutually constituted by the interaction participants (Streeck, 1991).

Widening the scope from process research to include case study, it is necessary to draw two further distinctions, in addition to the dichotomy between qualitative vs. quantitative analyses. Firstly, experimental designs, in which the free variable is directly manipulated, must be discriminated from designs using a passive, observational perspective. Secondly, it is of crucial importance to take into account whether a study primarily aims at the context of justification or at the context of discovery (Hilliard, 1993; Jüttemann, 1992).

Following R.B. Hilliard, the single-case study is defined "as intrasubject research in which aggregation across cases is avoided and the generality of findings is addressed through replication on a case-by-case basis" (Hilliard, 1993; p. 376). Using these differentiations, Hilliard (1993) has suggested a distinction between three forms of single-case studies:

1) *The single-case experiment.* Quantitative data are raised and evaluated, while allowing for direct manipulation of the free variable (for examples Kazdin, 1981; Barlow & Hersen, 1984).
2) *The quantitative single-case analysis.* Research designs which are both hypothesis testing and confirmatory as well as hypothesis testing and exploratory may be employed (for examples of this category see Benjamin, 1974; Dahlbender & Kächele, 1994; Luborsky, 1984; Tress, 1993).
3) *The single-case study.* Here, qualitative data are raised and evaluated. The design may include both passive observational evaluations and manipulation of the free variable, as in the qualitative experiment (Kleining, 1986). In the qualitative single-case study, the relationship between the (confirmatory) context of justification and the (exploratory) context of discovery is highly complementary.

Equating qualitative psychotherapy research with the psychotherapeutic single-case study, Hilliard fails to specify sufficiently the differences between these two forms of single-case research. In the following, we set out to define the single-case study in a stricter sense and as clearly distinct from both quantitative and qualitative process research approaches.

The Methodology of Psychoanalytic Case Studies

The similarity of the psychotherapeutic case study to the literary form of the short story (Freud, 1895, p. 160) makes it fascinating to read and, at the same time, has subjected it to severe criticism as to its scientific status. While clinicians appreciate it, many psychotherapy researchers render it obsolete, arguing that this form of psychoanalytic data presentation should be discarded as nonscientific (Meyer, 1993, p. 563). Meyer´s criticism hits Freud as inventor of the case history directly because Freud struggled for a strict scientific approach due to his academic upbringing. His enthusiasm for the case study is difficult to reconcile with his methodological stance as a natural scientist. It is useful to suppose, following Habermas (1968), that Freud was led by a "scientistic misunderstanding" of his own method. This means that Freud used hermeneutic and qualitative methodology without being conscious of it. Starting from this hypothesis, we shall try to clarify Freud´s tacit hermeneutic position by looking at his six published case histories.

The first of these studies dealt with the case of an 18-year-old woman named Dora, who, following her father's advice, had consulted Freud in 1899 because of migraine, anhelation, a nervous cough, loss of voice, and several other depressive symptoms. The treatment took 11 weeks, and was terminated by Dora. Freud's publication 'Fragment of an Analysis of a Case of Hysteria' (Freud, 1905b) was based on notes Freud made from recall after the sessions. The case report focused on two of Dora's dreams. It was here that Freud first exemplified his theoretical assumptions, which he had primarily developed in his *Studies on Hysteria* (Freud, 1895) and in *The Interpretation of Dreams* (1900). It was also the first time that Freud gave outline of his theory of psychosexual development, which he was to formulate explicitly soon after, in the *Three Essays on Sexual Theory* (Freud, 1905a). Dora's case also caused Freud to reassess the role of transference. Furthermore, he became aware of certain changes in his clinical method. Thus, he no longer gave priority to therapist-initiated symptom oriented topics, "... because I found it totally inadequate for dealing with the finer structure of a neurosis. I now let the patient himself choose the subject of the day´s work, and in that way I start out from whatever surface his unconscious happens to be presenting to his notice at the moment" (Freud, 1905b, p. 12).

Freud's second case report dealt with "Little Hans", whose horse phobia had not been treated by Freud himself. The case report relied on stenographic notes made by Hans's father, who had conducted the therapy. In this case, too, Freud, taking the role of a supervisor, commented on the specific psychoanalytic epistemic process underlying the treatment. Accordingly, "... we endeavour rather to enable the patient to obtain a conscious grasp of his unconscious wishes. And this we can achieve by working upon the basis of the hints he throws out, and so, with the help of our interpretative technique, presenting the unconscious complex to his consciousness in our own words" (Freud, 1909a, p. 120f.).

Freud's third case history related to the so called "Rat Man", a young officer suffering from severe compulsive symptoms. Of the six case reports published by Freud, this was the only one describing a complete and successful treatment. The report was drawn from daily notes which Freud tended to take at night. Following the temporal course of the treatment, his description illustrates some of the characteristics underlying the procedures of data collection and data evaluation. Freud never relied on material gathered immediately during the sessions. Rather he clearly warned "... against the practice of noting down what the patient says during the actual time of treatment. The consequent withdrawal of the physician's attention does the patient more harm than can be made up for by any increase in accuracy that may be achieved in the reproduction of his case history" (Freud, 1909a, p. 159, footnote 2). It is notable that initial therapy phases - the first seven sessions in the case of the "Rat Man" - were given significantly more attention, while later phases were described rather peripherally. In the case history of the "Rat Man", Freud paradigmatically associated the level of *Fragmentary Extracts from the History of a Case of Obsessional Neurosis* (Freud, 1909b, p. 155) - that is, of inductive clinical-phenomenological case descriptions - with that of "... statements of an aphoristic character upon the genesis and finer psychological mechanism of obsessional processes" (Freud, l.c.) -that is, theoretically derived deductive evaluation of the material.

The fourth of Freud's case studies poses an exception. It dealt with a patient who had not been treated by Freud himself and whom Freud had not even known personally. Freud's *Psychoanalytic Notes on an Autobiographically Described Case of Paranoia*, published in

1911, referred to the self-report of the Leipzig court president Daniel Paul Schreber, who had been suffering from a schizophrenic psychosis. In the Schreber study, too, Freud combined his interest in individual case analysis and in theoretical and methodological aspects in a characteristic manner. On the one hand, Freud believed the indirect form of psychoanalytic examination to be perfectly apt in this case because, according to Freud, psychotic patients prove incapable of showing transference behavior and, thus, remain impervious to the analytic technique. On the other hand, he hoped to gain crucial metapsychological insights from just this nosological group: "The psychoanalytic investigation of paranoia would be altogether impossible if the patients themselves did not possess the peculiarity of betraying (in a distorted form, it is true) precisely those things which other neurotics keep hidden as a secret. Since paranoics cannot be compelled to overcome their internal resistances, and since in any case they only say what they choose to say, it follows that this is precisely a disorder in which a written report or a printed case history can take the place of personal acquaintance with the patient" (Freud, 1911, p. 9).

Freud's most detailed case report appeared in 1918. It was entitled *From the History of an Infantile Neurosis* and was to become known in the relevant literature as the case history of the "Wolf Man". Explaining his method, Freud wrote: "I am unable to give either a purely historical or a purely thematic account of my patient's story; I can write a history neither of the treatment nor of the illness, but I shall find myself obliged to combine the two methods of presentation" (Freud, 1918, p. 13). In providing this case study as an example, Freud, in the historical context of the ongoing discussion with C.G. Jung and Alfred Adler, aimed at buttressing his theory of the correlation of infantile psycho-sexual development and of the origins of obsessional neurosis. The case report of the "Wolf Man", like that of the "Rat Man", was centered on only a relatively small therapy unit. After four years of unsuccessful treatment Freud called it to an end. He published his account, which was based on material mainly gathered during the final phase of therapy.

The sixth of Freud's case histories, *The Psychogenesis of a Case of Homosexuality in a Woman* (Freud, 1920), is irrelevant in the present context, as Freud, for reasons of professional confidentiality, had to omit detailed personal data from his patient, and to restrict himself to mere theoretical considerations.

We cannot discuss in detail the rich body of literature on Freud's clinical case studies (see, for instance, Kächele, 1981; Mertens 1990). In the following, we want to consider Freud's paradigmatically selected case-oriented research methods as reflected in his case reports. Obviously, there is close correspondence to the psychoanalytic therapy method which Freud himself, in the postscript to his *The Question of Lay Analysis* (Freud, 1926), has characterized emphatically in the following manner: "In psychoanalysis there has existed from the very first an inseparable bond between cure and research. Knowledge brought therapeutic success. It was impossible to heal a patient without learning something new; it was impossible to gain fresh insight without perceiving its beneficent results" (Freud, 1926, p. 256). Supposedly under the influence of G. A. Lindner, a psychologist whose writings he had been familiar with since his school days, Freud conceived of psychoanalysis as an epistemic discipline, applying the method of induction (similar to the natural sciences) to the sphere of inner experience, primarily by employing the technique of self observation (Nitzschke, 1994, p. 29). Freud did not take the occasion of his own remarks concerning the "... inseparable bond between ..." clinical therapy and research either to revise his nomologi-

cal understanding of his own method and of himself as a scientist (Frommer & Tress, 1993), or to justify coherently the psychotherapeutic case history as a scientific research tool. We shall, thus, try to fulfill this unsettled task in what follows.

Psychoanalytic Knowledge and Qualitative Research

The analogy between psychoanalytically informed clinical and scientific methodology, in that all phenomena occurring in the course of a treatment - including unexpected ones - are approached from an unbiased, open-minded perspective, brings with it a strong similarity between psychoanalytic practice and research, and modern qualitative research and ethnography. In fact, Steinar Kvale, a well known representative of qualitative research in the field of contemporary psychology, has even gone so far to define the psychoanalytic method paradigmatically as a milestone of qualitative research. Kvale undertakes to explicate and formulate Freud´s tacit methodology of the case study, about 100 years after the publication of the first of these case reports. According to Kvale, from a methodological point of view, any approach to psychotherapy research may founder in two ways: Either by missing the target of epistemic growth, due to cruising between anecdotal case stories with little method, or by making the mistake of one-sidedly favoring quantified physical and behavioral measures with little psychological content (Kvale, this volume). Where psychotherapy researchers seek the secure middle path between these two extremes they should remember the fact that "... psychoanalysis is the qualitative method which has yielded substantial contributions to psychological knowledge" (Kvale, 1986, p. 155). Kvale has specified seven characteristics which make psychoanalytic epistemology a form of qualitative method par excellence:

1) Psychoanalytic therapy represents an intense single-case study, during the course of which the analyst will attain unique and deep impressions about the client's inner world and his/her personal history.
2) The psychoanalytic setting is unconditional and non-directive as to what is topicalized; yet at the same time its formal structural conditions make it a highly standardized situation, in which inductive/descriptive openness and theoretically derived interpretations interact. The analyst's undivided attention paralleling the patient's free associations essentially involves "... an openness to the vague, the ambiguous, the contradictory, and the unexpected" (Kvale, 1986, p. 158).
3) It is a fundamental aspect of psychoanalytic work to reveal and interpret meaningful relationships as reflected in the patient's behavior. Compared to quantitative research, there exist overlapping rather than categorial differences between material and interpretation.
4) Striving for an integrative understanding of past, present, and future by regarding the patient's personality from a developmental perspective, psychoanalysis takes into account historical dimensions.
5) Psychoanalytic therapy uses communicative interpersonal relationships, and implies the participants' reflexive self-comprehension of the form and content of these interpersonal relationships. The resulting process represents the dynamics of transference and countertransference.

6) Psychoanalytic treatment is not primarily concerned with normal, but with pathological psychological phenomena, using them "... as a magnifying glass for the less visible conflicts of average individuals" (Kvale, 1986, p. 164).

7) Psychoanalytic therapy predominantly aims at processes of change, that is at the patient's resistance towards change. Therefore, psychoanalysis is interested less in reproduceable than in dynamic phenomena, and in phenomena submitted to change by the examination process (Kvale, 1986, 1996, this volume).

It might be critically held against this general parallelization of psychoanalytic and qualitative research that the specific subject matter of psychoanalytic investigation -the patient's unconscious inner world- significantly differs from that of qualitative research in that the latter concentrates on describing the subject's consciously observed experience and conduct rather than probing unconscious deep structural psychological levels. However, discarding any material concept of the unconscious, more parallels than differences can be identified. Similar to the narrative interview (Schütze, 1983) employed in interpretive social research, verbal utterances given by patients in psychoanalytic sessions ideally involve spontaneous talk. It is the interviewer's task "... to motivate the interviewee to tell the story of the subject matter in question coherently from beginning to end, including all relevant events"[4] (Hermanns, 1991, p. 183). In both cases, the presentational form of narrating an authentic story takes precedence over descriptive and argumentative aspects, which prove of minor importance. Avoiding interference due to subjective and/or evaluative remarks, the interviewer retreats to leave the interaction partner to the implicit "compelling force" (Schütze, 1984, p. 81) of the narrative flow. Analysis of the content of the narration may reveal "... that individuals tend to know and can describe much more about their lives than they appear to have built into their theoretical concepts about themselves and the world around them"[5] (Hermanns, 1991, p. 185; Nisbett & Wilson, 1977). It is the researcher's task to explicate this knowledge, which is available at the narrative representational, yet not at the reflexive conceptual level, and to make it accessible to theoretical comprehension.

Both therapists and researchers develop an only fragmentary knowledge of the historical truth of their patients. Even if we are equipped with a wealth of objective data from the biography of a patient, this knowledge cannot inform us about the subjective experiences of the patient. We can infer this subjective experience from verbal reports which tell us only the narrative truth of a case (Spence, 1982). Applying the narrative truth model assumptions to the situation of the psychotherapeutic treatment, it can be shown that the decoding of the "zweiten Text (second text)" (Werthmann, 1975) of patients' unconscious messages may be based on utterances which, although verbalized under the compelling narrative force, may well have remained unintegrated into their conscious senses of themselves and of the world around them.

In view of a clear analogy between qualitative and psychoanalytic methodology, it seems surprising to find that qualitative approaches have hardly played a role in current psycho-

---

[4] "...den Informanten dazu zu bewegen, die Geschichte des in Frage stehenden Gegenstandsbereichs als eine zusammenhängende Geschichte aller relevanten Ereignisse von Anfang bis Ende zu erzählen."

[5] "...daß die Menschen sehr viel mehr von ihrem Leben wissen und darstellen können, als sie in ihren Theorien über sich und die Welt aufgenommen haben."

analytic research. Hermeneutic approaches have so far been used and supported by authors belonging to humanistic therapy schools, rather than by psychoanalysts.

Particularly in his more recent publications (Kvale, 1996, this volume), Kvale focuses on the psychoanalytic interview rather than therapy process. Thus, Kvale is able to substantiate the epistemological impact of psychoanalytic knowledge but not the trajectory of psycho-analytic treatment which is central for our question of the epistemology of the case study. We shall, thus, turn to the question which methods of research are adequate to study the therapy process as a whole.

Psychoanalytic Case Study, Typification and the Concept of Ideal Types

We postulate that Kvale´s definition of psychoanalytic knowledge is not only useful for the initial interview but also for the whole process of treatment. As a result, we feel that the psychotherapeutic case study does not primarily refer to the objective ongoing of treatment as documented at a quasi one-to-one representational level by means of recordings and/or transcripts, but reflects the development of therapy as subjectively experienced by the par-ticipants. This implies that the case study is moved out of the realm of the observable. We shall, thus, finally deal with the question whether and how it is possible to formulate, under these circumstances, scientific criteria of the case study. Freud, in his much cited remark, did not actually equate the case study with the short story, but expressed the unhappy notion, "... it still strikes me myself as strange that the case histories I write *should read like* short sto-ries" (Freud, 1895, p. 160, italics by the authors) - that is to say, he had recognized a simi-larity running counter to his intentions. Other than the short story, the case study is built from authentic, original data. It would basically be unreasonable to define the quality of the short story in terms of whether or not the poetic idea fits reality; but "... die richtigen Pro-portionen von Originalmaterial und Deduktionen (the right proportions of empirical data and theoretical reflections) ..." (Overbeck, 1993, p. 52) form a crucial touchstone for assessing the quality of a case study. As pointless as it may seem to ask the author of a short story to provide the reader with deeper and more immediate insight into the material underlying it, it is equally pointless to criticize certain individual case studies for obscuring data by giving priority to striking amounts of theoretical interpretation. What is it, then, that substantially defines the "original data" of a case study? The case study primarily hinges upon the partici-pants' verbalized observations, ideas, and fantasies. If the therapist and narrator are identical it is strongly advisable "... to divide up the perspective of the first person narrator into a structuring, defining, interpreting story teller, and a freely associating, fantasizing, self-observing narrator"[6] (above, p. 56). The former can achieve a convincing description only by giving an open rather than a seemingly concluding report, i.e. by providing fragments instead of completeness. In accordance with Overbeck, we should like to postulate that the case report must go beyond the documentary level of available minutes, putting emphasis on retelling the case story, and differentiating between the three perspectives of narration - the patient's experiencing 'I', the therapist's experiencing 'I', and the narrator's reflecting 'I'.

---

[6] "...den Ich-Erzähler einer Fallgeschichte in einen strukturierenden, eingrenzenden, deutenden Erzähler und einen frei assoziierenden, phantasierenden, selbstbeobachtenden Erzähler aufzuspalten."

These perspectives have to be related in a way such that neither trite narration nor an over-kill of theoretical interpretation will be the result (Overbeck, 1996).

The specific difference between the psychotherapeutic case study and the *psychiatric case report* is that, while the latter centers on the patient's case history, the former concentrates on the developmental course of the treatment. The psychoanalytic case history is focused on pathological development presented in the light of its reflection and handling. It does not take the form of a biographical or chronological presentation. It describes the path along which the patient's pathology reveals itself in toto and becomes accessible through the course of the therapeutic process. Verbal and paraverbal interaction between therapist and patient provide the stage on which the scenario of the patient's primary intra- and intersubjective experiences become apparent, and on which they can progressively be comprehended by the participants. It is the researcher's task to show where and why this comprehension process may either succeed or founder.

Freud has tried to describe the relationship between the course of a patient's psychoanalytic treatment and an individual's specific biography by means of a comparison: In the work of the psychoanalyst, a "... work of construction or, if it is preferred, of reconstruction, resembles to a great extent an archaeologist´s excavation of some dwelling-place that has been destroyed and buried or of some ancient edifice. The two processes are in fact identical, except that the analyst works under better conditions and has more material at his command to assist him, since what he is dealing with is not something destroyed but something that is still alive... The analyst ... has at his disposal material which can have no counterpart in excavations, such as the repetitions of reactions dating from infancy and all that is indicated by the transference in connection with these repetitions" (Freud, 1937, p. 259). In other words, from a modern perspective on psychoanalysis, emphasis is put on rational reconstruction of unintelligible human behavior. This becomes feasible "... if we allow in our practical syllogisms for unusual or even bizarre intentions, opinions, and conclusions, such as, for instance, the notion of the persecuting bad female breast. This is exactly what the psychoanalyst does when trying to derive relevant ideas and information from metapsychology, in order to be able to construe rational interpretations of neurotic behaviors and experiences"[7] (Frommer, Frommer & Langenbach, 2000; Tress & Fischer, 1991, p. 617).

Methodologically, Freud's comparison with archaeology implies an oscillation between inductive and deductive epistemological steps. In order to be able to recognize an object found as a fragment of a figurine of clay, the archaeologist must a priori hold a pre-concept of form, color, and overall make-up of that figurine. The find may help correct or refute earlier presumptions. The early Freud must already have had a concise notion of this fact (Kächele, 1981) as he wrote admiringly about Charcot: "He used to look again and again at the things he did not understand, to deepen his impression of them day by day, till suddenly an understanding of them dawned to him. In his mind's eye the apparent chaos presented by the continual repetition of the same symptoms then gave way to order: the new nosological pictures emerged, characterized by the constant combination of certain groups of symptoms. The complete and extreme cases, the 'types', could be brought into prominence with the

---

[7] "...wenn wir ungewöhnliche bis bizarre Absichten und Meinungen, aber auch Modalitäten der Schlußfolgerung, etwa das Konzept einer verfolgenden bösen Brust, in das Kalkül des praktischen Syllogismus einsetzen. Genau das tut etwa der Psychoanalytiker, wenn er aus der Metapsychologie die erforderlichen Anregungen bezieht, um sinnrationale Deutungen neurotischen Verhaltens und Erlebens zu entwerfen."

help of a certain sort of schematic planning, and, with these types as a point of departure, the eye could travel over the long series of ill-defined cases -the 'formes frustes'- which branching off from one or other characteristic feature of the type, melt away into indistinct-ness. He called this kind of intellectual work, in which he had no equal, *practising nosogra-phy*, and he took pride in it" (Freud, 1893, p. 12).

Throughout his entire scientific career, Freud had been using Charcot's nosographic method. In the *New Introductory Lectures On Psycho-Analysis*, Freud has documented this fact as he wrote: "Progress in scientific work is just as it is in an analysis. We bring expecta-tions with us into the work, but they must be forcibly held back. By observation, now at one point and now at another, we come upon something new; but to begin with the pieces do not fit together. We put forward conjectures, we construct hypotheses, which we withdraw if they are not confirmed, we need much patience and readiness for any eventuality, we re-nounce early convictions so as not to be led by them into overlooking unexpected factors, and in the end our whole expenditure of efforts is rewarded, the scattered findings fit them-selves together, we get an insight into a whole section of mental events, we have completed our task and now we are free for the next one" (Freud, 1933, p. 174).

This oscillation between conjectures/hypotheses and the testing of them is crucial for the methodology of the psychoanalytic case history. We should like, therefore, to call such early stages of knowledge which have abductive and inductive elements (see Rennie, this volume, p. 37f), following Husserl, "typifications". Typifications can be defined as follows: "Typifi-cations operate below the level of explicit conceptualization, and they prestructure the expe-riential field within such conceptualization occurs" (Schwartz & Wiggins, 1987a, p. 71). We can view by such typifications not only clinical diagnoses but also conceptualizations of process. As a second step of knowledge, ideal types can be constructed (Schwartz & Wig-gins, 1987b).

Freud's approach, described above, resembles concepts of modern qualitative research which are based on Max Weber's theory of ideal types. Similar to Charcot and Freud, Weber has defined ideal types as model assumptions which are "... formed by the one-sided accen-tuation of one or more points of view and by the synthesis of a great many diffuse, discrete, more or less present, and occasionally absent concrete individual phenomena, which are arranged according to those one-sidedly emphasized viewpoints into a unified thought-construct" (Weber, 1949, p. 90).

Ideal types are, first of all, hypothesis-like constructs of empirical research, in which, ac-cording to Weber, evaluative judgements of logical, comparative relationships between reality and ideal types must be clearly distinguished from value-oriented assessments of reality, due to ideals. Secondly, in distinction from categorial frameworks, and opposing analytically and causally oriented theories of human behavior, ideal types reflect a high degree of subjectivity and individuality, and serve to systematically characterize behavioral motives. Finally, the concept of ideal types allows one to view any subject under investiga-tion as indissoluble from his/her social, historical, and cultural contexts (Frommer, 1996).

The employment of ideal types has been introduced to psychotherapy research only re-cently (Frommer, 1995; 1996; Klotter, 1994; Stuhr & Wachholz, this volume). The use of this method has been oriented along concepts of medical sociology. Uta Gerhardt, for in-stance, has suggested a binary research procedure, the first step of which requires the forma-tion of ideal type case descriptions by making contrastive usage of case knowledge (every-

day and/or scientific knowledge, material that is either already available or must be gathered). During the second stage, ideal types serve an explanatory purpose - that is, they help one to understand the case by means of comparative comprehension of the phenomena in question. Ideal types are thus checked tentatively against reality, and discarded, replaced, or modified if necessary until sufficient density and conclusiveness are achieved (Gerhardt, 1991).

Weber's demand for meticulous differentiation between evaluative and value-oriented judgements sets a fundamental standard for both qualitative process research and the case study. The therapist's contribution to the development of the process as well as the researcher's reflexivity define essential components of both forms of psychotherapy research. With respect to the dimension of process, differences come to bear as most qualitative process research concentrates on some aspects of process (content, action, style, or quality) - accounting, of course, at least to a certain extent, for the remaining aspects as well - , while the case study attends to the interplay among different aspects. This distinction becomes even more obvious at the coding unit level. Qualitative process research, due to its enormous coding effort, often must confine itself to smaller quantities of selected material, which are taken from the overall data pool and made available by means of tape recordings, and to hermeneutic interpretations drawn from single interactional sequences, isolated episodes, and/or selected sessions. The case study takes a more holistic approach, at least in terms of a single individual in interaction with a therapist. Access to a therapeutic course in toto is, however, not primarily achieved through full audio documentation of the total number of sessions, since especially in cases of extended therapeutic courses this procedure would yield unintelligible amounts of data. Rather alternative and/ or complementary data sources need to be found, such as, for instance, minutes, reports, catamnestic inquiries, and/or concomitant research interviews, paralleling therapy (Elliott, Slatick & Urman, this volume; Frommer & Hempfling, 1995).

Psychoanalytic Process as Trajectory

Finally, we shall turn to the question of which features characterize ideal type constructs built to capture psychoanalytic and psychotherapeutic process. We think it useful to introduce for this purpose the concept of "trajectory".

The concept of trajectory arises from qualitative social research and was developed essentially by Anselm Strauss (Glaser & Strauss, 1968) and Fritz Schütze. It captures biographical processes characterized by a suffering growing ever more painful and hopeless: "The individuals affected by this suffering are no longer able to act on their own behalf but are driven by events and contexts they experience as all powerful, and are forced to merely react on these events. In the course of a disastrous interconnection of events, the individuals grow apart from each other and become alienated towards themselves. They react confused, irritable, and unsympathetic towards each other. ... Trust into the solidity of the mutual life arrangement (e.g., family or network of friends) and into the mutual future is lost. These individuals tend to react more and more inadequately to adverse events,... and these activi-

ties even sharpen the mechanisms of suffering, fall and destruction of the trajectory. Fate now takes a quasi-automatical course"[8] (Riemann & Schütze, 1991; Schütze, 1994, p. 30).

If we interpret Schütze correctly, a *trajectory* is a specific kind of ideal type, viz one that portrays biographical processes of suffering in their diachronic structure. These processes are, however, not only characterized by repetition of a quasi-automatic sequence of events but also by culminations, turning points, new beginnings, and the release of developmental potentials. Suffering that is critically intensified may foster creative potential under certain conditions (v.Weizsäcker, 1947). In addition to the concept of biographical trajectory, we should like, therefore, to consider the contrasting concept of the therapy process trajectory in the sense of an ideal type of a diachronic process structure of the subjective experience, suffering, and recovery in the context of a psychotherapeutic treatment. We assume, for one part, linear process features which possess qualities of a stepwise clarification and stepwise becoming aware of quasi-automatic, unconscious attributions of sense and schemes of action. For another part, we assume from clinical experience also that dialectical "repetitions" on a new and more integrated level and entailing new beginnings also play an essential role in the therapy process.

Starting with the linear aspects, we should like to use the *assimilation model* (Stiles, Meshot, Anderson & Sloan, 1992; Stiles & Angus, this volume). Psychotherapy patients display a systematic sequence of changes in representing problematic experiences (e.g., a feeling, an idea, reminiscences, an impulse or wish which was fear-laden for the patient) during the course of psychotherapy. An experience tends to be problematic if it emotionally destabilizes the patient. Such an experience may be a reaction towards different events (usually interpersonal problems). These experiences are not compatible with the individual´s self concept. They cannot adequately be mentally represented. As a result, these problematic experiences may give rise to defenses, distortions, or other misinterpretations. According to the assimilation model, a scheme gradually grows and changes during the therapeutic process. The change of this scheme proceeds further and further due to the therapist-patient interaction up to the point where the problematic experience can finally be assimilated to this scheme. Initially dominating negative aspects are turned into positive ones in the course of this process of clarification. Following the assimilation model, the process of clarification and becoming aware passes through seven steps: 1. The patient defends against all attempts of being made to realize the unassimilated and warded off aspects. 2. Derivatives of the experiences arise in consciousness as unwanted thoughts. 3. A vague awareness of past experiences develops step by step. 4. The problem gains in clarity by the therapeutic dialogue and can be stated explicitly. 5. The clarity gained so far can be applied to situations

---

[8] "Die 'Betroffenen' vermögen nicht mehr aktiv zu handeln, sondern sie sind durch durchweg als übermächtig erlebte Ereignisse und deren Rahmenbedingungen getrieben und zu rein reaktiven Verhaltensweisen gezwungen. Im Laufe der verhängnisvollen Verkettung von Ereignissen werden sich die Akteure untereinander und sich selbst gegenüber fremd. – Sie reagieren irritiert, gereizt, verständnislos aufeinander... Das Vertrauen in die Tragfähigkeit des gemeinsamen Lebensarrangements (z. B. als Familie, als Freundschaftsnetz-Netzwerk) und in die gemeinsame Zukunft geht verloren. Die Betroffenen reagieren auf die immer wieder eintretenden widrigen Ereignisse von mal zu mal unangemessener..., und diese eigenen Aktivitätsbeiträge der Betroffenen verschärfen noch die Erleidens-, Niedergangs- und Auflösungsmechanismen der Verlaufskurve. Das Verhängnis nimmt jetzt einen quasi automatischen Verlauf."

where the problem is relevant, too. The problem is worked through repeatedly. 6. Problem solutions are worked out. 7. The problem is mastered in everyday interactions.

From a psychoanalytic point of view, Stiles´s assimilation model has to be broadened: the warded-off, negative experience which has to be integrated, assimilated, and mastered includes three different aspects according to the triangle of insight (Menninger, 1958). It is a *past* experience with persons whom the child related to in his/her early years of a traumatic and/or conflictual character. This experience has had a formative influence on expectations and behavioral patterns leading to a replication of these experiences in *present* relationships of the patient. Over time, these patterns and expectations will result in similar expectations and behavioral patterns within the therapeutic relationship *(transference)*. According to this tripartition of the assimilation process in past, present and transference aspects, the patient will discover in the course of therapy that his/her expectations and behavioral patterns are shaped in a typical and general manner not confined to a particular situation.

As indicated, it is necessary to widen the point of view gained from the assimilation model, from intrapsychic experiences of the patient to the interpersonal situation of his/her present life, including the therapeutic relationship. A linear model of a stepwise gain of insight cannot do justice to these interpersonal aspects. A study of the dialectical and dramatic dimensions of psychotherapeutic processes is well suited to catch these interactional aspects. Actions are socially embedded behaviors which point to an intentional connection of sense as they are interactively meaningful. The basic structure of social actions is dialectical as these acts call for meaningful reactions catching and modifying their sense. A repetition of form or content of an interaction in this context does not mean mere repetition but includes reactions and modifications occurring in the meantime. A reiterated theme, a reiterated intervention, or a reiterated report of a past traumatic experience also have a character transcending repetition. They add something new in the sense of the advancement of learning including themes reflecting conflicting tendencies.

This dialectic therapy process has aspects of content and form. Following Fischer (1989), we take the view that long-term psychotherapeutic treatment is not just a sequence of working through different themes in the sense of stringing together focal short-term therapies (Thomä & Kächele, 1996). Rather, progress is made by increasingly consolidated work on a few basic problems of human existence which are inherent in the human condition and which must be analyzed in terms of the patient´s past and present, and within the transference relationship (Menninger, 1958). Single insights are increasingly interconnected and joined together to form a general picture. The formal aspect of dialectics in the therapeutic process concerns the therapist-patient relationship. It relates to processes of mutual understanding, identifying, dissociating, and working on a common whole. The inclusion of contradiction and difference is the *via regia* which counteracts transference cures, non-dissolved transference neuroses and malignant regressive dependencies. It is only when the therapist and patient understand that the bad object is to be located not outside but inside the therapeutic relationship that the therapeutic work can be successful.

Apart from dialectical aspects dramatic aspects also play an important role in psychotherapeutic processes. These influence not only microstructures of dialogue but also the process as a whole. The patient and therapist prepare for a certain time of working together. Transference means that the patient will try to establish the kind of relationship which correlates with his/her long-standing patterns and to receive an answer accordingly. His/her

expectations concerning the answer will be ambivalent: a part of his/her personality may expect a confirmation of his/her maladaptive relationship patterns which keep his/her neurotic disorder going. Another part may expect a corrective positive experience of relationship. Thus, a sequence may develop which starts with the offer of a relationship and the building up of a stage in the sense of creating the appropriate conditions of working together. In a second step, the transference neurosis may develop and furnish the response of the therapist to the transference. This may in turn lead to a dramatic culmination and provoking of resolute therapeutic action. By numerous repetitions, turning points and culminations of drama finally a stage of catharsis and resonance may be reached, in one or another single session and also in the whole process.

Conclusion

Research must address the question of to what extent qualitative process research and empirical case studies allow for combined, complementary application. As to temporal orientation, both approaches characteristically take into account genetic and teleological aspects. Both approaches aim less at pinpointing causes and consequences of certain behaviors from a strictly nomological, causally oriented perspective, and more at describing meaningfulness on the basis of phenomenological and interpersonal constructs. Thus, in sum, qualitative process research can, in many respects, be assigned an intermediate position between the extreme ends of quantitative evaluation procedures and psychotherapeutic case studies.

The empirical psychotherapeutic case study is governed by methodological premises differing from those ruling other forms of empirical psychotherapy research. Its data base does not primarily consist of audio and/or video recordings of therapy sessions but of psychotherapeutic processes as experienced and reported by the participants. Its foci of interest do not refer to fragments or isolated aspects of therapeutic interaction but to the treatment in toto. The psychotherapeutic case study differs from pathography in that it centers on the developmental course of treatment rather than on the patient's history. It differs from the short story in that it refers to an existing data base, relying on both restricted and open interpretations, due to its characteristically being fragmentary in processing the available material. Methodologically, the case study should address and include yet raw data. Any final interpretation should be preceded by a dense description of documented observations, fantasies, and reflections as stated by the individuals participating in the therapeutic process. Here adequate assignment of perspectives and meticulous differentiation between evaluative and value oriented judgements denote crucial qualitative criteria. The discussion of the case oscillates between (pre)theoretical assumptions and interpretation of the empirical material. In this way, involving the preliminary stage of a preconceptual typification, an ideal type gestalt of the course of the therapy process may be reconstructed. These gestalts of the course of therapy possess linear, dialectical, and dramatic characteristics. They make up a general picture of the therapeutic case in condensed form.

References

1. Alberti, L. (1994). Von quantitativer zur qualitativen Forschung. In H. Faller & J. Frommer (Eds.), Qualitative Psychotherapieforschung (pp. 15-37). Heidelberg: Asanger.
2. Barlow, D.H., & Hersen, M. (1984). Single case experimental designs: Strategies for studying behavior. New York: Pergamon Press.
3. Benjamin, L.S. (1974). Structural analysis of social behavior. Psychological Review, 81, 392-425.
4. Bordin, E.S. (1974). Research strategies in psychotherapy. New York: Wiley.
5. Dahlbender, R., & Kächele, H. (1994). Qualitativ-quantifizierende Analyse internalisierter Beziehungsmuster. In H. Faller & J. Frommer (Eds.), Qualitative Psychotherapieforschung (pp. 228-245). Heidelberg: Asanger.
6. Denzin, N.K., & Lincoln, Y.S. (Eds.) (1994). Handbook of qualitative research. Thousand Oaks: Sage.
7. Elliott, R. (1991). Five dimensions of therapy process. Psychotherapy Research, 1, 92-103.
8. Elliott, R., Slatick, E., & Urman, M. (this volume). Qualitative change process research on psychotherapy: Alternative Strategies. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 69-111). Lengerich: Pabst.
9. Eysenck, H.J. (1952). The effects of psychotherapy. An evaluation. Journal of Consulting Psychology, 16, 319-324.
10. Faller, H. (1994). Das Forschungsprogramm "Qualitative Psychotherapieforschung". Versuch einer Standortbestimmung. In H. Faller & J. Frommer (Eds.), Qualitative Psychotherapieforschung (pp. 15-37). Heidelberg: Asanger.
11. Fischer, G. (1989). Dialektik der Veränderung in Psychoanalyse und Psychotherapie. Heidelberg: Asanger.
12. Flick, U., Kardorff, E. v., Keupp, H., Rosenstiel, L. v., & Wolff, S. (Eds.) (1991). Handbuch Qualitative Sozialforschung. München: Psychologie Verlags Union.
13. Freud, S. (1893). Charcot. Standard Edition[9], Vol. 3.
14. Freud, S. (1895). Studies on hysteria. Standard Edition, Vol. 2.
15. Freud, S. (1900). The interpretation of dreams. Standard Edition, Vol. 4-5.
16. Freud, S. (1905a). Three essays on sexual theory. Standard Edition, Vol. 7.
17. Freud, S. (1905b). Fragments of an analysis of a case of hysteria. Standard Edition, Vol. 7.
18. Freud, S. (1909a). Analysis of a phobia in a five-year-old boy. Standard Edition, Vol. 10.
19. Freud, S. (1909b). Notes upon a case of obsessional neurosis. Standard Edition, Vol. 10.
20. Freud, S. (1911). Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides). Standard Edition, Vol. 12.
21. Freud, S. (1918). From the history of an infantile neurosis. Standard Edition, Vol. 17.
22. Freud, S. (1920). The psychogenesis of a case of homosexuality in a woman. Standard Edition, Vol. 18.
23. Freud, S. (1926). The question of Lay Analysis. Standard Edition, Vol. 20.
24. Freud, S. (1933). New introductory lectures on Psycho-Analysis. Standard Edition, Vol. 22.
25. Freud, S. (1937). Constructions in analysis. Standard Edition, Vol. 23.
26. Frommer, J. (1995). Wie sollen wir seelische Krisen diagnostizieren? Zeitschrift für Klinische Psychologie, Psychopathologie und Psychotherapie, 43, 134-148.

---

[9] The Institute of Psycho-Analysis. The Hogarth Press, London 1953-74

27. Frommer, J. (1996). Qualitative Diagnostikforschung. Inhaltsanalytische Untersuchungen zum psychotherapeutischen Erstgespräch. Berlin: Springer.

28. Frommer, J., & Faller, H. (1994). Einleitung. In H. Faller & J. Frommer (Eds.), Qualitative Psychotherapieforschung (pp. 9-12). Heidelberg: Asanger.

29. Frommer, J., Frommer, S., & Langenbach, M. (2000) Max Weber´s influence on the concept of comprehension in Psychiatry. History of Psychiatry, 11, 345-354.

30. Frommer, J., & Hempfling, F. (1995). Die subjektive Perspektive von Psychotherapiepatienten. Bericht aus zwei Forschungsprojekten. In W. Tress & C. Sies (Eds.), Subjektivität in der Psychoanalyse (pp. 120-141). Göttingen: Vandenhoeck & Ruprecht.

31. Frommer, J., & Tress, W. (1993). Einige erkenntnistheoretische Implikationen der Psychologie der Objektbeziehungen. In W. Tress & S. Nagel (Eds.), Psychoanalyse und Philosophie – eine Begegnung (pp. 183-199). Heidelberg: Asanger.

32. Gerhardt, U. (1991). Idealtypische Analyse von Statusbiographien bei chronisch Kranken. In U. Gerhardt, Gesellschaft und Gesundheit. Begründung der Medizinsoziologie (pp. 9-60). Frankturt: Suhrkamp.

33. Glaser, B.G., & Strauss, A.L. (1968). Time for dying. Chicago: Aldine.

34. Grawe, K. (1988). Zurück zur psychotherapeutischen Einzelfallforschung. Zeitschrift für Klinische Psychologie, 17, 1-7.

35. Grawe, K. (1992). Psychotherapieforschung zu Beginn der neunziger Jahre. Psychologische Rundschau, 43, 132-162.

36. Grawe, K., Donati, R., & Bernauer, F. (1994). Psychotherapie im Wandel. Von der Konfession zur Profession. 2nd Ed. Göttingen: Hogrefe.

37. Greenberg, L.S. (1986). Change process research. Journal of Consulting and Clinical Psychology, 54, 4-9.

38. Habermas, J. (1968). Erkenntnis und Interesse. Frankfurt: Suhrkamp.

39. Hermanns, H. (1991). Narratives Interview. In U. Flick, E. v. Kardorff, H. Keupp, L. v. Rosenstiel & S. Wolff (Eds.), Handbuch Qualitative Sozialforschung (pp. 182-185). München: Psychologie Verlags Union.

40. Hilliard, R.B. (1993). Single case methodology in psychotherapy process and outcome research. Journal of Consulting and Clinical Psychology, 61, 373-380.

41. Jüttemann, G. (1992). Psyche und Subjekt. Für eine Psychologie jenseits von Mythos und Dogma. Reinbek: Rowohlt.

42. Kächele, H. (1981). Zur Bedeutung der Krankengeschichte in der klinisch-psychoanalytischen Forschung. Jahrbuch der Psychoanalyse, 12, 118-177.

43. Kazdin, A.E. (1981). Drawing valid inferences from case studies. Journal of Consulting and Clinical Psychology, 49, 183-192.

44. Kiesler, D.J. (1973). The process of psychotherapy. Chicago: Aldine.

45. Kleining, G. (1986). Das qualitative Experiment. Kölner Zeitschrift für Soziologie und Sozialpsychologie, 38, 724-750.

46. Klotter, Ch. (1994). Idealtypenbildung nach Max Weber als qualitative Datenauswertungsstrategie: exemplarisch erprobt am Beispiel von Eßstörungen. In H. Faller & J. Frommer (Eds.), Qualitative Psychotherapieforschung (pp. 297-310). Heidelberg: Asanger.

47. Kvale, S. (1986). Psychoanalytic therapy as qualitative research. In P. D. Ashworth, A. Giorgi & A. J. J. de Koning (Eds.), Qualitative research in Psychology (pp. 155-184). Pittsburgh: Duquesne University Press.

48. Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Thousand Oaks, CA: Sage.

49. Kvale, S. (this volume). The psychoanalytic interview as qualitative research. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 9-31). Lengerich: Pabst.

50. Lambert, M. J., & Bergin, A.E. (1994). The effectiveness of psychotherapy. In A.E. Bergin & S.L. Garfield (Eds.), Handbook of psychotherapy and behavior change (pp.143-189). 4th Ed.. New York: Wiley.

51. Luborsky, L. (1984). Principles of psychoanalytic psychotherapy. A manual for supportive-expressive (SE) treatment. New York: Basic Books.

52. McNeilly, Ch.L., & Howard, K. (1991). The effects of psychotherapy. A reevaluation based on dosage. Psychotherapy Research, 1, 74-78.

53. Menninger, K. (1958). Theory of psychoanalytic technique. New York: Basic Books.

54. Mertens, W. (1990). Historischer Überblick über die Entwicklung der psychoanalytischen Therapie. In W. Mertens, Einführung in die psychoanalytische Therapie, Vol. 1 (S. 17-122). Stuttgart: Kohlhammer.

55. Mertens, W. (1994). Psychoanalyse auf dem Prüfstand? Eine Erwiderung auf die Meta-Analyse von Klaus Grawe. München: Quintessenz.

56. Meyer, A.-E. (1993). Nieder mit der Novelle als Psychoanalysedarstellung - Hoch lebe die Interaktionsgeschichte. In U. Stuhr & F.-W. Deneke (Eds), Die Fallgeschichte. Beiträge zu ihrer Bedeutung als Forschungsinstrument (pp. 61-84). Heidelberg: Asanger.

57. Meyer, A.-E. (1994). Über die Wirksamkeit psychoanalytischer Therapie bei psychosomatischen Störungen. Psychotherapeut, 39, 298-308.

58. Nisbett, R.E., & Wilson, T.D. (1977). Telling more than we can know: Verbal reports on mental processes. Psychological Review, 84, 231-259.

59. Nitzschke, B. (1994). Die besondere Wissensform der Psychoanalyse: Wissenschaftshistorische Anmerkungen zum Junktim zwischen Heilen und Forschen in der Psychoanalyse. In M.B. Buchholz & U. Streeck (Eds), Heilen, Forschen, Interaktion (pp. 13-38). Opladen: Westdeutscher Verlag.

60. Orlinsky, D.E., & Howard, K.I. (1987). A generic model of psychotherapy. Journal of Integrative and Eclectic Psychotherapy, 6, 6-27.

61. Overbeck, G. (1993). Die Fallnovelle als literarische Verständigungs- und Untersuchungsmethode - Ein Beitrag zur Subjektivierung. In U. Stuhr & F.-W. Deneke (Eds), Die Fallgeschichte. Beiträge zu ihrer Bedeutung als Forschungsinstrument (pp. 43-60). Heidelberg: Asanger.

62. Overbeck, G. (1996). Vom Familienroman des Neurotikers zum Fallroman des Psychoanalytikers? In G. Overbeck, Auf dem Wege zu einer poetischen Medizin (pp. 140-163). Frankfurt: Verlag für Akademische Schriften.

63. Rennie, D. L. (this volume). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 32-49). Lengerich: Pabst.

64. Riemann, G., & Schütze, F. (1991). "Trajectory" as a basic theoretical concept for analyzing suffering and disorderly social processes. In D.R. Maines (Ed.), Social organization and social process: Essays in honor of Anselm Strauss (pp. 333-357). New York: De Gruyter.

65. Russell, R.L. (1988). A new classification scheme for studies of verbal behavior in psychotherapy. Psychotherapy, 25, 51-58.

66. Schütze, F. (1983). Biographische Forschung und narratives Interview. Neue Praxis, 3, 283-293.

67. Schütze, F. (1984). Kognitive Figuren des autobiographischen Stegreiferzählens. In M. Kohli & G. Robert (Eds), Biographie und soziale Wirklichkeit (pp. 78-117). Stuttgart: Metzler.

68. Schütze, F. (1994). Die Relevanz der interpretativen Soziologie für die Gesellschaftsanalyse. Antrittsvorlesung. Magdeburg: Universität Magdeburg.

69. Schwartz, M.A., & Wiggins, O.P. (1987a). Typifications: The first step for clinical diagnosis in psychiatry. Journal of Nervous and Mental Disease, 175, 65-77.

70. Schwartz, M.A., & Wiggins O.P. (1987b). Diagnosis and idealtypes: a contribution to psychiatric classification. Comprehensive Psychiatry, 28, 277-291.

71. Spence, D.P. (1982). Narrative truth and historical truth. Meaning and interpretation in psychoanalysis. New York: Norton.

72. Stiles, W.B., & Angus, L. (this volume). Qualitative research on clients´ assimilation of problematic experiences in psychotherapy. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 112-127). Lengerich: Pabst.

73. Stiles W.B., Meshot, C.M., Anderson, T.M., Sloan, J.J.Jr. (1992). Assimilation of problematic experiences: The case of John Jones. Psychotherapy Research, 2, 81-101.

74. Stuhr, U., & Wachholz, S. (this volume). In search for a psychoanalytic research strategy: The concept of ideal types. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 153-168). Lengerich: Pabst.

75. Streeck, J. (1991). Sprachanalyse als empirische Geisteswissenschaft. Von der "philosophy of mind" zur "kognitiven Linguistik". In U. Flick, E. v. Kardorff, H. Keupp, L. v. Rosenstiel & S. Wolff (Eds), Handbuch Qualitative Sozialforschung (pp. 90-100). München: Psychologie Verlags Union.

76. Thomä, H., & Kächele, H. (1996). Lehrbuch der psychoanalytischen Therapie. Vol. 1. 2nd Ed. Berlin Heidelberg New York: Springer

77. Tress, W. (Ed.) (1993). SASB - Die Strukturale Analyse Sozialen Verhaltens. Ein Arbeitsbuch für Forschung und Weiterbildung. Heidelberg: Asanger.

78. Tress, W., & Fischer, G. (1991). Psychanalytische Erkenntnis am Einzelfall: Möglichkeiten und Grenzen. Psyche, 45, 612-628.

79. Tschuschke, V., Kächele, H., & Hölzer, M. (1994). Gibt es unterschiedlich effektive Formen von Psychotherapie? Psychotherapeut, 39, 281-297.

80. Weber, M. (1949). The methodology of the social sciences. New York: Free Press.

81. Weizsäcker, V. v. (1947). Der Gestaltkreis. Thieme: Stuttgart.

82. Werthmann, U. (1975). Die Dimensionen der psychoanalytischen Interpretation und der "unbewußte Begriff". Psyche, 29, 118-130.

Qualitative Change Process Research on Psychotherapy: Alternative Strategies

ROBERT ELLIOTT, EMIL SLATICK AND MICHELLE URMAN

Originally, research on psychotherapy fell into two divisions, *outcome* research, which dealt with the extent to which clients change over the course of therapy, and *process* research, which investigated what occurs within therapy sessions. *Change process* research (Greenberg, 1986) bridges these two fields: It is the study of the *processes* (sometimes referred to as "effective ingredients") that bring about changes, including the temporal course of those changes. Thus change process research concerns itself with explaining both *how* and *why* change occurs in therapy. Traditionally the mode of understanding assumed to operate in change process research has been causal in nature, an assumption which is implicit in physicalist metaphors such as "change mechanisms" and "effective ingredients".

Furthermore, most change process research to date has been quantitative and hypothesis-testing, reflecting not only the influence of positivism but also researchers' desires to test strong causal theories, such as Rogers' (1957) formulation of the necessary and sufficient conditions for change in therapy. For most researchers, causal inference and quantitative assessment have been perceived as tightly linked elements of the standard *modus operandi*.

Change process research has thus most commonly taken the form of *process-outcome* studies, in which in-session processes are measured quantitatively on indices of quantity (e.g., number of interpretations in a session) or intensity (e.g., degree to which the therapist was empathic); in some cases, process was manipulated experimentally (e.g., randomly assigning clients to "leading" or "following" therapist approaches). Measured or manipulated therapy process was then used to predict outcome, usually post-therapy clinical distress or other quantitative measures of personal functioning, often controlling for pre-therapy status. This genre of research has produced well in excess of 2,300 findings since 1950 (Orlinsky, Grawe & Parks, 1994). The process-outcome literature, however, is filled with disappointingly general or contradictory results (cf. Shapiro, Harper, Startup, Reynolds, Bird & Suokas, 1994), particularly when one attempts to move from global, evaluative, relational variables (e.g., therapeutic alliance) to more specific, clinically useful phenomena (e.g., type of therapist intervention; Orlinsky et al., 1994; Stiles, 1996). Furthermore, Stiles (1988, 1996; Stiles & Shapiro, 1989) has strongly criticized the quantitative process-outcome paradigm on various grounds, mostly having to do with the simplistic assumptions it makes about the nature of the therapy process (e.g., if something is good, then more of it must always be better).

This emerging disillusionment with quantitative process-outcome research is by no means universally shared (Hayes, Castonguay & Goldfried, 1996), and the continuing accumulation of quantitative change process research can be expected to continue into the foreseeable future. Nevertheless, even at their best, such research designs are blunt instruments for understanding anything as complex and nuanced as the process of change in psychotherapy. The vast accumulation of general or contradictory research findings conceals

our fundamental ignorance about how individual clients actually grow and change in the course of their therapies. Perhaps it is past time for researchers to adopt more open, discovery-oriented methods for understanding therapeutic change.

It is true that the era of qualitative therapy research has begun, marked by the publication of special issues on the subject in the *Journal of Counseling Psychology* (1994) and *Psychotherapy Research* (1999). However, as Polkinghorne (1994) noted, the range of qualitative research strategies so far applied has been fairly limited. Thus, the potential of qualitative approaches for illuminating the change process in therapy has not yet been fully realized. Our purpose in writing this chapter is to encourage the use of a broad range of options for qualitative data collection and analysis in psychotherapy change process research. We will attempt to accomplish this by offering a review of the available options.

We begin by describing and giving examples of three qualitative *data collection* methods which lend themselves to therapy change process research: (a) the Change Interview, an open-ended interview, given during or after therapy; (b) the Helpful Aspects of Therapy (HAT) form, a postsession self-report measure; and (c) tape-assisted recall methods, including Brief Structured Recall and more open-ended alternatives. These data collection methods yield various forms of data, including interview transcripts, HAT protocols, event transcripts, and event case records. In the second part of the chapter we present and offer examples of a selection of qualitative *data analysis* methods appropriate for change process research. These include (a) Grounded Theory Analysis (GTA) of the above types of data; (b) Task Analysis, Discourse Analysis and Conversation Analysis (CA) of significant events texts; and (c) Comprehensive Process Analysis (CPA) of complex event case records. These data collection methods, data forms, and data analysis methods are summarized in Table 1. As Table 1 illustrates, data collection and analysis methods are not independent of one another, but instead are loosely but not rigidly related to one another. We will conclude with a discussion of the potential value of qualitative psychotherapy change process research, along with some discussion of larger practical and philosophical issues.

Table 1: Summary of Qualitative Change Process Data Collection Methods, Data Forms, and Analysis Methods

Data Collection Method	Data Form	Analysis Methods
Change Interview	Interview transcript	Grounded Theory analysis (GTA)
Helpful Aspects of Therapy Form	HAT protocols (all sessions for a case)	GTA
Brief Structured Recall (BSR) Event Identification or HAT-based event location procedure	Significant Event texts	Task analysis Discourse analysis: • Narrative analysis • Scheme analysis • Conversation analysis
BSR Event Description	Significant Event Case Record	Comprehensive Process Analysis

Another important distinction runs throughout this chapter, between data collection and analysis methods that lend themselves to intensive understanding of single cases or instances (e.g., tape-assisted recall, CPA) and those that lend themselves to developing less rich but more general understandings of phenomena (Change Interview, Conversation Analysis).

Qualitative Data Collection Methods

The possibilities for collecting qualitative data from therapy are numerous, including post-therapy interviews (e.g., the Change Interview, described here), post-session open-ended questionnaires (e.g., the Helpful Aspects of Therapy form, also described here), client and therapist diaries (e.g., Yalom & Elkin, 1974), therapist process notes and reports (Todd, Jacobus & Boland, 1992), various forms of open-ended and semi-structured tape-assisted recall interviews (Elliott, 1986; Rennie, 1995; e.g., Brief Structured Recall, described here), and, most obvious of all, transcripts of psychotherapy sessions themselves. In our presentation of options, we will move from the global (post-therapy) to the specific (within session).

The Change Interview

The Change Interview (Elliott, 1996; Table 2) assesses three main kinds of information: (a) changes perceived by clients over the course of therapy; (b) clients' understanding of the sources of those changes, including helpful aspects of their therapy; and (c) hindering or difficult aspects of therapy. Its overall purpose is thus to obtain clients' understandings of what has changed and how those changes have come about, including factors which have interfered with change.

Table 2: Change Interview Outline

---

1. *General experience of therapy*. What has therapy been like for you (so far)? How has it felt to be in therapy?
2. *Changes*. How are you doing now? What *changes*, if any, have you noticed in yourself since therapy started?
3. *Attributions*. In general, what do you *attribute* these various changes to? In other words, what do you think might have brought them about? (Both *outside & inside therapy*)
4. *Helpful aspects*. What have been the most *helpful* things about your therapy so far? (*general aspects*, *specific events*) What made these things helpful to you?
5. *Hindering aspects*. What kinds of things about the therapy have been *hindering*, unhelpful, negative or disappointing for you?
6. *Difficult but OK aspects*. Were there things in the therapy which were *difficult* or *painful* but still OK or helpful?
7. *Missing aspects*. Was there anything *missing* from your treatment?
8. *Research aspects*. What has it been like for you to be involved in this *research*?
9. *Suggestions*. Do you have any *suggestions* for us, regarding the research or the therapy?

©R. Elliott, 1996

First, using the Change Interview enables us to learn what *changes* have occurred from the client's point of view, changes that may be missed by traditional questionnaires. The interview offers a chance for clients to explain these changes in their own words. Guiding clients through such an open-ended, exploratory process allows them an opportunity to reflect on and find words for these changes, some of which they may not have been fully aware. The process therefore not only provides researchers with valuable information, but also helps clients to assimilate therapeutic work.

Second, the Change Interview assesses clients' *attributions* regarding what has brought about these changes, including both therapy and extra-therapy factors. It is essential to inquire about *both* in-therapy and extra-therapy factors, in order to evaluate the possibility that reported changes might have little or nothing to do with therapy. In addition, it is useful to ask for this information in different ways, both in specific terms of attributions for reported changes and in general terms of what the client found to be helpful in therapy. Using multiple questions provides richer, more informative descriptions.

Third, it is important to find out about *negative changes* or *hindering factors* as well as positive changes or helpful factors. Systematic collection of information that might run counter to the main interest of one's research adds credibility. Thus, the client is asked to describe aspects of therapy which might have been hindering, disappointing, difficult or simply missing. Beyond adding credibility, such information can be very valuable for improving therapy.

Specifically, the Change Interview consists of a number of open-ended, exploratory questions. As Table 2 indicates, after the client first describes the general experience of therapy, s/he goes on to list ways in which s/he has changed. Then, the client is asked to give general attributions for these changes. Next, helpful and hindering aspects are described, as well as aspects that were difficult or painful, but still helpful, and what was missing.

The Change Interview is partially structured by the interview guide in Table 2, but researchers are encouraged to engage in an empathic exploration of the client's experience. Interviewers are encouraged to adopt an attitude of curiosity, using both open-ended exploratory questions and empathic understanding responses to help the client elaborate his/her experiences. Throughout administration, it is recommended that the interviewer continue to gently "probe" the client for descriptions, inquiring in a nondemanding way until the client runs out of things to say. In general, the client is asked to provide as many details as possible.

In terms of timing, the Change Interview is intended primarily to be administered at the end of therapy; however, it can also be administered at predetermined intervals throughout therapy (e.g., every 10 sessions). In longer treatments, these interim change interviews offer less delay between sessions and interview, add detail, reduce data loss due to client dropout, and allow tracking of reported changes and attributions over time. Finally, the Change Interview can also be adapted for use as a follow-up measure, with an emphasis on the delayed effects of treatment and on changes since the *end* of therapy.

Although we have emphasized an older, purely qualitative version of the Change Interview (Elliott, 1996), a recent revision adds several potentially useful features (Elliott, 1999a): First, for each reported change, the client is asked to rate (a) how surprised s/he was by the change, and (b) the likelihood that the change would have occurred in the absence of

therapy. Second, because of the ubiquity of psychopharmacological medications, clients are now routinely asked about changes in medication or herbal remedies. Third, following the suggestion of Hardke and Angus (2000), we ask the client to review selected outcome measures, and to talk about his or her understanding of any differences between their original and current perceptions of themselves. This information provides a qualitative context for understanding quantitative outcome data.

Most previous research on change in psychotherapy has used group designs, which do not allow inferences to be made about what specific processes led to change for individual clients within treatment groups. The Change Interview has been developed as an alternative to both randomized clinical trial designs and behavioral single case designs. Instead of using experimental manipulation and random assignment to rule out alternative causal factors and to pinpoint the sources of change in clients, the Change Interview elicits client narratives and causal attributions regarding their therapy. The purpose of the recent additions to the Change Interview (Elliott, 1999a) is to strengthen researchers' and therapists' ability to use it as part of a larger strategy to evaluate claims that client-reported changes are the result of therapy (Elliott, 1999b)

Example. The following example is an excerpt from a Change Interview administered at midtreatment. The client, who we will call Rachel, was an 18 year-old woman with crime-related PTSD, seen in Process-Experiential therapy by the first author of this chapter. The focus of her therapy was a pervasive and extremely debilitating fear. Data from Rachel will be used in many of the later examples in this chapter. Here are some excerpts from her interview:

Interviewer: How are you doing now? Have you noticed any changes in yourself since therapy started?

Client: ... I could never comprehend that you could stop fear because, I couldn't control it. When I was afraid, I was afraid, and it's like really helped me, it's like he's almost making me identify it [the fear] as a solid object inside of me, something that can be rid. And it helps to know that in the future, maybe it is something I could overcome. I never thought that my fear would be something I could overcome ...

[Another change is] it makes me think more rational thoughts. ... And even though I could tell myself, "That's not reality, there's no one in this house,"... it's like I could never believe the rational part of me. And it's almost like doing all this has almost made me rationalize, like "No, there's no one here," and believe it a little better, and calm down a little more. So yeah, I noticed differences.

Rachel's responses add to our understanding of her experience of the change process. She describes specific examples of two changes resulting from the therapy process. First, she has changed her understanding of her fear, now experiencing it as something that she can actually overcome. Second, she states that she has begun to think more rationally during fear episodes. Earlier in the interview she described how she has learned to increase her self-awareness during these episodes, and that she now notices what her body is doing, and what she is thinking about when she experiences intense fear, processes which appear to be linked in her mind to the two changes. In addition, this example provides feedback about a helpful aspect of therapy, i.e., helping her identify her trauma-related fear as an internal object, providing more understanding about effective processes and why they work. (We will return to this aspect later.)

Thus, the Change Interview is a promising method for collecting qualitative data about general change processes in therapy. Embedded in the interview is a general framework that allows researchers to access clients' explanatory models of the change process, both in therapy and outside of therapy. The Change Interview is often a demanding experience for clients, but provides a useful opportunity to understand change from the client's point of view.

Helpful Aspects of Therapy (H.A.T.) Form

"Micro-outcome" or "therapeutic realization" (Orlinsky et al., 1994) are terms used to describe the immediate effects of a therapy episode or session. The Events Paradigm of psychotherapy change process research (Elliott & Shapiro, 1988; Rice & Greenberg, 1984; Stiles, Shapiro & Elliott, 1986) arose as an approach to understanding such immediate effects. As such, it contrasts with research that addresses the overall change process in therapy, as assessed by the Change Interview, described in the previous section. Features of the Events Paradigm include: (a) focus on clinically significant change events in psychotherapy; (b) simplification by limiting investigation to relatively homogeneous classes of significant events (e.g. "awareness" events); and (c) description of the therapeutic sequences ("clinical micro-theories") by which clients accomplish specific therapeutic tasks within sessions (e.g., exploring and symbolizing trauma-related fears).

Client-identified significant events are a crucial component of the Events Paradigm, exemplified by many of the qualitative change process research methods discussed in this chapter. Research involving the use of client-identified significant events rests on the assumption that there are indeed some components of therapy that are more helpful in producing desired therapeutic outcomes than others. Another essential assumption is that the client is uniquely capable of identifying these components, through various forms of retrospective reflection on their therapy (Elliott, James, Reimschuessel, Cislo & Sack, 1985).

The Helpful Aspects of Therapy (H.A.T.) Form (Llewelyn, Elliott, Shapiro, Firth & Hardy, 1988) is the most frequently employed method of identifying and collecting significant events for further analysis. While several versions of the HAT exist, we recommend the version presented in Table 3. This seven-item questionnaire is administered to clients after therapy sessions and addresses the following areas of interest to the researcher: (1) the nature of the "most significant" event; (2) the reason it was perceived as helpful; (3) how helpful the event was; (4) where in the session the event occurred; (5) the approximate length of the event; (6) the nature of any other significant event (including a rating of helpfulness; and (7) the nature of any hindering event, if present (including a rating of helpfulness).

The HAT is a relatively simple and efficient means of soliciting information from clients about their perceptions of key change processes in therapy. Solicited accounts methods such as the HAT form are more feasible, less intrusive, and create less reactivity than more exhaustive methods such as tape-assisted recall (the subject of the next section of this chapter). The HAT's open-ended format generates qualitative data of sufficient detail and focus that it lends itself to various uses, including identification of significant event texts, multiple forms of qualitative data analysis and even quantitative content analysis (cf. Elliott, Clark, & Kemeny, 1991; Llewelyn et al., 1988). Thus, we will return to HAT data at various points later in this chapter.

Table 3: Helpful Aspects of Therapy Questionnaire (H.A.T.)

1. Of the events which occurred in this session, which one do you feel was the most helpful for you personally? It might be something you said or did, or something your therapist said or did.

2. Can you say why it was helpful? Please describe what made it helpful and/or what you got out of it.

3. How helpful was this particular event? Rate it on this scale:

```
HINDERING <- - - - - -     Neutral    - - - - - - >   HELPFUL
1        2        3        4        5        6        7        8        9
|- -+- -|- -+- -|- -+- -|- -+- -|- -+- -|- -+- -|- -+- -|- -+- -|
E        G        M        S                 S        M        G        E
X        R        O        L                 L        O        R        X
T        E        D        I                 I        D        E        T
R        A        E        G                 G        E        A        R
E        T        R        H                 H        R        T        E
M        L        A        T                 T        A        L        M
E        Y        T        L                 L        T        Y        E
L                 E        Y                 Y        E                 L
Y                 L                                   L                 Y
                  Y                                   Y
```

4. About where in the session did this event occur?

5. About how long did the event last?

6. Did anything else particularly helpful (or important) happen during this session? YES NO   (If yes, please describe it briefly and rate how helpful it was: _____)

7. Did anything happen during the session which might have been hindering? YES NO   (If yes, please describe it briefly and rate how hindering it was: _____)

©R. Elliott & S.P. Llewelyn, 1986

The HAT is administered to clients as soon as possible following therapy sessions, largely for practical reasons. Some clients, however, prefer having time to reflect on the session before completing the HAT; thus, the researcher/therapist may want to negotiate for the client to complete it at home later that day or the next day. Nevertheless, it is best for clients to complete the HAT within 24 hours of a session, while the client is still able to

recall it clearly. Additionally, the ability of the client to report with any accuracy *when* in the session the event in question took place is likely to deteriorate fairly rapidly over time.

The frequency with which the HAT form is administered will, of course, be affected by one's research interests. It is common, however, for the measure to be administered following every session, as this is likely to provide the most complete and "naturalistic" client perceptions of therapeutic impact. Under these conditions, filling out the HAT becomes a routine part of the client's overall therapy experience, and presumably helps clients to process their therapy more effectively.

Completion of the measure itself is self-explanatory. It has been our experience that most clients complete it without much difficulty, although it does require more time (roughly 5 to 10 minutes) and effort than quantitative rating scales. The most common problems appear to be responses that are very brief, vague or global, sometimes making them difficult or impossible to pinpoint in the session.

The descriptive data generated by the HAT appear to fall into several general types of information:

- Within-session processes, including:
- Therapist actions
- Therapist as a person
- Client actions
- Client reactions to these within-session processes.
- Contextual information given to explain the significance of the event for the client

For example, after her fifth session, Rachel wrote the following on her HAT Form:
Helpful event: I placed the center of my fears in my gut. They were more abstract and therefore more uncontrollable before.
Why it was helpful: It gave me a definite "thing" to overcome rather than external, all encompassing overwhelming fear.
Helpfulness rating: 8.5 (between greatly and extremely helpful)
Where in session: (blank)
Length of event: (blank)
Other Helpful events: no
Hindering events: no

Thus, this event description contains information about client within-session actions ("I placed the center of my fears in my gut."); client reactions ("It gave me a definite `thing' to overcome"); and contextual information ("They were more abstract and therefore more uncontrollable before."; " ... rather than external, all encompassing overwhelming fear.") Descriptions of within-session processes and client reactions are plentiful enough and generalizable enough to use for developing general accounts of varieties and forms of client experiences (e.g., Elliott et al., 1990), while context descriptions tend to be idiosyncratic and thus are more useful for intensive, interpretive, analyses (e.g., Elliott et al., 1994).

The example given illustrates the usefulness of HAT event descriptions. First, this same event was also referred to in the client's Change Interview, indicating that the work to which the HAT refers was pivotal in Rachel's therapy (analyses to be presented later in this chapter offer further corroboration of this point). Second, even in the absence of these extensive

analyses, the shift that occurred in this session is clearly related to a specific therapeutic task (empathic exploration of an objectified emotional experience) which helps us to further understand the in-session processes involved and the sequence by which they unfolded. Third, and most simply, the description is a clear, concise and therapeutically meaningful example of the client's awareness of the change process as it occurs "from within" at a given point in time.

Beyond the utility of examining particular significant event descriptions, therapists will find it particularly illuminating to read through the sequence of HAT descriptions for a particular client. Scanning such "HAT protocols" enables the therapist very quickly to gain an overview of the client's view of the highpoints of their therapy. This facility makes the HAT one of our favorite therapy measures.

Less research has been done which utilizes the "hindering events" item of the HAT. This is likely due in part to the fact that they are less frequently reported by clients, though whether or not they actually occur less frequently is a question that has not yet been adequately addressed. An investigation of hindering events in Process-Experiential therapy illustrates the value of the HAT for generating clinically informative data: Client responses revealed three specific types of therapeutic errors including: Poor Fit (misapplication of techniques; inadequate attention to appropriateness, safety issues); Therapist Omissions (inadequate support or structure); and Digressions (fostering or allowing client to go off track) (Elliott et al., 1991). In spite of their relative rarity, we believe that it is important to collect and study hindering events; the HAT provides a relatively efficient method for doing this (e.g., Morrow-Bradley, Eades, Cooley & Elliott, 1996).

Brief Structured Recall

Similar to the HAT Form, tape-assisted recall methods also attempt to access participants' internal experience of moments in therapy. In such procedures, tapes of therapy sessions, or parts of sessions, are played back for the participant while the researcher assists in eliciting descriptions of the experiences and perceptions of particular conversational events (Elliott, 1986). Through cued recall procedures, people are able to recollect the fleeting impressions and reactions that are normally lost as they integrate them into episodic memory. The covert processes that can be recollected through such procedures include therapist intentions and decision-making processes, as well as client intentions, feelings and immediate reactions (Elliott, 1986). It is this level of detail that makes this such an exciting and potentially valuable method for understanding a variety of aspects of the therapeutic process. Linking these covert processes with observable events (Elliott & Shapiro, 1988), gives researchers a way of linking reported experience to observed action.

In tape-assisted recall, or Interpersonal Process Recall (IPR; Elliott, 1986; Kagan, 1975), playing the session tape back for the client or therapist provides retrieval cues for recall, making it much more powerful than free recall. Carrying out the recall procedure soon after the session capitalizes on the recency effect and optimizes access to the relevant memories. The therapeutic experience is slowed down by allowing participants to stop and replay sections of the interaction. This allows the participants the opportunity to put fleeting, subtle experiences into words. The informant is encouraged, through instructions, to put

him/herself back into the moment of the interaction, not to "reevaluate" the moment in question. Distinguishing "here and now" from "there and then" thoughts and reactions is emphasized (Elliott, 1986). Additionally, the process of replaying the moments and "refreshing" the memory allows the participant to reflect on and develop a more accurate and complete representation of within-session experiences.

The extent to which tape-assisted recall methods stimulate valid representations of within-session experiences rests on a number of assumptions, including: (1) that the informant was aware of what he/she was thinking or perceiving at the time; (2) that the informant has access to this memory during recall; (3) that the informant possesses the language necessary to verbalize the experience; (4) that the informant is willing to reveal his/her perceptions; (5) that the informant does not fabricate or "reconstruct" a memory of the event; and (6) that the experience occurs at the event level (i.e., it is not "too global") (Elliott, 1986). Although these recollections are always to some extent reconstructions of informants' earlier lived experience, tape assisted recall procedure helps clients to provide descriptions that are more credible and useful, because they are more systematic, precise, and easier to tie to specific within-session events.

Tape-assisted recall is, in essence, an interview, though various structured information-gathering formats have been used (i.e., rating scales, nominal category systems, open-ended questions). Researchers have typically included some sort of structured measurement format, in addition to providing participants opportunities for free response (Elliott, 1986).

In this chapter we will describe a particular form of tape-assisted recall, *Brief Structured Recall* (BSR; Elliott, 1993; Elliott & Shapiro, 1988). BSR is used for event identification and description, and utilizes both qualitative and quantitative collection procedures. Because it focuses on client-identified significant events (via the HAT form), it is more practical than earlier, more exhaustive methods which entail reviewing entire therapy sessions (cf. Elliott, 1984). With BSR, clients do not have to review entire sessions, but rather begin by identifying a significant event and then proceeding directly to this event on the therapy tape. Additionally, BSR can be quite structured, with clients and therapists completing quantitative rating scales on more readily-quantifiable aspects of significant events, in addition to free response descriptions (Elliott & Shapiro, 1988).

There is some variation in terms of the amount of structure and data collection formats used within the BSR method (Elliott, 1993). BSR was developed to provide information specifically for use in Comprehensive Process Analysis (CPA), an intensive form of qualitative data analysis to be described later in this chapter. Thus, the specific types of information sought in most versions of BSR are dictated by what is needed to carry out these later analyses. The simplest format is a semi-structured interview schedule, tapping the three major domains of CPA (context of event, major processes involved, and effect of event on client). A more structured version adds questions about specific aspects of the event's context and the sequence surrounding key responses in the event. Finally, the full version of BSR is highly structured, utilizing rating scales to obtain numerical data on psychometrically evaluated measures of event helpfulness, therapist and client intentions, client feelings, and client reactions (Elliott et al., 1988). An additional component of full-version BSR is the one-month event follow-up, in which client and therapist are asked to re-evaluate the event, in order to assess delayed effects. Table 4 provides an outline for a fully qualitative form of BSR.

Table 4: Interview Outline for Qualitative Brief Structured Recall Procedure

A. Event Location: HAT + recording -> find beginning
B. Event Survey:
      1. The most helpful things your therapist said in the event
      2. The most helpful things you said
      3. Exactly where, from your point of view, the event ends
      4. Anything else you noticed or were aware of that you would like to tell me
C. Client Event Description
      1. Experienced Context (Is this event related to..?)
- events earlier in your life
- your basic wants/fears
- your strengths/weaknesses
- your current life situation
- your problems
- events during past week(s)
- events in previous sessions
- your therapist as a person
- events earlier in this session

      2. Your experience during the event
      3. The most important parts of the event
      4. Effects of the event
- at the time
- later in session
- now (during recall)
- most important idea/feeling
- possible changes you expect over the next month as result of event

D. Therapist Event Description
      1. Context (What about .... brought about the event?)
- client
- therapist background
- previous sessions
- life events
- current session

      2. Sequence around key responses
- what you responded to
- your immediate intention
- immediate effect on client

      3. Therapist behavior/state (how you came across; what you felt)
      4. Effects on client
- client shifts during event
- later in session
- most important idea/feeling
- possible changes expected over the next month as result of event

Example. The following example comes from a BSR (using the full-version BSR) of session three of a Process-Experiential treatment of a clinically-depressed client, Sharon (cf. Greenberg, Rice & Elliott, 1993). (Unfortunately, BSR was not used with Rachel's "Fear-Thing" event.) The significant event identified by the client comes from an episode of Two-chair Work, in which the client enacted a conversation between two parts of herself. Due to the extensive nature of the data collected, only a small sample of excerpts from the client's recall are presented here.

Sharon's HAT description (used as the basis of the recall):

Discovering that the conflict that causes me to not "grow" isn't coming from the two "sides" of me - but from one part alone. Made me realize that I really do want to change, and the part of me that doesn't isn't really stronger, but the part that does is confused as to how much and how soon. (Helpfulness rating: 7.0 [=moderately helpful])

From the Brief Structured Recall:

Interviewer: What made the event helpful?

Sharon: When I finally verbalized that it wasn't the two sides but the one that was causing the conflict - I was willing to accept that.

Interviewer: What things about you as a person, recent life events, previous sessions etc., explain why the event was helpful?

Sharon: I kept thinking the reason why I was stopping growing was because I was afraid of the changes, and it's not that I'm afraid of the changes but of how many, or how fast I should make them, or how many at once.

Interviewer: Anything else?

Sharon: It takes a lot for me to change. In order for me to make a change I really have to think it out before I do it.

*Interviewer (*What the specific reactions rated were about:)

Sharon: Knowing I really do want to change and not (being) afraid of changing - more aware of the feelings of not being afraid.

Instead of worrying about trying to change all at once, it's okay to think about what you want to change first and how much you want to change...

Now I can rethink and separate changes I want instead of clumping them all together...

I finally found out that there are some answers. Just feel more hopeful about everything I guess...

Interviewer: What specific changes are possible in the next month?

Sharon: (I will) set time limits instead of expecting the whole thing to happen all at once...

Interviewer: Did you have any other experiences during the event?

Sharon: At one point it felt like a whole new set of doors opened.

From client one-month event review:

Interviewer: Did you experience any later effects of the event?

Sharon: It has allowed me to move a little further with the thought of possibly changing my career (even to the point of gathering info on it). I'm still apprehensive about a major change, but since that time I seem to be able to rationally think about it instead of getting so afraid that I just drop it from my thoughts.

The preceding examples only begin to illustrate the quantity and depth of data obtained from the BSR procedure. The qualitative data presented above, however, do represent a general theme in that Sharon's responses are tied closely to the original description of the significant event identified on the HAT form. This indicates that it is indeed the client-identified significant event that is being investigated throughout the recall procedure. We also gain increased understanding of exactly how the significant event has affected Sharon's self-awareness (not really afraid of changes, just overwhelmed by self-imposed demands regarding changes); how it influences her cognitions (realizing it is *okay* to change a little at a time), how it may subsequently affect the client (not expecting the whole thing to happen all at once); how the events affected her on a global level (more hopeful about everything); and how the event actually subsequently affected the client (gathering information on career change, loss of fear that causes her to "drop the whole thing").

Such rich information allows us an unparalleled look into the internal client processes underlying significant therapy events. While we have only provided a cursory overview of some of the possibilities, the example demonstrates the potential that such a comprehensive "insider's view" holds for the investigator who is willing to undertake this sort of intensive data collection. The two primary disadvantages of the tape-assisted recall method are: First, it can be technically-challenging for the researcher and exhausting for the client. Second, tape-assisted recall methods readily lend themselves to data overload, overwhelming researchers with the sheer amount and richness of material. Investigators contemplating tape-assisted recall methods are well-advised to come armed with clear, focused research interests and questions (Kvale, 1996).

Forms of Data Generated by Qualitative Data Collection Methods

As the examples given in the previous section indicate, each data collection method yields a particular type of verbal data protocol or text (see Table 1). Thus, the Change Interview yields an *interview transcript* typical of that generated by common qualitative interview methods. Having clients complete the Helpful Aspects of Therapy (HAT) form after each session generates a *HAT protocol*, which assembles each client's accounts of what was most helpful on a session-by-session basis, throughout his or her therapy. As we have said, HAT descriptions can also be used in conjunction with Brief Structured Recall (BSR). In addition, researchers can use HAT descriptions to locate significant events after the fact. Both forms of event identification yield *significant event texts*. Finally, BSR event description procedures generate complex, multiperspective *significant event case records* assembling diverse material from various client and therapist interviews and questionnaires, all bearing on a particular significant event. In the next section of this chapter, we will present qualitative data analysis methods appropriate to developing understandings of each of these four types of qualitative data.

Qualitative Data Analysis Options

We now turn our attention to a presentation of the particular qualitative data analysis strategies which can be applied to the different forms of qualitative change process data. This presentation is organized primarily by data form, but also by approach to data analysis. (Note that data form is in turn partially tied to data collection method, so that data collection and analysis methods are not independent of one another.) Although the approaches to analysis presented here overlap in various ways and are not therefore entirely distinct from each other, they have different emphases and strengths, making it useful to distinguish them from each other. In the end, however, the most illuminating strategy may be to use more than one form of analysis, allowing them to complement each other.

Grounded Theory Analysis (GTA) of Change Interview and HAT Protocols

Typically, qualitative researchers begin their analyses with a large amount of unstructured data but no strong prior theory. The initial challenge to any researcher in this position is to analyze his or her data systematically in ways that allow theory to emerge. Grounded theory Analysis (GTA) refers to a family of related procedures for organizing interviews and other texts, with an emphasis on the generation of theory through an inductive examination of participants' descriptions of their experiences (Rennie, Phillips & Quartaro, 1988; Strauss & Corbin, 1998). As Rennie (1998, this volume) has persuasively argued, all forms of GTA are interpretive-hermeneutic in nature. Differences exist, however, between particular brands of GTA: Classic GTA (Glaser & Strauss, 1967) emphasizes definition and description as their chief scientific tasks or goals, while a more recent alternative approach follows Strauss and Corbin's (1998) later emphasis on process and model-building (e.g., Bolger, 1999; Rhodes, Hill, Thompson & Elliott, 1994). More detail on GTA can be found in Rennie et al., 1988; Strauss & Corbin, 1999; Barker, Pistrang & Elliott, 1994; Henwood & Pidgeon, 1992; Glaser, 1978.)

Essential in the process of GTA is the method's balance between two aspects of change process research: on the one hand, the analysts' prior knowledge and, on the other hand, the attempt to understand clients' experiences of change, without presuming to know the answer. The research process should begin with acceptance of uncertainty or "not knowing," and then to move gradually toward development of increasingly differentiated theory. This gradual process, along with various checks on credibility employed along the way (e.g., Elliott, Fischer & Rennie, 1999) contributes to researchers' and readers' confidence in the theory generated from the analysis.

Because there are numerous interpretations of the Grounded Theory Analysis (GTA) method, we believe that it will be useful here for us to summarize our own version of it. This version emphasizes the later evolution of the approach by Strauss and Corbin (1998), as well as some useful borrowings from empirical phenomenology (Giorgi, 1975; Wertz, 1983). In addition, we emphasize the analysis of data from the Change Interview and HAT protocols, described earlier.

The first step in grounded theory analysis is to break down the interview transcript into smaller, more manageable relevant elements. A common way to break down data is into

meaning units (following Giorgi, 1975), each of which consist of a single concept or point describing the participants' experience.

Once the data have been broken down into units, the central analytic process, known as *open coding*, can begin (Strauss & Corbin, 1990). This is a process of categorization, as meaning units are organized into clusters based on the meaning that each conveys, and these clusters are then given descriptive labels. Analysts are encouraged to maintain a balance between their own pre-understandings of the phenomenon ("theoretical sensitivity", Strauss & Corbin, 1998) and the requirement that the data closely fit the category names (Rennie et al., 1988). Categories resulting from open coding are not mutually exclusive; that is, a particular meaning unit may be assigned to a number of different categories.

Two processes are used in parallel when developing category structure: psychological reflection, and the constant comparative method. First, in the process of *psychological reflection* (Wertz, 1983), the researcher attempts to immerse him or herself in the participants' world, through an empathic process of "entering and dwelling" (Wertz, 1983). Setting aside (bracketing) the assumption that he or she already understands what is being described, the researcher focuses on both explicit and implicit meanings of the units, engaging in an implicit "dialogue" with the data.

The second process is the *constant comparative method*, which allows exploration of the data's full diversity and complexity, and encourages the analyst to be constantly alert to the similarities and differences that exist among elements (Henwood & Pidgeon, 1992). Optimally, this process continues until new categories are no longer created or elaborated, at which point the category structure is considered to be *saturated*.

In addition, in our version of GTA, we make use of a variant form of what Strauss and Corbin (1998) call *axial coding*, which refers to a process of organizing the data into a general formal (but not substantive) framework according to previous or emerging general understandings of the major logical aspects or phases of the phenomenon. Axial coding may be done in parallel with open coding, or may precede it. In axial coding, the researchers place the meaning units into two or more "domains", i.e., general logical aspects or phases of the phenomenon. Axial coding is helpful in that it reduces the complexity of the analysis; because it provides a general narrative structure which makes it easier to study process; and because it enhances theoretical sensitivity, but does not suggest specific substantive themes. In essence, axial coding tells analysts where to look without telling them what to see there.

Strauss and Corbin (1990) recommend that a particular axial coding "paradigm" be used. This framework, however, is derived from medical sociology, and, in our experience is too constraining to be applied generally. Instead, researchers should develop axial coding domain structures appropriate to the phenomena that they are studying. A useful starting point for developing an axial coding framework is the following broad narrative structure (cf. Elliott, 1991):

- Context (background, situation)
- Event or phenomenon of interest (e.g., insight in therapy)
- Consequences (effects, aftermath, outcome)

Depending upon the specific nature of what is being studied, the researchers could then add, subdivide or even drop domains (e.g., Rhodes et al., 1994).

As the analysis progresses, interrelationships among categories become apparent, often with some categories appearing as properties of other categories. The researcher's attention

becomes focused on these relationships, and an effort is made to organize the data into a hierarchical structure, in which larger, more general categories encompass lower-order categories. These central categories may be substantive, that is, they may clarify the essential meaning of the phenomenon being studied; in this case they are labelled *"higher-order"* categories. On the other hand, the categories may become very general or formal in nature, defining the general structure of the phenomenon, but adding little to one's understanding of its specific nature. These abstract categories become, in effect, emergent axial coding domains, and need to be regarded as such, rather than being treated as substantive findings. In any case, judgments are made along the way about the extent to which each category contributes to the emerging structure, and categories may be dropped or collapsed into others.

Throughout the process of creating the overall structure, the researcher attempts to discover the most central and general category, which is labeled the *core category* (Rennie et al., 1988; Strauss & Corbin, 1990). The core category, typically abstract, is the category most densely related to the other categories, and which captures the essence of the phenomenon being studied. It is like a "headline" for the phenomenon. For example, a study of the training of family practice physicians yielded a core category of "surviving" (Addison, 1989). Strauss & Corbin (1990) argue that only one core category should be allowed to emerge, and it is true that having a single core category makes it easier to understand and present one's results. Nevertheless, following Wertz (personal communication, 1986), it seems to us unwise to insist that GTAs always be forced into "one category" solutions. The process of organizing one's categories around one or more core categories is referred to as *selective coding* (Strauss & Corbin, 1990).

Because a study using the grounded theory approach is likely to have a small sample size (typically, saturation occurs after 5 to 10 protocols), *theoretical sampling* is used to increase the generalizability of the final emergent theory (Rennie et al., 1988; Strauss & Corbin, 1990). Data sampling in the grounded theory approach differs from that of traditional social science research in that not all data are collected prior to beginning the analysis. Rather, initial data are collected from participants who are likely to represent the phenomenon as it has previously been understood. As the first several protocols are analyzed and a tentative theory is developed, these participants are then examined for similar attributes that may have contributed to their experience and subsequent description of the phenomenon. Future participants are selected so as to vary potentially important informant characteristics (e.g., gender, presenting problem, point in therapy).

Example. Table 5 provides an example of a GTA performed on data from Change Interviews with clients who had participated in either Cognitive-Behavioral or Process-Experiential psychotherapy for crime-related Posttraumatic Stress Disorder. The analysis was performed by the third author with the first author acting as an external auditor. The analysis was limited to a single axial coding domain, *treatment effects* (i.e., contextual and process information were not addressed in this analysis); therefore, in this instance axial coding was used for data selection rather than data coding. Clients' experience of change after therapy fell into higher-order categories: (a) Leaving the trauma behind, (b) "Selfing", and (c) Venturing out. These higher order categories each subsume lower-order categories.

Table 5: Grounded Theory Analysis of Client Perceived Pre-post Changes in
Process-Experiential Psychotherapy: Brief Overview

I. Leaving the trauma behind
        A. Becoming less absorbed in trauma/difficulties
            1. Life is "clearer"
            2. Doesn't feel as vulnerable
            3. Relief of posttraumatic difficulties
        B. Becoming unblocked, untrapped by the trauma
            1. Containing/closing the trauma
            2. Changing perspective on trauma
            3. Burden lifted
            4. Able to experience emotion
II. "Selfing"
        A. (Re)gaining self
        B. Defining self with others
            1. Limits on how others affect her
            2. Feels in control of self with others
III. Venturing out
        A. Experiencing/engaging with others
        B. Experiencing the world more

First, clients described a process of *leaving the trauma* behind (I); this higher-order category can be understood as involving a number of other subprocesses. These include *becoming less absorbed in the trauma* and post-trauma difficulties (A); this in turn involved a sense that *life is "clearer," not feeling as vulnerable*, and *experiencing relief* from posttraumatic difficulties. A second aspect of leaving the trauma behind was a sense of *becoming "unblocked," or "untrapped"* by the trauma (B). Composing this category is a sequence of subcategories, beginning with *containing or closing the trauma*, *changing perspective* on the trauma, the experience of feeling a *burden lifted*, and the ability to *experience emotion*.

The second higher-order category described by clients is the process of *"selfing"* (II). This category title was developed out of the lower-order categories and data that it contained. Clients described this process of selfing in two different ways. Descriptions included a process of *gaining or regaining a self* (A), and/or *changing the ways they defined themselves* with others (B). This change in relationships includes clients having *set limits* on how others affect them (1), and *feeling in control of themselves* with others (2).

Finally, the third higher-order category of clients' experience of change was described as *"Venturing out"* (III). Within this category, the client described developing closer interpersonal relationships by *engaging more with the world and others* (A). A second component of the venturing out experience is the clients' sense that they are *experiencing the world more* than they were before therapy (B).

This analysis was considered "successful," because an integrative core category emerged, adding to our understanding of clients' experience of change after focused therapy for PTSD. The core category was entitled *"the Self's Journey from Trauma to the World"*; we believe that this provides a substantive and potentially useful description of the experience of recovery from trauma through psychotherapy.

In conclusion, Grounded Theory Analysis offers a proven systematic method to make sense out of rich qualitative texts. By its balance between researcher knowledge and participant experience, it allows the opportunity to learn from each participant's experience as an individual, while building a potentially generalizable account of the variety and aspects potentially involved in an important therapeutic process. Although no single client is expected to experience all the varieties and aspects described in the grounded theory, the theory provides a set of sensitizing categories (a) to help future researchers know what to ask about or measure, and (b) to help therapists develop a better sense of what to listen for and facilitate, as appropriate, in their clients.

Working with Significant Event Texts: Task Analysis, Discourse Analysis and Conversation Analysis

We now turn from GTA, a procedure primarily for developing generalizable accounts of experiences and processes, to a variety of intensive analysis procedures which begin by seeking to develop rich contextual understandings of single instances of a phenomenon. In these approaches, as with empirical phenomenology (Giorgi, 1975; Wertz, 1983), the road to the general runs though detailed, thorough-going understanding of individual cases. These intensive analysis procedures are particularly useful for understanding significant change events in therapy.

Once a significant event text has been identified (e.g., by having the client find it on the session tape), it must be prepared for analysis through transcription. For example, the authors later used Rachel's HAT description to locate the "Fear-Thing" event:

I placed the center of my fears in my gut. They were more abstract and therefore more uncontrollable before. It gave me a definite "thing" to overcome rather than external, all encompassing, overwhelming fear.

Once located, the event was transcribed using a set of conventions recommended for close analysis of interactions (Sacks, Schegloff & Jefferson, 1974; see also Hutchby & Wooffitt, 1998). In this case, the resulting transcript consisted of 71 client and therapist speaking turns, the first portion of which (in annotated form) is given in Table 6.

After the significant event text has been generated by systematic transcription, a variety of different analysis methods can be brought to bear on it, in order to clarify what made the event significant and to explain how it unfolded and why it was effective. In this section, we will briefly present three such text analytic strategies, Task Analysis, Discourse Analysis, and Conversation Analysis.

Table 6: Annotated Transcript of Beginning of Fear-Thing Event

<position:>

Subepisode A: Marker Identification:

<a>	T1:	So if you- what you would like to be able to do, (1.0) in your life, would be to somehow stop yourself being afraid? (<.5)
<b>	C1:	Um hm. (<.5)
<c>	T2:	If you could stop // yourself
<d>	C2:	That's my] like major goal of life. {laugh}(<.5)
<c>	T3:	(°OK°)] If you could stop yourself feeling afraid (1.8) you would do it? (.5)

Event begins (57:29 from start of session):

<d>	C3:	Um hm, (1.9) in a heart beat. (laugh) (2.0) I mean it controls my life, every, step of my life, every action and every, // thing.
<c>	*T4:	So the fear is like] a thing that comes upon you (1.0) and takes over (C: {nods agreement}) er- uh- mh- takes your freedom (1.5) imprisons you, is that? (2.6) (C: {nods agreement}) And it's- has a quality of thingness. (2.5)
<d>	C4:	Oh yeah. (<.5)
<c₂>	T5:	Yeah. Is that right? (<.5)
<d>	C5:	Um hm. (.7)
<e>	T6.1:	So it feels like,

Subepisode B: Exploration Work

Sequence 1:

<a>	T6.2:	Um,What's it like, (the) fear? (1.5) What kind of thing is it?=
<b>	C6:	I don't know.= I don't know if I feel like it's inside me, (T: um hm) or if it's like around me, or if it just sneaks up on me, I don't- (2.3) mMmh. (.5)
<a>	T7:	I mean we don't have time today to do this exploration, but if you were to, be the fear (3.5)
<b>	*C7:	I guess it'd be inside of me. (.5)
<c/d>	T8:	You'd be inside {C's name}. (C: {nods agreement}) (5.0)
<d>	*C8:	For some reason lately I've felt like there was this central (2.5) Cri:me (1.4) Blob. Like this little black thing in the middle of me, {client forms "blob" with her hands}and I never felt that way before. (T: mhm) // but I-

[Interrupted by Side Sequence: T initiates repair of his hearing of what C said]

Note on Transcript. Transcription symbols (from Sacks, Schegloff & Jefferson, 1974) are as follows: ":", prolongation of sound; "°", softer than expected; "(T: Mhm)", back-channel utterances; "=", absence of expected pause ("latching"); "//", "]", beginning and end of interruption respectively; numbers in parentheses are timings of significant internal and interresponse pauses; "{laughs}", para/nonverbal annotations; "*", "peak" speaking turn. **<bold, triangular brackets>**, indicate sequence annotations and Conversation Analysis descriptions: **<a>**: therapist sequence initiation; **<b>**: client response; **<c>**: therapist formulation of client response; **<d>**: client confirmation/ disconfirmation; **<e>**: therapist sequence closing.

Task Analysis of Significant Event Texts

Task analysis (also known as Protocol Analysis) is a rational-empirical approach developed by cognitive psychologists for studying how people carry out problem-solving tasks (Ericsson & Simon, 1984; Gilhooly & Green, 1996). Rice and Greenberg (1984; Greenberg, 1992) adapted the method for studying how clients successfully resolve emotional problems in therapy. As implemented by Rice and Greenberg (1984) and others (e.g., Green & Gilhooly, 1996), task analysis incorporates preliminary qualitative code-building analysis, but emphasizes a later stage of quantitative analysis. Here, in contrast, we emphasize the initial qualitative analysis, which involves careful but open clinical qualitative analysis of interaction sequences in significant events.

Therapeutic Task Analysis assumes that significant events have the following general formal structure (cf. axial coding domains in GTA):

- A *marker* or immediate context, signalling the client's inner state of readiness to work on a therapeutic task, that is, a particular unresolved problem or issue (e.g., an internal conflict between contradictory wishes or desires).
- A *performance process* in which the client moves through a series of steps toward resolution (e.g., enactment of deepening internal dialogue between conflicting desires).
- *Therapist operations* which facilitate client performance (e.g., Gestalt two chair work).
- An *end state* in which the task is resolved, resulting in some meaningful therapeutic change (e.g., integration of conflicting desires).

In applying Task Analysis to Rachel's Fear-Thing event, we adapted the earlier, qualitative steps of the Task Analysis method: First, we articulated a rudimentary rational model of the marker, client steps, end state and therapist facilitating actions for empathic exploration, based on Elliott's (1992a) earlier formulation of the "empathic exploration" task:

- Marker: Any experience which captures the client's attention in the session, especially when it is incomplete, fuzzy, undifferentiated or global.
- Client performance: elaboration, completion and differentiation of meanings.
- Therapist operations: exploratory questions, exploratory reflection, empathic conjectures.
- Resolution: (a) a marker for another therapeutic task; or (b) substantial differentiation of the client's experience, accompanied by some form of experienced shift in the targeted experience.

The second step in a task analysis is to collect examples of successful resolutions. For this example, we used the single event text for the Fear-Thing event, presented in part in Table 6.

The third step is to develop an intensive qualitative description of the sequence from marker to resolution. In this case, we put our rational model "in brackets" and attempted to develop an individualized understanding of the process involved in this significant event. Thus, we conducted a qualitative, turn-by-turn analysis of the sequence of client and therapist responses in the event. To do this, each of the three authors separately characterized the series of relevant client and therapist responses, then met to develop a consensus version of the sequence. A portion of this analysis is presented in Table 7.

Table 7: Excerpt of Qualitative Sequence Analysis of Event 94-92-5

---

1. (twice:) T reflects C wish to stop being afraid; C emphatically agrees ("major goal in life"; "in a heartbeat") (T1-T3)

2. (*marker*:) C begins to express extent of fears' control over her, referring to fears as "it" (C3)

3. (*key response*:) T reflects and names "thingness" quality implicit in C's previous response; elaborates Fear-Thing's effects on C (T4, beg.)

4. C processes T statement, confirms accuracy (w/in T4), then agrees strongly (C4), then reconfirms (T5-C5); experience: begins to think of fear as a thing [=self-awareness, understood]

5. T initiates exploration of Fear-Thing (T6)

6. C tentatively attempts to locate fear, expresses/experiences uncertainty and confusion (C6)

7. T encourages exploration of Fear-Thing experience (T7)

8. (*key response*:) C locates fear inside of her (owns, internalizes fear); experience: awareness (C7)

9. (*key response*:) C introduces and begins to define "Crime Blob"; experience: insight re: connection of general fear to specific "Crime Blob" (C8)

Consensus description by the authors. Client and therapist turn numbers in parentheses refer to transcript in Table 6. "Key responses" are speaking turns that the researchers separately identified and later agreed were the most important in the event.

Finally, the qualitative sequence analysis is used to modify the initial rational model, yielding a potentially generalizable, revised task model, as illustrated in Section A of Table 8. The revised task model begins by describing a more specific *undifferentiated experience marker* for Empathic Exploration. In addition to involving (1) an undifferentiated experience, the revised model reflects the "Fear-Thing" event in proposing two further criteria: There should be some indication (2) that the client is struggling with owning vs. distancing him- or herself from the undifferentiated experience, and (3) that the client finds the experience to be personally significant.

As illustrated in Section B of Table 8, the qualitative sequence analysis is used to construct a *client performance model*. Here, we identified three phases of Empathic Exploration: (a) *Task initiation* involves identification of a particular client experience as a mental "object" or subject for exploration, thus confirming the marker and negotiating the task (Table 6, responses T1-C5). (b) *Exploration work* involves branching, nonlinear exploration of various possible aspects of the undifferentiated experience. Following emotion theory (Greenberg et al., 1993), and consistent with this event, we speculate that an optimal empathic exploration may begin with simple descriptive aspects, then move to relations to other experiences and higher-order meanings, before addressing action-related meanings toward the end of the exploration. It is not clear to us whether all these aspects of experience need to be explored, but we hypothesize that at least two aspects or subaspects need to be explored in order for resolution to occur. (c) In the *Closure work* phase, client and therapist review the importance and main points of the exploration, and indicators of resolution may be apparent.

Table 8: Revised Task Analytic Model of Empathic Exploration for Undifferentiated Experiences

---

A. *Marker: Exploration object/issue* (e.g., "It" marker) which is:
    (1) Undifferentiated (abstract, vague, indeterminate, indescribable, undefined, unclear, unspecified)
    (2) Disowned or distanced (e.g., "it," "thing")
    (3) Indicated by client to have personal significance (importance, salience, relevance to presenting problem, life functioning, or self-identity)

B. *Client Performance Process*:
    (1) *Task initiation*. C & T identify a particular C experience as a mental "object"
    (2) *Exploration work* includes at least some of the following sets of meanings (in varying degrees of completeness):
        (a) Descriptive nature of experience (emotions, bodily sensations, qualities)
        (b) Relations to other experiences (sources/origins, situational context, effects/functions)
        (c) Higher-order meanings (personal meanings, significance, identity)
        (d) (Toward end of exploration:) Client action-related meanings (wishes, needs, action tendencies)
    (3) *Closure work*: C, T review importance and main points of object definition

C. *Therapist Operations*: Explore multiple aspects of exploration object/issue (not necessarily in sequence)
- Attune to C internal frame of reference
- Communicate understanding of C experience
- Direct C attention to range of aspects of experience (e.g., emotions, bodily experiences; qualities, sources, functions or effects, identities, action tendencies)
- Heighten C experience with repetition and imagery
- Help C describe emotional experience (e.g., with metaphors, empathic conjectures)

D. *End State (resolution)*: C provides some indication that the experience has shifted:
    (1) C feels experience is better defined or specified
    (2) C develops increased reflective distance, disembedding from issue/object
    (3) May include the following as well:
- Issue/object may be perceived as less threatening or disconcerting for C; C has sense of potential mastery, empowerment
- Experience may be owned or internalized by client (e.g., recognizes fear inside self)
- C may indicate readiness to move on, make changes
- C may report feeling better, clearer

Next, we examined the therapist responses in the event in order to generate a list of specific therapist treatment principles implicit in them (cf. Labov & Fanshel, 1977). These treatment principles were then used to develop a description of the *therapist operations* (attitudes and actions) which, based on this event, appear to facilitate client empathic exploration. That is, we examined the text of the event in order to identify the specific treatment principles. These therapist operations are given in Section C of Table 8.

Finally, based on this event, we propose that *resolution* (end state; see Section D of Table 8) may be marked by some indication that the experience has shifted, including Rachel's report that the experience is better defined and that she has better reflective distance on the experience:

C35: ... I mean I never really could really de*fine* my fears or where- or where they were, do you know what I mean? (T: Um hm.) Or like where I felt them coming from (T: Um hm) you know they were just there when they were (T: Um hm) and then they'd go away and I didn't- (1.3) it's like I feel like they're all in like the center of me now.

As C35 suggests, complete resolution is also likely to involve some form of felt shift (Gendlin, 1996), such as decreased perceived threat attached to the experience, enhanced sense of mastery, owning or internalization, or even readiness to deal with problems (HAT: "It gave me a definite 'thing' to overcome").

The usual procedure in Task Analysis would be to analyze additional events, cycling between model and concrete examples, until the task model appeared reasonably stable (cf. "saturation" in GTA); researchers would then go on to develop quantitative measures for each component of the model, in order to test it further on larger samples etc. However, from the point of view of *understanding* how the change process unfolds, the important research steps precede the later quantification and testing of the resulting rational-empirical task model. As can be seen, the revised task model is much more detailed than the initial rational model, indicating a much more differentiated understanding of the kind of task that this significant event exemplifies. The revised task model presented here needs further study with additional significant events before it can be accepted as a general account of this therapeutic process; for now it should be regarded as a *potentially* general model, based on a single, intensively analyzed event.

Discourse Analysis

Another promising text-analytic strategy is discourse analysis. There are many forms of discourse analysis (e.g., Labov & Fanshel, 1977; Potter & Wetherell, 1987; van Dijk, 1997a). Furthermore, although we will treat it separately, Conversation Analysis (Sacks et al., 1974; Hutchby & Wooffitt, 1998) is sometimes also included in the broad heading of discourse analysis. Many of these methods emerged out of linguistics and literature traditions and are structuralist or poststructuralist in orientation (van Dijk, 1997b). Recent approaches to discourse analysis have emphasized narrative content and structure (e.g., McLeod, 1997; McLeod & Balamoutsou, this volume; Riessman, 1993). Discourse Analysis methods typically involve a search for implicit rules or organizing structures and generally offer proof by example or demonstration rather than by quantitative test. As with the other

text-based qualitative research genres reviewed here, they seek a general understanding of possibilities or options through intensive contextual understanding of particular texts.

We first attempted to analyze the text of the Fear-Thing event using narrative methods (Riessman, 1993) and metaphor analysis (Lakoff & Johnson, 1980), with limited success. These approaches were interesting but did not really shed much light on the event. For example, the event is not a narrative, although it does contain narrative elements and might be said to fit into the larger structure of the client's victimization narratives (cf. Elliott, Davis & Slatick, 1998). Similarly, the key element of the event is the construction of what Lakoff and Johnson (1980) refer to as an "ontological" metaphor for the client's debilitating trauma-related fears; i.e., that they are a "thing" living within her. This analysis, however, does not really tell us *how* this transformation took place.

Eventually, we hit upon a discourse analytic strategy that we will refer to as "*scheme analysis"*: that is, we found that we could use the text to describe the organization of the ideas that came out in the empathic exploration. In fact, our approach is similar to the method of propositional representation used by cognition researchers such as Kintsch (1974), as well as the branching hierarchical categories used in Grounded Theory Analysis (Strauss & Corbin, 1990). In spirit, it is a concept map (Paulson, Truscott & Stuart, 1999), a visual representation of a complex experience or domain. Although not our original intention, the approach had the further advantage of closely corresponding to the "emotion scheme" concept used in Process-Experiential Therapy (Greenberg et al., 1993): Emotion schemes are theorized to consist of networks of related experiences, including emotions, needs, bodily sensations, perceptions, memories, beliefs, symbolic representations, and action tendencies. In constructing the emotion scheme discourse-based model depicted in Figure 1, the first author constructed an initial version, working directly from the text of the significant event; the second and third authors then reviewed and modified this scheme.

As can be seen, we organized the elements of Rachel's "Fear-Thing" emotion scheme into five domains: *Qualities* (bottom left of figure) are features that describe the perceived nature of the "fear-thing," including temporal ("new"), shape ("round"), size ("usually little, baseball-sized"), color ("black") and location characteristics ("in gut, below diaphragm"). *Sources* (top left) consist of things that the client perceives as causes ("situations of vulnerability") or objects ("about the attack") of the fear. *Identities* (top) follow from the fear having been described as some sort of entity or being; thus, they define what category of being the fear-thing belongs to (e.g., "Giant ANX," "Crime Blob"). *Functions/effects* describe the perceived actions of the fear-thing on the client's self; these are grouped into three main functions ("controls my life," "center/source," and "container for attack-related feelings") each of which has one or more levels of subordinate defining features (e.g., center/source: body sensations: "fear-shooters," "tendrils," "tentaclies," "spindlies"). Finally, *possible actions* refers to how the client would like to act on the fear-thing, primarily seen in her response to T31 ("What would you like to do with it?") (e.g., C31: "Take out the whole thing"), but also elsewhere (i.e., HAT material about being able to define and control the fear).

Overall, the Fear-Thing emotion scheme diagram provides a concise summary of the kind of metaphorical "entity" which the client and therapist co-construct about the client's trauma-related fear (cf. Lakoff & Johnson, 1980). The diagram also provides a vivid illustration of
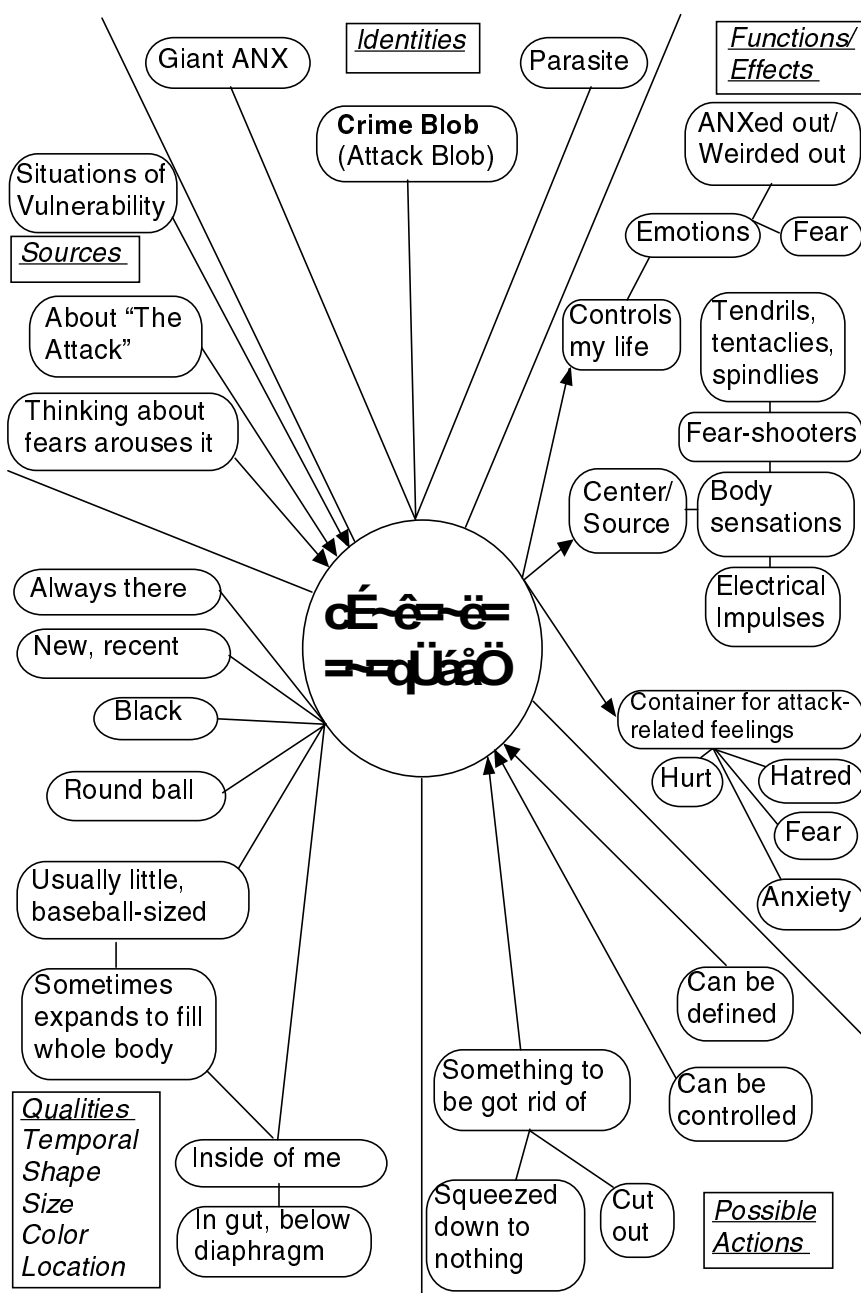
Figure 1:
Discourse Analysis of "Fear-Thing" Emotion Scheme

the kind of branching exploration described in the Task Analysis of Empathic Exploration. Obviously, the specific structure, domains, and content of this client's "Fear-Thing" emotion scheme is highly idiosyncratic and is not intended to be generalizable to other traumatized clients. Nevertheless, we expect the branching, nonnarrative structure to be potentially general and the list of domains to provide a set of sensitizing categories for researchers and therapists to consider.

Conversation Analysis (CA)

The last form of discourse analysis applied to Rachel's "Fear-Thing" event was Conversation Analysis, which was developed by sociologists to identify the common conversational sequences and strategies used by people to accomplish practical purposes (e.g., Sacks, 1995; Sacks et al., 1974). Instead of imposing categories on speakers' actions, CA attempts to study how speakers perceive each others' utterances, based on how they respond to each other. Although CA attempts to develop general models of the strategies people use to accomplish practical work in conversation, it emphasizes the ad hoc, contextually-embedded nature of "talk-in-interaction" (Schegloff, 1999) and eschews foundational claims about interaction.

Over the past 25 years, CA has built up a large repertoire of provisional understandings of everyday and professional speech (e.g., Atkinson & Heritage, 1978; Hutchby & Wooffitt, 1998; Pomerantz & Fehr, 1997). We drew on some of these understandings to provide a general structure for our analysis of the text of the Fear-Thing event, concentrating on the relationships between successive client and therapist responses. The analyses to be reported were influenced most strongly by recent work by Watson (1995) and Mellinger (1995). Like many conversational analysts (cf. Mondada, 1998; Schegloff, 1999), these authors argue that the analysis of therapeutic discourse must begin with an understanding of everyday conversational structure, which psychotherapists and clients transform to suit their purposes. CA has developed its own extensive jargon, which we will attempt to explain in our presentation.

In the Conversation Analysis of an interesting segment of conversation (here a significant event), the usual method (Hutchby & Wooffitt, 1998; Pomerantz & Fehr, 1997) is to proceed through the text, turn-by-turn, analyzing the mutually-defining and constraining sequential pairs of responses, referred to as *adjacency pairs*. Adjacency pairs are made up of responses which people recognize as naturally going together (e.g., "question-answer"). As we carried out our analysis, we noticed the presence of a generic, everyday conversation sequence, consisting of four parts ("positions" or "slots"), marked in the left margin of Table 6 and summarized in the left column of Table 9:

<a>: Speaker 1 initiates a sequence (e.g., asks a question, makes a request);

<b>: Speaker 2 then provides an appropriate response (e.g., answers question, grants/refuses request).

We found that this first adjacency pair was sometimes repeated before the sequence proceeded to the next adjacency pair, made up of the third and fourth "slots":

<c>: Speaker 1 then evaluates Speaker 2's response (e.g., accepts or evaluates answer/grant, or offers appreciation); and

<d>: Speaker 2 then evaluates or acknowledges Speaker 1's evaluation, sometimes nonverbally.

This second adjacency pair can also be repeated.

Table 9: Conversational Structure of Empathic Exploration Sequence, Compared to Generic Conversation and Prescriptive Therapy Structures

Generic Conversation Sequence	Directive Professional	Experiential Psychotherapy: Empathic Exploration
<a> Speaker 1: Initiation	Therapist Initiation: Information Question	Therapist Initiation: **Exploratory Question** Process Advisement
<b> Speaker 2: Response	Answer (provide Information)	**Answer** (provide description of Experience) Elaboration Initiate new topic
<c> Speaker 1: Evaluation (of response)	Formulation: Interpretation Advice Challenge Reassurance	Formulation (c_1 slot): **Exploratory Reflection** "touched off" Process disclosure Acknowledgement Bookmarking ("Sounds important") Post-Formulation (c_2 slot): **Request for confirmation (fit)**
<d> Speaker 2: Evaluate Evaluation	Agree/disagree	**Confirm/disconfirm (d_1 slot)** **Elaboration (d_2 slot)** Initiate new topic
<e> (closing)	--	Bridge: **Acknowledgement** Empathic Reflection False start

Bolding is used for most common actions. Subscripts used to distinguish order of actions which can share a position or "slot" in the sequence.

In directive psychotherapies, as well as mental health diagnostic or intake interviews (and medical interviews in general), the asymmetric power relationship between professional and patient gives rise to a particular form of this sequence (Mellinger, 1995; Watson, 1995; Table 9, middle column):

<a>: Here, the first position is taken by the professional's *information question*.

<b>: In the second position, the patient *answers* the question, providing the information. This pair of responses can be repeated, *ad libidum* as in an "interrogation" sequence.

<c>: Alternatively, the professional can next offer a "third position" response, which, in professional-patient interaction, characteristically appears as a *formulation* of the patient's answer (Watson, 1995); this can be an interpretation, advice, challenge or reassurance.

<d>: The patient can then *agree* or *disagree* with the formulation (a fourth position response).

<c> and **<d>** responses also form a pair, which can be repeated. This appears to be a basic information-formulation sequence of directive professional interactions.

We assumed that the generic conversational and directive professional sequences would appear in substantially altered form in Process-Experiential therapy, but we expected that roughly the same structure would hold. Thus, with this framework in mind, developed from analyzing the first full sequence (responses T1 to T6.1), the three co-authors examined the text of the Fear-Thing event, working both separately and together as a team, as is typical in CA. Our categorizations are recorded as annotations (in triangular brackets) to the transcript excerpted in Table 6. Along the way, we discovered a characteristic fifth position response, not in the original model, and added it to Table A, initially labelling it as "*closing*," because of its resemblance to common sequence ending responses.

Finally, in order to provide a complete account of the client and therapist empathic exploration responses in each of the five positions, we examined all the responses which occurred in each of the five positions, in order to identify the main forms and variations within each position. These are given in the right column of Table 9, with the most common forms shown in boldface type.

Position 1 (<a>). As we expected, these responses were predominantly *exploratory questions*, e.g.:

T6.2: Um,What's it like, (the) fear? What kind of thing is it?

The one exception was:

T7: ...If you were to, be the fear [where would you be?]

which is a process advisement with the force of an exploratory question.

Position 2 (<b>). These responses were mostly *answers* which attempted to provide the description requested in the exploratory question, for example,

C6: I don't know. I don't know if I feel like it's *inside* me, or if it's like *around* me, or if it just sneaks up on me.

We also found examples of *elaboration* in this second position, where the client went beyond the information requested:

C19: ... but it's just because I'm like thinking of all my fears, that I'm just like arousing It.

In addition, we were surprised to find one example of client *initiation* in this position: Toward the end of the event, the client pretends to answer the therapist's question (T32), but instead changes the subject in order to begin processing what she has gotten out of the event:

C32: Mhm I never even realized that's like how I felt, it was (T: oh) I mean I really realized like the last (1.9) couple weeks...

Position 3 (<c>). Formulations in the form of *exploratory reflections* were common in the third position of the sequence:

T4: So the fear is like a *thing* that comes upon you and takes over, takes your freedom, imprisons you, is that?

However, we were surprised to find a number of examples of a different kind of response in this position, *requests for (re)confirmation (fit)*. These usually followed an exploratory reflection, as in T4, above. Sometimes, however, they appeared alone, when a formulation was already "on the table"; thus, they represent a "secondary" slot within position 3, which we designated as **<c$_2$>**:

<c> T4: ... And it's- has a quality of thingness.

<d> C4: Oh yeah.

<c_2> T5: Yeah. Is that right?

Finally, we noted several variant Formulation slot (**<c_1>**) responses, including a "touched off" therapist self-disclosure and, in the Closure Subepisode, therapist *acknowledgment* and *bookmarking* responses:

T33: "Yeah, yeah, (1.0) interesting. It sounds important."

Position 4 (<d>). As we expected, fourth position responses generally *confirmed* or *disconfirmed* third position exploratory reflections:

C3: Um hm, (1.9) in a heart beat....

However, we had forgotten the client's active role in empathic exploration, evidenced by the *elaborations* that frequently followed confirm/disconfirm responses (designated in Table 4 as **<d_2>**):

C3: ... (2.0) I mean it controls my life, every, step of my life, every action and everything.

In addition, we noted one instance in which the client used a fourth position elaboration slot (**<d_2>**) to *initiate* a new topic:

*C8: For some reason lately I've felt like there was this central, *Crime, Blob*. Like this little black thing in the middle of me...

Position 5 (<e>). Finally, as we analyzed the position one **<a>** responses, we noticed that some of them started out to be position 3 (**<c>**) responses, before changing over to initiations:

<e>: T6.1: So it feels like,

<a>: T6.2: Um, What's it like, (the) fear?...

At first we designated these responses as closings, because they were used to close off an old sequence. Because these responses appeared to be used to pave the way for the new sequence, however, we now think of them as *"bridges*." In this event, bridge responses in the form of *acknowledgements* and *empathic reflections* were used most often:

T18.1: °little bits°, Um hm, uh hm, yeah.

Beyond this, we also found that the conversational structure in Table 9 applied most closely to the middle part of the transcript, from T6.2 to C31, which corresponded to the Exploration Work phase of the client performance model in the Task Analysis (Table 8); therefore, this part of the transcript was designated "Subepisode B: Exploration Work." At the same time, T1 to T6.1 was labeled "Subepisode A: Marker Identification" and T32 to T36 was labelled "Subepisode C: Closure Work"; these two segments appeared to involve a somewhat different version of the sequence.

To sum up the CA of this event, we found that therapist initiations **<a>** often took the form of Exploratory Questions (T6.2: "What's it like, the fear?"), rather than informational questions. Thus, the client's answer (**<b>**) would serve the function of providing an exploration of experience rather than simply giving information. Furthermore, while the most common third position response (**<c>**) was a formulation of what the client had said, this took the form of an exploratory reflection rather than a more content directive professional intervention such as an interpretation, evaluation or advisement. We also found that client fourth position responses (**<d>**) often but not always took the form of confirm/disconfirm responses; and that transitional fifth position responses served to bridge from one conversa-

tional segment to the next. Finally, we noted that the client did not merely follow the therapist's lead, but actively initiated responses, in spite of the general institutional constraints on client behavior.

While this analysis is grounded in an intensive understanding of a particular interaction, its main interest is in what may be potentially generalizable to other instances of empathic exploration. Other examples of empathic exploration need to be studied, but the emphasis of such analyses would probably be to identify further possible alternative strategies used by clients and therapists to accomplish exploration and related therapeutic tasks.

Conclusions. The three text-focused analytic approaches support the existence of Empathic Exploration as a separate genre of therapeutic work, distinct from other forms of work, including narrative re-telling. The analyses indicate that not all significant event texts have a predominantly linear structure following a temporal narrative sequence. In contrast, the Fear-Thing exploration text studied had a branching structure in which client and therapist sought together for meaning and language to capture a key trauma-related experience.

Nevertheless, discourse analysis is a large field encompassing many methods beyond those sampled here. For example, three other forms of discourse analysis might have been applied to the same text: (a) Luborsky's (Luborsky & Crits-Christoph, 1990) Core Conflictual Relationship Theme (CCRT) method could have been used to identify important trauma-related wishes (e.g., to be safe) and fears (e.g., of being revictimized). (b) The treatment principles implicit in the therapist's performance could have been explicated, as is done in Comprehensive Process Analysis (see next section). As in Task Analysis, such a strategy is useful for articulating implicit therapist knowledge (e.g., Prepare clients for later chairwork by identifying psychological objects). (c) A final alternative discourse analysis strategy would have been to make use of Potter and Wetherell's (1987; cf. Madill & Barkham, 1997) critical socio-cultural discourse analysis, which focuses on the moral construction of self and other. Such an analysis might have examined the exhortative quality of the therapist's responses T2 to T5, which appeared to serve a rhetorical function of eliciting client commitment to confront painful experiences. Similarly, the negotiation of an inner (as opposed to an outer) location for the client's major trauma-related difficulty reflects a key cultural ambivalence about the sources of problems for traumatized individuals, balancing the twin difficulties of "blaming the victim" (=too internal) and reinforcing passive "victimhood" (=too external). Application of these and other discourse analytic strategies might have shed further light in the Fear-Thing event text.

Working with Complex Significant Event Case Records: Comprehensive Process Analysis

Lastly, we will turn briefly to Comprehensive Process Analysis(CPA), an integrative research procedure suited for working with complex sets of information about single significant events. CPA (Elliott, 1989; 1993; Elliott & Shapiro, 1992; Elliott et al., 1994) is a systematic, qualitative intensive single-case analysis method and uses case record data and procedures that combine most of the qualitative data collection and analysis methods described earlier in this chapter. It can be described as:

- Open-ended and discovery-oriented
- Interpretive, in the dual senses of both explicating the implicit elements of texts (hermeneutic exegesis) and constructing explanatory accounts
- Guided by a general framework of sensitizing constructs, which is like a logical extension of the axial coding paradigms used in some forms of GTA
- Especially appropriate for analysis of the multi-layered contexts and consequences of significant events

Methodological safeguards are also an important aspect of this method, and include the use of multiple judges and confirming the clinical significance of events by means of quantitative data (session ratings, outcome measures). In addition, where possible, CPA enlists the aid of clients and therapists as judges of their own events (Elliott & Shapiro, 1992).

Comprehensive Process Analysis involves a number of different procedures and steps (Elliott, 1989, 1993). In particular, qualitative analysts apply an elaborate interpretive framework encompassing a wide range of factors which may (or may not) be important for understanding a given significant therapy event. These factors were developed from earlier analyses of the literature (see Elliott, 1991) and over the course of previous CPA studies (e.g., Elliott, 1984, 1989). The framework is divided into three broad domains:

The *Key Responses* domain consists of four aspects of the most helpful therapist or client responses: action (from Fear-thing event: Exploratory reflection), content (e.g., presenting trauma difficulty), style (e.g., interested/concerned), and quality or skillfulness (e.g., accurately captures client experience through metaphor).

The second domain, *Effects*, refers to the sequentially unfolding consequences of an event, including its *immediate effects* within the event (e.g., C locates fear inside of her), its *delayed effects* within the same session or in later sessions (e.g., at beginning of next session, C reports her fear to be not so bad recently, feels more free, powerful and adult), and the *clinical significance* of the event, given in terms of various quantitative ratings of the effectiveness of the event (e.g., weekly Impact of Events Scale score improves from 26 to 17).

The final domain, *Context*, encompasses the factors and events which led up to or are exemplified by the event. Four levels of context are analyzed (Elliott, 1991): (a) *Episode context* refers to important features of the conversational episode which contains the significant event, including client and therapist episode tasks (e.g., explore experience of trauma-related fear) and client and therapist responses leading up to the event (e.g., client describes externalized control by fear). (b) *Session context* involves relevant features of the session in which the event occurred, including client and therapist session tasks (e.g., explore recent fear episode), therapeutic alliance (e.g., begins difficult, better as session progresses; working well at end), and earlier responses in session (e.g., C mentions "electrical things"). (c) *Presession context* covers relevant events which have occurred since treatment began, either in earlier sessions (e.g., client and therapist agree to work on trauma-related fear) or outside of therapy (e.g., recent fear episode). (d) *Background* refers to relevant features of the client and therapist which preceded and were brought to treatment, including client interpersonal conflict themes (Luborsky & Crits-Christoph, 1990; e.g., fears re-victimization), problems (e.g., pervasive, debilitating fear of being attacked), coping style (e.g., intense vigilance), history (e.g., victim of attempted murder), and current life situation (e.g., fear prevents move out of area to attend college), as well as therapist personal characteristics (e.g., likes to use

metaphor) and treatment principles (operating guidelines which can be seen in the therapist's responses; e.g., prepare client for later chair work by formulating different self-aspects).

This framework provides a set of sensitizing categories directing analysts' attention to the kinds of things which often help to explain significant events. However, it does not constrain the specific nature of the understandings to be constructed. For example, analysts are asked to consider the client's therapeutic tasks for the session as partial explanations for an event, but are given the freedom to describe these tasks in any way that they see fit, including leaving this aspect out altogether.

After the event has been identified (as described earlier), the researchers typically listen to the entire session in which it occurred, taking detailed process notes (sometimes the session is also transcribed by a research assistant). The analysis follows these steps (Elliott, 1989, 1993):

First, each analyst independently explicates the implicit meanings in the key therapist speaking turns and the client's postsession HAT description of the event. Explication is an interpretive process of filling in and organizing the implicit meanings in the key response and HAT texts.

Second, the analysts meet to develop a consensus explication of these meanings. This involves an egalitarian group atmosphere, a systematic hearing of all versions, a "voicing" of unique descriptions, and a spirit of compromise (Elliott, 1993).

Third, each analyst independently applies the CPA framework to the available information, filling in relevant descriptions and explanations of the event's key responses, effects, and context. For these analyses, the primary source of information is often the session tape and transcript. In addition, therapist session notes, post-session questionnaires, Change Interview and other research data are also utilized. Analysts begin with a microanalysis of the key therapist responses in the event, and then carry out an analysis of the effects of the event. Finally, they analyze its context, working from the most immediate context (local cue, i.e., immediately preceding speaking turn) to the most general context (client and therapist personal characteristics).

In considering each possible explanatory element, each analyst tests it against three criteria: (a) the element must be present in the data, (b) it must not be redundant with other elements within the same CPA heading, and (c) it must be relevant to explaining the event. In general, the analysts' perspective is that of outside observers attempting to encompass and respect all the available information, including the discrepancies between client, therapist and multiple observer views (cf. Elliott & Shapiro, 1992).

Fourth, the analysts meet to develop a consensus version of their separate analyses of the event. In this process, the analysts use the same three criteria and follow the same order described above, adding a fourth criterion of consensus among analysts.

CPA of Fear-Thing Event. We carried out a Comprehensive Process Analysis of Rachel's Fear-Thing event. As with Elliott et al. (1994), this CPA did not use Brief Structured Recall data, which makes it easier to present here. In order to identify the event, we started with a case with a successful outcome and then used client helpfulness ratings on the HAT form to identify the most helpful events in the therapy. The selected event was one of two events which the client gave her highest helpfulness rating to (8.5, between "greatly" and "extremely" helpful). In addition, the client reported symptomatic improvement associated with this session. (In fact, the CPA was carried out before the discourse analyses reported earlier.)

Key Responses. Following the CPA method, we began by analyzing five key responses that we had identified and agreed were the most important in the event. In addition to the three responses (T4, C7, C8) indicated in Table 6, we identified a later pair of adjacent responses as essential (see Table 6 for an explanation of the transcription symbols):

*T31: Hhh What would you like to do with it? (.7)

*C31: {laughs} {disgusted voice:} Get rid of it. (1.0) I don't want it to be there. I don't want even to have a small part of it.= I just want (1.5) to, I mean I wish I could just like, cut it open and take out the whole thing you know? (T: Cut it out, yeah, yeah) Or make it just smaller and smaller and smaller 'till it's not there anymore. (T: Um hm, Um hm) (2.0)

Our analysis of these five responses is given in Table 10. The analysis highlights differences between earlier and later key responses: The earlier responses involve the initiation of empathic exploration work and the beginning of the process of explicating the "Fear-Thing" emotion scheme; while the last two responses involve closure work organized around potential ways of dealing with the newly-symbolized representation of her debilitating fear. These responses represent the two main pivot points between the event's context and its unfolding effects. The rest of the CPA was an attempt to explicate the sources and effects of these responses.

Effects Analysis. Next, we traced the unfolding effects of the event, beginning with the first key response. The first phase of this analysis was the qualitative sequence analysis which we also used in our Task Analysis (see Table 7, steps 4-9 and beyond). We then traced the effects of the event through the end of the session. Next, we used therapist process notes and client HAT descriptions from later sessions to follow the further unfolding of the main themes of this event. Space precludes a full presentation of this analysis, but the following outline gives some flavor of the narrative flow described by the analysis:

A. *Immediate Effects*:
- C & T explore C's recent emerging awareness, reflection of newness and importance of event; experience: progress (C32-T36)

B. *Within-Session*
- At end of session, C reports feeling better, "closer to defining it"

C. *Postsession*
- C rates session greatly helpful, moderately deep
- Next session: C reports decrease in symptoms, works on "Fear Blob"
- Later sessions: Fear transforms into a "woman"/container (session 9)
  C connects fear to self-esteem (session 15)
- As self-esteem strengthens, fear becomes smaller/bearable (sessions 16-19)

D. *Treatment Outcome*
- Breaks up with boyfriend, moves across country per plan (no further contact)

Context Analysis. The analysis of context is the most complex aspect of CPA, and involves working backwards from the first key response of the event, describing all factors which shed light on the key responses and their effects. It is therefore a careful interpretive construction of the possible sources of the event. We first analyzed the immediate context of the event, from the beginning of the conversational episode in which the event took place, to the first key response. We again present highlights from the analysis:

Table 10: CPA Micro-analysis of Key Responses in Fear-Thing Event

Aspect:	T4	C7,C8	T31	C31
Action • Re-sponse Mode • Task	• Exploratory Reflection • Encourage C Exploration • Help symbolize fear • Check accuracy	• Awareness-Insight • Disclosure • Locate fear-thing • Self-explore	• Open Question • Encourage explora-tion • Move work to a close	• Planning • Express rejection of fear-thing • Present goal
Content	• Key trauma difficulty • Metaphor	• Key difficulty • Internal location of fear • Metaphor • Newness	• Wish/ action explora-tion domain	• Wish/action tendency • "Implacable split"
Style	• Searching • Interested • Tentative • Vivid	• Thoughtful • Collabora-tive • Definite • Vivid description	• Curious • Sympathe-tic • Sudden change of direction	• Quick • Disgusted, angry • Pleading, wishful • Strong imagery • Definite
Quality	• Takes op-portunity • Accurate • Responsive	• Articulate • Creative • Open • Experi-ence-near • Uses T prompt • Partially owns fear	• Balances work /relational elements • Uses ex-ploration domain map • Accurate (readiness)	• Uses T prompt • Elaborates on own • Open, self-expressive • *But*: disowns self-aspect

A. *Episode Context*:
- *Client tasks*: Express and explore fear; clarify therapy goals
- *Therapist tasks*: Help C explore fear, goals
- *Relevant events*: C, T explore C's sense of powerlessness, desire for change
- *Local cue*: C refers to fear as "it" which totally controls her => key response T7

Next, we went back to the beginning of the session and looked for the processes which gave rise to the significant event.

B. *Session Context*:
- *Client tasks*: Participate in therapy to reduce fears; express impact of fear to T
- *Therapist tasks*: Help C engage in therapy; help C explore fears
- *Alliance*: Bond: positive; Task involvement: improving
- *Relevant events*: Detailed unfolding of recent fear episode anticipates elements of significant event

After this, we used the client's within session narratives to identify relevant recent life events, and also consulted therapist process notes for the previous four sessions, in order to uncover factors which might help explain the significant event:

C. *Presession Context*
- *Extratherapy*: Recent fear episode (at mother's house)
- *Previous sessions*: C *defines* fear as main difficulty; elements of event anticipated

Next, we used what the client said and did in the key session, as well as therapist session process notes from previous sessions, to identify general characteristics of the client and her situation which helped explain the event:

E. *Client Background*
- *History*: Victimization; recent deterioration
- *Situation*: Life projects blocked
- *Problems*: Increasing trauma-related fear and depression
- *Conflicts*: Wants to be safe, fears harm
- *Self*: Powerless, vulnerable
- *Style*: Disowns fear; *but* imaginative, articulate, open, aware of internal experience,

Finally, we relied primarily on therapist introspection, as well as observations of the therapist's within-session behavior, to describe general characteristics of the therapist that provided understanding of the event:

D. *Therapist Background*
- Originator of treatment
- Curiosity
- Interest in metaphors and science fiction
- Implicit model of empathic exploration

Our intensive analysis of this significant event further documents the power of empathic exploration with post-trauma fear difficulties, indicating that further study of similar events is warranted. Micro-analytic qualitative methods such as aspects of CPA, as well as Conversation Analysis, are valuable tools for specifying the client and therapist processes involved in the change process. At the same time, CPA provides a broader "macro-analytic" framework in which to place the micro-analysis. Thus, in the Fear-Thing event, it was possible to trace the effects of the event forward in time, and the sources of the event backward in time, enabling us to show how a single therapy event can operate as a "therapeutic pivot" or turning point, in relationship to therapeutic work that comes before and afterwards. In this respect, CPA resembles Stiles' Assimilation analysis (Stiles et al., 1989), which was in fact inspired by CPA context and effects analysis, including the tracing of thematic antecedents and consequences across therapy.

Explanation in CPA. Although it might appear that this contextual analysis was highly speculative, it is important to note that each explanatory element had to pass the four tests described earlier: grounding in evidence, explanatory relevance, nonredundancy with other elements, and consensus among analysts. These checks provided a brake on unbridled speculation about the causes of the event, making the method one of disciplined interpretation.

Unlike some forms of qualitative analysis, CPA is consciously explanatory or hermeneutic in nature, in that it offers a systematic, careful process for generating thorough-going interpretive accounts of significant events. Although analogies to biochemical "pathways" have given some the impression that CPA relies on mechanistic causal explanation (Frederick Wertz, personal communication, October 1989), CPA in fact relies on a variety of non-mechanist modes of explanation based on human social action (Elliott, 1992b). These include *agential* causes (identifying who did it), *intentions* (explaining actions by invoking their intentions or tasks), *referential* explanation (clarifying what speakers are referring to), *contextual* causes (providing others opportunities which they can take or ignore), and *categorial* explanation (instantiating an event as an example of a class of similar events). For example, identifying key responses is a form of *agential* explanation; describing a client session task often provides an understanding of the client's *intention* for acting in a certain way in the session; a recent life event is the *referent* for an in-session narrative; each client or therapist response provides a *context* or opportunity for the other to answer, formulate, confirm (or disconfirm), initiate a new subject, or not; and invoking general traits, interests, coping styles etc. all clarify a feature of action by locating it as an instance of a larger *category*.

It should also be noted that this analysis of modes of explanation breaks down some traditional distinctions between "causes" and "reasons" (Harré & Secord, 1972) and between "explanation" (*erklären*) and "understanding" (*verstehen*) (Polkinghorne, 1983). It seems to us that such dichotomies oversimplify the complex, multifarious nature of human interpretive activities. Very little in the way of everyday and social or human science explanation in fact falls into strict mechanist/materialist modes (Harré & Secord, 1972). In this sense, explanation in CPA is primarily (but not exclusively) hermeneutic in the original sense (Polkinghorne, 1983) of explicating the author/actor's implicit references, intentions and contexts.

Discussion

In writing this chapter, we had several purposes in mind: First, we wanted to encourage psychotherapy researchers to make greater use of qualitative data collection and analysis methods. In some respects, psychotherapy research has lagged behind other disciplines, for example, counseling and nursing, in its endorsement of qualitative research methods. In spite of recent progress, psychotherapy research in general remains fairly conservative, and continues to be dominated by the randomized clinical trial and process-outcome correlational paradigms. We support the use of the *full* range of research methods to foster understanding of psychotherapy outcome, process and change processes. Qualitative therapy research needs to be valued not just as a preliminary tool for pilot research, but also as a valid research genre in its own right, with its own standards of good practice (Elliott, Fischer & Rennie, 1999).

Second, we have wanted to encourage qualitative researchers to study not only the out-come and process of therapy, but also *change processes*. In other words, we are advocating therapy research which goes beyond the definition and description of psychotherapeutic phenomena to develop explanations of how and why change occurs in therapy. Qualitative psychotherapy change process research has the potential to contribute to the further devel-opment of clinical practice, through the delineation of "when-then-in order to" relationships (cf. Rice & Greenberg, 1984), i.e., *"When* the client does this, *then* the therapist should do that, *in order to* help the client achieve such-and-such a positive effect". For example:

When the client puts forward a vaguely defined but powerful problematic experience, *then* the therapist should help the client approach this experience as an internal object, and encourage the client to explore the diverse aspects of this experience, *in order to* help the client to fully symbolize and gain a sense of agency with regard to the experience.

Qualitative change process research can thus be a powerful tool for discovering or con-structing useful understandings of how therapy works, understandings which can later be elaborated with further qualitative research, or be tested for generalizability through quanti-tative measurement and analysis.

Third, we have wanted to encourage researchers to use a broader *range* of qualitative methods: not simply postsession questionnaires or post-therapy interview data, but also tape-assisted recall and text-based data; not simply Grounded Theory Analysis, but also Task Analysis, Discourse Analysis, Conversation Analysis and intensive interpretive methods such as Comprehensive Process Analysis. Having available a larger palette of methods for collecting and analyzing data will enable therapy researchers to select the methods which fit their research questions and practical situations, rather than having their questions dictated by a narrow range of acceptable methods.

The use of a wider range of methods can yield further pay-offs for psychotherapy re-searchers. For one thing, it allows the application of multiple research methods to the same research question or data, as we have illustrated here. This makes a strategy of "triangula-tion" (Patton, 1990) possible, in which different approaches corroborate, enrich, or qualify each other. Further, the different methods facilitate understanding of different unit levels of analysis in therapy (treatment, session, events; cf. Elliott, 1991), making possible a much richer overall understanding of how change occurs in therapy.

Philosophical issues. At the same time, we do not want to ignore the larger contexts in which psychotherapy research is carried out. We will touch here on two such contexts, philosophical and practical. The analytic procedures described, especially Task Analysis and Comprehensive Process Analysis, and, indeed the very purpose of qualitative psychotherapy change process research itself, all emphasize explanation as a key goal of research. These methods build on the other central tasks of scientific research, namely, definition, descrip-tion, application, and reflection (Elliott, 1995), but value explanation to a greater degree. We are aware that this position is potentially controversial among qualitative researchers. After all, empirical phenomenology (Wertz, 1983; Giorgi, 1975) emphasizes definition, while most GTA, especially forms that eschew axial coding (e.g., Rennie, 1990), appear to us to limit themselves to the scientific tasks of defining (i.e., core category) and describing (sub-types and aspects), even though the *procedures* they use are interpretive and hermeneutic in nature. Does explanation have a place in qualitative research? We would argue that it does, especially if explanation is construed broadly, to include a variety of modes of explana-

tion/understanding, including, as mentioned earlier, intention, reference, categorization, agent, and context/opportunity (Elliott, 1992b).

In fact, we would go so far as to argue that there is even room for causal explanation in qualitative research, even if by "causal" we mean to include physicalist causes such as mechanical and material causation. We do not think that it is dehumanizing to include brain function (i.e., material causation) and illness and injury (i.e., mechanical causation), or conversely psychopharmacology (also material causation) in our explanations of psychotherapy change processes, as long as we do not attempt to rely exclusively or predominantly on these modes of explanation. In the end, we believe that the most powerful mode of explanation for psychotherapy is to be found in a particular form of contextual *social* cause, what we are referring to as "opportunity causation"; that is, the influence of one person on another through the medium of offering opportunities, for self-disclosure, self-exploration, self-confrontation, self-empowering, and so on.

Task Analysis and Conversation Analysis are two approaches in particular that seek to describe the opportunities that clients and therapists offer one another: Task Analysis documents the client markers and therapist facilitating responses that are offered as opportunities within the co-construction of therapeutic change. Conversation Analysis shows how every single response made by client and therapist provides an opportunity, which can be taken, rejected, or modified, to suit the various tasks and needs of the two parties. Therapists do not and cannot *make* their clients change; all they can do is to offer opportunities to their clients. It is true that clients vary in how tempting they find these opportunities, and therapists vary in their ability to find and offer the best opportunities for a given moment with a given client. Nevertheless, clients are always free to accept or to decline their therapist's offered opportunities to help them encounter themselves, whether these be in the form of their most powerful fears or their subtlest emerging hopes for change.

Practical considerations. In terms of the possibilities for carrying them out, the methods we have presented vary enormously in the amount of time and effort required. Thus, the Change Interview and the Helpful Aspects of Therapy form require relatively small investments of time and effort, and generate relatively straightforward, readily analyzable data, which can be analyzed using fairly simple forms of Grounded Theory Analysis (e.g., ignoring selective and axial coding). The trade-off is that the data generated are sometimes fairly "thin", making them less useful for building rich, powerful understandings of particular cases or events. In other words, Change Interview and HAT data protocols often do not provide "thick descriptions" (cf. Geertz, 1973) of how particular clients change. (For this same reason, they lend themselves to more general, descriptive purposes.)

On the other hand, as we have seen, Brief Structured Recall, Discourse Analysis (including Conversation Analysis), and Comprehensive Process Analysis are all capable of generating complex, clinically-sophisticated understandings of change processes. However, all require a great deal of effort to mount and complete. Researchers can easily bury themselves under a mountain of data, or lose their way in the thicket of detail. Our past experience suggests that research using these approaches is therefore not to be lightly undertaken. These methods should come with prominent warning labels, for example, "Warning: Using CPA (or BSR, or Discourse Analysis) may be hazardous to completing your dissertation (or getting tenure)." We urge researchers with limited time and resources to resist the allure of such elaborate forms of research.

Therefore, in deciding how to study psychotherapy change processes, researchers need to weigh their personal goals, ideals, and philosophical orientation (whether post-modernist, phenomenological, or hermeneutic) against practical issues such as working within limited time and resources as well as local academic norms for preferred forms of research. Like politics, psychotherapy research is the art of doing the best you can within the limits of what is possible.

Nevertheless, we do not want to be too negative. "Thick description" approaches to qualitative psychotherapy change process research offer potential rewards commensurate to their risks: For researchers with adequate time, resources and stamina, these approaches can lead to the genuine excitement of true discovery. There is nothing quite like the thrill of uncovering a previously-undocumented therapeutic process, such as the branching structure of empathic exploration, or the 5-slot conversational sequence that Rachel and her therapist used to carry out their exploration of her fear. Such discoveries are, for us, the true gold of psychotherapy research, and what makes it all worthwhile!

References

1. Addison, R.B. (1989). Grounded interpretive research: An investigation of physician socialization. In M.J. Packer & R.B. Addison, (Eds.), Entering the circle: Hermeneutic investigation in psychology (pp. 39-57). Albany, NY: SUNY Press.
2. Atkinson, J., & Heritage, J. (1984). Structure of social action: Studies in Conversation Analysis. Cambridge, UK: Cambridge University Press.
3. Barker, C., Pistrang, N., & Elliott, R. (1994). Research methods in clinical and counseling psychology. Chichester, England: John Wiley & Sons.
4. Bolger, E.A. (1999). Grounded theory analysis of emotional pain. Psychotherapy Research, 9, 342-362.
5. Elliott, R. (1984). A discovery-oriented approach to significant events in psychotherapy: Interpersonal Process Recall and Comprehensive Process Analysis. In L. Rice & L. Greenberg (Eds.), Patterns of change (pp. 249-286). New York: Guilford.
6. Elliott, R. (1986). Interpersonal Process Recall (IPR) as a psychotherapy process research method. In L. Greenberg & W. Pinsof (Eds.), The psychotherapeutic process (pp. 503-527). New York: Guilford.
7. Elliott, R. (1989). Comprehensive Process Analysis: Understanding the change process in significant therapy events. In M. Packer & R.B. Addison (Eds.), Entering the circle: Hermeneutic investigation in psychology (pp. 165-184). Albany, NY: SUNY Press.
8. Elliott, R. (1991). Five dimensions of therapy process. Psychotherapy Research, 1, 92-103.
9. Elliott, R. (1992a). The Basic Task: Empathic Exploration. Unpublished manuscript, Department of Psychology, University of Toledo.

10. Elliott, R. (1992b). Modes of explanation in psychotherapy research. Unpublished manuscript, University of Toledo.

11. Elliott, R. (1993). Comprehensive process analysis: Mapping the change process in psychotherapy. Unpublished research manual. (Available from R. Elliott, Department of Psychology, Department of Psychology, University of Toledo.)

12. Elliott, R. (1996). Client change interview schedule. Unpublished research instrument, Department of Psychology, University of Toledo.

13. Elliott, R. (1999a). Revised Client Change Interview protocol. Unpublished research instrument, Center for the Study of Experiential Psychotherapy Research, University of Toledo.

14. Elliott, R. (1999b). Hermeneutic single case Efficacy Design (HSCED): Procedures and Demonstration. Unpublished manuscript, University of Toledo.

15. Elliott, R., Clark, C. & Kemeny, V. (1991). Analyzing clients' postsession accounts of significant therapy events. Paper presented at Meeting of Society for Psychotherapy Research, Lyon France.

16. Elliott, R., Clark, C., Kemeny, V., Wexler, M.M., Mack, C. & Brinkerhoff, J. (June, 1988). Brief Structured Recall of significant therapy events in experiential therapy of deprression. Paper presented at meetings of Society for Psychotherapy Research, Santa Fe, New Mexico.

17. Elliott, R., Clark, C., Wexler, M., Kemeny, V., Brinkerhoff, J., & Mack, C. (1990). The impact of experiential therapy of depression: Initial results. In G. Lietaer, J. Rombauts & R. Van Balen (Eds.), Client-centered and experiential psychotherapy towards the nineties (pp. 549-577). Leuven, Belgium: Leuven University Press.

18. Elliott, R., Davis, K., & Slatick, E. (1998). Process-Experiential Therapy for Post-Traumatic Stress Difficulties. In L. Greenberg, G. Lietaer & J. Watson, Handbook of experiential psychotherapy (pp. 249-271). New York: Guilford.

19. Elliott, R., Fischer, C., & Rennie, D. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. British Journal of Clinical Psychology, 38, 215-229.

20. Elliott, R., James, E., Reimschuessel, C., Cislo, D., & Sack, N. (1985). Significant events and the analysis of immediate therapeutic impacts. Psychotherapy, 22, 620-630.

21. Elliott, R., & Shapiro, D. A. (1988). Brief Structured Recall: A more efficient method for studying significant therapy events. British Journal of Medical Psychology, 61, 141-153.

22. Elliott, R., & Shapiro, D. A. (1992). Clients and therapists as analysts of significant events. In S. G. Toukmanian & D. L. Rennie (Eds.), Psychotherapy process research: Paradigmatic and narrative approaches (pp. 163-186). Newberry Park, CA: Sage.

23. Elliott, R., Shapiro, D.A., Firth-Cozens, J., Stiles, W.B., Hardy, G., Llewelyn, S.P, & Margison, F. (1994). Comprehensive process analysis of insight events in cognitive-behavioral and psychodynamic-interpersonal therapies. Journal of Counseling Psychology, 41, 449-463.

24. Ericsson, K.A., & Simon, H.A. (1984). Protocol analysis: Verbal reports as data. Cambridge: MIT Press.

25. Geertz, C. (1973). The interpretation of cultures. New York: Basic.

26. Gendlin, G. T. (1996). Focusing-oriented psychotherapy: A manual of the experiential method. New York: Guilford.

27. Gilhooly, K., & Green, C. (1996). Protocol analysis: Theoretical background. In J.T.E. Richardson (eds.) Handbook of qualitative research Methods for psychology and the social sicences (pp. 43-54). Leicester, UK: BPS Books.

28. Giorgi, A. (1975). An application of phenomenological method in psychology. In A. Giorgi, C. Fischer & E. Murray (eds.), Duquesne Studies in Phenomenological Psychology: vol. 2. Pittsburgh, PA: Duquesne University Press.
29. Glaser, B. G. (1978). Theoretical sensitivity. Mill Valley, CA: Sociology Press.
30. Glaser, B. G. & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine.
31. Green, C., & Gilhooly, K. (1996). Protocol analysis: Practical implementation. In J.T.E. Richardson (Eds.) Handbook of qualitative research Methods for psychology and the social sciences (pp. 55-74). Leicester, UK: BPS Books.
32. Greenberg, L.S. (1986). Change process research. Journal of Consulting and Clinical Psychology, 54, 4-9
33. Greenberg, L.S. (1992). Task analysis: Identifying components of intrapersonal conflict resolution. In S.G. Toukmanian & D.L. Rennie (Eds.), Psychotherapy process research: Paradigmatic and narrative approaches (pp. 22-50). Newbury Park: Sage.
34. Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). Facilitating emotional change: The moment-by-moment process. New York: Guilford Press.
35. Hardtke, K.K., & Angus, L. (2000). The storyteller, the story and the role of therapy: Assessing outcome from a narrative approach. Paper presented at meeting of Society for Psychotherapy Research, Chicago, IL.
36. Harré, R., & Secord, P.F. (1972). The explanation of social behaviour. Oxford: Basil Blackwell.
37. Hayes, A. M, Castonguay, L.G., & Goldfried, M.R. (1996). The study of change in psychotherapy: A re-examination of the process-outcome correlation paradigm. Comment on Stiles and Shapiro (1994). Journal of Consulting and Clinical Psychology, 64, 909-914.
38. Henwood, K., & Pidgeon, N. (1992). Qualitative research and psychological theorising. British Journal of Psychology, 83, 97-111.
39. Hutchby, I., & Wooffitt, R. (1998). Conversation analysis: Principles, practices and applications. Cambridge, UK: Polity Press.
40. Kagan, N. (1975). Interpersonal process recall: A method of influencing human interaction. Houston, TX: Educational Psychology Department, University of Houston-University Park.
41. Kintsch, W. (1974). The representation of meaning in memory. Hillsdale, NJ: Erlbaum.
42. Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Thousand Oaks, CA: Sage.
43. Labov, W. & Fanshel, D. (1977). Therapeutic discourse. New York: Academic Press.
44. Lakoff, G., & Johnson, M. (1980). Metaphors we live by. Chicago: University of Chicago Press.
45. Llewelyn, S.P., Elliott, R., Shapiro, D.A., Firth, J., & Hardy, G. (1988). Client perceptions of significant events in prescriptive and exploratory periods of individual therapy. British Journal of Clinical Psychology, 27, 105-114.
46. Luborsky, L., & Crits-Christoph, P. (1990). Understanding transference: The CCRT method. New York: Basic Books.
47. Madill, A., & Barkham, M. (1997). Discourse analysis of a theme in one successful case of brief psychodynamic-interpersonal psychotherapy. Journal of Counseling Psychology, 44, 232-244.
48. McLeod, J. (1997). Narrative and psychotherapy. London: Sage

49. McLeod, J. & Balamoutsou, S. (this volume). A method for qualitative narrative analysis of psychotherapy transcripts. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 128-152). Lengerich: Pabst.

50. Mellinger, W.M. (1995). Talk, power, and professionals: Partial repeats as challenges in the psychiatric interview. In J. Siegfried (ed.), Therapeutic and everyday discourse as behavior change (pp. 391-418). Norwood, NJ: Ablex.

51. Mondada, L. (1998). Therapy interactions: specific genre or "blown up" version of ordinary conversational practices?' Pragmatics 8: 155-66

52. Morrow-Bradley, C., Eades, G., Cooley, R. & Elliott, R. (June, 1996). Client-reported hindering events for clients diagnosed with borderline personality disorder. Poster presented at meetings of the Society for Psychotherapy Research, Amelia Island, FL.

53. Orlinsky, D.E., Grawe, K., & Parks, B.K. (1994). Process and outcome in psychotherapy - noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of psychotherapy and behavior change (4th ed.; pp. 270-376). New York: Wiley.

54. Patton, M.Q. (1990). Qualitative evaluation and research methods (2nd ed.). Beverly Hills, CA: Sage.

55. Paulson, B.L., Truscott, D., & Stuart, J. (1999). Clients' perceptions of helpful experiences in counseling. Journal of Counseling Psychology, 46, 317-334.

56. Polkinghorne, D. (1983). Methodology for the human sciences. Albany, NY: SUNY Press.

57. Polkinghorne, D. E. (1994). Reaction to special section on qualitative research in counseling process and outcome. Journal of Counseling Psychology, 41, 510-512.

58. Pomerantz, A., & Fehr, B.J. (1997). Conversation Analysis: An approach to the study of social action as sense making practices. In T. A. Van Dijk (ed.), Discourse as social interaction (pp. 64-91). Thousand Oaks, CA: Sage.

59. Potter, J., & Wetherell, M. (1987). Discourse and social psychology. Newbury Park: Sage.

60. Rennie, D.L. (1990). Toward a representation of the client's experience of the psychotherapy hour. In G. Lietaer, J. Rombauts & R. Van Balen (Eds.), Client-centered and experiential psychotherapy towards the nineties (pp. 155-172). Leuven, Belgium: Leuven University Press.

61. Rennie, D.L. (1995). Strategic choices in a qualitative approach to psychotherapy research. In L. Hoshmand & J. Martin (Eds.), Research as praxis: Lessons from programmatic research in therapeutic psychology (pp. 198-220). New York: Teachers College Press.

62. Rennie, D.L. (1998). Grounded theory methodology. The pressing need for a coherent logic of justification. Theory & Psychology, 8, 101-119.

63. Rennie, D.L. (this volume). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 32-49). Lengerich: Pabst.

64. Rennie, D.L., Phillips, J.R., & Quartaro, G.K. (1988). Grounded theory: A promising approach to conceptualization in psychology? Canadian Psychology, 29, 139-150.

65. Rice, L.N. & Greenberg, L. (Eds.) (1984). Patterns of change. New York: Guilford Press.

66. Riessman, C.K. (1993). Narrative analysis. Newbury Park, CA: Sage.

67. Rhodes, R.H., Hill, C.E., Thompson, B.J., & Elliott, R. (1994). Client retrospective recall of resolved and unresolved misunderstanding events. Journal of Counseling Psychology, 41, 473-483.

68. Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 21, 95-103.

69. Sacks, H. (1995). Lectures on conversation. Malden, MA: Blackwell.

70. Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking in conversation. Language, 50, 696-735.
71. Schegloff, E.A. (1999). Discourse, pragmatics, conversation, analysis. Discourse Studies, 1, 405-435.
72. Shapiro, D.A., Harper, H., Startup, M., Reynolds, S., Bird, D. & Suokas, A. (1994). The high-water mark of the drug metaphor: A meta-analytic critique of process-outcome research. In R. L. Russell (Ed.) Reassessing psychotherapy research (pp. 1-35). New York: Guilford.
73. Stiles, W.B. (1988). Psychotherapy process-outcome correlations may be misleading. Psychotherapy, 25, 27-35.
74. Stiles, W.B. (1996). When more of a good thing is better: Reply to Hayes et al., (1996). Journal of Consulting and Clinical Psychology, 64, 915-918.
75. Stiles, W.B., & Shapiro, D.A. (1989). Abuse of the drug metaphor in psychotherapy process-outcome research. Clinical Psychology Review, 9, 521-543.
76. Stiles, W.B., Shapiro, D.A., & Elliott, R. (1986). "Are all psychotherapies equivalent?" American Psychologist, 41, 165-180.
77. Strauss, A., & Corbin, J. (1998). Basics of qualitative research: Techniques and procedures for developing grounded theory (2nd ed.). Thousand Oaks, CA: Sage.
78. Todd, D. M., Jacobus, S. I., Boland, J. , (1992). Uses of a computer database to support research-practice integration in a training clinic. Professional Psychology: Research & Practice, 23, 52-58.
79. van Dijk, T.A. (ed.). (1997a). Discourse as social interaction. London: Sage.
80. van Dijk, T.A. (1997b). The story of discourse. In T.A. van Dijk, Discourse as structure and process (pp. 1-34). London: Sage.
81. Watson, D.R. (1995). Some potientialities and pitfalls in the analysis of process and personal change in counselling and therapeutic interaction. In J. Siegfried, J. (Ed.), Therapeutic and everyday discourse as behavior change: Towards a micro-analysis in psychotherapy process research (pp. 301-339). Norwood, NJ: Ablex.
82. Wertz, F.J. (1983). From everyday to psychological description: Analyzing the moments of a qualitative data analysis. Journal of Phenomenological Psychology, 14, 197-241.
83. Yalom, I. D., & Elkin, G. (1974). Every day gets a little closer : a twice told therapy. New York: Basic Books.

Qualitative Research on Clients' Assimilation of Problematic Experiences in Psychotherapy

WILLIAM B. STILES AND LYNNE ANGUS

Finding relations between the process and the outcome of psychotherapy is made difficult by huge differences in time scale and scope. In traditional quantitative research, process is typically measured across seconds or minutes (e.g., coded sentences), whereas outcome is measured across months or years (e.g., change in symptom intensity). Process observations are typically focused on a narrow aspect or topic, whereas outcome is typically considered in relation to the whole person.

The assimilation model (Stiles et al., 1990) seeks to reconcile the time scale and scope of process and outcome by identifying particular problematic experiences and tracking them across sessions in the therapy dialogue. In this way, it breaks outcome into smaller pieces and studies how the pieces change. The assimilation model is an integrative model, meant to describe changes that may occur in any type of therapy. Its description of the change process should look familiar regardless of your orientation. It was designed in response to difficulties encountered in finding relations between process and outcome (Stiles, 1999).

Complementary Formulations of the Assimilation Model

Several complementary formulations of the assimilation model have been published, and others may be forthcoming. The first formulation (Stiles et al., 1990) describes psychotherapeutic change in terms akin to Piaget's (1970) cognitive developmental theory. Therapeutic change is considered to reflect problematic experiences being assimilated into the client's schemata. A second formulation (Honos-Webb & Stiles, 1998) considers assimilation as the integration of mutually problematic internal voices. Therapeutic change is considered as reflecting the formation of an understanding or empathy or shared intention between voices, for example, an outcast or underdog voice (representing traces of traumatic or otherwise problematic experiences) being assimilated into the dominant community of voices that is the self. A third formulation (Williams, Stiles, & Shapiro, 1999) draws explicitly on concepts of cognitive science; assimilation in its early stages is described as the linking of disparate memories. At this writing, the third formulation is less developed, and we focus here on the first two.

The Schema Formulation

According to the schema formulation (Stiles et al., 1990), in successful therapy, a problematic experience is gradually assimilated into a schema. A problematic experience is a memory, wish, feeling, idea, or attitude that is threatening or painful to the client. Theoretically, it arises in some particular life event or set of associated life events. The term *schema* is used in a very broad sense; it might be a frame of reference, way of living, narrative, metaphor, or theme. As in Piaget's theory, assimilating a problematic experience requires accommodations in existing schemata or sometimes the development of new schemata within the therapist-client relationship.

As it is assimilated, the problematic experience passes through predictable stages. Our names for the stages are: warded off, unwanted thoughts, vague awareness or emergence, problem statement or clarification, understanding or insight, working through or application, problem solution, and mastery. Table 1 summarizes a current description of these stages, as incorporated into the Assimilation of Problematic Experiences Scale (APES).

Table 1 represents a first approximation to what we think are common formal features of the process of change. That is, we hypothesize that in some ways, the process of psychological change is similar across cases even though the content of the problematic experience may vary a great deal. However, we do not suggest that this particular approximation represents the final word. On the contrary, a central purpose of assimilation research is to correct and elaborate these descriptions.

The Voices Formulation

A problematic experience can also be considered as a voice within the person (Honos-Webb & Stiles, 1998). That is, the traces of a problematic life event or a problematic constellation of events or a problematic relationship may be considered as a partially autonomous entity that speaks within the therapy dialogue. According to the voices formulation of the assimilation model, in successful therapy, problematic voices are gradually assimilated into the dominant community of voices that is the client's self.

Voices have agency; they act and express themselves. They are constructed from the traces of experiences and their expression reflects the particular experiences from which they are constructed. That is, they are understood as active entities having their own thoughts, feelings and intentions, rather than as passive packets of problematic information, acted upon by a unitary person. Voices, which can also be called self states or I-positions (cf. Hermans & Kempen, 1993), are understood broadly; the term is meant to encompass the structures referred to as objects in object relations, as archetypes in Jungian analytic psychology, as automatic thoughts in cognitive therapies, as reciprocal roles in cognitive analytic therapy, and as the occupants of the chairs in Gestalt Therapy two-chair exercises (Stiles, 1997a, 1997b).

Assimilation, in the voices formulation, involves building a meaning bridge that links an unwanted voice-the traces of problematic events or relationships-with an established community of voices that is the self. (The term meaning bridge was used in a related sense by Rice & Saperia, 1984.) The intrapersonal process of assimilation is understood as parallel to the

Table 1: Assimilation of Problematic Experiences Scale (APES)

0. Warded off. Content is unformed. Client is unaware of the problem; the problematic voice is silent. An experience is considered warded off if there is evidence of actively avoiding emotionally disturbing topics (e.g., immediately changing subject raised by the therapist). Affect may be minimal, reflecting successful avoidance. Vague negative affect (especially anxiety) is associated with levels 0.1 to 0.9.

Unwanted thoughts. Content reflects emergence of thoughts associated with discomfort. Client prefers not to think about the experience. Problematic voices emerge in response to therapist interventions or external circumstances and are suppressed or avoided. Affect is often more salient than the content and involves strong negative feelings-anxiety, fear, anger, sadness. Despite the feelings' intensity, their connection with the content may be unclear. Levels 1.1 to 1.9 reflect increasingly stronger affect and less successful avoidance.

2. Vague awareness/emergence. Client acknowledges the existence of a problematic experience, and describes uncomfortable associated thoughts, but cannot formulate the problem clearly. Problematic voice emerges into sustained awareness. Affect includes acute psychological pain or panic associated with the problematic thoughts and experiences. Levels 2.1 to 2.9 reflect increasing clarity of expression by the problematic voice and decreasing intensity and diffusion of affect.

3. Problem statement/clarification. Content includes a clear statement of a problem-something that could be worked on. Opposing voices are differentiated and can talk about each other. Affect is negative but manageable, not panicky. Levels 3.1 to 3.9 reflect active, focused working toward understanding the problematic experience or negotiation between the opposing voices.

4. Understanding/insight. The problematic experience is formulated and understood in some way. Voices reach an understanding with each other (a meaning bridge). Affect may be mixed, with some unpleasant recognition, but with curiosity or even pleasant surprise of the "aha" sort. Levels 4.1 to 4.9 reflect progressively greater clarity or generality of the understanding, usually associated with increasingly positive (or decreasingly negative) affect.

5. Application/working through. The understanding is used to work on a problem. Voices work together to address problems of living; there is reference to specific problem-solving efforts, though without complete success. Client may describe considering alternatives or systematically selecting courses of action. Affective tone is positive, businesslike, optimistic. Levels 5.1 to 5.9 reflect tangible progress toward solutions of problems in daily living.

6. Problem solution. Client achieves a successful solution for a specific problem, representing flexible integration of multiple voices. Affect is positive, satisfied, proud of accomplishment. Levels 6.1 to 6.9 reflect generalizing the solution to other problems and building the solutions into usual or habitual patterns of behavior. As the problem recedes, affect becomes more neutral.

7. Mastery. Client automatically generalizes solutions. Voices are integrated, serving as resources in new situations. Transitions between voices are smooth. Affect is positive or neutral (i.e., this is no longer something to get excited about).

interpersonal process in which two people initially oppose each other, begin to communicate with each other, and ultimately reconcile their differences. The established community, or its representative, is initially the dominant clear, confident voice, while the problematic voice is initially weak, vague or perhaps even unidentifiable (warded off). The relation between these voices is hypothesized to change in predictable ways across the APES continuum, as indicated in Table 1 (for an example, see Honos-Webb, Surko, Stiles, & Greenberg, 1999).

Relation Between the Schema and Voices Formulations

The theoretical terms of the assimilation model are presumed to refer to real structures. The model describes the dynamic interaction of these structures. The structures may appear different, however, when they operate in different contexts or are viewed from different perspectives (Manicas & Secord, 1983). Thus, the structures described by the schema and voices formulations are assumed to be the same. For example, what is considered as a (quasi-Piagetian) schema in the schema formulation (Stiles et al., 1990) refers, in part, to what is considered as a community of voices in the voices formulation (Honos-Webb & Stiles, 1998). The differences go beyond simply changing terminology; the names and relations of the structures do not map onto each other exactly. Nevertheless, the formulations are understood as translations from one viewpoint to another, not as referring to different structures (Stiles, Honos-Webb, & Lani, 1999).

Assimilation Analysis

We have studied assimilation in a variety of ways, but perhaps the most productive has been a qualitative method called assimilation analysis. The goal of assimilation analysis is to identify problematic experiences and observe how they change across sessions, using a series of audiotapes or transcripts of sessions with the same person (see, e.g., Honos-Webb, Stiles, Greenberg, & Goldman, 1998; Stiles, Meshot, Anderson, & Sloan, 1992). There is no strict formula for how to do assimilation analysis, but in general, it includes the following four steps. At least the first three are much like what many other qualitative researchers do.

Steps in Assimilation Analysis

Step 1 is familiarization and indexing. The goal to become fully familiar with the material and to take systematic notes that make it possible later to find passages concerning particular topics of interest. One way we have done this is to construct a catalogue: We have repeatedly read transcripts or listened to the tapes and listed each topic the client mentioned, with some sort of sequential number, such as a counter number on a tape recorder or a line number on a transcript. We define a "topic" as an attitude or action toward an object, that is, (a) a belief or feeling or evaluation or behavior and (b) the person, thing, event, or situation toward which the attitude or action is expressed. An example of a topic in the John Jones

case was "worried about being dependent on (attitude) wife (object)" (Stiles et al., 1992). The familiarization step is the most labor-intensive one.

Step 2 is identifying and choosing a theme, that is, a topic that is discussed repeatedly. The goal is to identify a problematic experience that was dealt with in the therapy. Often, the main themes will be obvious from the familiarization step. One way we've chosen themes is to look for moments of insight or new understanding (see Table 1, stage 4). These are likely to reflect topics on which some progress was made during treatment, and they are likely to be stated relatively clearly at the time the new understanding is reached. If there are no significant insight events, or new understandings, one might look for an attitude or an object or a metaphor or some other expression that was used repeatedly. The catalogue produced in step 1 can be used to see which objects or which attitudes occurred most frequently. After the theme has been chosen, it should be re-stated by the investigator as clearly as possible, using any key words that seem to characterize this particular theme. This statement of the theme may later be revised, as the investigator gains understanding of the theme in later steps. Of course, it is often useful to identify and describe several themes from the same client and to consider the interrelations of the themes.

Step 3 is selecting passages. The goal is to collect passages dealing with a particular problematic experience. One way to do this is to search the catalogue produced in step 1 for key words related to the new understandings or the key metaphors or common objects selected in step 2.

Selecting passages is not entirely a mechanical process. An initial list of passages selected using key words is likely to be too broad or too narrow, so it is normally necessary to adjust the selection to focus on a particular problematic experience. For example, in one case, a significant new understanding occurred in resolving the client's anger towards her husband, and "anger" was used as a key word. All passages catalogued by the word "anger" were re-read in context. This initial list appeared to be too broad, and a conflict between expressing anger and wanting to forgive appeared as a narrower, more specific theme within those passages catalogued by "anger." So, we selected passages dealing with both anger and forgiveness (Honos-Webb et al., 1998).

Is important to keep in mind that the words the client and therapist use in talking about a theme may change as the problematic experiences are assimilated (the metamorphosis problem; Stiles, 1992). Thus, it may be necessary to search the catalogue repeatedly, as one's understanding of the theme develops.

Step 4 is describing the process of assimilation. The goal of this step is to correct and elaborate the theoretical description of assimilation, based on what happened to this particular problematic experience. One way to do this is to attempt to classify the passages according to the theoretical stages of assimilation-to apply the APES (Table 1).

Although the degree of assimilation can be expressed in numbers using this scale, as well as in words, this is not the same as an independent rating procedure. It is rather an attempt to convey the investigator's perceptions of level of assimilation as precisely as possible. The assessments are guided by the developing understanding of the problematic experience and are made with full knowledge of the passage's context and temporal location within the therapy. (However, it may eventually be possible to identify the APES stage represented in a particular passage without full knowledge of context by using characteristic markers of each stage; Honos-Webb, Surko, & Stiles, 1998; Honos-Webb et al., 1999.)

Aggregation of Findings in Assimilation Research

If the assimilation analysis is successful, the investigators and the readers of the research report should gain an improved understanding of both the case and the assimilation model. Every case is different, so even cases that seem fully consistent with the model actually enrich it by elaborating descriptions of how each stage may appear. Other cases may raise questions that demand some sort of amendment or extension, or perhaps some narrowing or broadening of the model's applicability. It is possible, of course, that some new case will lead to major changes in the model, to a substantial reformulation, or even to rejection of the model. However, the accounts of previous cases act as a conservative force, since a new or revised model must encompass them as well as the new material.

This process of correction and elaboration can be considered as an answer to those who ask how qualitative research can be aggregated. Observations are aggregated by metamorphosis of the understanding rather than by simple accretion. Each new observation changes the previous understanding, but the new understanding must also encompass the previous observations. That is, the model is not static or fixed but continually growing, even though its name remains the same. This process has been described as the hermeneutic circle (e.g., Packer & Addison, 1989). Having a name (i.e., *assimilation model*) for the evolving understanding underlines the continuity of this process.

Battle Metaphor

Over the past 10 years, Angus (1992, 1996) and her colleagues (Angus & Rennie, 1988, 1989; Levitt, Korman and Angus 1997; Rasmussen & Angus, 1996, 1997) have conducted a series of intensive analyses exploring the processes of metaphor theme generation and change in good outcome psychotherapy cases. Findings from these analyses have highlighted the role of co-constructive processes in the development of metaphor themes and the creation of coherence across therapy sessions.

To illustrate assimilation in psychotherapy and explore the relation between assimilation stages and shifts within core metaphor themes, we describe an assimilation analysis of a 20-session, brief good-outcome psychodynamic therapy in which core metaphor themes had been previously identified (Angus, 1996). The client was a woman in her thirties who was being treated for depression and relationship problems, particularly her marriage.

The original metaphor theme analysis (Angus, 1996) essentially followed the first three steps of assimilation analysis. In the familiarization step, the investigator and a student read and re-read the transcript and summarized the narrative of the client's life, as co-constructed by the client and therapist. Then, in the second step, working from this overview, they identified two recurring metaphor phrases or themes: The first metaphor compared the development of a marriage to building, maintaining and sailing a boat. This drew on the client's extensive nautical experiences. The second metaphor, on which we focus here, cast life and significant others as a battle, fight, or war. This "relationship as battle" metaphor was used repeatedly throughout the sessions, particularly when the client was talking about her relationship with her husband, from whom she had recently separated. This was particularly

evocative for this client, who had been physically hit and beaten by her husband. These passages were collected-the third step-and we present several of them.

The passages have been rendered in stanza form (Gee, 1986, 1991; McLeod & Balamountsou, 1996). Of course, any transcription of oral discourse involves arbitrary choices. We use the stanza form to help convey our understanding of the rhythm and psychological impact of what was said.

In the first session, the client offered a detailed account of how she had not received her fair share of financial resources-or responsibilities-in her separation agreement with her husband. She said, "I guess I'm bitter about that - how come he always wins?" In response to this implicit conceptualization of her marital relationship as a contested interaction with winners and losers, and her bitter assessment of having been bested again, the therapist introduced the first explicit battle metaphor:

Th: Have you ever lost a battle?
Cl: Have I ever lost a battle? (laughs)
Th: Or is this the first one?
Cl: What kind of a battle?
Yeah, I seem to spend half of my life losing battles.

That's not true.
I don't think I have won many battles with [my husband],
maybe that's a better way of putting it,

I seem to have always been struggling
        to stay on top of it,
        whatever "it" is at the time,
        working hard emotionally and physically,
and I haven't been able to win a battle with him
I guess that's it (laughs).

Now, I don't think I've really lost ...

You know, this is the first big battle I've lost,
But then this is the biggest battle.
Th: This is the war.
Cl: (laughs) Yes.
Th: You lost the war.
Cl: That's right, that's right....

The problematic experience seemed to be the failure of the marriage and the loss of the husband's love. The highlighted segment appeared to touch on this unwanted thought (APES level 1, Table 1) and might be regarded as the voice of a problematic experience.

Although the therapist introduced the battle metaphor first, it was clear that the client found it congenial. She picked it up later in the first session:

Cl: But you did tell me this isn't a battle, this is a war.

And again, still later in the session:

Cl: Well, I think this war is really on,
       This one is not handling it very well.

Thus, the battle metaphor was co-constructed by the therapist and client (cf. Angus & Rennie, 1988). Perhaps because it was jointly developed, it seemed to express the problem in a language that both could use to discuss the client's experience productively. The metaphor served as an element of a potential meaning bridge between the problematic and dominant voices. It offered a way for these internal voices (as well as therapist and client) to come to understand each other, or, to put it in the cognitive-developmental framework, it was part of a schema that the client could use, with the therapist's collaboration, to assimilate the problematic experience.

Metaphors may also offer an index of change. Successful assimilation is likely to be reflected in some change or growth in the metaphor, as the client uses it, that is, as the client's understanding makes accommodations to better assimilate the problematic experience (Angus, 1996; McMullen, 1989). Some such productive elaboration of the metaphor was evident a few sessions later, as the client described her tendency to "retreat" in a seeming attempt to get closer to the painful problematic experience:

Cl: I've given quite a bit of thought to the question you raised earlier
About, have I lost any battles before.

And I do lose a lot of battles.
       We all do.
And then I tend to retreat,
       Battles at work and so on.
But they always seem to be minor things.

I suppose the largest things in my life have been
       My marriage,
       The children,
       And probably the boat.

The boat, incidentally, was an ocean-going sailing vessel that she and her husband had built in their back yard. It had taken many years to build. At the time of the therapy, the husband had taken the boat and left Canada.

During the early and middle phases of therapy, the client was ambivalent about her separation. She described being caught in an emotional dilemma - torn between wanting to end the abusive marriage and wanting to give it one more try - to show that she had changed and he would find her less difficult to live with. Around session 13, in response to her asking him to try one more time, he wrote to her saying he intended never to return to Canada or

the marriage. She was also made aware that he had a new girlfriend that he intended to marry. This is forced the loss into her awareness:

Cl: **When does it stop hurting?**
(It) just keeps tormenting me...

It seems for years and years and years
And all the wasted energy
And weeping over him just for years.
Always going against each other, always bashing...

We never could make any progress really (sigh)
I can't stand much more of this. (sigh) ...

I just want peace.
    And yet when I look six months ahead, all I see is more battles, more battles, more
    battles...

(sigh) I don't know how much more of this I can handle.
Or do I just give up again?
Or try and cope with all these battles ...
So that I get something?
Or do I just give up and say "Oh to hell with it?"
I don't know. (sighs)...

I just don't see why he should have it all ... all his own way. (sigh/still sniffling)

This intense pain associated with unclarity and lack of understanding is a hallmark of the vague awareness/emergence stage of assimilation (APES level 2). Note, however, that she was facing the problem, feeling its full force, not avoiding it. The battle metaphor seemed to help her gain entry to the content of the problem.

As the metaphor had it, she was faced with the prospect of being the loser, while her husband emerged as the winner. The war metaphor expressed her view of relationships as a winner-take-all struggle. As this came into view, she was able to consider the implications and formulate her distress in the form of a problem statement

Cl: And all through the years I've had good feedback from other
people...um...

But it doesn't seem to be important
And that's unkind; I don't mean it that way
I do appreciate it, but it doesn't have the significance

And so what am I going to do over the next six months?
Have I got to learn?

Maybe this is what I've got to do: is learn to appreciate what I receive from all these other people...
And that has got to be enough.

And that's not a challenge because that's not difficult..
And so it's just not enough to satisfy me...
It's almost like taking second best...
It does sound unfair (blows nose)
Th: It doesn't count unless there's a fight in there?
Cl: That's right.
Th: Some competition in it or...
You're trying to put you down
       And you're trying to prove to him all the time that you're not as bad as you he says you are...
       Both [your husband] and your dad.
Cl: That's right.
Th: And that gives you the energy or the...
Cl: The drive.
Th: The drive.
Cl: I mean I do.
It sounds conceited, but I do do well at a lot of things
And do get a lot of good feedback...
And I just think "Oh, that's lovely, that's great"

But it wasn't difficult to do
And so it doesn't mean as much to get good feedback.

Th: You've got to be put down.
You've got to be fighting.
Cl: I've got to be fighting
Th: For your survival or something. (pause)

Cl: Now how can I change that so that I don't always look for that? (pause)
Or else I'm always going to be miserable, aren't I? ...

Maybe if there is somebody there,
       And there is a challenge,
Then as long as I'm I've got the challenge
Then even if I am put down...
Its what keeps me going.

I don't know-maybe it's like food....

These passages represent a dialogue between the problematic and dominant voices and seemed to produce a clarification of the problem (APES level 3). The mutual recognition

between the two voices is a characteristic marker of APES level 3. The client was raising questions. There was less raw pain (i.e., she was past level 2). She recognized the conflict engendered by her need to win-an explicit formulation of the problem. As noted elsewhere, "To be engaged in a struggle was a necessity of her being-like food or oxygen" (Angus, 1996). Giving up the fight to win her husband's affection left her feeling empty, as if her life had no direction or meaning.

Stating the problem offered the possibility of working to solve it. In the next few sessions, the therapist began to suggest a way to reframe her marriage as having been doomed from the beginning. The client began to explore the possibility that not fighting any more might be a form of winning the battle, working toward a new understanding (APES level 4). The therapist responded to this exploration by suggesting that real victory might consist of fully extricating herself from the embattled relationships she had had with men, including her father and her husband.

Cl: See, in a way I think [my husband] just thought
          "Oh, I can't compete with all this competition any more."
      He'd had enough.
      Almost in the same way that I think I had too.
      We'd been competing with each other,
      We both sort of threw up our hands and thought
          "Oh, that's the end of it,"
          And maybe I should just figure that was an achievement. (laughing)

Th: Well, it would be an achievement, wouldn't it?
          It would be a-
          You could get out of that kind of a situation which you're in with your Dad,
          And then with [your husband]...
      And begin to look for yourself
      And then eventually perhaps select somebody for you that will complement you
      or you will complement
      and there will be not a negative put-down fight -
          Who's winning this battle
          And pleasure only of uh kind of up one-up-manship kind of
          struggle.

Cl: Mm.

And a little later:

Cl: So maybe that's right.
          I should use my energy and challenges in a physical direction
          Instead of with in a relationship with somebody (laughs).

          It should be -
          A relationship should flower and blossom and ... improve [people].
          Not diminish them.

Thus, she explored fears of letting go and the different ways in which she might find pur-
pose, challenge, and satisfaction in life that did not include being physically or emotionally
abused -and did not include vainly trying to win the love of her Dad and husband. Images of
fighting and struggle seemed central in the understanding she developed-contributing cen-
trally to the meaning bridge that allowed her to move more smoothly and comfortably be-
tween the now less-problematic experience of loss and the rest of her community of self.

Cl: I think that maybe now that I'm young
and still got the boys
        I should at least channel my energy into something that I really want to do
        while I'm young enough to do it.
        And I've got their help too.
        Maybe that's it, is it?
        Just um maybe that's what my Dad was and what [husband] was-
        just a channel for my energy.
        If I can channel [my energy], it may not matter so much if it's a -
whether its a person or not. (pause)

And that is something which will always be a challenge
Just /(?:as the sea always is).--
And it will keep knocking me down (laughing) literally.
Maybe that's the kind of struggle it would be,

And then maybe I could um eventually meet somebody -
        And have a relationship without having to have all this bloody struggle
Because I've got the struggle elsewhere.

In her final session, the client seemed to have a sense of applying and working through
of her new understanding (APES level 5):

Cl: I think I am finally convinced that I don't have to take all of that punishment.
Maybe it has finally sunk in.
        I've certainly got a lot more, um, confidence in myself in the last few
        months.
And I think that's partly due to our sessions here
And partly through a couple of friends boosting me up,
        Encouraging me
                        Saying "Come on, P.-don't keep putting yourself down."
[It has] taken an awful lot of that.

It is like brainwashing, isn't it?
Like I said earlier -
                        You have years and years and years of being slapped down,
                        Slapped down, told you're useless stupid and all that stuff,
        And it takes a long time to sort of work your way out of that.

Her confidence and sense of accomplishment as well as the content of the passage sug-
gest that her new understanding had an impact on her life. She seems to have opted out of
the battle-to have stopped fighting, and hence to have stopped being beat up. This has al-
lowed her to assimilate-to come to terms with-her problematic experience of loss. At this
distance, we can critique the details her resolution. Perhaps some other understanding would
have been even more satisfactory. Perhaps some other social or psychological approach
would have led to a different resolution. But her report of greater confidence seemed sincere,
and we think it should not be discounted.

Assimilation Analysis Results as Evidence

Should a case report like the foregoing be considered as evidence for the assimilation
model? It can be criticized as *anecdotal evidence*, that is, based on a very small sample (N =
1) that may have been selected by the authors, consciously or unconsciously, to support their
preconceptions. On the other hand, the thick descriptions can be considered as many obser-
vations concerning different aspects of the model, rather than as only one; that is, a close fit
of many case details with theory may be regarded as unlikely to be attributable to chance.
Readers can themselves evaluate the thick descriptions for coherence and uncovering-two
forms of validity (Stiles, 1993). Assimilation analysis's 4-step systematic, quasi-repeatable
procedures for familiarization and indexing, identifying themes, selecting passages, and
assigning APES levels offer some reassurance that investigators exposed themselves to
potentially conflicting information. In addition, the list of published assimilation analyses
continues to grow (Field, Barkham, Shapiro, & Stiles, 1994; Honos-Webb, Stiles, Green-
berg, & Goldman, 1998, in press; Honos-Webb, Surko, Stiles, & Greenberg, 1999; Laitila,
& Aaltonen, 1998; Shapiro, Barkham, Reynolds, Hardy, & Stiles, 1992; Stiles, Meshot,
Anderson, & Sloan, 1992; Stiles, Shapiro, & Harper, 1994; Stiles, Shapiro, Harper, & Morri-
son, 1995; Stiles, Morrison, Haw, Harper, Shapiro, & Firth-Cozens, 1991; Varvin, & Stiles,
1999). These considerations mitigate the criticism, though they do not completely overcome it.

There is a broader epistemological issue as well. The goal of assimilation analysis, like
that of much other qualitative research, can be understood as having shifted from the truth of
statements to understanding by people (Stiles, 1993). In this view, the assimilation model
should be considered not as a set of falsifiable statements but as an understanding of change
processes that is shared to varying degrees by all those who have propounded it or been
exposed to it. The means of sharing understanding is the exchange of signs, such as words and
stories (Stiles, 1995, 1997b, 1999). The foregoing case study thus represents our attempt to
share an assimilation-based understanding of psychotherapeutic change with you, the reader.

The understanding-that is, the assimilation model-is not fixed, but changes continually.
It is perhaps obvious that readers' understanding grows and changes as they read but never
matches the authors' understanding perfectly. It may be less apparent that the authors' under-
standing also changes continually as it encounters new observations or as it is framed in new
ways (e.g., new words and stories). The model may thus be regarded as a living thing, resi-
dent in many people, growing and changing as it enters new minds.

Paradoxically, then, in this epistemology, observations have value as evidence when
they change a theory rather than when they leave it unchanged. The value of the foregoing

case study is that it elaborates the assimilation model, showing, for example, how a metaphor can be a meaning bridge between problematic voices and a dominant community. In another sense, the realism of the case study may make it valuable as evidence for readers, serving as a bridge between prior understandings and a new one, making the assimilation model more convincing, more real, more alive.

Based on a presentation at the Conference on Qualitative Research in Psychotherapy, Düsseldorf, Germany, 31 August, 1996

References

1. Angus, L. (1992). Metaphor and the communication interaction. In S. Toukmanian & D. L. Rennie (Eds.), Psychotherapy process research: Paradigmatic and narrative approaches. (pp. 187-210). Newbury Park, CA: Sage.
2. Angus, L. (1996). An intensive analysis of metaphor themes in psychotherapy. In J. Mio & A. Katz (Eds.), Metaphor: Pragmatics and application (pp. 73-84). Hillsdale, NJ: Lawrence Erlbaum Press.
3. Angus. L., & Rennie, D. L. (1988). Therapist participation in metaphor generation : collaborative and non-collaborative styles. Psychotherapy, 25, 4, 552-560.
4. Angus,L., & Rennie, D. L. (1989). Envisioning the representational world : The client's experience of metaphoric expression in psychotherapy. Psychotherapy, 26, 3, 372-379.
5. Field, S. D., Barkham, M., Shapiro, D. A., & Stiles, W. B. (1994). Assessment of assimilation in psychotherapy: A quantitative case study of problematic experiences with a significant other. Journal of Counseling Psychology, 41, 397-406.
6. Gee (1986). Units in the production of narrative. Discourse Processes, 9, 391-422.
7. Gee (1991). A linguistic approach to narrative. Journal of Narrative and Life History, 1, 15-39.
8. Hermans, H. J. M., & Kempen, H. J. G. (1993). The dialogical self: Meaning As movement. San Diego, CA: Academic Press.
9. Honos-Webb, L., & Stiles, W. B. (1998). Reformulation of assimilation analysis in terms of voices. Psychotherapy, 35, 23-33.
10. Honos-Webb, L., Stiles, W. B., Greenberg, L. S., & Goldman, R. (1998). Assimilation analysis of process-experiential psychotherapy: A comparison of two cases. Psychotherapy Research, 8, 264-286.
11. Honos-Webb, L., Stiles, W. B., Greenberg, L. S., & Goldman, R. (in press). Responsibility for "being there": An assimilation analysis. In C. T. Fischer (Ed.) Qualitative research methods for psychology. Vol. 1. Human science case demonstrations. San Diego, CA: Academic Press.
12. Honos-Webb, L., Surko, M., & Stiles, W. B. (1998). Manual for rating assimilation in psychotherapy: February 1998 version. Unpublished manuscript, Miami University, Oxford, Ohio.
13. Honos-Webb, L., Surko, M., Stiles, W. B., & Greenberg, L. S. (1999). Assimilation of voices in psychotherapy: The case of Jan. Journal of Counseling Psychology, 46, 448-460.
14. Laitila, A., & Aaltonen, J. (1998). Application of the assimilation model in the context of family therapy: A case study. Contemporary Family Therapy, 20, 277-290.
15. Levitt, H., Korman, Y., & Angus, L. (1997). 'Relieving a heavy burden': The experience of depression in good and poor outcome process-experiential psychotherapy. Psicologia : Teoria, Investigaco e Practica, 1, 329-346.

16. Manicas, P. T., & Secord, P. F. (1983). Implications for psychology of the new philosophy of science. American Psychologist, 33, 399-413.

17. McLeod, J., & Balamountsou, S. (1996). Representing narrative process in therapy: Qualitative analysis of a single case. Counselling Psychology Quarterly, 9, 61-76.

18. McMullen, L. M. (1989). Use of figurative language in successful and unsuccessful cases of psychotherapy: Three comparisons. Metaphor and Symbolic Activity, 4, 203-225.

19. Packer, M. J., & Addison, R. B. (Eds.) (1989). Entering the circle: Hermeneutic investigation in psychology. Albany, NY: State University of New York Press.

20. Piaget, J. (1970). Piaget's theory (G. Gellerier, & J. Langer, Trans.). In P. H. Mussen (Ed.), Carmichael's manual of child psychology (3rd. ed., Vol. 1, pp. 703-732). New York: Wiley.

21. Rasmussen, B., & Angus, L. (1996). Metaphor in psychodynamic psychotherapy with border-line and non-borderline clients : A qualitative analysis. Psychotherapy, 33, 4, 521-530.

22. Rasmussen, B., & Angus, L. (1997). Modes of interaction in psychodynamic psychotherapy with borderline and non-borderline clients : A qualitative analysis. Journal of Analytic Social Work, 4, 53-63.

23. Rice, L. N., & Saperia, E. P. (1984). Task analysis and the resolution of problematic reactions. In L. N. Rice & L. S. Greenberg (Eds.), Patterns of change (pp. 29-66). New York: Guilford.

24. Shapiro, D. A., Barkham, M., Reynolds, S., Hardy, G., & Stiles, W. B. (1992). Prescriptive and Exploratory psychotherapies: Toward an integration based on the assimilation model. Journal of Psychotherapy Integration, 2, 253-272.

25. Stiles, W. B. (1992, June). The assimilation model's approach to the metamorphosis problem. In W. B. Stiles (Moderator), The metamorphosis problem: Assessing qualitative change in psychotherapy. Panel presented at the Society for Psychotherapy Research meeting, Berkeley, California.

26. Stiles, W. B. (1993). Quality control in qualitative research. Clinical Psychology Review, 13, 593-618.

27. Stiles, W. B. (1995). Stories, tacit knowledge, and psychotherapy research. Psychotherapy Research, 5, 125-127.

28. Stiles, W. B. (1997a). Multiple voices in psychotherapy clients. Journal of Psychotherapy Integration, 7, 177-180.

29. Stiles, W. B. (1997b). Signs and voices: Joining a conversation in progress. British Journal of Medical Psychology, 70, 169-176.

30. Stiles, W. B. (1999). Signs and voices in psychotherapy. Psychotherapy Research 9, 1-21.

31. Stiles, W. B., Elliott, R., Llewelyn, S. P., Firth-Cozens, J. A., Margison, F. R., Shapiro, D. A., & Hardy, G. (1990). Assimilation of problematic experiences by clients in psychotherapy. Psychotherapy, 27, 411-420.

32. Stiles, W. B., Honos-Webb, L., & Lani, J. A. (1999). Some functions of narrative in the assimilation of problematic experiences. Journal of Clinical Psychology, 55, 1213-1226.

33. Stiles, W. B., Meshot, C. M., Anderson, T. M., & Sloan, W. W., Jr. (1992). Assimilation of problematic experiences: The case of John Jones. Psychotherapy Research, 2, 81-101.

34. Stiles, W. B., Morrison, L. A., Haw, S. K., Harper, H., Shapiro, D. A., & Firth-Cozens, J. (1991). Longitudinal study of assimilation in exploratory psychotherapy. Psychotherapy, 28, 195-206.

35. Stiles, W. B., Shapiro, D. A., & Harper, H. (1994). Finding the way from process to outcome: Blind alleys and unmarked trails. In R. L. Russell (Ed.), Reassessing psychotherapy research (pp. 36-64). New York: Guilford Press.

36. Stiles, W. B., Shapiro, D. A., Harper, H., & Morrison, L. A. (1995). Therapist contributions to psychotherapeutic assimilation: An alternative to the drug metaphor. British Journal of Medical Psychology, 68, 1-13.
37. Varvin, S., & Stiles, W. B. (1999). Emergence of severe traumatic experiences: An assimilation analysis of psychoanalytic therapy with a political refugee. Psychotherapy Research, 9, 381-404.

A Method for Qualitative Narrative Analysis of Psychotherapy Transcripts

JOHN MCLEOD AND SOPHIA BALAMOUTSOU

The approach described in this chapter has been influenced by three of the most significant developments in late twentieth century psychotherapy theory and practice: experiential therapy, narrative theory, and qualitative research methodology. Experiential models and practices have evolved from the pioneering work of Carl Rogers and other client-centered therapists and researchers (Rogers, 1951) to encompass a diversity of experientially-oriented therapies. The current status of experiential therapy is reviewed in Greenberg, Watson and Lietaer (1998). The key features of experiential approaches to therapy are a conception of the human subject as imbued with agency and reflexivity (McLeod, 1996b), and a perspective on therapeutic practice that eschews labelling/diagnosis and emphasises the resolution of personal difficulties through a process of meaning-making based in the expression and unfolding of immediate bodily feelings and emotions.

The second source of influence has been the growing body of theory and practice in relation to narrative and storytelling. One of the most striking developments in philosophy, social science and psychology in the later years of the twentieth century has been the renewal of interest in narrative. Within psychology, there have been major contributions in this sphere from Bruner (1986, 1987, 1990, 1991, 1993), Polkinghorne (1988) and Sarbin (1986)). The "narrative turn" has had a significant impact on the work of many counselors and psychotherapists. Although some important lines of development of what might be termed 'narrative-informed' therapies have taken place within psychoanalysis (Luborsky & Crits-Christoph, 1990; Schafer, 1992; Spence, 1982) and cognitive/constructivist therapy (Gonçalves, 1995; Russell & Van den Broek, 1992), it can be argued that it has only been in the writings of White and Epston (1990) and their colleagues that the value in therapy of playing close attention to the stories told by people, and in the ways in which these stories change and become "re-authored" has been fully appreciated and exploited (McLeod, 1997; Payne, 2000).

The juxtaposition and integration of experiential and narrative frameworks for therapeutic practice is relatively unusual. Similiarities in therapeutic style between the founders of experiential therapy, such as Carl Rogers, and the founders of "post-structuralist" narrative therapy, such as Michael White and David Epston have been pointed out (Payne, 1999). However, beyond a shared ethic of affirmatory "not-knowing", it is possible to see that there are a number of ways in which experiential and narrative ideas and methods may complement each other. The studies by Rennie (1994) and Grafanaki and McLeod (1999), for example, have shown the importance of the therapeutic relationship in storytelling: the story the person tells in therapy is closely bound up with his or her moment-by-moment experiencing of self-in-relationship with the therapist and with his or her bodily experiencing of feeling and emotion. These are aspects of therapy that are neither theorised nor researchable

within current narrative frameworks. At the same time, the experiential therapies have not evolved a language for identifying or reflecting upon stories, with the result that this important route into meaning-making is not exploited as much as it might be. Using experiential and narrative constructs together is a means of opening up a new "clearing" within which we are forced us to think in fresh ways about what happens in therapy.

A third thread of influence has been the explosion of interest and creativity that has taken place around qualitative or "human science" methods in recent years, primarily within social science as a whole but more recently also within the field of counseling and psychotherapy research. There now exist a number of distinct genres of qualitative research: phenomenology, grounded theory, hermeneutics, metabletics, collaborative inquiry (see McLeod, 1996a, 2001). The work reported in this chapter reflects the view of Denzin and Lincoln (1994) and other postmodern commentators on qualitative method that the qualitative researcher typically operates as a *bricoleur*, employing and borrowing from different genres to assemble a set of procedures and sensitising constructs appropriate to the job in hand.

In attempting to develop an understanding of narrative-experiential processes in psychotherapy, the work reported in this chapter also draws from, and relates to, the general literature on narrative produced by philosophers, sociolinguists, anthropologists and sociologists as well as psychologists. The research approach is therefore intended to be interdisciplinary in nature, although it is acknowledged that a fully interdisciplinary approach would require active participation from co-researchers from other disciplines. Finally, the approach taken here also reflects a particular epistemological stance, that of social constructionism (Gergen, 1994). Specifically, a social constructionist perspective has been influential in shaping an understanding of the purpose of the research, the ways in which it can be communicated, and the criteria by which it can be evaluated. Social constructionism directly challenges the individualism that permeates so much of psychological practice, denies the possibility and utility of objective knowledge of human affairs presented from a "God's Eye" perspective, by insisting that each of us interprets and makes sense of the world from within a tradition (McIntyre, 1981) or "historical consciousness" (Gadamer, 1975).

Social constructionism opens up an agenda for research, inquiry and scholarship in counseling and psychotherapy that differs in significant ways from most current psychotherapy research. If the ways of being in the world of people are understood as culturally and historically constructed, then it becomes important to pursue inquiry that enriches our understanding of how the language and practices that we employ carry with them a cultural "archaeology" of meaning. The studies of Cushman (1995) and Van den Berg (1961) have done a great deal to establish the utility of this direction. A second type of goal for social constructionist research in psychotherapy has been to describe and understand the ways in which therapy practices can be understood as forms of social action. In social terms, counseling and psychotherapy are sought out by people struggling with issues of inclusion and exclusion, people who are silent, silenced or spoken for but who seek their own voice, people who don't know what to do, people caught between competing cultural narratives (McLeod, 1999). The research programme and methods outlined in this chapter represent one (of many) approaches to making sense of therapy as social action. The kinds of questions that we have been exploring are:

How and why do people tell stories in experiential therapy?
What types of stories are told? How do these stories change?
Are there specific types of storytelling event? How can experiential interventions
(e.g., empathic responding, two-chair work) be understood in narrative terms?
What is the role of the therapist in relation to the client's story? How is the story
co-constructed?
How do stories locate the person in a cultural context?

These questions are broad and open. The research reported here is intentionally discovery-oriented and heuristic, reflecting a desire to avoid premature closure and systematisation in a field where new ideas and methods continue to be generated by both researchers and therapists. There are no big truths or major discoveries to be found in this kind of endeavor. The aim is more that of developing a means of "hearing" or "reading" stories, of gaining a fuller appreciation of what is happening when people tell stories and narrate experiences in the setting of the therapy room. This is inquiry that is embedded in action, with the aim of contributing to the construction of frameworks for practice.

The chapter gives an outline of the methodological principles underpinning this approach, then describes some of the techniques that have been employed to facilitate a narrative analysis of transcripts of experiential therapy sessions. Finally, there are brief discussions of the quality criteria relevant to this research, its limitations when judged in terms of these criteria, and an exploration of the implications of the work for practice.

It is important to make it clear that the ideas and procedures described below are not intended to represent in any sense a formalised manual of "qualitative narrative analysis". Each researcher or inquirer is situated in his or her time and place, with his or her own set of questions and purposes and research opportunities/constraints, and must therefore create his or her own "method". The work reported here is only a beginning; there are many aspects of a narrative social constructionist perspective that remain to be explored, and many other methods and techniques that might usefully be brought to bear on this task.

Methodological Principles

A number of methodological principles have informed the approach taken in the studies upon which this chapter is based. Clearly, a detailed and reasoned justification of this set of methodological choices would require a great deal of space. In order to devote this space to the (possibly) more interesting account of actual procedures and "tools", these principles are described in summary form.

Hermeneutic social constructionist epistemology. The research approach adopted here is basically *interpretive* in orientation. The researcher's presuppositions (outlined in the previous section) supply a horizon of understanding from which the research material (psychotherapy transcripts) can begin to be understood. However, the goal is to achieve a "fusion of horizons" (Gadamer, 1975), in which the material is not merely assimilated into a pre-existing interpretive framework, but through which this pre-existing framework is itself changed through authentic engagement with the text. It is accepted that there can never be any single "valid" or "objective" interpretation of the material. Any tradition can be regarded

as a conversation or dialogue within which competing voices or views are represented. The aim of inquiry is to make a contribution to continuing and hopefully enriching that conversation.

Researcher as "bricoleur". Following Denzin and Lincoln (1994), and influenced additionally by Polkinghorne's (1992) analysis of postmodern therapeutic knowing, the researcher is seen as making use of different research tools and techniques in so far as their application contributes to the achievement of insight and understanding. There is no fixed "method". There is therefore a responsibility on the part of the researcher to make his or her procedures as transparent as possible, to allow the reader to decide on their sensitivity, plausibility, comprehensiveness, etc.

Use of intensive case study methods. Most qualitative research studies (e.g.,, grounded theory, phenomenology) combine data and analysis gathered over a set of informants or participants. This approach did not seem useful or appropriate for studying narrative processes. An early study (McLeod & Balamoutsou, 1996) strongly suggested that, in therapy, later stories were "embedded" in previous ones. In other words, the meaning of a story usually contained reference back to a shared understanding between therapist and person based on the earlier stories that had been told. It was also apparent, in McLeod and Balamoutsou (1996) that sets of stories (e.g., "problem" stories and "solution" stories) appeared to operate in counterpoint to each other. For these reasons, it made sense to work with each case one at a time, seeking to identify the narrative processes and events within that case, and then to test this emerging framework of understanding in the next case. This method of employing a series of case studies was informed by the writings of Murray (1938) and Yin (1994) on case study design. The goal is to produce "findings" that involve both "narrative" and "paradigmatic" knowing. In other words, the presentation of the work in published form includes both a narrative account (the story of the case) and a thematic analysis (concepts and models that generalise - in principle - beyond the individual case). The work undertaken so far has focused largely on narrative knowing based on analysis of individual cases; only when a greater number of cases have been studied can more general, "paradigmatic" conclusions be stated with any confidence.

Qualitative analysis focusing on experiencing and stories. There are probably an infinite number of ways of interpreting a psychotherapy transcript. Because of the traditions in which this research is located, concepts of *story* and *experiencing* are used as sensitising constructs. To borrow from Robert Elliott (Elliott, Slatick & Urman, this volume), these constructs are employed to help us where to look, but not to tell us what to find. In practice, what this means is that the text is read initially with a sensitivity for stories and for experiential processes, before any more detailed interpretive work is carried out.

Researcher reflexivity. There has been an extensive and often quite confusing discussion in the qualitative research literature around the importance of researcher reflexivity (Steier, 1991). In the present work, it is accepted that the person of the researcher, and the motives, reasons and interactional style that he or she brings to the research task make a significant contribution to the ultimate construction of meaning that is offered to readers. Researcher reflexivity has been channelled into three areas. First, every attempt is made to explicate the cultural and intellectual pre-understandings that the researcher brings to the task (i.e., the "tradition" within which he or she operates). Second, the researcher's emotional and moral response to the text is noted and used in analysis. Here, the use of self in research can be

likened to the creative use of counter-transference reactions or "resonance" in psychother-apy. Third, the process of discovery of the researcher is recorded in a research journal. The integration of researcher reflexivity into research reports remains problematic. In Doctoral dissertations, we have found that there is enough space to allow a full and authentic use of reflexive material. In shorter reports (e.g., journal articles) we have found that word limits permit only an abbreviated and somewhat unsatisfactory reflexive accounting.

Use of other readers/co-researchers. There has been some discussion in the qualitative methods literature of the use of research teams, as against the adoption of a "lone researcher" model. Typically, grounded theory studies have tended to have been carried out by individual researchers (e.g., Rennie, 1990). Conversely, Elliott (1984) and Hill, Thompson and Williams (1997) have developed team approaches to qualitative psychotherapy process research. The methodological choice that underpins the studies reviewed in this chapter has been to acknowledge both the intensity of analysis achieved through the effort of a single researcher immersed in the data, and the heuristic and supportive value of working with others. In all the studies carried out using qualitative narrative analysis, there has been a main researcher with primary responsibility carrying through and authoring the project. However, this person has brought in other people whenever possible, sometimes only to provide an alternative reading of specific texts, at other times to engage in extensive co-analysis of material. It is important to emphasise that in qualitative narrative analysis the involvement of co-researchers is *not* driven by a wish to achieve consensus or convergence in interpretation. Inevitably, when co-researchers from a similar background (academic psychology, counseling training) work together on a text, there is a fairly high degree of convergence, which can be reassuring. However, we have been more interested in *divergence*, in the discovery of alternative readings and "voices" that contribute to the construction of a richer understanding (Bromley, 1986; Levine, 1974). We have been influenced by the work of Runyan (1980), who has demonstrated that historical lives that have been studied by many people inevitably generate an array of alternative readings. Applied to psychotherapy case-based research, Runyan's findings suggest that the relative *absence* of alternative interpretations is a weakness. Another reason for using co-researchers has been simply pragmatic. The task of qualitative analysis of a transcript is so time-consuming and potentially confusing, it is helpful, supportive and enjoyable to have other people alongside.

Strategies for dealing with the "crisis of representation". In any qualitative research, one of the central methodological problems concerns the question of how to report and represent the material and analysis. There appear to be two key issues here. First, it seems important to give the audience for the research as much direct access as possible to the primary text, both to allow them some opportunity to make up their own minds about it, but also to allow the voice of the informant to speak as directly as possible to the audience, unmediated by the intervention or censorship of the researcher. The second dilemma centers around how to report the analysis. An interpretive, hermeneutic approach generates innumerable strands of analysis, which can sometimes seem to defy any attempt to bring them together into a unified report. We have struggled with these issues, and would not claim to have found completely satisfactory conclusions. As Gergen (1997) has argued, in a social science influenced by critical postmodern perspectives, previously taken-for-granted modernist rhetorical devices and writing conventions are increasingly being challenged. A new agreed mode of social science writing has not yet emerged. In the work reported here, a range of writing and

representational strategies have been adopted. These include: analysis based on fairly narrowly focused events, using case summaries, making available lengthy sections of text, presenting the primary text in stanza form, and providing summary representations. These strategies are exemplified and explained in the following sections.

Strategies and Techniques for Qualitative Narrative Analysis of Psychotherapy Transcripts

This programme of research has been based on analysis of transcripts of experiential therapy sessions. We have also had access to information on the outcome of the cases, and in some instances client and therapist accounts of helpful events within sessions. In addition, in other studies some of the procedures of qualitative narrative analysis have been applied to research interview material. With one of the cases we have studied, we have also been able to compare our analysis with the returns from a Narrative Process Coding Scheme (NPCS) (Angus & Hardtke, 1994) analysis of the same case. We have found all of these additional sources of data and analysis helpful in facilitating a comprehensive understanding of the texts being studied.

The task of conducting a qualitative analysis of a whole therapy case is challenging and somewhat daunting. Some of the research on which this chapter is based has been conducted on 12 or 16 session cases of time-limited experiential psychotherapy. Each of these cases has generated a text of around 600 pages. Moreover, this text is complex and can be approached in different ways and from different levels. Throughout the process of analysis, there are at least three constant methodological issues. First, there is a requirement to weave back and forward from the whole to the part, and back again to the whole. This is one of the basic principles of hermeneutic method. Second, it is necessary to keep in mind Wolcott's (1994) dictum that effective qualitative research encompasses three tasks: description, analysis and interpretation. The process of analysis (finding themes and patterns in the material) must be carried out in such a way as to retain sufficient rich descriptive material that can be included in the final written report, and at the same time connect with conceptual/interpretive frameworks that will allow the work to contribute to the broader literature. The third methodological dilemma is that of somehow keeping track of the analysis, devising ways of filing and displaying hugely complex non-numerical material. One of our team pasted text and analytic notes onto huge pieces of paper. Others used wordprocessor files and folders. None of the work reported here employed specialist qualitative software packages, for a variety of reasons, but there is no doubt that products such as ATLAS-TI or NUD*IST could be used in this kind of research.

The immensity and complexity of narrative analysis seemed to be containable if reduced to a series of discrete steps or procedures, which are described below and summarised in Table 1. It is important to be aware, however, that following these steps does not necessarily lead to a result. This kind of research is fundamentally different from quantitative research, where following a set of instructions will proceed inevitably to a conclusion that a finding is or is not statistically significant. In narrative analysis there is no 'finding' unless the searcher 'finds' it. This is research that ultimately depends on the authentic engagement of the in-

quirer with the object of inquiry. These phases and steps offer some possible ways of structuring and organising that authentic engagement, but they cannot replace it.

Table 1: Procedures Used in Qualitative Narrative Analysis of Psychotherapy Transcripts

---

PHASE 1.

Preliminary analysis: finding structure and meaning in the text as a whole
- Reading and immersion
- Identification of stories
- Identification of topics
- Summarising stories and sequences
- Constructing a representation of the case/session as a whole

PHASE 2.

Micro-analysis: developing an understanding of specific therapeutic events and processes
- Selecting text segments for micro-analysis
- Transformation of text into stanzas
- Separation of client and therapist narratives
- Identification of voices
- Identifying figurative use of language
- Story structure analysis
- Identifying cultural narratives: metanarrative, macronarrative

PHASE 3.

Communicating what has been found
- Construction of summary representation
- Theoretical interpretation
- Writing

Throughout: use of reflexivity; use of other readers

These research steps or analytic techniques are described separately, and are arranged in a sequence that follows through from the beginning to the end of a study. In practice, however, it may be necessary to cycle back and forward between steps. For instance, a micro-analysis of a single story may generate themes that require a review of the representation of the case as a whole. Also, in practice some of the techniques described here is discrete may occur simultaneously. For example, once a researcher becomes sensitised to the way a story is "voiced", or to the occurrence of metaphor, the identification of these narrative elements

becomes part of any reading of the text rather than being carried, rather than comprising a separate analytic operation. The notion of "phases" in this qualitative narrative analysis is not meant to constrain this cyclical process, but is intended instead as a device for retaining focus on the ultimate purpose of the research, that of making statements about the nature of narrative process in experiential therapy. This is particularly important in relation to the transition from Phase 1 to Phase 2. The first phase of reading and meaning-finding tends to generate so many interlocking interpretive possibilities that it can be hard to move on to Phase 2 and leave some of them behind.

In the sections which follow, examples are drawn from a narrative analysis of a single case. The case concerned a female client, age 35, receiving 16 sessions of experiential psychotherapy from a female therapist, age 30. The client entered therapy because of depression and hopelessness arising from tensions in her relationship with her husband. The case generated good outcomes in terms of both change on standardised measures and as reflected in the client's account of the impact on her life. This particular case was chosen because it represented a typical exemplar of one form of experiential therapy. All sessions were taped and transcribed. The client gave her approval for the use of this material for research purposes. Identifying information has been removed or altered.

Phase 1. *Preliminary Analysis: Finding Structure and Meaning in the Text as a Whole*

Step 1. *Reading and immersion*. The first step in narrative analysis is to develop familiarity with the material through slow and careful reading. It is useful to make notes on what seems significant during the first reading (or first listening when the researcher is also doing the transcribing) because later readings will always be colored by a knowledge of "what comes next". In studies of complete cases where there are a number of sessions to be read it is valuable to leave a gap of at least 24 hours between the reading of each session transcript, to replicate something of the experience of the original therapy in which each session represented a new beginning. After reading each session, and on completion of the case as a whole, it is helpful to write brief summaries of the main events, themes and any analytic insights that may have occurred. This process is similar to the grounded theory procedure of "memo-ing" (Glaser & Strauss, 1967).

Step 2. *Identification of stories*. Since the principal aim of this research is to construct a narrative analysis of what might be happening in experiential therapy, one of the early steps in the analysis is to identify the different tupes of stories in the text. Following Polanyi (1982, 1985), a distinction is made between a "story", which is considered to be an account of a specific concrete event (or series of events) and a "habitual narrative" (a generalised account of what "usually happens"). Tables 2 and 3 give examples of a story and a habitual narrative. These examples are fairly typical in that the story followed the habitual narrative and appeared to function as a vivid and concrete exemplar of a typical pattern conveyed in the habitual narrative. The habitual narrative in Table 3 uses grammatical forms that indicate a general class of events ("he'll", "would", "going") rather than a specific occurrence. The "ice rink story" (Table 2) includes many typical characteristics found in this kind of oral narrative: repetition ("skate/skating") to build up tension and give emphasis, reporting of direct speech (first what the husband said, then the client's reply), and a vivid dramatic quality (the hearer can "picture" the scene).

We have used a somewhat "fuzzy" definition of what counts as a "story", partially in response to the confusion and debate that exists in the literature over the definition of this construct (see McLeod, 1997). A "story" is considered to be an account of a specific, concrete series of events that has a beginning, middle and end, conveys a sense of an active, agentic protagonist, implies a moral, evaluative standpoint and communicates a sense of dramatic tension and emotional tone. Stories may include reported direct speech (as in the story in Table 2). By contrast, a "habitual narrative" is a generalised account which makes use of terms such as "usually", "we would", etc. Another narrative form that can occasionally be found is the "chronicle". This is a listing of events ("On Sunday I did X, then Y, then Z, etc"). A chronicle is similar to a story in that it supplies information about a specific event sequence rather than a generalised class of events, but it lacks agency, dramatic tension or moral evaluation. Stories are important categories of narrative event from an experiential psychotherapy perspective, because it is through the story that the therapist can gain the most immediate and direct entry into the experiential world of the person.

During this step of analysis stories can either are both marked off in the paper copy of the text (using notes in the margin) and are blocked, labelled and copied into separate files in the wordprocessed version. We have found that the beginning of stories are relatively easy to tag, because the person may signal entry into the story with a linguistic marker such as "for example". The ends of stories told in experiential therapy are much more difficult to define, because often the therapist may initiate reflection on the emotional/evaluative elements of the story over several speaking turns so that the end of the story merges into whatever happens next in the therapy session. At this stage, the stories that are identified are given a rough working title.

Table 2: The Ice Rink Story

Like last Sunday

The kids go skating

They skate three times a week

And they had to be at the skating rink at a certain time

And he was late

And I asked why

And he's said "oh, I was having a card game"

And that just brings the feelings back

Like, you know

"Don't your family and kids come first?'

Like, "Do you have to sit down for it if you know you're not going to be back on time?"

Table 3: The Habitual Narrative Immediately Preceding the Ice Rink Story

---

He'll say
He'll go out
And, you know
In the meantime there's other things
That, you know
He could be doing at home
And my mood would change
Because I automatically think
He's you know
Going out to gamble
Or have a game of cards
Or whatever
And my mood
Just
It triggers
That he's going out
And then all of a sudden you feel like
'Hey what about me?'
Or 'don't leave me holding the bag'
Or 'why do you keep on doing if you know it hurts me
and you just keep on doing it?'

And like I said
The mood changes
And it sends me back
And I keep on saying to myself
You know I should
It should get better
But it doesn't

And I try
I try not to-to think about it
Or to-to make myself go back into it
But it just
Just happens

Step 3. *Identification of topics*. At the same time as reading for, and identifying, stories, the transcript is marked off in terms of topic segments and shifts. A topic is defined as the area of *content* of the discourse, or what the participants are talking *about*. In coding topic segments, we have not made any attempt to go beyond an immediate, common-sense under-

standing of what the client and therapist are talking about. A list of topics found in one case is given in Table 4. In identifying topics, we have been interested in finding a way of locating the *main* issue or difficulty which the person brings to therapy, tracking the extent to which that the amount of time devoted to that topic rises and falls over the course of therapy, and being able to place specific stories within topic areas. The existence of contrasting topic areas and story sequences is also considered important, since it seems possible that some of the meaning of the "storied world" which the person creates in therapy is conveyed through the interplay between different stories and topics that map out the tensions between what the person regards as "normal" and what her or she experiences as "departures from the ordinary" (Bruner, 1991). In the case reported here, the *relationship with husband* topic was associated with a sequence of "problem-saturated" narratives which communicated the emotional pain which the client was experiencing at this period of her life. Other topics (*looking after children*, *working and looking for a new job*, *Church activities*, and *how therapy is helping*) appeared to represent the "strong" side of the client. The narratives associated with these topics generally reported solutions and everyday achievements rather than problems.

Table 4: Topics

Relationship with husband
Relationship with parents
Understanding personal feelings and emotions
Looking after children
Working, looking for a new job
Church activities
Therapy: how it is helping, practical arrangements

There are also important patterns and phenomena associated with topic *shifts*. For example, the question of how or by whom a topic shift is initiated may be of interest. Topic shift have not been studied intensively in the research reported here, but their value as a process variable can be seen in the work of Angus and Hardtke (1994) using the Narrative Process Coding Scheme (NPCS). The notion of "topic" is an important construct from both experiential psychotherapy and narrative theoretical perspectives. All experiential therapy is basically "client-centered" in so far as good therapist technique is built around sensitive and consistent following of the client's "track" (Rennie, 1990). All stories, or at least all coherent stories, have an identifiable topic, and the communicative intent of a story is usually to recount an event or set of events that actually happened (Labov & Waletzky, 1967). The concept of topic therefore offers one possible point of convergence between narrative and experiential theoretical systems: the change that takes place in therapy around the way that certain key topics are talked about that can be understood in both narrative and experiential terms.

Step 4. *Summarising stories and sequences*. As mentioned earlier, one of the central principles of a hermeneutic approach to research is to create and refine meaning through

cycling back and forward between the whole and the parts. A major difficulty in this endeavor, when dealing with transcripts of whole therapies, is to be able to hold in mind a sense of the text as a whole. Strategies are needed to enable a sensible degree of reduction of the text, without losing too many important nuances of meaning. One of the frustrating aspects of many published psychotherapy case studies lies in the extent to which clinical "smoothing" has taken place: the therapist-researcher has selected from the material only those elements that conform to a previously formulated set of assumptions. By contrast, the present approach to qualitative narrative analysis is not only intentionally discovery-oriented, but also open to the construction of alternative interpretive readings of the same text. There is therefore a balance to be struck between retaining a large amount of descriptive detail, and foreclosing too early on interpretive possibilities. We have used three different techniques to summarise the therapy narrative. The first has been for readers to write one-page summaries of each session. The second has been to give each story a title. The third has been to abstract the "gist" of each story using Polanyi's (1985) adaptation of the Labov and Waletzky (1967) story structure model. Each of these techniques has advantages and disadvantages. The Polanyi approach is certainly the most generative, but is also by a long way the most time-consuming.

Step 5. *Constructing a representation of the case/session as a whole*. The final step in the first phase of qualitative narrative analysis (finding structure and meaning in the text) is to construct a preliminary representation of the case as a whole. The aim is to develop a 2000 word written statement that is descriptive, in the sense of providing an account of what went on that would be recognisable to participants, but also interpretive, in the sense of offering a framework for understanding why and how what happened was useful (or otherwise), and which events or processes may been helpful or hindering. It is at this point that it is valuable to be in a position to be able to triangulate this interpretation against other data gathered from different sources (for example, post-session interviews, client and therapist written accounts of helpful and hindering events, psychometric test data, etc.). In some of the cases that have been studied this kind of independent triangulation has been possible. In other cases the primary researcher has been at the same time the person analysing the transcript and the person carrying out post-session interviews. Although in this latter situation there still exist alternative sources of data to be triangulated, their independence is partially compromised by the dual role of the primary researcher. It would be better, in our view, to be in a position to incorporate research "adversaries" (Bromley, 1986; Levine, 1974) or "auditors" (Hill et al., 1997) at this point, in order to develop a more dialogical basis for the Phase 2 inquiry process. Also, it should be acknowledged that, in order to make sense of the therapy process, we have been willing to drawn upon pre-existing theoretical frameworks if it seems that their use would offer interpretive leverage. For example, in one study we found that the assimilation model (see Stiles & Angus, this volume) helped us to organise our representation of the case as a whole in a way that pointed toward certain key micro-events as worthy of more intensive micro-analysis. In other cases our account of the "case as a whole" has not been explicitly informed by theory. Perhaps it is more correct to say that in these instances we have not been sufficiently aware of the pre-existing models of discourses that we have been using. The purpose of Step 5 is to yield an interpretive account that can both stand on its own as a contribution to a narrative understanding of experiential psychotherapy, and can be used as a basis for selecting specific events or processes for more detailed micro-analysis.

Phase 2. *Micro-analysis: Developing an Understanding of Specific Therapeutic Events and Processes*

There are two reasons why we have been drawn toward the idea of the micro-analysis of specific moments or events in therapy. First, it seems to us that what is distinctive about the experiential therapies is that all of them (client-centered, person-centered, Gestalt, focusing, process-experiential) place great emphasis on the therapist's ability to engage with the moment-by-moment experiencing of the client. Much of the recent research into experiential processes has used methods such as task analysis and Interpersonal Process Recall that open up this moment-by-moment experiencing to closer scrutiny. There is a sense also in which the core value of human agency is both revealed and promoted through the development of fine-grained understandings of what people *do* in therapy. The second source of influence on the choice of a research strategy based around micro-analysis of specific events comes from the tradition in narrative analysis characterised by the work of Mishler (1995), Riessman (1988, 1993), Polanyi (1985) and Gee (1986, 1991) (and indeed that of Labov) which has developed a form of writing and analysis centered around the presentation to readers of an exemplar story, followed by an analysis of the structure, co-construction and meaning of that story. It seemed to us that a focus on specific storytelling events would have the advantages of transparency (readers could have their own access to the text, and make their own judgement of what it might mean) and richness of detail.

Step 6. *Selecting text segments for micro-analysis*. The inquiry steps and activities of Phase 1 can therefore be seen as providing a rational basis for the selection of theoretically interesting segments of text in Phase 2. In the studies that have been carried out so far, the choice of text segment for micro-analysis has been made on a variety of theoretical grounds. In all the cases we have looked at, a micro-analysis has been carried out of the first session, with particular attention to the opening 15 or 20 minutes. This choice was made because, in all these cases, we had been struck by the extent to which issues and meanings that were to open out later in the therapy were apparent, in a hidden or implicit manner, from the beginning. We were interested in finding out more about how this happened, and what were the clues that therapists might use to sensitise themselves to these "foretellers". In other analyses, text segments were chosen because they appeared to represent the places where important new understandings occurred for the first time. We were interested to learn more about how these moments of change came about, in particular concerning the types of narrative processes through which they were constructed. Finally, in one case the therapist employed two-chair interventions, and some of these (successful and less successful) have been subjected to micro-analysis. In the cases we have been working on there are many others segments of text that would repay further analysis, if time was available - the choices we have made reflect our interests at this time. When we highlight a segment of text for micro-analysis, we copy it into a separate wordprocessor file, without being too concerned about marking off precise beginning and end points, since it is better to allow such markers to emerge (or be confirmed) as the analysis proceeds.

Step 7. *Transformation of text into stanzas*. The transcripts we have used have been prosaic in construction, with the oral discourse transformed into sentences, and only a limited amount of information provided in relation to non-linguistic cues (i.e., long silences, sobbing, weeping, laughing are indicated). We have found it quite difficult to enter into the

story-worlds of therapy participants in much depth when reading this kind of transcript. By contrast, what we have found extremely helpful has been to reorganise the material in *stanza* form, so that it reads like a poem. The text example in Table 2 (above) is in stanza form. Essentially, stanzas retain the spoken rhythm of the discourse, and help the reader to enter more fully into the way the story was told first time round. Stanzas also foreground and emphasise important rhetorical devices such as repetition, which can be lost in prose because it is much easier in prose writing for the eye to skim over repeated occurrences of the same word. For example, in Table 2 the repetition of "skating" in "The kids go skating/They skate three times a week/And they had to be at the skating rink at a certain time" has much more impact that it would in a prose version of the same passage. All in all, we have found that producing stories in stanza form brings out much more of their meaning, and makes it possible to represent their structure in useful ways (see below). We have not found that the meaning structure of habitual narratives is enhanced by putting them into stanzas, probably because habitual narrative lack dramatic tension and emotion. Gee (1986, 1991), the founder (to the best of our knowledge) of stanza analysis, has suggested various linguistic rules for identifying the ends of lines and verses in stanza analysis. These rules can only be applied if the recording of the session is available as well as the transcript. With some of our cases only the transcript has been available. Nevertheless, we have found that satisfactory translation into stanzas has not been difficult in these cases. In our view it is a mistake to believe that there are right and wrong ways of forming stanzas. Any form of transcription is a form of interpretation (Mishler, 1991; Riessman, 1993). We would argue that it is more helpful to remain alert to the possibility that alternative stanza configurations are possible, and to play creatively with the alternative readings and interpretations that these configurations may open up (Richardson, 1992).

Step 8. *Separation of client and therapist narratives*. Another useful strategy for retrieving meaning from text segments has been to separate out therapist and client statements. This procedure has brought strenuous objections from some audiences of our work, on the grounds that therapy discourse is fundamentally co-constructed, and to strip out therapist utterances is to lose sight of a vital dimension of the process. This objection is well founded, and in carrying out this step it is essential always to remember that it is carried out at a cost, and that at a later stage of analysis the process of co-construction needs to be addressed. However, for us the point of separating client and therapist statements is that it makes it much easier to see what each of them is up to. We agree with Rennie (1990) that clients in therapy are on a "track", they are immersed in a process of following and articulating a set of meanings and feelings. This "track", which can also be understood as similar to the unfolding of a story, typically extends over several speaking turns. The client may be interrupted by therapist reflections, minimal encourages, interpretations and process directions while doggedly trying to get to the end of what they want to say. We have found that the sense of what they are saying is much more clearly visible if these therapist interjections are temporarily put to one side. At the same time, therapist statements in experiential therapy are usually fairly brief, and, when taken separately, it is hard to see that they carry much narrative content other than merely reflecting what the client has said. When these therapist statements are stacked together in a separate file, however, the presence of an implied narrative can be discerned. Table 5 displays a sample of statements made by the experiential therapist in the first half of the opening session of the case being used here. It is easy to see in this

material the contours of a therapeutic "metanarrative" as envisaged by Schafer (1992). This particular therapist consistently uses language permeated by humanistic-experiential images and concepts: the central significance of feelings, the existence of an inner world, a self comprised of "parts", the value of experiencing what is felt here and now. The words of the therapist convey an implied narrative of how troubles are caused and how they can be overcome. This "metanarrative" offers the client a generalised framework within which his or her specific story of trouble can be accommodated and, in time, re-told and transformed.

Table 5: A Sample of Therapist `Metanarrative´

---

so it's like a feeling of safety and yet there's still a few scary feelings of….

things might come up and you might start to feel different or…

finally bringing up some of these feelings you've had inside

these feelings that you've sort of kept kind of near you are-are really kind of also bringing you down

there's another part of you that doesn't want to feel really strong hatred

it's like almost something that automatically takes you over

even when you talk about it it's like a lot of, there's old feelings come up again, right?

like even right now when you talk about it, some of those feelings come up

because you still end up feeling hurt inside

just focus on yourself and what you feel

   Step 9. *Identification of voices*. The concept of "voice" is important in narrative analysis. "Voice" is a construct that brings together a number of significant aspects of personal experience and interaction. First, the notion of voice conveys something of the embodied quality of a narrative. It refers to the *way* in which a story was told, for example in a loud or soft voice, with a pleading or domineering tone. Second, the observation that a person will usually speak in or through a set of different "voices" conveys something of the fragmented nature of identity. In various ways, all modern therapies seek to work with different parts of the "self" which are in conflict with each other; the concept of voice open this process up for exploration without the necessity of proposing hypothetical internal mental structures such as ego states, self-objects or sub-selves. Third, a social constructionist understanding of

voice goes further in using the idea to begin to make sense of how the person positions himself or herself in relation to others and in relation to their own bodily experiencing. For example, some clients in the cases we have analysed have produced quite long passages of reported speech (for example: "he said: 'you need to get a job'"). The significance of this kind of positioning has been highlighted by Van Langenhove and Harré (1993) and by Bamberg (1991). In our work, we have tended to interpret such reported speech as indicating that the speaker is being "spoken through" by the person whose words he or she voice. An example of reported speech can be found in Table 2, above. Here, the extent to which the client is controlled by the actions of her husband is implied through the fact that she speaks his words, almost as though he was present in therapy room. A fourth aspect of voice refers to the existence of social or cultural "voices", in the sense of dominant discourses. For instance, in the exemplar case used in this chapter, we have found it useful to suggest that the therapist speaks with the "voice of the clinic" and that the client's discourse is permeated by the "voice of the Church". Sometimes we have employed indents and spacing in stanza layouts to convey our sense of the different voices being used. The use of the concept of "voice" in our research owes a great deal to the work of Honos-Webb and Stiles (1998), but places more emphasis on social and cultural dimensions of "voicing". Whereas Honos-Webb and Stiles (1998) regard voices as residues of *individual* experience (for example, painful or problematic personal experiences that have not been assimilated), our position is that a voice can always be understood as not only personal but also social and cultural; each personal voice is drawn from repertoire of cultural voice patterns, usually mediated by significant others who can be seen as "carriers" of these cultural voices.

Step 10. *Identifying figurative use of language*. We have wanted to develop our understandings of the figurative use of language, for example the use of metaphor, and so when carrying out micro-analyses of text segments have been sensitive to this aspect of meaning construction. Recent studies have examined the role of metaphor themes (Angus, 1996), metaphors as vehicles for the construction of shared meanings (Angus & Rennie, 1988) and the differential impacts of novel and "frozen" metaphors (McMullen, 1985). It seemed to us that these studies tended to approach metaphors almost as discrete behavioral events, without paying attention to the narrative context within which metaphor use might be taking place. In exploring the role of figurative language in the construction of significant moments in experiential therapy, we began by marking off in the text each time a metaphor occurred, and then trying to arrive at a satisfactory account of how and why the metaphor was there. We asked ourselves: "what are therapist and client doing when they use metaphor?" In doing this we found that the distinction between novel and frozen metaphors did not appear to be particularly helpful, because most of the time it was hard to tell (as an external observer) how novel each metaphor might be to the actual participants. We also discovered that there were occasions when *stories* seemed to operate in a figurative way. To summarise: identifying figurative language in text segments turned out to be a valuable analytic strategy for two reasons. It forced us to reflect on the meaning and role of these linguistic events, thus opening up new understandings of what might be happening in therapy. It also enabled us to begin to build a model of how metaphor itself operates in relation to narrative processes and storytelling in therapy (Balamoutsou, 1999).

Step 11. *Story structure analysis*. Another approach that we have used in opening out the possible meanings implied by stories has been to analyse the narrative structure of the story.

Our method here has been to apply the Labov and Waletzky (1967) model of story structure (abstract - orientation - complicating events - resolution - evaluation - coda). We are not convinced that the Labov and Waletzky model is necessarily valid (see McLeod, 1997), and we sense that many other narrative researchers share our reservations (see the Special Issue of the *Journal of Narrative and Life History*, Volume 4, 1997). Nevertheless, the Labov and Waletzky scheme does at least provide a starting point for attempting to make sense of how a story is structured. We have found that displaying the text in stanza form makes it much easier to pick up the various structural phenomena that Labov describes. In recent work, we have relied heavily on Polanyi's (1985) approach to applying the Labov model, because we found that her book offered a particularly clear and concise set of guidelines on how to proceed. This work is still in progress at the time of writing, but what is already apparent is the importance in experiential therapy of therapist attunement to *evaluative* elements of client stories.

Step 12. *Identifying cultural narratives: metanarrative, macronarrative*. The narrative social constructionist perspective being adopted in this research views people primarily as social beings. We are who we are because of the culture we live in, and this culture exists before our time and will continue to exist after we have gone. A central element of culture comprises its stories, the stock of cultural narratives. We are born into a world of stories, and shape our identities and life choices in terms of the cultural narratives that are available to us. In attempting to carry out a narrative analysis of therapy transcripts, it is therefore vital to include an analysis of cultural narratives. The identification of cultural narratives involves more of an interpretive leap than is necessary when reading for other narrative phenomena, such as voices, story structures, etc. It is clearly necessary to bring to this task some prior understanding of the kinds of cultural narratives (or discourses) that prevail in the cultural setting in which the therapy takes place. In the cases we have worked with so far, a range of cultural narratives or discourses have been visible: Christian religious, Romantic/self-discovery/humanistic psychology, biological reductionism/medical model, Twelve Steps, being a woman, a "good marriage". These discourses are "fuzzy", they merge into each other at the edges, and become more internally differentiated when examined more closely. Nevertheless, they provide a basis for making sense of the connectedness of the person and the culture they live in. These cultural narratives exist *in the culture*, in books, images, words and concepts, rituals, places, myths, etc. So far, we have identified two categories of cultural narrative. The first is the *metanarrative*. This refers to the story the person or the therapist (usually the latter) constructs in order to enclose and explain the problematic events being recounted in therapy. The most obvious metanarrative in therapy is the therapist's theoretical model. By extracting all the therapist statements in sessions (see above) we have been able to see the extent to which the therapist's talk consistently incorporates what the client has said into a therapeutic language. However, sometimes clients offer therapeutic metanarratives, such as ideas from the "12-step" movement. In the exemplar case used in this chapter, the client had clearly been exposed to the popular "recovery" or "12-step" literature, and drew upon phrases and images from this discourse in her attempts to make sense of events in her life. The second category of cultural narrative is what we have called the *macronarrative*. This refers to an overarching "story of the good life". For example, in the exemplar case the client was much influenced by a Christian image of the good life, which enjoined her to make sacrifices, stay loyal to her husband even when he exploited her, and obey her parents.

However, she had also espoused another strong cultural narrative, around a Romantic/humanistic discourse of autonomy, self-discovery and expression of feelings. Her depression could be understood as arising from her incapacity to reconcile, within her own life-world, these competing stories of the good life.

There is no simple way to identify cultural narratives. Sometimes voices represent particular cultural narratives. Sometimes there are particular words, phrases or images that give clues. The evaluation clauses in stories also appear to reflect higher-order cultural narratives. It is as though people tell stories about actual events in their lives, but evaluate these stories in relation to the extent to which they match up with cultural narratives of how things *should* be. To conclude this section; our sense is that there is a great deal that remains to be understood about the place of psychotherapy in relation to cultural narratives. At the same time, our research to date has convinced us that in many cases the process of change in therapy can best be explained as a matter of finding a way of retrieving or repairing the person's individual lived version of the cultural narrative(s) within which he or she lives their life.

Phase 3. Communicating What Has Been Found

The inquiry process described in the preceding sections is in many ways the most enjoyable and satisfying part of the work. The experience of deeply engaging with a text and using various narrative techniques to open out new possible meanings is like being on a journey of exploration. We are committed to the idea that qualitative inquiry should be discovery-oriented, and we have used the inquiry procedures to keep pushing at the limits of our horizons of understanding. The task of communicating these "discoveries" is another matter entirely. As Gergen (1997) has argued, there are a variety of different rhetorical traditions that social scientists can employ. Among these traditions, the writing conventions specified by the American Psychological Association (APA) do not always provide a satisfactory framework for communicating the returns of this kind of work. Also, as Wolcott (1994) has observed, doing the writing is an intrinsic part of the inquiry process. The challenge of putting the research into words can stimulate further analysis and conceptualisation: if it can't be written maybe it needs to be re-thought. There are also technical problems associated with writing papers or conference presentations that (ideally) should include long passages of text. For these reasons it is important to accept that *communicating what has been found* is an integral stage in the research process, which brings with it another set of methodological choices and techniques.

Step 13. *Construction of a summary representation*. It seems to us that much qualitative research, quite rightly, includes lengthy descriptive passages and also fairly discursive interpretive writing. These forms of writing are part of a humanistic tradition of scholarship of which qualitative research forms one strand. However, psychotherapy research is an applied, practice-oriented discipline, where there is an expectation that some kind of cumulative knowledge and understanding is achievable. It is also an area in which there is a pluralistic approach to methods in which quantitative approaches may be employed to study the same questions. We therefore believe that it is useful for qualitative research studies to conclude with what we call a *summary representation*, where the findings of the study are laid out as clearly as possible in a series of potentially refutable (or revisable) propositions. An example

of the use of a summary representation can be found in McLeod and Balamoutsou (1996). This technique also forms part of a research strategy of using a series of intensive case analyses. The findings of the first case (the summary representation) are tested and modified in the light of data from subsequent cases.

Step 14. *Theoretical interpretation*. It is misleading to characterise the use of theoretical interpretation as a separate research procedure or technique. As therapists and social scientists we are continually engaged in the effort to conceptualise and understand. However, in the effort to "fuse horizons" (Gadamer's term), we would recommend that researchers should try to bracket off their assumptions during the main part of the study and, as far as possible, let the text speak directly to them. Of course, this does not happen in a literal sense. But qualitative descriptions and analyses that read as though powerful theoretical axes are being ground are not convincing. As seen, Wolcott (1994) makes a distinction in qualitative research between description, analysis (finding patterns) and interpretation (placing what has been found in a wider theoretical context). One of the challenges in the final stage of a qualitative narrative analysis is to stand back from the immediate material in order to open up a dialogue with the work of other writers.

Step 15. *Writing*. Some of the writing strategies that we have used have been mentioned already: inclusion of sections of text, use of stanzas, summary representations, use of exemplar cases. In finding good ways to write narrative analyses, we have been influenced by the work of Riessman, Mishler and Polanyi, each of whom seem to us to communicate very effectively. We have found it difficult to include a more reflexive style of writing, and to position ourselves in our texts in a way that reads well, and are still experimenting with this. We would also, ideally, like to develop ways of producing genuinely "multi-voiced" texts.

Throughout the research process: Use of other readers. Throughout the steps outlined above, other readers are used where possible. The rationale for the use of multiple readers/co-researchers was outlined earlier. We have used other readers in a number of different ways, often depending on what these readers were willing to do. Some readers have worked through entire case texts and offered interpretations of the meanings or themes apparent to them within the case. Other readers have been asked to identify stories. We have also asked readers for their responses to specific key stories. We have experimented with various formats for collecting reader interpretations: in written reports, by notes written in the margin of the text, through small group discussion. Some efforts have also been made to use case participants (client and therapist) as readers, or to comment on the researcher's interpretation, where access to these persons has been possible. In all these modes of using other readers, the intention has been to find ways of broadening the interpretive range of the primary researcher, to produce a richer interpretive account. The timing of other reader involvement has been staged to reflect a sense that there are times when the primary researcher needs to retreat into the material undisturbed, to find his or her own meaning in it, and other times when it is valuable and necessary to test these meanings against the formulations of other people. This idea of qualitative research as cyclical has been influenced by Reason (1994), Cunningham (1988) and Douglass and Moustakas (1985).

Conclusion: Issues in the Use of Qualitative Narrative Analysis

   The aim of this chapter has been to describe the assumptions and methods used in our research into qualitative narrative analysis of experiential psychotherapy transcripts. It would be quite wrong to present this work as any kind of final answer or fully developed methodological package. Most of the time, we feel as though what we don't know about how to do this is much more extensive than what we do know. In brief, a number of important critical issues can be highlighted:

- *the "validity" of the research*. How can we know how plausible or "true" our findings might be? The discussion of quality criteria for qualitative research by Stiles (1993) is an excellent review of the issues associated with truth-claiming in qualitative research. The qualitative narrative method described here has been informed by Stiles (1993) arguments. However, we have concerns about the non-dialogical nature of any approach that works predominantly with transcripts. In analysing transcripts there can often be a sense that one is reading it wrongly, that the actual participants could readily point out what was "really" happening or what they "really" meant. A combination of transcript and IPR data (see Elliott et al., this volume) would make it possible to be more confident in some of the interpretive judgements that are being made;

- *ethical issues*. We have concerns about the morality of publishing papers that include long sections of transcript material. Even if participants agree to this, they may not be fully aware of what they are agreeing to. The collection of papers by Josselson (1996a) on ethical issues in narrative research has particularly sensitised us to this set of issues;

- *expertise*. Many of the concepts and procedures of qualitative narrative analysis are borrowed from fields such as linguistics and literary criticism. Like the majority of psychotherapy researchers, our primary training has been within psychology. We have often been worried about whether we fully understand or properly apply some of the techniques we have used. It would be much better, in an ideal world, to be able to assemble an multidisciplinary research team to carry out this kind of research;

- *reflexivity dilemmas*. The research described here has been guided by a commitment to the importance of reflexivity. Members of the research group have kept personal research journals and participated in many discussions about the meaning of the research for each of us. This process has generated more questions than answers. How far do we need to go in exploring and explicating the personal and cultural "historical consciousness" which we each bring to the research? What do we do with all this reflexive material: how relevant is it to readers? How honest can we be in describing our experience of the research? The issue of researcher reflexivity is a substantial topic which has not been addressed adequately in the qualitative research literature and which can only be flagged up here in the most general of terms. However, two examples of reflexivity dilemmas can be given to illustrate the kinds of issues that we have faced. First, all members of the research team have experienced their own varieties of anguish at the possible betrayal of trust involved in publishing the stories of research participants. A paper by

Josselson (1996b) captures very well the kind of anguish we experienced. This feeling shaped how we analysed material and what we wrote about it, but we have not devised a way of integrating the story of anguish into our publications of conference presentations. Another reflexivity dilemma has been associated with an type of engagement with the research material characterised by researcher judgementalism, partiality and anger. What does a researcher do when the transcript reveals actions and attitudes that he or she believes are morally *wrong*? One instance of this type arose in a narrative study of cross-cultural therapy conducted by a member of the research group. In the end, the reflexive account stimulated by this moment encompassed several threads of meaning: the personal history of the researcher; the historical origins of contemporary assumptions about the goals of research and the ways in which research is reported; and, the historical development of cultural narrative around racism and difference. Perhaps the best way to make sense of researcher reflexivity is to acknowledge that hermeneutic research must be viewed as *tradition-informed*: the horizon of understanding that the researcher applies in interpreting data is not only personal, and not only determined by a specific theory (e.g., theory of therapy) but is constructed in a more holistic way in and through the cultural traditions and forms of life in which the researcher participates. On the one hand this acknowledgement is liberating for researchers, in that it opens up the possibility of exploring many different ways in which his or her "horizons" may be changed in the encounter with the research "text". But on the other hand it creates huge problems around writing: how much of this do readers want to see? It is perhaps useful to think about a hermeneutic approach as comprising two contrasting types of specification of the "horizon" of the researcher. There is the controlled delineation of the horizon, where the researcher summarises the sources of their approach, as in the opening five paragraphs of this chapter. There is also an *uncontrolled* discovery of new horizons, set in motion by the process of the research itself;

- *moving in the direction of generalisation*. It is necessary to build from individual case analyses to a more general sense of how narrative operates in experiential therapy. The technique of concluding each case analysis with a *summary representation* is a useful way of allowing the material collected in later cases to be employed to test and elaborate the findings derived from early cases. Once enough cases have been studied, it may be necessary to apply systematic procedures of case comparison, such as those used in studies by Frommer, Reissner, Tress and Langenbach (1996) and Kühnlein (1999)

In conclusion, it can be stated that there exists a range of procedures for conducting qualitative narrative analysis of psychotherapy texts. In principle, there are many texts available for analysis, generated by previous studies or by taping one's own or colleagues' clinical work. Our hope is that others will join us in this rewarding enterprise. The methods described in this chapter are offered in the spirit of the *bricoleur*. There are many ways in which they can be adapted and augmented, in order to provide appropriate platforms for discovery concerning the role of narrative and storytelling in psychotherapy.

This chapter is based on a paper presented at the First European Conference on Qualitative Research in Psychotherapy, Düsseldorf, 1996.

References

1. Angus, L. (1996). An intensive analysis of metaphor themes in psychotherapy. In J.S. Mio & A. Katz (Eds.), Metaphor: pragmatics and applications (pp. 73-84). New York: Erlbaum.
2. Angus, L., & Hardtke, K. (1994). Narrative processes in psychotherapy. Canadian Psychology, 35(2), 190-203.
3. Angus, L.E., & Rennie, D.L. (1988). Therapist participation in metaphor generation: collaborative and noncollaborative styles. Psychotherapy, 25, 552-560.
4. Bamberg, M. (1991). Narrative activity as perspective taking: the role of emotionals, negations, and voice in the construction of the story realm. Journal of Cognitive Psychotherapy, 5(4), 275-290.
5. Bromley, D. (1986). The case-study method in psychology and related disciplines. Chichester: Wiley.
6. Bruner, J. (1986). Actual minds, possible worlds. Cambridge, MA: Harvard University Press.
7. Bruner, J. (1987). Life as narrative. Social Research, 54(1), 11-32.
8. Bruner, J. (1990). Acts of meaning. Cambridge, MA: Harvard University Press.
9. Bruner, J. (1991). The narrative construction of reality. Critical Inquiry, 18, 1-21.
10. Bruner, J. (1993).'The autobiographical process. In R. Folkenflik (Ed.), The culture of autobiography: Constructions of self-representation (pp. 38-56). Stanford, CA: Stanford University Press.
11. Cunningham, I. (1988). Interactive holistic research: researching self managed learning. In P. Reason (Ed.), Human inquiry in action (pp. 163-181). London: Sage.
12. Cushman, P. (1995). Constructing the self, Constructing America: A cultural history of psychotherapy. Reading, MA: Addison-Wesley.
13. Denzin, N.K., & Lincoln, Y.S. (1994) Introduction: entering the field of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), Handbook of qualitative research (pp. 1-17). Thousand Oaks, CA: Sage.
14. Douglass, B.G., & Moustakas, C. (1985). Heuristic inquiry: the internal search to know. Journal of Humanistic Psychology, 25, 39-55.
15. Elliott, R. (1984). A discovery-oriented approach to significant change events in psychotherapy : Interpersonal process recall and comprehensive process analysis. In L.N. Rice & L.S. Greenberg (Eds.), Patterns of change : Intensive analysis of psychotherapy process (pp. 249-286). New York: Guilford Press.
16. Elliott, R., Slatick, E., & Urman, M. (this volume). Qualitative change process research on psychotherapy: Alternative strategies. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 69-111). Lengerich: Pabst.
17. Frommer, J., Reissner, V., Tress, W., & Langenbach, M. (1996). Subjective theories of illness in patients with personality disorders: Qualitative comparison of twelve diagnostic interviews. Psychotherapy Research, 6, 56-69.
18. Gadamer, H. (1975) Truth and method. 2nd Edn. New York: Continuum. (Originally published 1960).
19. Gee, J.P. (1986). Units in the production of narrative discourse. Discourse Processes, 9, 391-422.
20. Gee, J.P. (1991). A linguistic approach to narrative. Journal of Narrative and Life History, 1(1), 15-39.

21. Gergen, K.J. (1994). Realities and relationships: Soundings in social construction. Cambridge, MA: Harvard University Press.
22. Gergen, K. (1997). Who speaks and who replies in human science scholarship? History of the Human Sciences, 10(3), 151-73.
23. Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. Chicago: Aldine.
24. Gonçalves, O.F. (1995). Cognitive narrative psychotherapy: The hermeneutic construction of alternative meanings. In M.J. Mahoney (Ed.), Cognitive and constructive psychotherapies: Theory, research and practice (pp. 139-162). New York: Springer.
25. Grafanaki, S., & McLeod, J. (1999). Narrative processes in the construction of helpful and hindering events in experiential psychotherapy. Psychotherapy Research, 9, 289-303.
26. Greenberg, L.S., Rice, L.N., & Elliott, R. (1993). Facilitating emotional change: the moment-by-moment process. New York: Guilford.
27. Greenberg, L.S., Watson, J.C., & Lietaer, G. (Eds.) (1998). Handbook of experiential psychotherapy. New York: Guilford.
28. Hill, C.E., Thompson, B.J., & Williams, E.N. (1997). A guide to conducting consensual qualitative research. Counseling Psychologist, 25, 517-572.
29. Honos-Webb, L., & Stiles, W.B. (1998). Reformulation of assimilation analysis in terms of voices. Psychotherapy, 35, 23-33.
30. Josselson, R. (Ed.) (1996a). Ethics and processes in the narrative study of lives. Thousand Oaks, CA: Sage.
31. Josselson, R. (1996b) On writing other people's lives: self-analytic reflections of a narrative researcher. In R. Josselson (Ed.), Ethics and processes in the narrative study of lives (pp. 146-169). Thousand Oaks, CA: Sage.
32. Kühnlein, I. (1999). Psychotherapy as a process of transformation: the analysis of post-therapeutic autobiographical narrations. Psychotherapy Research, 9, 274-288.
33. Labov, W., & Waletzky, J. (1967). Narrative analysis: oral versions of personal experience. In J. Helm (Ed.), Essays on the verbal and visual arts (pp. 12-44). Seattle: University of Washington Press.
34. Levine, M. (1974). Scientific method and the adversary model. American Psychologist, 29, 661-77.
35. Luborsky, L., & Crits-Christoph, P. (Eds.) (1990). Understanding transference: the CCRT method. New York: Basic Books.
36. McIntyre, A. (1981). After virtue: A study in moral theory. London: Duckworth.
37. McLeod, J. (1996a). Qualitative research methods in counseling psychology. In R. Woolfe & W. Dryden (Eds.), Handbook of counseling psychology (pp. 65-86). London: Sage.
38. McLeod, J. (1996b). The humanistic paradigm. In R. Woolfe & W. Dryden (Eds.), Handbook of counseling psychology (pp. 133-155). London: Sage.
39. McLeod, J., & Balamoutsou, S. (1996). Representing narrative process in therapy: qualitative analysis of a single case. Counseling Psychology Quarterly, 9, 61-76.
40. McLeod, J. (1997). Narrative and psychotherapy. London: Sage.
41. McLeod, J. (1999). Counseling as a social process. Counseling, 10 (3), 217-222.
42. McLeod, J. (2001). Qualitative research in counseling and psychotherapy. London: Sage.
43. McMullen, L. (1985). Methods for studying the use of novel figurative language in psychotherapy. Psychotherapy, 2, 610-619.
44. Mishler, E.G. (1986). Research interviewing: context and narrative. Cambridge, MA: Harvard University Press.

45. Mishler, E.G. (1991). Representing discourse: The rhetoric of transcription. Journal of Narrative and Life History, 1(4), 255-80.
46. Mishler, E.G., (1995). Models of narrative analysis: A typology. Journal of Narrative and Life History, 5, 87-123.
47. Murray. H.A. (1938). Explorations in personality: A clinical and experimental study of fifty men of college age. New York: Oxford University Press.
48. Payne, M. (2000). Narrative therapy: An introduction for counselors. London: Sage.
49. Polanyi, L. (1982). Linguistic and social constraints on storytelling. Journal of Pragmatics, 6, 509-524.
50. Polanyi, L. (1985). Telling the American story: A structural and cultural analysis of conversational storytelling. New Jersey: Ablex.
51. Polkinghorne, D.E. (1988). Narrative knowing and the human sciences, Albany: SUNY Press.
52. Polkinghorne, D.E. (1992). Postmodern epistemology of practice. In S. Kvale (Ed.), Psychology and postmodernism (pp. 146-165). London: Sage.
53. Reason, P. (1994). Three approaches to participative inquiry. In N.K. Denzin & Y.S. Lincoln (Eds.), Handbook of qualitative research (pp. 324-339). London: Sage.
54. Rennie, D.L. (1990). Toward a representation of the client's experience of the psychotherapy hour. In G. Lietaer, J. Rombauts & R. Van Balen (Eds.), Client-centered and experiential therapy in the nineties (pp. 155-172). Leuven: University of Leuven Press.
55. Rennie, D.L. (1994). Storytelling in psychotherapy: The client's subjective experience. Psychotherapy, 31, 234-243.
56. Rennie, D.L. (1998). Person-centered counseling: An experiential approach. London: Sage.
57. Richardson, L. (1992). The consequences of poetic representation: Writing the other, rewriting the self. In C. Ellis & M.G. Flaherty (Eds.), Investigating subjectivity: Research on lived experience (pp. 125-137). New York: Sage.
58. Riessman, C.K. (1988). Worlds of difference: contrasting experience in marriage and narrative style. In A.D. Todd & S. Fisher (Eds.), Gender and discourse: The power of talk (pp. 151-173). Norwood, NJ: Ablex.
59. Riessman, C.K. (1993). Narrative analysis. Thousand Oaks, CA: Sage.
60. Rogers, C.R. (1951). Client-centered therapy: Its current practice, implications and theory. London: Constable.
61. Runyan, W.M. (1980). Alternative accounts of lives: An argument for epistemological relativism. Biography, 3, 209-224.
62. Russell, R.L., & Van den Broek, P. (1992). Changing narrative schemas in psychotherapy. Psychotherapy, 29, 344-354.
63. Sarbin, T.R. (1986). The narrative as a root metaphor for psychology. In T.R. Sarbin (Ed.), Narrative psychology: The storied nature of human conduct (pp. 1-37). New York: Praeger.
64. Schafer, R. (1992). Retelling a life. New York: Basic Books.
65. Spence, D.P. (1982). Narrative truth and historical truth: Meaning and interpretation in psychoanalysis. New York: Norton.
66. Steier, F. (Ed.) (1991). Research and reflexivity. London: Sage.
67. Stiles, W.B. (1993). Quality control in qualitative research. Clinical Psychology Review, 13, 593-618.
68. Stiles, W.B., & Angus, L. (this volume). Qualitative research in client´s assimilation of problematic experiences in psychotherapy. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 112-127). Lengerich: Pabst.

69. Van Langenhove, L., & Harré, R. (1993). Positioning and autobiography: Telling your life. In N. Coupland & J.F. Nussbaum (Eds.), Discourse and lifespan identity (pp. 81-100). London: Sage.

70. Van den Berg, J.H. (1961). The changing nature of man: An introduction to a historical psychology. New York: W.W. Norton.

71. White, M., & Epston, D. (1990). Narrative means to therapeutic ends. New York: Norton.

72. Wolcott, H.F. (1994). Transforming qualitative data: Description, analysis and interpretation. Thousand Oaks, CA: Sage.

73. Yin, R.K. (1994). Case study research: Design and methods. 2nd Edn. Thousand Oaks, CA: Sage.

In Search for a Psychoanalytic Research Strategy: The Concept of Ideal Types

ULRICH STUHR AND SYLVIA WACHHOLZ

Aspects of a Development of a Psychoanalytic Qualitative Research Strategy

"Formal psychoanalytic research has had a chequered history in psychoanalysis, a discipline rooted and developed through the clinical data of the therapeutic consulting room" (Wallerstein & Fonagy, 1999, p. 91).

According to our empirically-minded critics we psychoanalytic researchers would be well advised to amend our methods to enable us to measure certain items and so get hold of so-called objective data; given the nature of our material, however, this presents us with fundamental difficulties. It is a peculiarity of our subject matter, especially the introjection of the therapeutic relationship, that the aspects which interest us are disguised, subject to change and often overdetermined because largely unconscious defence mechanisms disguise the aspects which interest us (cf. Deneke & Stuhr, 1992). There is therefore little hope of listing them neatly under distinct categories, a prerequisite for independent statistical tests. Perhaps it is a pity but, particularly in our field, that is the way things are: we cannot get hold of any *data bruta*.

In our view there is a useful link here to the term "type" as used in the social sciences, for instance by Uta Gerhardt, who has taken Max Weber's concept of an ideal type a step further. In 1983 she wrote that, when using a biographical-typological approach like Weber's, one has to link systematically various aspects of each case to establish an ideal type. This establishment needs to come about by conducting biographical interviews fairly in a way that does not take sides with either a nomothetic or ideographic theory. It looks as though the idea of a type is the relevant link, clinically and scientifically, between nomothetic and ideographic thinking. For the problem is how to draw general conclusions from single cases or special aspects of *several* cases, *without* becoming diffuse or vague. What is required is a method which does not ignore the historical aspect and encompasses more than the single case, just as is pointed out by Glaser and Strauss (1968, p. 242) where, in their article on "grounded theory" they indicate that they are not concerned with single cases but with *types* of people and/or events subject to social pressures.

Just "going ahead and testing it (empirically)" is no easy matter if the subject matter is biographical; everything is *irretrievably* in flux, and what is required in Weber's view is our capacity to make sense of things, to grasp the historical truth behind a flood of shifting images. An individual case tells us a typical story, it represents a typical structure and thereby transcends itself without sacrificing any of its iniqueness. For this Max Weber invented the term *ideal type* which in recent years has attracted a great deal of interest (see Weiss, 1992, p.65). It is a term that bundles past and present, giving shape and sense to disparate empirically observable attributes. Of course, the crux is the discrepancy between this invented

ideal type and what one can observe empirically. The ideal type is a generalization and a hypothesis but, in conjunction with the so-called test of experience, it can form the basis for an interpretation which makes biographical details intelligible and meaningful.

Uta Gerhardt's reworking of the Weber ideal type provides hints on the kind of cross-checks required: first of all an ideal type is extracted out of a series of single cases; this extraction then serves a hypothesis against which one can check further cases. Here Gerhardt is replying to the accusation often levelled against Weber that his ideas are "of little empirical use" because he explicitly excluded empirical testing. The ideal type may be seen in a single empirical case, perhaps not in pure form but more or less approximately. Where appearing in pure form in a single case, it is termed an "isolated optimal case". This isolated optimal case, a recognizable concrete example, thus *empirically* illustrates the ideal type. This in turn enables one to understand other single cases, by comparing and contrasting them with this one.

The ideal type is best thought of as a hypothesis about reality. The idealism at play involves the tension between the empirical and the rational, as in ideal philosophies that may emphasize either one aspect or the other but generally attempt to address the tension. Its effectiveness lies in the way it can highlight reality; it can be used as a comparison for "elucidating certain aspects of its *empirical* content", as Weber wrote in 1904. This makes it "cognitively constructive" and hermeneutic, enabling it to encompass the dynamics of human lives and emotions in an adequate manner.

The concept which Uta Gerhardt describes as *Verstehende Typenbildung* - one could translate it as "forming types by comprehension" - is taken from Max Weber's ideal type but is not identical with it. It is particularly useful for evaluating biographical data collected during the diagnostic phase. We adapted this approach, *Verstehende Typenbildung*, to discover the patient's inner picture of the therapist 12 years after therapy, using the following steps:

First step: One picks at random any follow-up text from *all* the cases and *describes* all the characteristics in it which seem important in a non-specific way; the terms used are collected in a list. This procedure is repeated with the next case, and so on until there are no new terms being added to the list. This is a saturation point; after a certain number of cases have been reviewed one runs out of new descriptive terms (cf. Rennie, this volume; Rennie, Phillips & Quartaro, 1988; Turner, 1981) for a similar procedure in adaptations of the grounded theory method).

Second step: Single specific cases are now selected which *best represent* certain characteristics and *combinations of characteristics*. In the same manner other cases best represent other combinations. It may well be that there is not just one case which conforms to a particular combination. Instead, several may show a more or less close likeness to an abstract but describable type. Thus, each selected single case is an actually observable so-called optimal case *which hints at an ideal type*. In this way one arrives at a limited number of optimal cases, each of which best represent one set of characteristics. Each optimal case is illustrated by lengthy quotations. Keeping these and the optimal case in mind, one can then invent a type which fits each empirically discovered optimal case: the *ideal type*. This invention then serves as the basis and name for the subgroup made in the third step.

Third step: The ideal types, clearly discernible in the optimal cases, now serve as orientation points for comparing all the remaining cases; each optimal case acts as a crystalliza-

tion point around which a cluster forms consisting of the cases most like it; it represents an ideal type. The discrepancies between the cases are described and noted. By consigning single cases to their ideal type one arrives at a grouping of all the cases around the optimal cases. There are also subgroups associated with the optimal cases, which get their names from the ideal type.

The term cluster was also used by Uta Gerhardt, so we can assume that both *Verstehende Typenbildung* and "cluster analysis" are part of the *taxonomic* approach. This taxonomic approach is conceptual. Therefore computer analysis is not recommended in this case. In contrast to an approach to the development of an algorithmic taxonomy, as is done sometimes in cluster analysis, it has the advantage that in the course of drawing up the types and subgroups one can find and use very complex, even dynamic and latent descriptions in a way which is not feasible with "blind" algorithmic procedures for establishing clusters where all the factors have to be laid down beforehand (see Table 1).

Thus, the ideal type is an *ideal construction* in a philosophical sense (idealism) which can be approximately shown empirically in a so-called "isolated optimal case". By describing it one can characterize the whole sub-group or cluster. As a research tool it can be used to discover how far the assumed connections actually exist in reality. The abstract hypothesis is now waiting to be validated. Measured against a closely defined, detailed ideal type one can assess the peculiarities of each case, with a specific description of how like or unlike it is.

Theoretical Background and Question of the Empirical Study

The most important and effective tool available to the psychoanalyst is generally assumed to be interpretation, particularly when dealing with the patient's resistance and transference (see inter alia Greenson, 1973; Laplanche & Pontalis, 1973). In 1918 (Freud, 1919) Freud suggested revising some therapeutic techniques in response to a lead taken by Ferenczi. At this stage Ferenczi was experimenting with the "analyst's mother role", as he described it in a letter to Freud in 1924 (Freud & Ferenczi, 1980, p. 162). Indeed, Ferenczi was in the throes of discovering a quite new therapeutic approach, which was to develop into "the cure thanks to a relationship". Its outcome was that fascinating distinction in therapy between deepening the patient's insight ("fatherly-rational") and participating in his emotional world ("motherly-regressive") (Cremerius, 1979; Thomä, 1983). This shift in emphasis widened therapists' range considerably, enabling them to go beyond strictly interpretative interventions, and even further than the increased "activity" recommended by Ferenczi to help patients overcome stand-stills in transference crises (Ferenczi, 1919). His experiments raise the fundamental question: how should the therapist behave, which role is most helpful to the patient and most likely to effect a cure?

Not surprisingly Balint, who was one of Ferenczi's pupils, consistently regarded object relations as just as important in therapy as psychoanalytic interpretations; he spoke of "the healing power of the object-relation" (Balint, 1973, p. 193). In his view it is a "... legitimate technical measure ..." (Balint, 1973, p. 196) for therapists at certain stages of therapy to encourage certain feelings towards him in the patient and to reinforce these feelings, provided of course therapists consciously recognize and acknowledge the patient's regressed state.

Table 1: Comparison of Methodological Assumptions Supporting Cluster Analysis and
Verstehende Typenbildung (Forming Types by Comprehension)

	algorithmic taxonomy (cluster analysis)	qualitative taxonomy *(Verstehende Typenbildung)*
Task	definition of subgroups	construction of ideal types and allocation of individuals to clusters
Scientific level	heuristic/descriptive	heuristic/descriptive
Variables	- defined a priori - quantitative - linear combinations	- reconstructed - qualitative - dynamic combinations
Capacity	- unlimited by computer	- limited by human abilities
Point of reference	- quantitative (e.g. group-centered)	- isolated optimal cases (ideal types)
Identification of a 'best' solution	- sum of error terms - comparison of single solutions - clinical utility	- consensus - evidence - clinical feasibility
Criterion of best solution	- post hoc analysis of variance - analysis of discriminance - clinical validation	- transparency - record of study - clinical validation

Without unwittingly fitting in with the longings expressed in the regression and so abandoning his abstinent position, the therapist should actively foster the kind of relationship which the patient currently needs. Thomä and Kächele (1985, pp. 96) have described this therapeutic process as a form of role-playing: psychoanalysts slip into the role the patient expects of them and "... keep an eye on both of them over their shoulder". Of course it is vital that therapists maintain enough inner distance to enable them to reflect on the part they are playing, so to speak, as "participant observers" (Gill, 1983, p. 177) and do not merely fit in with the patient's neurotic infantile wishes (cf., Freud, 1940). Winnicott (1954, pp. 298) goes even further in this respect. In his view all therapists, like every mother, should be aware of wanting to let themselves to be gobbled up by or incorporated into the patient. So it is perhaps not surprising that Ferenczi in his earlier reflections on transference saw a close link between introjection and transference (Ferenczi, 1909).

In his review of the therapy technique recommended by Fairbairn - a pioneer of the object-relations theory - Kernberg (1988, p. 86) stresses that "... therapeutic effects are not just the outcome of the analyst's interpretations - particularly transference interpretations - but

equally and absolutely fundamentally of analysts' abilities thanks to their genuine concern and sympathy, to maintain a necessary counterbalance to activating feelings connected with bad objects during the transference". So instead of immediately responding to the feelings projected onto them by interpreting the feelings, therapists keep them for a while to themselves (Mentzos, 1987, p. 388). This tactic applies to all kinds of feelings, whether aggressive, destructive ones or positive, libidinous wishes projected onto the therapists; in their safe keeping the feelings can survive well protected from the patient's assaults and may even blossom there for the very first time.

Any theory on therapeutic methods hinges on the question of how patients come to internalize objects or assimilate what they have experienced through contact with an object. Some aspects, although included in Freud's use of the term 'object relations' (Freud, 1917, p. 435), have been more precisely defined by Fairbairn (1941) in his psychology of object relations; he distinguishes between a search for gratification and a search for an object. The child's instinctive transformation of relationships into introjects, later repeated in the therapist-patient transference, is taken to include making use of this inner object (cf. Winnicott, 1971): therapists allow some aspects of themselves to be used as an inner object, otherwise the patient falls back on the therapist as inner support. The terms for this in empirically oriented psychotherapy research sound rather insipid: "... warm, supportive relationship" (Luborsky, Metellan, Woody, O'Briem & Auerbach, 1985, p. 609) or "empathic resonance" (Orlinsky & Howard, 1986, p. 368).

Our line of thinking, which takes up these ideas on the significance of inner objects, fits in well with the empirically backed findings in the Berlin study on psychotherapy by Rudolf, Grande and Porsch (1988, p. 43). They make use of the term "supportive introject" as well as "positive regard", thereby including the vital role played by these inner forces. It is essential that therapists and the emotions associated with them are introjected so that, despite having to reflect on difficult or painful aspects of the transference, the patient can still build up a stable and reassuring sense of self and can successfully relate to others. Both therapists' and their patients' relations with those aspects should have a positive effect on patients' mental and emotional states, so that after therapy is over they can still carry on the inner dialogue with their therapists. Relationship is also necessary so that, on the strength of what patients have experienced with therapists, the former can see old relationships in a new light and forge new contacts with greater confidence. This requirement means that, when therapy ends and patients have to shake off their dependency on their therapists, as Freud postulated (1905, p. 279) the neurotic transference object has to be cast off with the good introject remaining intact (see Gill, 1983).

So when carrying out a long-term follow-up - 12 years after the end of treatment - as part of the Hamburg short-term psychotherapy project we decided to investigate both aspects. Instead of just concentrating on the kind of transference the patient offered the interviewer in the sense of a "residual analytic transference", as Pfeffer (1959) suggests for long-term analyses, we made use of a semi-standardized interview to help patients recall memories, images and impressions of their therapists. Indeed, we made a point of deliberately inquiring after these recollections. This open section of the interview inquired into the extent to which the patients remembered their therapists. Through the answers in the follow-up interview we hoped to detect the special kind of relationship which had developed in the

therapeutic dyad and to discover traces of the introjects which were still there after therapy-aspects which, as Balint (1973) emphasizes, are difficult to describe in words.

The Framework of the Research Project

In 1971/72 we interviewed and tested all the psychoneurotic and psychosomatic patients who sought help in the psychosomatic outpatient department of the University Hospital of Hamburg University (Meyer, 1981; Stuhr & Meyer, 1991). Over a period of 18 months we selected patients who had not previously undergone psychotherapy, to see whether they were suitable for short-term therapy. Among those patients we selected, the prognosis of 87 of them was good enough for them to be included in our therapy program. They were assigned at random either to a psychodynamic conflict-centered therapy with 12 therapists (PT) or to a client-centered therapy with 13 therapists (CC), both limited to a maximum of 30 sessions. Nineteen of the patients refused our offer and did not undergo any treatment (NT). So our sample consisted originally of 34 patients in client-centered therapy, 34 in psychodynamic therapy, and 19 in a no-treatment condition.

The first important factor in any follow-up is the sample retrieval, especially after a long interval of 12 years. We were able to interview 70.5% of our patients, while an additional 12% who were unwilling to be followed up nevertheless agreed to fill out our personality questionnaires, giving a total of 82.5%. Considering the length of the follow-up, this figure compares well with other studies (Dührssen [1962]: 84% after five years; Sloane et al. [1975]: 68% after 8 and 20 months; and Beck, and Lambelet [1972]: 78% 2.6 years after the end of therapy).

Looking at the three subgroups there was a gradual decrease in the number of patients who cooperated with us: PT with a high (81% willingness to cooperate), CC with an intermediate (70.5%) and NT with a low rate of participation at follow-up (53%). We assume that this differential reflects the patients' attitudes to psychotherapy in general and to our department as a visible agent in the follow-up in particular.

The follow-up inquiry was multi-dimensional, tracing how our patients had fared after treatment by means of: (a) psychological tests (Freiburger Personality Inventory, FPI; Social Anxiety List, SAL), (b) the patient's self-rating on changes in symptoms and coping in various aspects of everyday life, (c) a semi-standardized follow-up interview with an assessment by the interviewer and (d) independent expert ratings of transcripts of the follow-up interviews. The psychological tests do not play any role in this presentation of the qualitative side of the follow-up in this paper.

Practical Procedure of the Qualitative Research Strategy

Our material consisted of 49 follow-up interviews tape-recorded in their entirety (see Meyer, Stuhr, Wirth & Rüster, 1988). The follow-ups were made in the Department of Psychosomatics and Psychotherapy in the Hamburg university hospital as part of a research project directed and described by the late Adolf Ernst Meyer (1981).

An Example of the Analyses (Patient A)

The first step was to mark all the passages in the interviews which seemed at all relevant to the patient's relationship with the therapist. All relevant passages in the *follow-up interview* text were marked and the verbatim texts of patients' statements about their relationships with their therapists were listed:

"I remember her with pleasure"
"Mrs. A. was so nice and calm and quiet and warm"
"I really felt very good there"
"If Mrs. A. had said, should we go on with the psychoanalysis, then I would have said, okay"
"very calm"
"very understanding"
"a warm feeling"
"she should have intervened more"
"in the end you are on your own"

Such a list of statements was made for each of the 49 patient-therapist relationships. This lists were used to reconstruct and judge how each patient referred to his or her therapist and what kind of image he or she had of the therapist. It was necessary to interpret the listed statements in a psychodynamic way to get an analysis of the image of the therapist. For patient A it was as follows:

This description is based on one patient's generally positive memories of his woman therapist. He described her with a collection of terms which suggest motherliness, a feeling of safety and trustworthiness. From his statements one can easily trace how a trusting relationship developed. Initially it was a close and symbiotic relationship but, in the course of therapy, he came to realize that his therapist had both good and bad sides. He gradually realized that the therapist was not prepared or able to satisfy all his wishes. The idealistic side gave way to a more realistic picture, which then helped the patient to tolerate a certain amount of frustration. In the end he was able successfully to part from his therapist.

This case became part of the ideal type no. 1 (mature motherly object) later on.

Second Example (Patient B)

We will now present a second example of this approach, involving a woman patient. We first marked those passages in the interview which, again, were relevant to the question, i.e., where the patient addressed the subject of her relationship with the therapist, in the broadest sense of the word. After these passages had been consolidated, we reconstructed, on the basis of this literal manuscript, how the patient expressed herself regarding the image she had of the therapist. We then attempted to evaluate and interpret the patient's representation.

Relevant passages in interview example B:

"Circumstances which made me a little insecure in the therapy"
"very helpful therapist"
"very trusting relationship"
"in retrospect I felt a little duped"
"if I had known in advance, then I might not have opened myself up so trustingly"
"after finishing the therapy I thought, 'There's actually sort of a deceptive
mechanism, which is simply inherent to the therapeutic system, wherein you have half a
sense of being a victim when it's over"
"I used to always bother my conversation partner with questions, ... I always expected an
answer and, then of course sensed a consistent refusal to give me an answer"
"In the course of the sessions trust in the therapist developed and with it an attraction
towards the opposite sex"
"maybe even fell in love with the therapist"
"the willingness (of the therapist) to really pay attention to me"
"It was difficult for me to accept that it is a purely business relationship"
"I could also at that time imagine Mr. E. outside of the situation, as a person or partner"
"There is someone to whom I show my feelings, which is something that makes me very
insecure, at least in situations where it is not perfectly clear that there will be a response
from the other side"
"I would have had a hard time dealing with this rejection to experience a similar rejection
by being transferred to other colleagues"

The emphasis of the report was the insecurity which the patient experienced in her therapy and therefore in the therapeutic relationship. She described the development of a trusting relationship where she was listened to until she felt in love with the therapist. She described disappointment in view of the rejection by the therapist and saw herself as the victim.

The therapeutic relationship was thus, first of all, a potential love relationship. She felt safe with the therapist; he became the ideal partner. The patient was disappointed when she was forced to recognize that the therapist was not a realistically attainable lover. She thought of herself as the victim of mechanisms that were incomprehensible to her, though not to the therapist. This case was classified as ideal type 4 (unattainable father) later on.

Final Description of Types

The final description of the types was conducted by a group of 7 psychoanalysts of our department who, on the basis of the types described, defined the specific names for the types. The classification of the individual cases in the specific ideal type resulted, on the one hand, from the process described while, on the other hand, there were so-called borderline cases, which could not be clearly classified. After thorough discussion, the decisions were made on an intuitive basis. Again, these decisions were then checked by means of the above-mentioned steps.

Sometimes evaluating the patient's memories straight away proved difficult. Some passages from the taped texts had to be repeated and read again after an interval of several days before their meaning became clear. A detailed description of the procedure involved would

exceed the boundaries of this chapter because of the many 'hermeneutic iterations' or new and constantly changing understanding of the texts, that were involved until a decision was made. In describing the sub-groups that formed around the specific ideal types, quotations from the individual cases were given (see above) to illustrate the ideal-type clusters. Again, the full description of the ideal types would exceed the limits of this chapter.

After all the follow-up interviews had been worked through in this manner, we looked for similarities among them. To do so we used a list of characteristics covering different kinds of relationship: for instance, warm-hearted and motherly, protective, understanding, exacting, overbearing, overprotective, rigid, restricting, strong, fair, well-meaning, strict, despotic, absent and dogmatic. Our aim was to compare the kinds of object relations and discover typical basic patterns which were then idealized and stylized by us. Using this method we sorted the cases provisionally into five large groups. These were: supportive motherly, inadequately motherly, fatherly, suppressed and narcissistic.

We compared the cases with one another again and again until there were no more aspects of the object relations to be seen and the groups were homogeneous and clearly distinct from one another. The saturation point had been reached, and the next step, constructing ideal types, could begin.

The cases were unevenly distributed as far as the kind of object relationship was concerned. Some cases were similar, while others were quite different. Having completed the comparison of all the cases, we picked out single cases which represented their group in a particularly pure form. For each ideal-type-cluster an ideal type was found that excellently represented the cluster. This optimal case was more like the ideal-type (while not being identical to it) than any other case in the cluster to which the optimal case belonged. On first sight this step in interpreting the data seems purely intuitive but making use of Uta Gerhardt's three methodical steps (see above) ensured that it was clearly structured, so that we could find the optimal single cases round which a homogeneous cluster could be formed. The terms required for describing the ideal types came from our comparisons between the cases. Mostly we used terms which the patients had themselves employed to describe their memories or feelings (internalized image of the therapist).

Having established the ideal types and assigned all the cases to a cluster, we rechecked again the way they were classified to improve the internal validity. The method was as follows: we chose at random slightly more than half the cases and interpreted each one independently, using now an interpretation scheme. With the help of this scheme the case was then assigned by us to one of eight types (see below), and this classification was compared with the first one. There were no contradictions; all the cases proved to belong to the same categories as the first time round. In this way we arrived at certain specific types of inner object which the patients had gained from therapy.

Results: The Identified Qualitative Ideal Type Clusters

As a result of subjecting the relevant passages from the follow-up interviews to the three steps for *Verstehende Typenbildung* eight ideal types could be defined. These all represent sub-groups organized round the empirically established 'optimal borderline case'; the patients in each sub-group shared similar memories of their therapists.

These qualitative clusters are as follows:

1. The therapist as a "*mature, motherly object*" (9 patients). This ideal type covers an inner picture of a trusting relationship which to a large extent satisfied the patients' needs. The patients could enter into a close bond and satisfy their craving to be cared for. In the course of therapy, however, they came to realize that the (woman) therapist had both good and bad sides. The patient-therapist relationship became more realistic and honest. The patients could cope with this frustration better than others, however, and as therapy progressed they were increasingly capable of standing on their own feet and becoming less dependent on their therapist. Having to end treatment was disappointing but, thanks to the stability of the relationship, the patients could tolerate it and did not decompensate (see above: example A).

2. The therapist as "*a symbiotic maternal object*" (5 patients). Here the object relations were completely attuned to the patients' needs. The patients merged into a union with the therapist who was always there when they needed him/her, did not challenge the patients' attitudes and so prevented any clear disappointments and the therapist stayed exclusively a good object.

3. The therapist as an "*insufficient maternal object*" (9 patients). Here the internalized object invariably failed to satisfy the patient's wishes to be accepted and supported. This permanent frustration proved intolerable for the patients. They could not make constructive use of it and reacted either by breaking off therapy or by subsequently searching for a better and more understanding mother in additional therapies.

4. The therapist as "*an unattainable father object*" (6 patients). This ideal type represents an object relation in which at first the female patients sensed the possibility of a loving relationship. They felt understood and protected by the therapist who seemed to be the partner they have always longed for. In the course of therapy the patients realized that the therapist's affections were not equally engaged. They were disappointed and angry and regarded themselves as victims of an obscure game whose rules they do not understand. In particular the restrictions on seeing the therapist aggravated these feelings (see above: example B).

5. The therapist as "*a stern demanding father object*" (6 patients). Here the patients' inner picture was of a father whose affection and esteem the patients vainly struggled to win. The patients did not feel really accepted. There was not enough warmth to satisfy their needs or banish their doubts about themselves in terms of whether or not they deserved their father's respect and love. Especially the time factor, the restricted hours for therapy sessions, put them under considerable pressure to finally succeed in winning over the therapist and gave them the feeling that they did not deserve the father's unequivocal approval.

6. The therapist as "*a narcissistically devalued object*" (6 patients). The patients with this type of inner object felt misunderstood or not accepted at all. There was a great deal of anger noticeable in the interviews. The patients bolstered their own shaky self-esteem by running down the therapist and simultaneously avoided coming to grips with their fears and difficulties.

7. The therapist as "*a repressed object*" (7 patients). The patients completely repressed any remembrance of their therapy. Within this category we could find a subtype: It is marked by the fact that the therapist was present as a person but the therapy and its subject-matter have been completely repressed.

8. The therapist as "*an unreachable ideal object*" (1 patient). There is only one follow-up in this category. Both the patient and the therapist were female. The object relation was

idealized; the therapist was omnipotent and wise and stood on a pedestal. She was strong and reliable and could bear the patient's anxieties. The patient felt accepted by her but felt unable to enter into a symbiosis which would shelter her and help her to give up her fears. The therapist was beyond her reach. This was a paranoid-schizoid object relationship in which considerable anger and destructive impulses were kept in check by idealizing the therapist.

In order of clarity, the types that were most sharply delineated and clearly distinct from the others) these were:

1. the symbiotic motherly type (no. 2)
2. the mature maternal object (no. 1)
3. the inadequate maternal object (no. 3)
4. the stern demanding father (no. 5).

Type 2, the therapist as a symbiotic motherly object, was seen in a small homogeneous group of 5 patients who differed most from all the others. The patients in this group rated themselves and were rated by others as having found what they were looking for in therapy; by the end of treatment they were feeling better, their relationship with the therapist was trusting and affectionate and they did not think the therapist had failed them. Although this type is primarily defined as motherly there were three male therapists involved as well as two females; the male therapists worked along Rogerian, client-centered lines. Type 1, the therapist acts as a mature maternal object, is specifically marked by the patient's warm memories; in contrast to the symbiotic motherly type however, the patients have gained some insight into their own psychodynamics. One striking aspect is that this type did not differ quantitatively, on any variable, from type 4 - the therapist as an unattainable father object; this means that although these two types were marked different in terms of subject matter and quite distinct according to *Verstehende Typenbildung*, they could not easily be distinguished when it came to quantification of components.

Type 1, the therapist as a mature maternal object, entailed female therapists exclusively (see Table 2), for the most part working with male patients (66.6% to 33%). Types 1 and 2 both reflect, or are linked to, the positive effect of therapy.

On the other hand, Type 3 (therapist as an inadequate maternal object), Type 5 (therapist as a stern demanding father), and Type 6 (therapist as a narcissistically devalued object) all suggest that the outcome of therapy was not good, apparently because of the negative transference relationship involved. It is striking that Type 5 - the therapist as a stern demanding father -was found only when there was a male therapist and a female patient whereas Type 6 - the therapist as a narcissistically devalued object - did not occur when the therapist was female and the patient was a male (see Table 2). From this we must conclude that the sex of the therapist can affect the outcome of short-term therapy.

Conclusion

Despite its relevant clinical research, the field of psychoanalysis is often criticized for not carrying out sufficiently reliable, valid and objective psychotherapeutic research, however important this may be. Within the context of traditional psychotherapy research, the psycho-

Table 2: Distribution of the Gender Combination in the Therapeutic Dyade and of
Psychodynamic and Client-centered Therapists

Ideal Type Clusters	Gender Comb.	f/m	m/f	f/f	m/m
1. Mature motherly object	1	6(3PT,3CC)	0	3(1PT,2CC)	0
2. Symbiotic maternal object	2	0	2(2CC)	2(1PT,1CC)	1(1CC)
3. Insufficient maternal object	3	1(1CC)	2(1PT,1CC)	4(3PT,1CC)	2(1PT,1CC)
4. Unattainable father	4	0	6(3PT,3CC)	0	0
5. Stern demanding father	5	0	6(6PT)	0	0
6. Narcissistically devaluated object	6	0	1(1CC)	3(1PT,2CC)	2(1PT,1CC)
7. Repressed object	7	1(1PT)	2(1PT,1CC)	2(2CC)	2(1PT,1CC)

f	= female	PT	= psychodynamic therapist
m	= male	CC	= client-centered therapist

analytic clinical approach dating back to Freud's view of combined healing and research
(1927), serves little more than the heuristic purpose of developing hypotheses. Due to eco-
nomic imperatives and the criticism expressed within the ranks of empirical research re-
garding the effectiveness of psychoanalytic psychotherapy, psychoanalytic research activity
within the International Psychoanalytic Association has increased under the leadership of
Kernberg (Fonagy, 1999). Unfortunately, a tendency toward simple and relatively uncritical
acceptance of the methods and research strategies of traditional empirical psychotherapy
research has been observed. As a result, the errors of this research, which is purely quantita-
tive and in the tradition of the natural sciences, are being repeated.

The importance of the hermeneutic-narrative tradition of European social sciences is being largely ignored. The gap between research and practical application can only be bridged if both the main problems of qualitative research (selectivity of data acquisition and the lack of general applicability) as well as the methodological problems of quantitative psychotherapy research (such as generalizing isolated data, measuring surface phenomena) are overcome.

For this reason, we have developed a concrete approach in which understanding retains a central role; the ability to generalize is nevertheless the explicit goal of this strategy. We have used Uta Gerhardt's work (1986) based on the old, yet still relevant, approach by Max Weber (ideal type formation) (1904) to develop a systematic, formalized research strategy for psychoanalytic catamnesis research within the framework of a taxonomic strategy (qualitative cluster analysis). We have used Pfeffer's (1959) catamnesis approach to preparing relevant clinical research as a means of recording those processes undergone by patients internalizing a certain image of the therapist in a post-therapy period after short-term therapy, as far as they are clinically relevant. Such representations of introjection then serve as an aid to qualitative, taxonomic processing, which, structurally speaking, is oriented (see Table 1) along the lines of the cluster analysis model (Stuhr, 1996). These application and evaluation efforts are, of course, only the beginning, but the strategy outlined here would seem to indicate that this model may help us to produce meaningful results.

The following individual points should be stressed:

1. On the strength of these results we provisionally maintain that by making use of *Verstehende Typenbildung* one can describe fairly distinct groups of ideal types, and that these groups play a role in the follow-up results. In this study it was possible to isolate eight ideal-types and to attach them with similar cases in a way such that clusters originate from them.

2. The absence of an emotional positive ideal-type for male therapists is generally noticed. The emotional positive male therapists are represented under a positive female therapy-type called "Symbiotic motherly object". This memory of male therapists by patients generally appears to reflect a conventional male image or stereotype (for example unattainable or demanding).

3. The designation of the ideal-types in this pilot-study should be understood as a preliminary hypothesis. Nevertheless, we are quite sure there are possibly three basic-ideal-types for each gender: positive, negative and ambivalent images for male and female therapists. It could make sense to repeat with an alternation such a study defining the three basic-types for each gender beforehand to check who is attached to this category.

4. The result of extracting qualitative types is rather like the independently collected estimations of the post-treatment follow-up researcher.

5. We would like to point out that the gender of the therapist seems to be important in combination with the therapeutic technique. We found, for example, as expected, Type 1 and Type 2 compared to Type 4 and Type 5 predominate the gender that gave the type its name. Interestingly we found that Type 2 included male therapists who reflected more female aspects through the client-centered technique they used. Type 5 consists of male therapists who use psychoanalytic techniques.

6. The gain achieved by introducing the approach was from the heuristic process in which categories were derived from the analysis rather than being defined beforehand. The eight ideal-types do not warrant general validity for this reason.

7. The object-relation-type integrates different relational qualities. Nevertheless, it is a stereotype and for this reason is not identical with the real therapist who is acting dynamically. These irregularities cannot be completely represented in the types.

8. We will try to replicate this study on long-term psychoanalyses and psychotherapies.

References

1. Balint, M. (1973). Therapeutische Aspekte der Regression. Reinbek: Rowohlt.
2. Beck, D., & Lambelet, L. (1972). Resultate der psychoanalytisch orientierten Kurztherapie bei 30 psychosomatisch Kranken. Psyche, 26, 265-285.
3. Cremerius, J. (1979). Gibt es zwei psychoanalytische Techniken? Psyche, 7, 577-599.
4. Deneke, F.-W., & Stuhr, U. (1992). Das Komplexitätsproblem und der reduktionistische Lösungsweg – kritische Anmerkungen aus psychoanalytischer Sicht. Psychotherapie Psychosomatik Medizinische Psychologie, 42, 357-361.
5. Dührssen, A. (1962). Katamnestische Ergebnisse bei 1004 Patienten nach analytischer Psychotherapie. Psychosomatische Medizin, 8, 94-113.
6. Fairbairn, W.R.D. (1941). A revised psychopathology of the psychoses and psychoneurosis. International Journal of Psychoanalysis, 22, 250-279.
7. Ferenczi, S. (1909). Introjektion und Übertragung. In S. Ferenczi (1984), Bausteine zur Psychoanalyse, Band I (pp. 9-57). Berlin, Wien: Ullstein.
8. Ferenczi, S. (1919). Technische Schwierigkeiten einer Hysterieanalyse. In S. Ferenczi (1984), Bausteine der Psychoanalyse, Bd. III (pp. 119-128). Frankfurt/M: Ullstein.
9. Fonagy, P. (1999). An open door review of outcome studies in psychoanalysis. IPA, London, University College.
10. Freud, S. (1905). Bruchstücke einer Hysterie-Analyse (pp. 163-286). Gesammelte Werke[1], Vol. 5.
11. Freud, S. (1917). Trauer und Melancholie (pp. 428-446). Gesammelte Werke, Vol. 10.
12. Freud, S. (1919). Wege der psychoanalytischen Therapie (pp. 183-194). Gesammelte Werke, Vol. 12.
13. Freud, S. (1927). Nachwort zur 'Frage der Laienanalyse' (pp. 287-296). Gesammelte Werke, Vol. 14.
14. Freud, S. (1940). Die psychoanalytische Technik (pp. 63-138). Gesammelte Werke, Vol. 17.
15. Freud, S., & Ferenczi, S. (1980). Sechs Briefe zur Wechselbeziehung von psychoanalytischer Theorie und Technik. In G. Jappe & C. Nedelmann (Hrsg.), Zur Psychoanalyse der Objektbeziehungen (pp. 139-174). Stuttgart: Frommann-Holzboog.
16. Gerhardt, U. (1983). Biographische Typenrekonstruktion in den Patientenkarrieren bei chronischer Niereninsuffizienz. Habilitation. Giessen: Giessen University/Social Science Re-search Council(DFG).
17. Gerhardt, U. (1986). Patientenkarrieren. Frankfurt/M.: Suhrkamp.
18. Gill, M. M. (1983). Analysis of transference, Vol. 1 (2nd Ed.). New York: International University Press.
19. Glaser, B. G., & Strauss, A. L. (1968). Time for Dying. Chicago: Aldine.
20. Greenson, R. R. (1973). Technik und Praxis der Psychoanalyse. Stuttgart: Klett.

---

[1] Vol. 1-17 (1940-1952) London: Imago, Vol. 18 (1960) Frankfurt/M.: Fischer

21. Kernberg, O. F. (1988). Innere Welt und Äußere Realität. München: Verlag Internationale Psychoanalyse.

22. Laplanche, J., & Pontalis, J. B. (1973). Das Vokabular der Psychoanalyse. Frankfurt/M: Suhrkamp.

23. Luborsky, L., Metellan, A. T., Woody, G. E., O'Briem, C. P., & Auerbach, A. H. (1985). Therapist success and its determinants. Archives of General Psychiatry, 42, 602-611.

24. Mentzos, S. (1987). Die Bedeutung von Internalisierung und Externalisierung in der normalen Entwicklung. Psychotherapie Psychosomatik Medizinische Psychologie, 37, 384-388.

25. Meyer, A.-E. (1981). The Hamburg short-term psychotherapy comparison experiment. Psychotherapy and Psychosomatics, 35, 2-3.

26. Meyer, A.-E., Stuhr, U., Wirth, U., & Rüster, P. (1988). 12-Year Follow-Up Study of the Hamburg Short Psychotherapy Experiment: An Overview. Psychotherapy and Psychosomatics, 50, 192-200.

27. Orlinsky, O.E., & Howard, K.J. (1986). Process and outcome in psychotherapy. In: S.L. Garfield, & A. E. Bergin (Eds.); Handbook of psychotherapy and behavior change (pp. 311-381). New York: Wiley.

28. Pfeffer, A.Z. (1959). A procedure for evaluating the results of psychoanalysis. American Psychoanalysis Assessment, 7, 416-444.

29. Rennie, D.L. (this volume). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. In J. Frommer & D.L. Rennie (Eds.) Qualitative psychotherapy research: Methods and methodology (pp. 32-49). Lengerich: Pabst.

30. Rennie, D.L., Phillips, J.R., & Quartaro, G.K. (1988). Grounded Theory: A promising approach to conceptualization in psychology? Canadian Psychology, 29, 139-150.

31. Rudolf, G., Grande, T., & Porsch, U. K. (1988). Die initiale Patient-Therapeut-Beziehung als Prädiktor des Behandlungsverlaufs Zeitschrift für Psychosomatische Medizin, 34, 32-49.

32. Sloane, R. B., Stables, F.R., Christel, A. W., Yorkston, N. J., & Whipple, K. (1975). Psychotherapy vs. behavior therapy. Cambridge: Harvard University Press.

33. Stuhr, U. (1996). Taxonomische Forschungsansätze in Psychosomatik und Psychotherapie. Psychotherapie Psychosomatik Medizinische Psychologie, 46, 208-216.

34. Stuhr, U., & Meyer, A.-E. (1991). University of Hamburg: Hamburg short-term psychotherapy comparison study. In L. Beutler & M. Crago (Eds.), Psychotherapy research: An international review of programmatic studies (pp. 212-218). Washington DC: APA.

35. Thomä, H. (1983). Erleben und Einsicht im Stammbaum psychoanalytischer Techniken und der "Neubeginn" als Synthese im "Hier und Jetzt". In S.O. Hoffmann (Ed.), Kritische Beiträge zur Behandlungskonzeption und Technik in der Psychoanalyse (pp. 17-43). Frankfurt/M: Fischer.

36. Thomä, H. & Kächele, H. (1985). Lehrbuch der psychoanalytischen Therapie Band 1. Berlin, Heidelberg, New York, Tokio: Springer.

37. Turner, B. (1981). Some practical aspects of qualitative data analysis: One way of organizing the cognitive process associated with the generation of grounded theory. Quality and Quantity, 15, 225-247.

38. Wallerstein, R. S., & Fonagy, P. (1999). Psychoanalytic research and the IPA: History, present status and future potential. International Journal of Psychoanalysis, 80, 91-109.

39. Weber, M. (1904). Die 'Objektivität' sozialwissenschaftlicher und sozialpolitischer Erkenntnisse. In M. Weber (1973), Gesammelte Aufsätze zur Wissenschaftslehre (4th Ed.) (pp. 124-214). Tübingen: Mohr.

40. Weiss, J. (1992). Max Webers Grundlegung der Soziologie. München, London, New York, Paris: K.G. Sauer.
41. Winnicott, D. W. (1954). Die depressive Position in der normalen emotionalen Ent-wicklung. In D. W. Winnicott (1985). Von der Kinderheilkunde zur Psychoanalyse (pp. 276-299). Frankfurt/M.: Fischer.
42. Winnicott, D. W. (1971). The use of an object and relating through identification. In D. W. Winnicott. Playing and reality (pp. 86-118). New York: Basic Books.

Empirical Phenomenological Research in Psychotherapy: Duquesne Dissertations

CONSTANCE T. FISCHER, JODIE ECKENROD, SONJA M. EMBREE AND
JOHN F. JARZYNKA

This chapter illustrates the broad range of psychotherapy phenomena that are amenable to an empirical phenomenological research approach. It does so by characterizing highlights of 20 psychotherapy dissertations completed in the Psychology Department of Duquesne University between the years 1973-1993. Before presenting these highlights, in separate sections we will briefly introduce human-science psychology, philosophical phenomenology, and the basic features of an empirical-phenomenological research method. As prelude, let us say that phenomenology is the rigorous study of (ology) phenomena (what appears to humans), and of what appearances can tell us about the general nature of being human and of our human ways of understanding. The term 'empirical' implies both that we are concerned with actual, existential, persons in concrete situations, and that our research addresses recorded data that are available for examination. Addressing persons as existential involves attending to their personally being influenced by, along with their influencing, their worlds through action and meaning.

Human-Science Psychology

Psychology's traditional theoretical concepts and research methods, although appropriate for many purposes, are not suitable for describing *what it is like to participate in a situation*, such as psychotherapy, or any other situation, such as that of being anxious, awaiting the results of biopsy, and so on. The term 'human science' is meant to contrast with 'natural science', in particular with the latter's content areas, methods, and in psychology, with the philosophical positions of materialism, realism, and positivism. Psychology as a human science is a rigorous**,** empirically based study of the human realm *as human*. This approach takes into account human characteristics that include but that go beyond those of the objects, materials, and processes that are addressed by the natural sciences. These human characteristics include our acting in accordance with meanings, such as anticipated futures, pasts that are alive in the present, and the world that we relate to personally. The human/natural science distinction is historically related to Dilthey's (1894/1977) distinction between *Geisteswissenschaften* and *Naturwissenschaften*, the former being studies of philosophy, spiritual matters, and the mind, and the latter being studies of nature. A thorough-going human-science psychology would seek to integrate the biological and the psychological realms**,** but thus far its advocates have emphasized development of human science foundations and consonant qualitative research methods and applied practices.

Philosophical Phenomenology

Edmund Husserl (1859-1938) was the foundational philosopher of phenomenology, followed by Martin Heidegger (1889-1976) who developed his own somewhat more existential version of it. Husserl initiated a resolution to the artificial distinction between mind and matter (going back at least three centuries to Descartes). Husserl's most influential books are *Ideas: General Introduction to Pure Phenomenology* (1913/1962) and *The Crisis of European Sciences and Transcendental Phenomenology* (1935-37/1970). We quote Fischer (1998) extensively below from an explication written for psychologists.

> In a very significant sense, Husserl *un*separated mind and material. In contrast to Descartes' method of systematically doubting the existence of objects until ultimate certainty was discovered in the 'I who thinks and doubts', Husserl's method was to return respectfully to things in the world, considering them in their own right. By 'thing' he meant any things of which we are conscious – *phenomena*. Experience thereby was expanded beyond sense perception, another shift of importance for psychology. Moreover, Husserl contended that consciousness is not isolated, separate from the world; consciousness is always of something, and that 'something' is necessarily laden with meaning. The term 'intentionality' in philosophy often refers not to purposiveness but to this inevitable attending to, intending toward, of consciousness. Although of course we can distinguish our thought processes or perception (a 'noetic' focus) from what we are conscious of (a 'noematic' focus), the two imply each other. (Fischer, 1998, p. 451)

> Husserl's philosophical method avoids severing the world (e.g., in the form of scientific categories and measurements) from the person who is in relation to that world. The phenomenological *epoche* involves questioning and for the moment putting aside (bracketing) one's presuppositions related to both theory and the natural [prereflective] attitude. As we then examine a phenomenon in its full variety, we become aware of surprises and of instances that do not fit our anticipations; we discover our assumptions, which we bracket to look anew. Husserl acknowledged, however, that although we can bracket even the question of whether the world is real, we cannot bracket our own consciousness which is an integral aspect of whatever we examine. (Fischer, 1998, p. 452).

In his later years, Husserl responded to critics of his abstract, detached concern with essences, by elaborating the importance of his notion of the *Lebenswelt* – the lived world, the world as we live it prior to theorizing. Nevertheless, it is not Husserl's work, but rather Heidegger's work on *Being-in-the-world* that has been most useful to psychology. Those hyphens are intended to convey that humans are in the world not as coffee is in a cup, but rather that we are always in a unitary relation with our world. Heidegger's project was a philosophical one of developing an ontology–an explication of the meaning of Being.

> The capitalization indicates concern with the *nature of* existence and being, in contradistinction to concern with actual beings. Heidegger's term for human Being, 'Dasein' ('da' = there; 'sein' = being), emphasizes that human reality is always situated, always in relation to a surrounding 'there', never without environment. However, *Dasein* does not refer to individual humans, as has sometimes been misassumed (understandably, and usually productively). Rather, for Heidegger *Dasein* refers to the character of existence as being both open to the world's possibilities and as always finding itself already in the world.

We do, however, explore human Being through examining actual individuals' basic modes of being-in-the-world (*existentiala*) (Fischer, 1998, p. 453).

These basic modes include our temporality – always being toward the future in light of the past, and our being historical – caught within particular moments of our times. Heidegger stressed that our language and understandings are historically formed, and hence even philosophers cannot arrive at an absolute or final version of Being. Rather, what we come to know is always interpretive. Heidegger pursued a hermeneutic interpretation, which is not interpretation into some established system of knowledge, but rather is an unending circling through understandings, back to contexts, back to our subject matter with revised understandings, and so on. Many other philosophers and psychologists have developed these notions in productive directions. For present purposes, let us just point out that Heidegger's emphasis on language, temporality, and history are of special importance to the development of a human science psychology and to empirical phenomenological research method.

The Empirical Phenomenological Research Method

In the 1960s, a dozen or so psychologists were drawn to Duquesne, where Adrian van Kaam published his award-winning *Existential Foundations of Psychology* (1966) and Amedeo Giorgi was writing his *Psychology as a Human Science: A Phenomenologically Based Approach* (1970). All were dissatisfied with psychology's emphasis on causality, mechanics, and quantification, and hoped to help develop a psychology not borrowed from natural science, but rather designed to explore and describe what is uniquely human. Accordingly, we looked to existential and phenomenological philosophy to ground our endeavor.

Our work is 'empirical' in that it deals with material evident to the senses and that the outcomes of our research can be checked against that material by colleagues. Our data could consist of any human expression; however, following the format of van Kaam's (1958) study of 'feeling really understood as a person', and Giorgi's (see 1985) systematic procedures for phenomenological research**,** most of our studies have asked participants to describe a particular situation, either in writing or through a (transcribed) interview. We typically ask the person to tell us what led up to the situation, what it was like to go through it, and how it came to an end. Then we ask nondirectively for elaboration and clarification. Modifications, variations, and elaborations of analysis procedures have been contributed by all faculty and students, particularly by Constance Fischer, William Fischer, Paul Richer, Rolf von Ekartsberg, and by graduates Scott Churchill, Paul Collaizzi, Steen Halling, and Frederick Wertz. In recent years, with the addition of new faculty members, the department has expanded its purview to include linguistics, feminist studies, and Lacanian analysis, with related research methods, as well as ethnographic approaches and conversation analysis. About 240 department dissertations have been completed, on a wide variety of phenomena and situations, such as being resentful, being impatient, living with one's decision in regard to abortion, and waiting for results of a breast biopsy. To date, most of the dissertations, and all of the psychotherapy research, has come out of our empirical phenomenological tradition. Because this effort is time and labor intensive, any one dissertation typically employs no more than about six participant reports.

When we authors of this chapter were reviewing the psychotherapy dissertations, we were surprised to discover that few of them followed our classic method, which results in a full structural description of a phenomenon. We then realized that most researchers have chosen to use transcriptions of sessions as their data in order to look at one or another feature of how therapy was lived out. None of the psychotherapy dissertations presented examples of the steps of analysis, but instead cited the usual method or another researcher's variation, and then illustrated each theme of the findings with quotations from participants. Each of these empirical phenomenological dissertations did analyze its data by putting aside known assumptions, and then reading for what the typescripts said about how the person was in-relation with his or her world in that segment of the text. That is the sense in which an empirical phenomenological method was used in all the dissertations.

In order to illustrate procedural steps of the 'standard' empirical phenomenological analysis concretely, *and* to illustrate the range of psychotherapy topics researchable through this approach, we have opted to illustrate the former through nonpsychotherapy research, and then to sample understandings developed through psychotherapy research. First we provide research steps and excerpts of outcomes from Fischer and Wertz's (1979) study of being criminally victimized. (1) Our *research request* was for the participant to describe an instance of having been criminally victimized, starting from before the event began, and continuing into life afterward. In other studies we typically interview the participant nondirectively about the description, and insert the taped and transcribed material into the initial description. (2) Three graduate students, Wertz, and I each *read and reread* ten separate typescripts, *until we were thoroughly familiar with them.* Then we each formally analyzed several of the descriptions in the following manner. (3) We marked off text into *workable units*, usually where there was a shift in the participant's focus to a different meaning of the experience. (4) We *dropped out literal redundancies*, and *reorganized the units into temporal order.* (5) Before starting the project, and all along the way, especially at this point, we *wrote out what we know of our interests* in the subject matter, so that readers would know our vantage point on the data, and we wrote out which of *our values* might come into play, and what we knew of *our personal and theoretical assumptions* about the topic. As we entered the analysis phase, we *did our best to put aside these biases*, the literature we'd read, and so on, *for the time being*, so that we could look freshly at the data, and try to attend to them in their own right. As we went along, we discovered additional assumptions that we hadn't known about earlier, usually either through challenge by a colleague who was also reading the descriptions, or as we realized that the data just did not fit our tentative characterizations. (6) Now we read each unit *asking* what it said about *how the person was living and constituting his/her world* in light of the criminal attack. More specifically, we asked how the person was construing the situation such that this report was given, how he or she was moving temporally through the situation, and how he or she was experiencing self, others, and the present circumstance. (7) We wrote this understanding for each unit, and then *composed an 'individual structural description'* (also called a 'situated structure'), which pulled the understandings into a coherent whole. 'Structural' refers to the holistic character of the presentation, indicating the relations among the themes or constituents that are essential for the report to be an instance of the phenomenon. (8) Finally, we wrote *a general narrative, or 'general structure', integrating findings from all participants' reports.* This description was formed hermeneutically–going back and forth among our descriptions of instances,

the original texts, and other instances found in life and literature, allowing each to affect our understanding of the others. Note that 'findings' refers to these relational descriptions, these efforts to represent the lived worlds, meanings, of our research participants. 'Findings' are not of some independent state 'out there', nor of 'transcendent essences'. Human science researchers generally specify their interests in their subject matter, indicating thereby an aspect of their access to it, the perspective through which their findings become possible. Also, contrary to what some philosophically sophisticated readers might anticipate, we do not speak of 'intuiting' meaning. Rather, we acknowledge that our own lives are part of our presence to participants' words, giving us access to their worlds. This presence to, or 'attending to', possible meanings is no more or less enigmatic than our daily 'finding' or 'taking' meaning from other texts – printed stories, friends' conversations, and so on. However, in research we work systematically to remain open to alternative meanings and nuances, and to not impose meaning.

Note also that what a phenomenological structure offers is an answer to the question, 'What is such-and-such a phenomenon'? This is the special usefulness of empirical phenomenological research. (9) Finally, we *illustrated the general structure with quotations* from participants, both to bring the general findings back to earth, and to document representative sources of our findings. We anticipated that readers will sometimes offer more felicitous wordings, highlightings, and inclusions. Note that our findings are descriptive understandings, not theories.

Herewith are excerpts and examples of the above steps, from Fischer and Wertz (1979). The following numbered interview units, from Mrs. K, were placed together in the temporal re-ordering:

"I got everything back, I was very fortunate" (12); "...except my money, yes" (13); "So I got all my keys back, I think the only thing I was out was my money and my driver's license" (18); "But I was very fortunate" (19); "So I felt very good that I got anything back" (42); "But I got everything back" (68). Staying very close to Mrs. K's words, we developed the following synopsis of these units: "S felt good, fortunate, that she got her keys back and had lost only her money and driver's license."

The situated description for Mrs. K. included the following related section:

The next day before she could call in to credit card companies, Mrs. K. receives a call from a youngster who knows her and has found her charge plates, and she picks them up. That evening a gentleman calls–he has found the purse in front of his house. She feels good, fortunate, that she got her keys back and had lost only her money and driver's license. She is relieved that the kids hadn't had the keys in their hands at all, and again figures that all they knew to use was the money.

Psychological meanings at a somewhat more abstract level occur in the general structure, which draws on all the individual descriptions. Here is the first paragraph, *of four*, characterizing the early phase of being criminally victimized, from our general structure:

Being criminally victimized is a disruption of daily routine. It is a disruption that compels one, despite personal resistance, to face one's fellow as predator and oneself as prey, even though all the while anticipating consequences, planning, acting, and looking to others for assistance. These efforts, to little avail, one experiences vulnerability, separateness, and helplessness in the face of the callous, insensitive, often anonymous enemy. Shock and disbelief give way to puzzlement, strangeness, and then to a sense of the

crime as perverse, unfair, undeserved. Whether or not expressed immediately, the victim experiences a general inner protest, anger or rage, and a readiness for retaliation, for revenge against the violator.

Here is a condensed version of the general structure, in its entirety:

Criminal victimization is a violation by one's fellow, an outrageous assault upon one's assumptions about social order as well as upon explicit social covenants. Safety, freedom, sanctity, future are all thrown into question. Existence stands out as uncertain and problematic as one lives the tensions of being simultaneously object and agent, dependent and responsible, same and different, together and separate. Whether the person balances these tensions toward a sense of mutuality with others or falls into alienation depends upon the extent to which he [or she] becomes actively involved with what he [or she] experiences as responsive community.

Finally, here is an excerpt from our 'illustrated narrative', from an early section labeled 'Living Routinely' (before the crime).

But unless personal experience has already proven otherwise, he/she nevertheless feels that the defended against crime could never happen to him/her. ["You think of it; you know nothing like this would have happened to you. That's just the truth"; "I said, 'Nah, you've got to be kidding."; "I always thought it happened to everybody else..."]

Each form of findings (individual structural descriptions, general structure, illustrated narrative, condensed structure) has been of use to various groups: parole officers working with perpetrators, victim counselors, victims, community citizen meetings and victim services administrators.

Perspectives Within Psychotherapy: The Dissertations

For the sake of organization, we have grouped the dissertations into four sections: studies of (1) being a client in established psychotherapies, (2) presence and process, (3) moments in psychotherapy, and (4) personal insight and transformation. We will conclude the chapter with a brief discussion of some of the limitations and contributions both of the method and the findings. Although we make a few observations in presenting the following studies, we do not attempt a meta-analysis, which would be premature. Instead, we allow the studies to demonstrate that the process of psychotherapy *as it is lived* is amenable to study and description.

Unavoidably, much of the flavor and richness of the full studies are lost in our pulling out just a few findings from the fabric of holistic presentations found in these dissertations which ranged from 300 - 600 pages in length. Instead, we intend for this chapter to indicate the utility of an empirical phenomenological research method for exploring what it is like inside psychotherapy, *across a broad range of psychotherapy forms and processes*.

In each of the following sections, when not otherwise specified, the psychotherapists' orientation is that of pluralistically grounded 'talk' therapy.

Being a Client within Established Psychotherapies

In this section we review dissertations on six established techniques of psychotherapy: systematic desensitization, re-imprinting, psychodrama, paradoxical intervention, Kaiserian small group therapy, and use of dream images. In **systematic desensitization**, the client relaxes in a prone position and is presented with a hierarchy of scenes, from least to most anxiety-provoking; when a slight signal indicates an increase in anxiety, the therapist re-relaxes the client and begins again at a lower level on the hierarchy. William Ward's (1977) study of clients' accounts of sessions revealed that they experienced a period of adaptation to, and then a period of appropriation of, the treatment process. When presented with scenes, they pictured themselves in a scene, and gradually began to imagine their world differently. Although the therapist wasn't aware of it, clients imaginatively discovered, tried out, practiced, and mastered revised ways of being in the situation. As clients gained control of the presented scenes, a spontaneous 'restructuring' occurred. Ward noted that pauses in scene presentation are necessary to allow clients to explore personally viable ways of traveling through the re-presented situation in a continually revised manner. Systematic desensitization works as the client moves from being a fearful subject in a fearsome situation to being a confident subject in a mastered situation. At the time of this study, systematic desensitization was understood in terms of reciprocal inhibition of response tendencies. Ward cautioned therapists against allowing theory to dictate their understandings of process and urged staying in touch with clients' life worlds–where change occurs. That is, as clients imagine, think, feel, and act differently, their worlds change, which in turn allows revised imagining, and so on.

Re-imprinting is a time-limited psychotherapeutic intervention that uses principles and techniques from Ericksonian hypnotherapy and Neurolinquistic Programming. Clients are instructed to focus on a problematic experience, and to then go back in time to find early examples of the experience. Clients and therapists work collaboratively in a ritually structured process that uses evocative language and body communication to revivify early memories and to transform their meaning and impact. Beth Arrigo (1998) found from analysis of videotapes of sessions and of clients' descriptions of the sessions that clients indeed discover, upon returning to the problematic earlier experience, that they previously had lived the relationship as given, as unchangeable, and had made life decisions accordingly. As in Ward's study, Arrigo found that clients feel, think, and imagine both the original memory and each altered perspective again and again such that the meaning of the problem state shifts. During the re-imprinting process, much of clients' activity occurs in 'interior space', where clients experience themselves as retaining authorship with regard to the content, and agency in regard to choosing whether to undergo the earlier problematic experience. Videotapes showed that therapists maintained a strong bodily attunement as they spoke softly, breathily and rhythmically, matching their gestures to those of clients. Therapists' respectful and reverential treatment of clients hinted at their regarding the work as spiritual. Indeed, the issues and beliefs with which clients struggle turned out to be of existential and spiritual concern. Arrigo's analysis of clients' journeys through re-imprinting is consonant with the theoretical literature on re-imprinting, and provides a vivid empirical account of the process.

In **psychodrama**, a form of group therapy, clients re-enact life scenes first as they recall them and then with instructions for revising them for the sake of new understanding and

options. As was the case for the two previous therapeutic techniques, David Hofrichter (1976) found from analysis of sessions and of clients' descriptions that psychodrama involved *imaginative* actions and contexts, as clients concretely tried out different behaviors through acting out a scene. Moreover, clients' experience of the tried-out behaviors always combined their own living of them with the therapist's perception. The psychodrama process unfolds over time as clients move from awkward trying out that is still partially alien, to revised actions that are fully owned. The early awkwardness is part of a progressive-regressive process in which clients' problems spur or invite them to modify, refine, or throw out earlier behavior patterns and then to engage in still further trying out. Transformation through psychodrama turns out not to be a linear progression, but rather a continuing re-collection and integration. The 'new' comportment turns out to be *different* behavior, always evolved from earlier behavior, and always involving clients' relations with self, others, and their world. Traditional theories of psychodrama had emphasized behavior, affect, and their change, disregarding structural (holistic) changes in clients' relation to self, world, and others. Hofrichter found that in effect psychodrama is directed at a restructuration of the general manner or style in which clients carry themselves and through which they co-constitute their relations.

In **Paradoxical Intervention** the therapist paradoxically encourages clients to exaggerate a problematic symptom or behavior, or paradoxically encourages clients' resistance. In response, clients become confused and may quizzically protest. The paradoxical intervention is thought to disrupt clients' ambivalence by creating a sense of indeterminancy in regard to the nature of the problem and of the therapist's intention. Yet the confusion is said to lead to re-evaluation of the problematic behavior and to increased autonomy as clients choose whether or not to comply with the paradoxical advice. David Goldsmith's (1989) analysis of clients' and therapists' accounts of paradoxical interventions is consistent with the above conventional understandings. However, he also found that clients are not passive recipients of therapists' manipulations, but rather are continually perceptively and expressively active. Moreover, therapists as well as clients sense the intervention's indeterminancy; neither participant has complete control over or access to the meanings of the intervention. That is, the meanings do not unfold in a neat, clear, or linear progression. Thus Goldsmith regards the proper therapeutic attitude as one of humility.

Kaiserian therapy is directed toward helping people to surpass inclinations to remain both anonymous and separate from other persons. In **Kaiserian small group therapy**, therapists do little directing, instead allowing group members to take responsibility for their actions. Therapists also take responsibility for their own actions, allowing members to see that meeting others' expectations is not necessary, and that we all can surrender to being ourselves. Edgar Waybright (1977) analyzed descriptions of clients' therapeutic experience in a Kaiserian group for which he was a therapist. His tracking of clients' experience of change found that it involved discovering new ways of relating to persons outside of the group as well as to group members. More particularly, as members' social reality shifted, their very experience of being-in-the-world also altered. As members became aware of the significance of adopting new ways of relating to others, they acquired freedom and autonomy over processes that they previously had lived prereflectively. Relatedly, members learned to take responsibility for their respective ways of structuring social relationships. These findings, consonant with Kaiserian theory, fill out our understanding of how change occurs at a real life level.

In his study of **dream images**, Stanton Marlan (1981) used his own clients' dreams as access to their lived existences. In his dissertation he analyzed a series of dreams co-elaborated by his clients and himself. In a systematic hermeneutic reflection he then expanded narratives of his clients' life concerns and previously unacknowledged existential conditions. Marlan discusses four interrelated existential dimensions revealed through the co-elaborated dreams: lived temporality, lived body, sociality, and a religious-mythical dimension, all of which run through clients' relations to self, others, and world. These findings are not surprising, given the therapist's phenomenological and Jungian orientation; their power is in illustrating how this kind of approach to dream images addresses and transforms lived worlds. Marlan cautions that when therapists understand their clients' dreams in terms of biological, mechanistic, or reductive, theories, they contribute to clients mechanizing their lives.

Presence and Process

In this section, we review six dissertations whose focus was therapists' presence to clients and their worlds, and its relation to clients' participation in therapy. Client presence to therapist also was attended to in all but the last dissertation.

Gerald Tieman (1985) studied **limit setting in (institutional) psychotherapy** through analysis of nine examples from transcriptions of 39 of his own sessions with an involuntarily hospitalized 14-year-old girl. He found that, at least in his own case in a hospital setting, that as a therapist one can repeatedly find oneself taken over by 'professional' modes of thought that reduce the therapeutic relationship to a one-sided affair between a supposedly neutral, objective therapist and a supposedly subjective, emotionally involved client. Tieman commented that his stance as an expert had ignored the co-constructed character of therapy. Through his research he found himself thrown back on himself, questioning his values as a therapist, and questioning for whose sake he had asserted limits.

James Barberia (1989) studied long term psychotherapy process in terms of **styles of client-therapist engagement**. Using transcriptions of six sessions from one psychotherapy dyad, he systematically examined the client's presence, the therapist's presence, and the in-between. He found overall that the client's presence was related to efforts to solicit the therapist's validation of experiences that supported the client's self-identification. The therapist's presence was related to efforts to draw the client into reflective exploration of the character and genesis of problematic experience. The in-between was related to the dialectical manner in which both participants understood their efforts/projects in relation to one another.

Patrick Williams (1982) compared **therapeutic and pedagogical speaking** by analyzing transcriptions of two sets of student/teacher and three sets of client/therapist conversations, along with follow-up interviews of all parties. In one instance the teacher was, in other contexts, also a therapist. Williams found that in both therapeutic and pedagogical conversations, the therapists and teachers invoked specialized language and held that region in place. In contrast to pedagogical speaking, Williams found that within therapeutic conversation, the parties participated in a storying of the client's life, in a dialogue of life-faring. The story is told by means of principle, generalizable roles, and typicality. Therapeutic speaking al-

lowed for a re-creation of the storied world, which invited disclosure on the client's part. Williams conjectured that in psychotherapy, therapeutic speaking becomes a corrective experience leading to positive change through revised stories of life-faring.

Dale Jeffus (1990) studied **therapists' problem solving** from the researcher's perspective. In a variation of research procedure, he analyzed ten odd-numbered case histories from the book, *Critical Incidents in Psychotherapy*, which contained retrospective accounts of a wide range of therapies, settings, and clients. In his analysis, he discerned two styles of psychotherapist problem solving. In both styles, clients' and therapists' initial engagement in sessions seemed to be an extension of their habitual behavior style, which was geared to elicit desired responses from each other. This theme appears in several dissertations, and will show up again in Carney's findings. In the first style, designated as 'problem-solving', an impasse ensues when participants approach conflict; then the therapist assumes a dominant position. For Jeffus' problem-solvers, as the therapist leads, a complementary relationship resolves the conflict. In the second relational style, designated by Jeffus as "metaproblem-solving", the conflict between habitual styles is followed by a symmetrical merging, as therapist and client mirror one another's feelings and actions. Giving up their habitual approaches, they develop a harmonious relationship marked by empathic and mutual understanding. Therapist and client had stopped trying to make something happen, and had surrendered to the process. Jeffus noted that the 'problem-solving' dyad discovered that a *technique* worked for them, one that likely would work in some other situations. He noted that in contrast, the 'metaproblem-solving' dyad discovered each other, and that their discourse might well continue to carry for them what he referred to as a universal moral meaning.

Thomas Tyrrell (1973), in a dissertation that was more demonstration than research, wrote out what he imagined to be an existential-phenomenological therapeutic interview of a patient whose actual, psychoanalytically oriented, interview was presented in a textbook on *The Technique of Psychotherapy*. Tyrrell then analyzed these 'interviews'. He came to characterize the resulting comparison as **Vivid presence and Technical Presence** in psychotherapy. The former mode was more characteristic of the existential-phenomenological therapist. Although the comparison was based in part on artificial data, it nevertheless is instructive in describing how a technical, distanced presence can remove the professional from an ongoing life, insofar as that presence is guided by theoretical assumptions (here, about the role of the past, and of unconscious conflicts). In contrast, the professional can allow immanent meanings of the client's life world to become vividly present as both persons share 'lived space'. In that space, the therapist takes into account the client's past, but in terms of how it is being lived in the present. The client appears to become more at home in the latter sort of relationship. However, as will be apparent in Thomas Sheridan's dissertation, psychoanalytically informed presence *can* allow the client's life world to emerge nontechnically and decidedly vividly.

Thomas Sheridan (1977) also studied sessions from the therapists' perspective. He conducted four interviews with each of two senior psychoanalysts, during which each reflected on an audiotape of one of his own clinical interviews. Sheridan's interest was in **Perception's Life in Dialogue**, 'perception' here being the analyst's sense of the patient. He found this perception to be a depthful, imaginative one, that: (1) welcomes perplexity, confusion, and strangeness as inherent to dialogue; (2) is more concerned with connecting with and understanding, than with cataloging, the patient; (3) sees dialogue as a mutual, shared quest; (4) de-literalizes words,

allowing poetic musing; and (5) allows for the patients' depthful and mysterious epiphany through the analyst's sense of his own mysterious, obscure, and opaque nature. Sheridan noted that the analysts' bracketing of judgment was similar to that of the phenomenological method. He also discussed the relation of Freud's fundamental technique of maintaining 'evenly hovering attention' as having been intended to foster the capacity to wonder.

Moments in Psychotherapy

In this section we review three dissertations on particular kinds of moments in psychotherapy: therapists' reacting strongly to clients, clients' struggle to speak in psychotherapy, and clients being without words in psychotherapy. Valdeane Brown (1986) analyzed descriptions by five psychotherapists, varying in orientation and experience, of **undergoing strong reactions to a client** during a session. He found that all therapists began the session expecting it to be like many others. When a strong reaction arose, therapists pushed it aside, trying to remain disciplined in accordance with their training. Therapists found themselves becoming more disengaged from their clients as they privately reflected on their reactions. A powerful moment followed when therapists shared with clients what had happened. Later therapists understood the moment's power as being related to clients seeing therapists' humanity. Clients and therapists became closer in a strong and lasting way, both having learned about themselves and their relation to the other.

Mark Johansson (1986), interested in the place of language and dialogue in the psychotherapy, analyzed (clients') descriptions of **clients' struggles to speak in psychotherapy**. He found that as spontaneous speech fails clients, they both anticipate and fear 'saying something'. At this point, profound focusing and clarifying work occurs on the clients' part. This 'working through' is not just an emotional one, but also a psycholinguistic one. In the process of refining their expression, clients undergo transformative experiences in which their sense of reality is heightened, deepened and personally owned. Reflecting on his findings, Johansson reminds us that clients' first phrases might not adequately convey their intent, and that the therapist should support clients' efforts to reword, perhaps tentatively offering phrases not otherwise available to clients. However, he also advises therapists to slow down and to listen respectfully. Johannson's work illustrates how attending to the interplay among thinking, formulating, and verbalizing allows clients to develop new understandings and to speak with personal integrity.

Sidney White (1991) undertook a related study, of **clients' being without words** in psychotherapy, despite their wanting to continue the therapeutic dialogue. Analyzing descriptions provided by clients, he found that these moments occurred in the face of therapists asking a question about something the client has just offered. Suddenly, the flow of the prior dialogue is ruptured. Clients experience a combination of cognitive confusion, a chorus of bodily expression, and intermingled sense of urgency, resignation, and futility in regard to answering. Clients find themselves disjoined from their everyday, familiar sense of self. White describes this uncanny experience as a 'call of conscience' and a 'dawning of authentic speech' occasioned by interruption of 'idle talk' (Heidegger). He refers to being without words in this particular way as a threshold experience that invites clients to attend to a fuller awareness of who they might be beyond conscious suppositions.

Personal Insight and Transformation in Psychotherapy

Three of the following studies investigated different aspects of interpretation and related specific moments of insight; a fourth investigated interpretation without focusing on insight; and a fifth (Carney's study) followed clients as they participated in therapy across sessions. Despite differences in approach among the researchers, we find overlapping themes, especially in relation to the unfolding of phases of insight and change.

Robert Fessler (1978) analyzed transcribed sections of single sessions of two psychotherapist-client pairs in order to study **psychotherapeutic interpretation**. His fine-tuned reading demonstrates the importance of speech as the medium through which interpretation emerges. Client and therapist contexts are, of course, different, but the parties meet in speech. Both parties understand that speech is a meeting place, and that the therapist attempts through speech to gain understanding of the client's circumstance. 'Interpretation' here is not a statement of 'this means that', but rather a subtle, meaningful, two-sided evolution of understanding that evolves through reading between lines of speech, or being called to from speech.

Paul Murray (1990) analyzed a single segment of one therapy transcription, which both he and the therapist agreed was an example of **a psychotherapeutic interpretive process enabling immediate insight.** There are many touch points here with Fessler's study, although Murray follows the interpretive process through to the emergence of mutually identified insight. Murray shows the therapist initially focusing on trying to understand the client's experience. As the parties go back and forth in efforts to illuminate ambiguity, dialogue provides common ground. Next, Murray identified what he named a transcendence or a surpassing of presuppositions. The therapist is seen making a point, which the client rejects. We see the therapist finding himself feeling uncomfortable and disillusioned, and acknowledging his not knowing. In that way he stays in the present and does not press his understanding on the client. He hopes that in this openness the client will develop new insight, but he holds back his enthusiasm. The therapist then makes an explicitly tentative interpretation, which enables the client to move in his own way into insight.

Steven Hesky (1984) analyzed descriptions of **personal insight** provided by research participants who were in or who had been in psychotherapy, although some of the instances that were provided occurred outside of sessions. Indeed, the presence of another person turned out not to be necessary for effective insight. Hesky found that prior to insight, subjects experienced some aspect of their worlds as being problematically frozen; there seemed to be no solution. The gradual insight process initially was experienced rather passively, and as not particularly pleasant. After a period of struggle, an insight suddenly regestalted the problem, allowing for a solution. Subjects then occupied a different world, one that seemed more responsive, provided more pathways, and in which the problem receded. Although some insights provided a small shift in meaning, all the instances of effective insight provided by the participants bore significant consequences, including major clarification of values. Participants reported that sharing the insight with someone helped to open new paths.

Robert Grant (1985) addressed the **unfolding of insight in psychotherapy**. He asked therapists' clients to maintain journals between their sessions, and later asked them to write descriptions of powerful insights. Using transcriptions of therapy sessions, he asked therapists to confirm that the instances that the clients referred to also seemed to them to be ones

of powerful insight. Then, from analysis of the descriptions, he found that beyond being a gradual process, it is a discontinuous one, with three phases. In the first, clients experience their worlds as disintegrating and themselves as vulnerable. Feeling that they were being harmful to significant others who were demanding attention or retribution, some at first engaged in self-deception as they looked for solid ground. In the second phase, clients became more secure and acknowledged their problems, yet owned their part in them ambivalently. With cautious openness, clients considered views of important others, and wondered how life had taken various turns. In the third phase, clients calmly and resolutely owned authorship of their lives. They caught themselves in defensive or regressive moments, took responsibility for their lives, and more often allowed central themes of their lives to come into the open.

Colleen Carney's (1984) study of **clients' participation in short term psychotherapy** (12 weeks) revealed three discontinuous phases, each part of a shifted general attitude following a resolved crisis. Each shift provided a revised horizon within which therapists' remarks were experienced differently. In the first phase clients ambivalently struggled with psychological turmoil, with the expectation that the therapist would help to provide relief. Crisis occurred when change did not happen as anticipated. In the second phase clients struggled to live with therapists' version of psychotherapy while repeatedly confronting amibiguities of their own lives. In the third phase clients' relations to self, world, and others has transformed as their overarching attitudes co-created interventions as therapeutic. Carney noted that such transformation depends on client-therapist interaction, in which therapists confront the lived meaning of symptoms.

Discussion

We now address some of the limitations and contributions of both the empirical phenomenological method, and of this collection of studies. We conclude with some implications for the practice of psychotherapy.

The inherent limitations of this kind of qualitative research are that it is time- and labor-intensive, and hence the research sample typically is very small. In other instances samples have been extended through use of researcher teams, but that format does not seem viable for most dissertation projects, and grants rarely are available for nontraditional research. Validity is rarely at issue in that findings (understandings) necessarily are true for all subjects in a study; there are no probability levels! With findings indexed to each subject's data, usually readers readily affirm the findings. However, we assume that systematic examination by others, as well as follow-up studies, will clarify, modify, fill-out, and further the initial study. We don't attempt to 'generalize' findings in a probabilistic sense, but we *are* concerned with typicality; investigation in a range of contexts is called for when one is concerned with more than 'local' findings. As with all research, findings are limited to what researchers are attuned to.

In regard to the limitations of this collection of dissertation studies, we find that although the method sections specify levels of training of therapists, diagnoses of clients, and so on, those contexts usually are not addressed in regard to findings. This omission is intentional because commentary would have been speculative, given the few subjects researched. Also,

because researchers were interested primarily in the interactive process of meaning-development, as accessed through typescripts, most did not attend to the bodily aspects of participating in psychotherapy, nor to historical and cultural contexts. These limitations, of course, are also true of traditional research. Finally, too few of the studies built on one another, thereby missing opportunities to contribute more systematically to our profession's evolving understanding of psychotherapy. However, the questions raised by each of these dissertations do suggest further directions for research.

The major contribution of this collection of studies is their demonstration that the lived world of psychotherapy *is* accessible for systematic research. We also have seen through this review that an empirical phenomenological method is consistent with human-science psychology's emphasis on precisely those aspects of being human that have not been amenable to traditional research design. This human-science approach allows for holistic, nonreductive, nonmechanistic, nonpathologizing descriptions of human valuing and meaning-making. It addresses temporal process and both parties' active engagement, and it preserves the radically interpersonal nature of psychotherapy, including its being co-constituted by both parties. In bypassing externally derived research hypotheses, this research is open to fresh discovery (in the sense of new understanding). One such discovery was that of distinctive phases in regard to the development of insight, and in regard to client-therapist negotiation of roles. Another consistent finding was that clients participate actively in a process of *revising their worlds*, not just their behavior and affect.

We should mention here that therapists who are familiar with qualitative research on particular situations and affective states can utilize these deepened understandings within psychotherapy. For example, while discussing with a client his or her having been the victim of a crime, one might say (depending on the larger therapeutic process), "and it's difficult to find words for feeling vulnerable, sad, and retaliatory seemingly all at once?" Similarly from Fischer's (1998) study of becoming angry, one might remark to a client who is speaking of being made angry, "Yes, you must have felt stopped short and demeaned." Ensuing discussion likely would allow the client to discover whether in fact essential aspects of his or her being had been compromised, and whether the angry protest was defensively self-defeating. Given the therapist's awareness of the structure of becoming angry, the client also would recover a strong sense of the personally central values that had been threatened.

In regard to implications for the practice of psychotherapy, these dissertations remind us of the importance of bracketing our theories, of setting them aside for the moment, in order to attend openly to the experiencing, active client with whom we are relating. We suggest that, although they can aid clients to shift their perspectives and hence their possibilities, techniques alone are not adequate for accounting for nor for optimizing change. We believe that most experienced psychotherapists, precisely from their experience, recognize the importance of 'experience near' attending and of the importance of the therapeutic relationship. We also believe that this chapter points to the salience of related university training, even where behavioral/cognitive techniques are taught; the usefulness of such techniques can be understood within a human science frame. This collection of qualitative dissertations similarly points to the insufficiency of 'empirically validated treatments' as currently defined in the United States by technical manuals. Those well-intentioned efforts likely would both enrich the therapy process as well as nuance their accounts of outcomes by including the experiencing client and therapist in their research.

References

1. Arrigo, B. (1998). A Hermeneutical-phenomenological investigation of the process of changing limiting beliefs about the self in reimprinting. Unpublished doctoral dissertation, Duquesne University, Pittsburgh, PA.

2. Barbaria, J.M. (1989). An empirical phenomenological investigation of the individual psychotherapeutic process (Doctoral dissertation, Duquesne University, 1989). Dissertation Abstracts International, 51, 2608B.

3. Brown, V.W. (1986). Psychotherapists' strong reactions: An empirical, phenomenological investigation (Doctoral dissertation, Duquesne University, 1986). Dissertation Abstracts International, 47, 1713B.

4. Carney, C.L. (1984). The meanings of therapeutic psychological change as revealed in short-term psychotherapy: A phenomenological inquiry (Doctoral dissertation, Duquesne University, 1984). Dissertation Abstracts International, 45, 1007B.

5. Fessler, R.K. (1978). A phenomenological investigation of psychotherapeutic interpretation (Doctoral dissertation, Duquesne University, 1978). Dissertation Abstracts International, 39, 2981B.

6. Dilthey, W. (1977). Descriptive psychology and historical understanding. (R. Zaner & K. Heigas, Trans.). The Hague: The Netherlands Nijhoff. (Original work published 1894).

7. Fischer, C.T. (1998). Phenomenological, existential, and humanistic foundations for psychology as a human science (pp. 449-472). In M. Hersen & A. Bellack (Eds.), Comprehensive clinical psychology, Vol. 1: Foundations (C. E. Walker, Ed.). London: Elsevier Science.

8. Fischer, C.T. (1998). Being angry revealed as deceptive protest: An empirical phenomenological analysis (pp. 111-122). In R. Valle (Ed.). Phenomenological inquiry in psychology: Existential and transpersonal dimensions. New York: Plenum.

9. Fischer, C.T., & Wertz, F.J. (l979). Empirical phenomenological analyses of being criminally victimized. In A. Giorgi, R. Knowles, & D. Smith (Eds.). Duquesne studies in phenomenological psychology (Vol. 3) (pp. l35-l58). Pittsburgh: Duquesne University Press.

10. Goldsmith, D.S. (1989). The impactful paradoxical intervention in individual psychotherapy: A phenomenological approach (Doctoral dissertation, Duquesne University, 1989). Dissertation Abstracts International, 51, 2620B.

11. Giorgi, A. (1970). Psychology as a human science: A phenomenologically based approach. Pittsburgh: Duquesne University Press.

12. Giorgi, A. (Ed.) (1985). Phenomenology and psychological research. Pittsburgh: Duquesne University Press.

13. Grant, R.W. (1985). The temporal unfolding of a powerful insight in psychotherapy: An empirical phenomenological investigation (Doctoral dissertation, Duquesne University, 1985). Dissertation Abstracts International, 46, 1685B.

14. Heidegger, M. (1962). Being and time (J. Macquarrier & E. Robinson, Trans.). London: SMC Press. (Original work published 1927).

15. Hesky, S.T. (1984). Effective and ineffective personal insight: An empirical phenomenological investigation (Doctoral dissertation, Duquesne University, 1984). Dissertation Abstracts International, 46, 302B.

16. Hofrichter, D.A. (1976). Trying-out a different comportment through psychodrama: The process of the 'possible' becoming viable (Doctoral dissertation, Duquesne University, 1976). Dissertation Abstracts International, 37, 1902B.

17. Husserl, E. (1962). Ideas: General introduction to pure phenomenology (W.R. Gibson, Trans.). New York: Collier-Macmillan. (Original work published 1913).

18. Husserl, E. (1970). The crisis of European sciences and transcendental phenomenology (D. Carr, Trans.). Evanson, IL: Northwestern Press. (Original work published 1935-37).

19. Jeffus, E.D. (1990). In therapy problem-solving from the researcher's perspective. Unpublished doctoral dissertation, Duquesne University, Pittsburgh, PA.

20. Johansson, M.N. (1986). Saying and not saying: A phenomenological study of the client's struggle to say things within therapy (Doctoral dissertation, Duquesne University, 1986). Dissertation Abstracts International, 47, 1275B.

21. Marlan, S. (1981). A phenomenological analysis of a series of spoken dreams in a psychotherapeutic context as a focus for a therapist's understanding of a client's structures of existence (Doctoral dissertation, Duquesne University, 1981). Dissertation Abstracts International, 42, 1613B.

22. Murray, P.R. (1990). An existential-investigation of the psychotherapeutic interpretive process enabling immediate insight (Doctoral dissertation, Duquesne University, 1990). Dissertation Abstracts International, 52, 1731.

23. Sheridan, T.W. (1977). An existential phenomenological study of perception's life in dialogue as exemplified by two psychoanalysts' conduct during interviews (Doctoral dissertation, Duquesne University, 1977). Dissertation Abstracts International, 38, 5594B.

24. Standal, S., & Carsini, R. (1959). Critical incidents in psychotherapy. Englewood Cliffs, N.J.: Prentice-Hall.

25. Tieman, G.R. (1985). Limit-setting in psychotherapy: The example of the involuntarily hospitalized adolescent: An empirical phenomenological study (Doctoral dissertation, Duquesne University, 1985). Dissertation Abstracts International, 34, 1703B.

26. Tyrrell, T.J. (1973). 'Vivid" presence and 'Technical" presence in psychoanalytic and phenomenological encounter. (Doctoral dissertation, Duquesne University, 1972). Dissertation Abstracts International, 34, 4680B.

27. Ward, W.F. (1977). Transformation of self-in-world through the imaging phase of systematic desensitization. (Doctoral disertation, Duquesne University, 1977). Dissertation Abstracts International, 38, 5600B.

28. Waybright, E.W. (1977). The manner in which that which is intersubjectively possible comes to be actualized within the dialectical relationship of Kaiserian small group therapy (Doctoral dissertation, Duquesne University, 1977). Dissertation Abstracts International, 38, 5601B.

29. White, S.W. (1991). The Client's experience of being without words in psychotherapy: A clinical empirical-phenomenological investigation. Unpublished doctoral dissertation, Duquesne University, Pittsburgh, PA.

30. Williams, C.P. (1982). Therapeutic speaking contrasted with pedagogical speaking: An empirical phenomenological investigation (Doctoral dissertation, Duquesne University, 1982). Dissertation Abstracts International, 43, 3747B.

31. Van Kaam, A. (1958). The experience of feeling really understood as a person. Unpublished doctoral dissertation, Western Reserve University.

32. Van Kaam, A. (1966). Existential foundations of psychology. Pittsburgh: Duquesne University Press.

33. Wolberg, L.R.. (1967). The technique of psychotherapy (2nd ed). New York: Grune & Stratton.

Reflections

DAVID L. RENNIE AND JÖRG FROMMER

The preceding chapters display the rather remarkable developments that have occurred in qualitative therapy research in recent years. In some cases, existing qualitative research methods have been adapted to this particular line of inquiry. In others, methods have been invented while, in the case of the psychoanalytic interview, a method is seen to have been in existence all along but unrecognized as qualitative research. Collectively, these methods address units of therapeutic discourse that range from particular events in particular sessions to whole courses of therapy, and engage a wide range of procedures. In terms of the latter aspect, some entail a careful presentation of text to document formulations, while others involve a glossing of text. Some place a high value on researchers' disclosures of their own apparent subjectivity, while others do not. Some involve the structuring of formulations in terms of extant theory, while others reflect attempts to be atheoretical at the outset. Some are oriented to description, others to explanation. Some seek consensus of opinion among members of a research team, while others seek diversity of opinion, and still others are content with mainly solo analyses. Some triangulate several sources of evidence bearing on formulations, while others engage mainly the primary text under study, and so on.

It is because of this broad diversity that we notice with great interest that virtually all of the contributors in one way or other depict their methods as hermeneutic. We see this as a significant development. It signals recognition that research is not merely interpretive, like all inquiry by virtue of the subjectivity of the researcher, but is doubly so because of the subjectivity and agency of the Other under study. Hermeneutics thus is a common thread that weaves together the many diverse strands constituting these methods. Still, the resulting fabric has no clear pattern. This is because there are different forms of hermeneutics, and these different forms have different implications for methodology and method.

Thus, when proposing that the grounded theory methodology is best understood as a form of methodical hermeneutics, Rennie (this volume) is drawing on the attempts by Dilthey to extend Kant's critique of natural science to a critique of history. When McLeod and Balamoutsou (this volume) draw on Gadamer's (1960/1992) notions of historical operative consciousness and the fusion of horizons, they are attempting to relate *philosophical* hermeneutics to method. Meanwhile, Elliott, Slatick and Urman (this volume) propose that certain forms of qualitative research can be not just definitional and descriptive, but explanatory as well, especially when intentions are taken into account. This approach combines in effect the *traditional* hermeneutics of the ancient Greeks and Schleiermacher's (1838) *divinatory* approach to methodical hermeneutics, or the attempt to divine the author's intention better than the author him/herself was/is capable of doing (see Palmer, 1969). Yet again, when Fischer, Eckenrod, Embree and Jarzynka (this volume) outline how empirical phenomenology is hermeneutic by virtue of the influence of Heidegger's existential phe-

nomenology, this claim needs to be understood in terms of Heidegger's hermeneutics as a source of philosophical hermeneutics.

Philosophical hermeneutics perhaps better than any other philosophical position attempts to come to grips with the difficult problem of the relationship between realism and relativism. Correspondingly, it opens up the central issues involved in the relationships among epistemology, methodology and method, and certainly in the human sciences. Heidegger reversed Kant's proposed relation between epistemology and ontology. While Kant put epistemology first, Heidegger made ontology primordial. Heidegger's emphasis on being in the world helps to resolve Kantian subject-object dualism. Going with the resolution, Heidegger's insight that we fall into language and culture, and thereby unconsciously take on a particular perspective of the world, introduces relativism into epistemology. Unfortunately, this relativism, supported by Heidegger's consistent preoccupation with ontology rather than epistemology, makes it difficult to derive implications of his philosophy for positive method. Gadamer's (1960/1992) philosophical hermeneutics expresses this skepticism about method even more. Moreover, it is a skepticism that both contributed to and is reinforced by postmodernism. When taken on by qualitative researchers, this skepticism requires careful management if it is not unduly to get in the way of the development of positive knowledge. After all, qualitative research is empirical. Although, in a strict sense, empiricism reduces to idealism because it is contingent on what we can know through our senses, in a practical sense it is assumed that our senses do not unduly play tricks on us. Given this assumption, empiricism is about what is real. But the skepticism arising from the relativistic part of philosophical hermeneutics impedes operating on that principle.

Alternative to this swing toward the relativist side of the realism-relativism duality laid open by philosophical hermeneutics, qualitative researchers may swing in the other direction. Emphasizing the realism involved, they may be inclined to slide toward foundationalism and positivism, to appeal either to the authority of theory or the authority of method, or both. Such moves portend a positive reception by those in the research community who adhere to conventional wisdom about how to do research, but at a cost. Any appeal to foundational theory tends to preclude new discoveries, while a concern about objectivity to keep relativism in check necessitates procedures that tend to preclude the holism that qualitative research has taken on as part of its mandate.

These tensions and issues are played out in the contributions to the volume. It is not possible to address all of these concerns. Accordingly, we have chosen to focus on three of them. The first is especially important and occupies much of what is to follow; the other two concerns are less central to the methodology of qualitative therapy research and have more to do with pragmatics of conducting it. Even so, the latter concerns deserve attention, especially now that qualitative therapy research has made a transition from being a radical innovation to a recognized alternative to conventional inquiry.

The first concern, then, is the matter of what should be done methodically about the researcher's subjectivity. We have gleaned three solutions adopted by the contributors to the volume, none of which is especially satisfactory. The second concern is that most qualitative research is not programmatic, it does not seem to build on itself. Finally, the third issue is related to the second, namely, the matter of the time and resources that seem to be necessary for good qualitative therapy research and whether or not, given its minority status as a mode of inquiry, it is prudent to take it up.

In conducting this analysis, we are faced with a dilemma: Do we simply summarize how the contributions address these problems, or should we suggest a path to the easing of them? We have decided to go the latter route, by pressing the advantages of methodical hermeneutics as put forward explicitly by Rennie (this volume) and as supported in some ways by Frommer and Langenbach (this volume). We do so with hesitation. When developing his thesis about methodical hermeneutics, Rennie has considered the possibility that it is generalizable to several forms of qualitative research in addition to the grounded theory method (see Rennie [1999]). This move has been criticized as a collapse into methodolatry and thus as ironic, given qualitative researchers' interest in disturbing the methodolatry of positivism. Acquiescing to this criticism, he has pulled in his reins and has restricted the methodology to grounded theory. Still, he is mindful that the criticisms have appeared to come from postmodernists. Reicher's (2000; cf. Elliott, Fischer & Rennie, 2000) complaint that the tentative guidelines for publishing qualitative research proposed by Elliott, Fischer and Rennie (1999) invoke methodolatry is reminiscent of this point of view. In any case, it our hope that the following look at the three concerns wherein we have methodical hermeneutics in mind will at least contribute to the ongoing dialogue about how to do qualitative therapy research.

Researcher Subjectivity: What do we do about all those turtles?

There is a story about a student who asked a sage what the world stood on. "An elephant", he replied. "But what does the elephant stand on?" "A turtle." "But what does the turtle stand on?" "Well, after that first turtle, it's turtles all the way down". Contemporary philosophical thought is skeptical of the tenability of foundations of any sort and especially any having to do with human affairs. As exemplified in the preceding chapters, qualitative researchers take pride in staring their subjectivity straight in the eye and attempting to do something with it. The question is: What?

Several answers are given, of which we focus on three. The first: be reflexive and admit to the reader where you are coming from, contextually. The second: provide all your data, so others can judge the soundness of your interpretations. The last: *mis*trust your judgment. Seek other opinions. The key in all this, we think, is not to stretch any of these solutions too far, otherwise it begins to look like a latent need for a foundation is operating despite best intentions. Let us look at these solutions in turn.

Reflexivity. John McLeod (2001; McLeod & Balamoutsou, this volume), with his identification with contemporary philosophical thought (postmodernism, social constructionism, philosophical hermeneutics, post-structuralism) is especially sensitive to the relevance of the researcher's reflexivity. McLeod and Balamoutsou are wonderfully candid when describing their struggle with the challenge posed by context in perceptions of reality. They wonder how is it possible, they ask, ever to account adequately for all of the cultural, historical influences governing one's view of the world? Where does self-examination end? And how does one write about the progress made, especially when dealing with the constraints imposed by the page limitations of journal articles? Moreover, they are not sure that, even if full disclosure were allowed, it would necessarily be a good thing because the result could then end up being more about the researcher than about what is being researched. (The book by Ashmore [1989] is a good example).

We recommend a middle ground to help resolve this dilemma and make the following four points. First, a concern about being totally transparent about one's implicit assumptions smacks of a tacit return to the quest for cognitive privilege that is inconsistent with contemporary thought. Modernism is being smuggled in. Second, as argued persuasively by Ericsson and Simon (1980; cf. Nisbett & Wilson, 1977), we are capable of being objective about some of our assumptions. Is not a half loaf then better than no loaf at all? Third, just because we're all historically determined in many ways does not mean that we do not have things in common, which we can agree on objectively. Although it is true that language and culture divide us, they also unite us. A common language and culture entail real objects of a kind (human kinds, as opposed to natural kinds; see Danziger, 1997; Martin & Sugarman, 2000), if not the ahistorical, transcendental ones quested for so passionately by Enlightenment philosophers. Making room for local realities and for methods to study them, while eschewing the modern notion of truth as correspondence with reality, provides breathing space as we struggle for air in the skeptical postmodern environment. Steiner Kvale (1996, this volume) thinks along similar lines when writing about the need to navigate the difficult passage between realism and relativism and, going with it, between too much and too little reliance on method.

Finally, fourth, more credit needs to be given to the role of rhetoric. This is not easy to do. As seen (Rennie, this volume), rhetoric was disparaged by Plato and, later on, by Enlightenment thinkers, and still has a bad name (Vickers, 1988). Taking an explicitly rhetorical stand is daunting in many circles, including the guild of therapy research. Nevertheless, the use of rhetoric is consistent with the relativism recognized in contemporary thought. (For that matter, it is also entailed in the application of "conventional" method which, after all, is inductive and hence a matter of probability rather than certainty – a connection that is conveniently ignored in mainstream psychology [Bazerman, 1988]). Given the deep connection between rhetoric and hermeneutics (Eden, 1987; Hernadi, 1987), and given the connection between hermeneutics and qualitative research, it is coherent for the latter to embrace rhetoric. Within this embrace, it is important to realize that rhetoric has as much, if not more, to do with the response of the audience as it has with the content of the message and its mode of delivery. This helps to explain the impact of literature, and the arts. People are moved by them because they make sense to them, "ring true", "fit", or, putting it more formally, because they articulate the audience's hitherto inchoate experience (see Taylor, 1989). Qualitative research does the same.

Providing all the data. Ancient hermeneutics involved the exegesis of sacred and legal texts to decipher their meaning. The texts were open to anyone wishing to interpret them and so one interpretation could be compared to another. Contemporary discourse analysts similarly engage in exegesis. They present to the reader a published political speech, say, analyze it and invite the reader to do the same (see, e.g., Edwards & Potter, 1992). Similarly, when doing conversation analysis of particular discursive events in therapy, Robert Elliott and his group provide the entire text to the reader. As seen in their chapter (Elliott, Slatick & Urman, this volume), however, space limitations force them to present only portions of larger texts. Also, McLeod and his group feel that, ideally, the entire texts to which they apply narrative analysis should be made available to the reader (e.g., McLeod & Balamoutsou, this volume). They run into the problem of the sheer bulk of the text, however, and so are forced to present only portions of it for illustrative purposes. They worry that this abridging procedure leaves them open to the criticism that they have chosen the illustrative

passages to serve their own purposes. Stiles's use of text to demonstrate his assimilation model runs into the same problem to a certain extent (see Stiles & Angus, this volume). Significantly, Frommer and Langenbach (this volume) and Stuhr and Wachholz (this volume) are consistent with methodical hermeneutics when advocating that it is acceptable to gloss the lengthy discourses between clients and their therapists. In a related vein, Kvale (this volume) disparages qualitative researchers who burden readers with reams of text because this tactic obscures the presentation of ideas, which is what counts.

This is the same position as the one held in grounded theory and empirical phenomenology. Thus, these two methods are united with the psychoanalytic interview as method, case story analysis and ideal type analysis in this regard. The rationale behind these approaches is that the categories, structures, types, themes and processes derived from the study of texts will, if empirically grounded, ring true for readers sharing the same culture as the researchers. They will thus not require a great amount of illustration, although certainly some illustration is useful.

The roles of two types of knowing, and two types of hermeneutics. Two dualities are involved in these differences of opinion on the virtues of providing the full texts. The first is narrative knowing vs. paradigmatic knowing (and their related notions, idiographic and nomothetic knowledge), while the second is philosophical hermeneutics vs. methodical hermeneutics. Bruner (1986) and Spence (1982), among others, depict narrative knowing as knowing about individuals while paradigmatic knowing is knowing about generalities applicable to aggregates of individuals. As seen, philosophical hermeneutics is a form of criticism developed by Gadamer (1960/1992) following the lead taken by Heidegger (1927/1996), while methodical hermeneutics is the attempt by Dilthey (e.g., Dilthey, 1961) and others to use method imaginatively in the interpretation of historical documents.

Beginning with the two types of knowing, both conversation analysis of particular events happening to individual clients, and narrative analysis of either particular therapy sessions or the course of therapy of single individuals, lead to narrative knowing. Conceptualization of categories, themes, structures and types applicable to aggregates is a matter of paradigmatic knowing. This is not to say that the two types of knowing necessarily are mutually exclusive. Paradigmatic knowing can easily be supported by narrative knowing, as when categories are illustrated by particular instances (McLeod, 2001). Alternatively, narrative knowing can lead to paradigmatic knowing, as when narrative analysis is followed by an analysis of narratives (Polkinghorne, 1995).

In terms of this duality, we editors admit to a bias in favor of paradigmatic knowing. We ask: Is it not the case that people in general *like* categories, structures, themes, types? Is it not how they organize their worlds? The work by Lakoff and others on what categories reveal about the mind suggest that this is the case (see Lakoff, 1987). Continuing this line of thought, is it not the case, then, that people naturally read general meaning into particular events? We concede that providing full texts of discourse preserves the context and complexity of human experience and conduct and that, yes, indeed, this richness is lost when it is abstracted in various ways. But we wonder: is all that richness necessary? In their receptions of presentations of narrative knowing, do not readers look for general implications, furnished by concepts of various sorts? If so, then the door is opened to discourse analysts and conversation analysts to be less concerned about providing full texts in order to support their interpretations. Readers respond to interpretations of reality that fit regardless of the

extent to which they are illustrated. This is not to say that the interpretations may not reso-nate even more if illustrated to a certain extent, but too much illustration can have a negative effect. The forest gets lost for the trees. As for rhetoric, once it is realized that, ultimately, the strength of any formulation rests as much on its impact on the audience as on what goes into the argument, the pressure to document interpretations is eased justifiably.

With respect to the distinction between philosophical and methodical hermeneutics, as seen McLeod (2001; McLeod & Balamoutsou, this volume) tends to equate hermeneutics with the philosophical variety. This philosophy is skeptical about the technology-oriented implications of method in the social sciences, favoring the arts and dialectic instead. By virtue of their endorsement of this type of hermeneutics, McLeod and his associates are pulled toward making the historically operative consciousness of the subject of their inquir-ies as transparent as possible. They hold this to be called for in order to make apparent the fusion of their horizons of understanding and those of the text. Accordingly, they are pulled toward providing full texts to the reader. But we wonder if Gadamer ever intended his criti-cal philosophy to be used in this methodical way (see Hahn, 1997). More fitting is the lead taken by Dilthey to develop a methodical approach to hermeneutics – a method, as indi-cated, involving the imaginative use of induction (Rennie, this volume; Rickman, 1961). As soon as induction is brought into the picture, rhetoric comes with it (Aristotle, 1954), and thus we are once again back to the matter of the impacts of formulations on readers.

Mistrusting judgment. The third way of dealing with the researcher's subjectivity is to mistrust one's judgment about the meaning of the texts under study. The mistrust is ex-pressed by seeking others' opinions on the returns from analysis, and takes two forms. The most common is the fear that the interpretation is not warranted by the text, that the reading of it is too subjective, "off", biased. There is a desire for consensus of opinion. When the amount of text under study is small, such as a few conversational turns constituting, say, a significant event in therapy, it is practically possible to get consensus among members of a team on what the passage means. When large passages of text are used, this is impractical and the researcher does the bulk of the work alone, consulting from time to time with others. The same solution is used in all of the types of qualitative therapy research represented in this volume when it comes to dealing with a large amount of text. The tone of much writing about such a solution is almost apologetic, however. The impression given is that, in the best of all possible worlds where there was no concern about time or money, good qualita-tive research would entail having at least one other person being equally involved in the inquiry as is the primary investigator.

This impetus toward team consensus is not total, however. Some methodologists feel that it is misplaced in qualitative research. According to this view, qualitative research re-quires high commitment. It is not to be expected that another person will have the same passion such that he or she is prepared to get as involved in the project as is the primary investigator. This being the case, the primary investigator gradually becomes, through the course of inquiry, an expert on the phenomenon under study. Hence, it is not possible for an auditor brought in at that point to understand it with the same sophistication that is now possible for the primary investigator. Giorgi (1988) is ardent on this point and he is not alone (see Reicher, 2000). We editors are two minds on this issue. Rennie sides with Giorgi, while Frommer feels that it depends on the particular researcher – that some re-searchers are to be trusted, others not.

The second mistrust is that the solo analyst's interpretation may be too limited. Here the interest is not to secure convergence but rather divergence of opinion. In keeping with observations made by Taylor (1989) and Gendlin (1996), human experience is considered more complex than can be articulated comprehensively. Thus, any attempt to articulate it will leave traces of the inchoate which are not addressed and so, in this sense, the more interpreters making an interpretation, the better.

In some ways, this position is supported philosophically by the relativism of social constructionism, postmodernism and philosophical hermeneutics. Those among the contributors to this volume who think along these lines differ, however, in their positions on method. McLeod and his group advocate multiple analysts to maximize sensitivity to faint traces, whereas Kvale and Stiles and Angus are less concerned about this, being more content to rest with what Stiles (1993) has referred to as the "catalytic" validity of the interpreter's formulation: does the interpretation make sense, resonate? Does it provoke alternative interpretations? Is it not useful in this sense?

Taking a pragmatic position on the matter is in keeping with contemporary thought. It also is consistent with the connection between hermeneutics and rhetoric in that, in this framework, truth is determined to a considerable extent by what resonates with the audience, by what "works". Accordingly, it has positive implications for the practicality of qualitative research. Once the pressure to use multiple analysts is reduced, then the feasibility of qualitative research increases, as does the scope of studies that can be entertained.

The Singularity of Qualitative Therapy Research

In their contribution to this volume, Fischer and her associates observe that the empirical phenomenological studies coming out of Duquesne University have not built on each other. McLeod (2001) makes the same observation in terms of qualitative counseling and psychotherapy research. Moreover, he adds that most qualitative researchers do not follow up their own studies. The result of these two tendencies is a polyglot of unrelated studies. There are real grounds for concern about the utility of qualitative research in the long run if this situation continues.

Neglecting others' works. There are methodical, philosophical and psychological reasons why qualitative researchers tend to ignore other people's works. Methodically, ignoring the literature derives either directly or indirectly from the phenomenological technique of bracketing. According to Husserl, who developed the technique, the task of the phenomenologist is to get outside the "natural attitude", by which he meant the accustomed way of perceiving the world. In short, phenomenology sets a program for descriptive science that starts from scratch. Although coming at it from a different direction, in their initial formulation of the grounded theory method, Glaser and Strauss (1967) put a similar emphasis on the importance of assuming a naïve stance in relation to the phenomenon of interest. Indeed, in that book they recommend that the literature on the phenomenon should be read after, not before, a grounded theory study to increase the chances of seeing something new. Since then, Glaser (1978) legitimated sensitizing concepts as guides to grounded method inquiry. Yet, there are many users of the grounded theory method who follow the original advice about not reading the literature in advance. Moreover, because, in North America at least, the grounded theory

method has been dominant in influencing the development and practice of qualitative re-search methods (Rennie, Watson & Monteiro, 2000b), the standard of trying to achieve a state of naiveté when doing the work has taken hold to a considerable extent.

In terms of philosophy, modernism maintains that solid knowledge is possible and can be built upon, while postmodernism is critical of any belief in foundations. The upshot is that modernism aspires to unification of science and knowledge while postmodernism cele-brates diversity, pluralism. As evidenced in this volume, the postmodern perspective has been incorporated to some extent into qualitative therapy research and to that extent it has exerted a subtle constraint against integrating a corpus of knowledge.

As much as methodology and philosophy play a role in this affair, the largest contributor is likely psychological. Qualitative research is intensely personal. The methods are robustly applicable to a broad range of phenomena, including those having to do with Others' subjec-tivity. Researchers interested in matters having to do with this subjectivity often derive this interest from their own subjectivity. Accordingly, when turning to qualitative research, they are more likely than not to have personal stakes in their projects. They proceed to put their hearts and souls into them (Watson, 1999; Watson & Rennie, 2000).

By virtue of the nature of the work, overshadowing it is a fear that nothing new or origi-nal will come out of it. This fear is keenest for those who take a descriptive, discovery-oriented approach to understanding participants' accounts of their experiences. The accounts are given in ordinary language. The fear is that the hard work will eventuate only in a depic-tion of common sense and thus will be seen be uninteresting, banal. Even when specialized languages, such as the language of psychoanalysis, experiential therapy or, as in the case of empirical phenomenology, of psychology, are used there is a dread of coming up with nothing new. This fear of being unoriginal drives qualitative researchers into personalized "takes' on the phenomena they are addressing. It is as if interest in promoting themselves by putting their own personal stamp on their findings takes them away to a certain extent from an interest in catching hold of the phenomena by using the best language possible, whether it is original or not. Thus (to make up an example), in understanding the difficulties victims of sexual abuse have in forming trusting relationships, one qualitative researcher may con-ceptualize a "shattered self', another a "broken vessel", a third a "rupture of basic trust", a fourth an "adoption of a tragic narrative", and so on. All of meanings may catch traces of the inchoate experience under study. But is it not possible that one meaning does so better than others, that some other investigator has already captured the meaning in what seems to be the best way? In order to *agree* to that, the given qualitative researcher has to surrender his or her pride, and to place an interest in the phenomenon above the concerns about self. Be-cause of the value placed by society on original thinking, it is not easy to make this conces-sion. Nevertheless, it would seem to be what is required. An agreed-upon best articulation of experience would provide a basis for studying the phenomenon in greater depth within the framework of that articulation. In this way, the progressive development of understandings coming out of qualitative research would be enhanced.

Methodical hermeneutics helps to mitigate some of these contributions to the neglect of others' works. In terms of method, in advocating *relativized* bracketing, it strikes a position between the attempt to assume a naïve attitude and the recognition of sensitizing concepts. The recognition opens the qualitative researcher to others' works and early in the game, rather than at its end as in traditional grounded theory inquiry. In terms of philosophy, in

mediating between modernism and postmodernism, it makes room for the development of positive knowledge while, of course, not considering any such knowledge and its development to be foundational. As for the psychological reasons for neglecting others' works, the realism entailed in methodical hermeneutics pulls the qualitative researcher away from the radical postmodern celebration of diverse subjectivity ("anything goes") while, at the same time, making room for the expression of researcher subjectivity. Moreover, its incorporation of induction orients the researcher to commonalities and hence to a communion of viewpoints on phenomena.

The non-programmatic nature of qualitative therapy research. In one sense, the programmability of a given approach to qualitative research is contingent on the method constituting the approach. Thus, qualitative research approaches to narrative knowing are, almost by definition, excluded from programmatic development unless studies of individuals are organized in studies of collections of such studies. Second, some approaches directed toward paradigmatic knowing lend themselves more easily to programmatic development of knowledge than do others. Thus, any approach to paradigmatic knowing that leads to constituent elements of larger elements, such as a hierarchical structure of categories, themes or types can eventuate in progressive elaboration in a series of write-ups about the constituents. Such a body of work, taken collectively, can have the appearance, at least, of being programmatic even when all the write-ups derive from the same study. Empirical phenomenology, on the other hand, makes a point of staying clear of breaking experience into categories. Instead, the returns from this approach are in the form of a structure articulated into constituent elements that cannot be isolated from the whole. Once presented as a general structure, there is no more to say. Following that, if the study is an excellent one, such as the classic study by Fischer and Wertz (1979) on criminal victimization, it may be used for years hence as an exemplar of the method (e.g., Fischer et al., this volume). In being about method rather than content, however, such follow-ups do not progressively present understandings derived from the original study and thus, as we say, are not programmatic in that sense.

In principle, there is nothing preventing an empirical phenomenologist from studying people who have radically different backgrounds than those constituting the initial aggregate that was addressed, in the interest of testing the general structure in other contexts, and modifying it if necessary as a result. Nor is there any reason, in principle, why grounded theorists cannot challenge the understanding derived from their initial aggregate of individuals to others who appear different in significant ways (i.e., to engage in theoretical sampling, as Glaser and Strauss put it). Indeed, these methodologists recommend this maneuver. A recent study (Rennie, Watson & Monteiro, 2000b) has suggested that these options are seldom taken, however. Why?

The personal involvement in qualitative research is a major factor. This approach to inquiry is intensely creative, absorbing, lengthy and exhausting. It is difficult to muster the emotional energy to put into motion another study, at least for some time after the completion of the first one. Also, writing for publication in journals is a struggle because of the alternative rhetoric involved (hopefully guidelines for publication such as those proposed by Elliott, Fischer & Rennie [1999] will help on this score). Thus, it is tempting to write up the study as a book, if it is to be written up at all. Books give more editorial control to authors than do journals. Besides, books provide the space to address the complexity of the study.

But, once a study comes out as a book, it does not give the appearance of programmatic research given by a series of articles.

We can offer no ready solution to this problem. Perhaps as qualitative therapy research comes to be more accepted, those doing it will be more motivated to carry on with it after an initial use of it. Perhaps it would help if qualitative therapy researchers were more prepared to follow up on others' works. This development would make qualitative research as a whole less singular, more programmatic. Regardless of these alternatives, there is always the route of meta-analysis, in which disparate studies are reviewed with an eye to commonalities. The returns from qualitative research inquiries in some domains are now sufficiently extensive to warrant such analyses (e.g., Rennie, 2001).

The Economics of Qualitative Therapy Research: Is It Worth It?

As evidenced by many of the chapters in this book in so many ways, a big question facing those contemplating doing qualitative therapy research and by those already doing it, is "Will it be/is it worth it? What is to be gained, and lost, by doing it?" There are many sides to these considerations. There is the personal aspect, or the sense of fit between the method and who one is as a person. There is the heuristic aspect, or the applicability of the returns from the approach to professional practice. There is the work aspect, or the relation between the time and energy required to do the approach and the returns from this investment. There is the sociology of knowledge aspect, or the extent to which the approach is given a place by the gatekeepers of knowledge. All of these considerations bear on what is perhaps the most important of all, the matter of career progress.

The personal aspect. In a recent study, Kim Watson interviewed seasoned qualitative researchers in psychology and education about their experience of doing qualitative research, and did a grounded theory analysis of their commentaries (Watson, 1999; Watson & Rennie, 2000). She came to understand that the core category tying together the strands of the participants' experience was, 'It fits with who I am' – it fit with their philosophies of life, values, ethics, and aspirations for their professions. Many reported that discovering qualitative research was like 'coming home'. Going with this was the deep feeling that having turned to it, they could not return to the 'other' way of doing research. Watson made no attempt to interview positivistic researchers engaged in 'traditional' research praxis. It is possible that they would depict this practice as fitting with the way they were. Still, having engaged in and interacted with colleagues doing traditional social science research, it does not seem to Watson and Rennie that these people typically display the same kind of passion seen in the comments on the qualitative researchers. Perhaps more to the point, nor does it fit with their own experience of working with the other approach (see, e.g., Rennie, 1996).

This matter of *fit* is thus a strong force. The person experiencing it may be pulled into the approach and be prepared to make any sacrifice to make it work. Imbued in this way, once the work begins, the researcher enters a consuming, creative process. Although exhausting, the work does not seem like work (until afterwards!). Moreover, this centering in what one wants to do is even stronger if the work involved is seen to have direct implications for one's practice as a therapist.

The heuristic aspect. The methods of qualitative therapy research make it possible to bring it close to therapy practice. Small numbers of people can be studied. At least some of the participants can be one's own therapy clients (e.g., Rennie, 1990), or even one*self* as a client (e.g., Rhodes, Hill, Thompson & Elliott, 1994), although it is easier to manage the boundary between researcher and therapist if the two roles are kept distinct (Schmeijsters, 1996). Also, the ethics of qualitative research to do with empowerment of the participant are in keeping with the ethics of a good therapy relationship.

When initiating research on therapy, the therapist practitioner enters a new hermeneutic circle that supplements the on-going hermeneutic circle entailed in practice alone. In therapy practice, the whole of existing understanding influences new particular understandings which reflect back on the prior understanding and change it. So, too, in qualitative therapy research, the understanding of therapy influences what is encountered in the research which in turn reflects back on the whole of the understanding of therapy and modifies it. Changes in the practice of therapy easily follow.

It is the hermeneutic nature of both the practice of therapy and the qualitative research of it that makes qualitative research methods so fitting for therapy research. It is also why they have a powerful impact on the therapist-reseacher's practice of therapy. Elliott's (e.g., Elliott, Slatick & Urman, this volume) qualitative research approaches are integral to his conception of and use of his experiential approach to therapy. Rennie's (1998) book on experiential person-centered counseling is the outcome of a hermeneutic circling between the approach to therapy he used before doing his qualitative research on it and the impact of the research on the therapeutic approach. A recent book on qualitative music therapy research contains many comments on and illustrations of the influence of therapy and qualitative research on each other (Langenberg, Aigen & Frommer, 1996). This mutuality is also clear in Stiles's various reports on the use of qualitative research in the development of his assimilation model of therapy (e.g., Stiles & Angus, this volume). Indeed, this interaction comes through in all of the chapters in this volume that have been written by therapists. Meanwhile, of course, in his chapter Kvale (this volume) eloquently characterizes Freud's method as her-meneutic, so that the same point applies there as well. And the dissertations summarized in the chapter by Fischer et al. (this volume) have clear implications for the practice of the various therapies studied. Thus, the immediate and direct implications of qualitative research for the practice of therapy unite with the fittingness of this approach for some people in making qualitative research perceived to be worthwhile.

The work aspect. Qualitative research is a lot of work if it is to be done well. Not only are the organizing of the texts to be studied (such as transcribing interviews) and the analytic procedures time consuming, the work never really gets completed, by virtue of its herme-neutic nature. Instead, it is *ended* at some point, knowing that further interpretation could be applied. In between, understandings and their articulation "move around" (as Robert Russell put it, personal communication, November, 1991). Alternative articulations, whether as structures, pathways, ideal types, themes or categories, are tried until a seemingly best fit with the understood meaning is achieved. Then there is the matter of writing up the returns. Some of the contributors to this volume have referred to difficulties in this regard (for sug-gestions on how to write up qualitative research, see Fischer, 1999); this kind of writing is more difficult and can go through more drafts than when writing in conventional APA style.

Among all this work, the most time-consuming aspects are the management and analysis of text. In terms of management, the use of text-based computer programs help a lot by cutting down the amount re-writing that must be done when assigning the same text to different categories, and so on (see McLeod & Balamoutsou, this volume). The use of these tools is tricky, however, because they may force the analyst into doing the analysis the program's way, against what can seem to be a better way to do it. Also, the computer screen gives smaller displays than is possible when working with text "by hand". On balance, though, our students have found that such programs are very useful in helping with the initial management of the text; once this is set up, it has seemed better to do the analysis from that point by hand.

As for the actual analysis, it is possible to study small phenomena, such as particular moments of therapy discourse constituting an identified significant event in therapy, while using the procedure of achieving consensus by members of a research team on what constitute the results. As seen, it is generally agreed that this procedure is impractical when dealing with large amounts of text and needs to give way to partial use of a single auditor or rigorous self-auditing. We encourage those considering doing qualitative research and who are daunted by the call for teamwork to take to heart the implications for method that we have derived from our reflections on qualitative therapy research as mainly hermeneutic and rhetorical.

The sociology of knowledge aspect. Although qualitative research has increased dramatically during the last two decades, it has done so more in fields such as nursing and education than it has in psychology. In this regard, a study of the number of "hits" of the search terms "qualitative research", "grounded theory", "empirical phenomenology", "phenomenological psychology", and "discourse analysis" in the records addressed in the *PsychInfo* electronic data base was revealing (Rennie, Watson, & Monteiro, 2000b). The study showed that, in psychology, most of these hits were not in what are generally considered to be "top flight" journals. In addition, where they have appeared in the latter journals, they have typically been located in special sections/issues devoted to them, almost as if qualitative research was being presented as a kind of novelty. Moreover, it was found that, even in the 1990s – when the publication of qualitative research works has been the greatest -- the *PsychInfo* records containing the search terms made up only 0.36% of the total number of records in the database for that decade. Also, another study showed that, in Canada, the uptake of qualitative research is spotty both between and within mainstream departments of psychology (Rennie, Watson & Monteiro, 2000a). It is unlikely that the situation in other countries is much different. Hence, putting all this together, if a 'paradigm shift' is underway, it has a long way to go.

This is not to say that it is necessarily difficult to publish qualitative therapy research. A number of mainstream journals are supplementing the practice of occasionally publishing special sections/issues with an invitation to submit qualitative research articles for acceptance into regular issues. In this development, the editorial policies regarding qualitative therapy research are accommodating to the methodologies espoused by the researchers. Thus, the rhetoric of qualitative research is gradually getting established in the mainstream, and it can be expected that it will become possible to publish in a greater number of outlets as this shift takes hold. As it does so, it will be easier to publish in them. Alternatively, there are a number of journals specializing in qualitative research that have come into being in the

last decade. It is comparatively easy to publish here but at the expense of reduced visibility to the mainstream reader.

Implications for career enhancement. As pointed out by Elliott, Slatick and Urman (this volume), it is one thing for people with security, such as faculty members with tenure or permanent contracts, to engage in qualitative research. It is another for insecure people such as graduate students or faculty members on probation and clinical researchers dependent on the "soft" money dispensed by granting agencies. For the latter groups of individuals, especially, the power of the gate-keepers of knowledge is an imposing force to be dealt with. Understandably, faced with the negative consequences that could ensue from the adoption of qualitative research, many people with insecure status may decide that the risk is too great. Others may attempt to meet both their interest in qualitative research and the perceived expectations of the knowledge gate-keepers by engaging in methodical pluralism. The danger here, however, is that the result may be neither good qualitative research nor good conventional research (cf. Ponterotto & Grieger, 1999). Still others forge ahead despite the risks and prevail, winning academic appointments in mainstream psychology departments and research institutes.

All in all, qualitative researchers have minority status in mainstream psychotherapy research and have to contend with the force of the majority, which is especially difficult for those without security. Whether or not one chooses to be a member of the minority hinges greatly on the strength of the belief in the 'cause' championed by that minority. As indicated, the appeal of qualitative therapy research is so strong for some that it is irresistible despite the risks. It is our belief that the development of a meta-methodology such as, perhaps, methodical hermeneutics, will empower them further in the development of a compelling rhetoric, and will facilitate their career advancement.

Conclusion

Perhaps the single most important idea presented in this book is the one given by Kvale: in the history of the theory and practice of psychotherapy, it has been clinicians in effect operating as hermeneuts, such as Freud, who have had the greatest influence. It is the freedom to interpret human experience and conduct in terms of how they appear, while either eschewing or emancipating from the natural scientific method, that has made it so. Thus, the clinical hermeneuts, depending on their interest, have been able to make much of aspects of human beingness such as unconscious motivation and, on the other side of the coin, self-awareness and the agency going with it. Such aspects are difficult for the natural science approach to take into consideration because of their negative implications for prediction and control. In keeping with Kvale's insight, the theme running throughout this book has been that, in many ways, what we now call qualitative therapy research is a diverse set of practices that express, in one way or another, this hermeneutic engagement in the complexity of human experience. It is an engagement that entails risks because it cuts across the grain of academic psychology and, going with it, of conventional psychotherapy research. It is also an engagement the returns from which are just now beginning to become evident. Regardless of the work it entails and the risks it runs, it is meaningful, exciting and, within its own

framework, coherent. If current trends are any indication, these qualities are proving enough to carry it forward.

References

1. Aristotle (1954). Rhetoric and poetics. (W. Rhys Roberts & I. Bywater, Trans.). New York: Random House.
2. Ashmore, M. (1989). The reflexive thesis: Wrighting sociology of scientific knowledge. London and Chicago: University of Chicago Press.
3. Bazerman, C. (1988). Shaping written knowledge: The genre and activity of the experimental article in science. Madison: University of Wisconsin Press.
4. Bruner, J. (1986). Actual minds, possible worlds. Cambridge, MA: Harvard University Press.
5. Danziger, K. (1997). Naming the mind: How psychology found its categories. London/Thousand Oaks, CA: Sage.
6. Dilthey, W. (1961). Meaning in history: Wilhelm Dilthey's thoughts on history and society (H. P. Rickman, Ed., Trans., and Intro.). London: Allen & Unwin.
7. Eden, K. (1987). Hermeneutics and the ancient rhetorical tradition. Rhetorica, V, 59-86.
8. Edwards, D., & Potter, J. (1992). Discursive psychology. London: Sage.
9. Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for the publication of qualitative research in psychology and related fields. British Journal of Clinical Psychology, 38, 215-229.
10. Elliott, R., Fischer, C. T., & Rennie, D. L. (2000). Also against methodolatry: Reply to Reicher. British Journal of Clinical Psychology, 39, 7-10.
11. Elliott, R., Slatick, E., & Urman, M. (this volume). Qualitative change process research in psychotherapy: Alternative strategies. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 69-111). Lengerich: Pabst.
12. Ericsson, K. A, & Simon, H. A. (1980). Verbal reports as data. Psychological Review, 87, 215-251.
13. Fischer, C. T. (1999). Designing qualitative research reports for publication. In M. Kopola & L. Suzuki (Eds.), Using qualitative methods in psychology (pp. 105-119). Thousand Oaks, CA/London: Sage.
14. Fischer, C. T., Eckenrod, J., Embree, S. M., & Jarzynka, J. F. (this volume). Empirical phenomenological research in psychotherapy: Duquesne University. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 169-184). Lengerich: Pabst.
15. Fischer, C. T., & Wertz, F. J. (1979). Empirical phenomenological analyses of being criminally victimized. In A. Giorgi, R. Knowles & D. Smith (Eds.), Duquesne Studies in Phenomenological Psychology (Vol. 3), (pp. 135-158). Pittsburgh: Duquesne University Press.
16. Frommer, J., & Langenbach, M. (this volume). The psychoanalytic case study as a source of epistemic knowledge. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 50-68). Lengerich: Pabst.
17. Gadamer, H.-G. (1992). Truth and method (2nd rev. ed.: J. Weisheimer & D. G. Marshall (Trans.). New York: Crossroad. (Original work published 1960).
18. Gendlin, E. T. (1996). Focusing-oriented therapy: A manual of the experiential method. New York: Guilford.

19. Giorgi, A. (1988). Validity and reliability from a phenomenological perspective. In M. Baker, L. Mos, H. Rappaport & H. Stam (Eds.). Recent trends in theoretical psychology (pp. 167-176). New York: Springer.

20. Glaser, B. G. (1978). Theoretical sensitivity: Advances in the methodology of grounded theory. Mill Valley, CA: Sociology Press.

21. Glaser, B. G., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago, IL: Aldine.

22. Hahn, L. E. (Ed.) (1997). The philosophy of Hans-Georg Gadamer. Library of living philosophers, Vol. XXIV. Chicago and La Salle, IL: Open Court.

23. Heidegger, M. (1996). Being and time (J. Stambaugh, Trans.). Albany: State University of New York Press. (Original work published 1927).

24. Hernadi, P. (1987). Literary interpretation and the rhetoric of the human sciences. In J. S. Nelson, A. Medill & D. N. McCloskey (Eds.), The rhetoric of the human sciences: Language and argument in scholarship and public affairs (pp. 263-275). Madison: University of Wisconsin Press.

25. Kvale, S. (1996). InterViews: An introduction to qualitative research interviewing. Thousand Oaks, CA/London: Sage.

26. Kvale, S. (this volume). The psychoanalytic interview as qualitative research. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 9-31). Lengerich: Pabst.

27. Lakoff, G. (1987). Women, fire and dangerous things: What categories reveal about the mind. Chicago/London: University of Chicago Press.

28. Langenberg, M., Aigen, K., & Frommer, J. (1996). Qualitative music therapy research: Beginning dialogues. Gilsum, NH: Barcelona Publishers

29. Martin, J., & Sugarman, J. (2000). Between the modern and the postmodern: The possibility of self and the progressive understanding of psychology. American Psychologist, 55, 397-406.

30. McLeod, J. (2001). Qualitative research in counselling and psychotherapy. London/Thousand Oaks, CA: Sage.

31. McLeod, J., & Balamoutsou (this volume). A method for qualitative narrative analysis of psychotherapy transcripts. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 128-152). Lengerich: Pabst.

32. Nisbett, R. E., & Wilson, T. D. (1977). Telling more than we know: Verbal reports on mental processes. Psychological Review, 84, 231-259.

33. Palmer, R. (1969). Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer. Evanston, IL: Northwestern University Press.

34. Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. Qualitative Studies in Education, 8, 5-23.

35. Ponterotto, J., & Grieger, I. (1999). Merging qualitative and quantitative perspectives in a research identity. In M. Kopola & L. Suzuki (Eds.), Using qualitative methods in psychology (pp. 49-62). Thousand Oaks, CA/London: Sage.

36. Reicher, S. (2000). Against methodolatry: Some comments on Elliott, Fischer, and Rennie. British Journal of Clinical Psychology, 39, 1-6.

37. Rennie, D. L. (1996). Fifteen years of doing qualitative psychotherapy process research. British Journal of Guidance and Counselling, 24, 317-327.

38. Rennie, D. L. (1998). Person-centred counselling: An experiential approach. London/Thousand Oaks, CA: Sage.

39. Rennie, D. L. (1999). Qualitative research: A matter of hermeneutics and the sociology of knowledge. In M. Kopala & L. Suzuki (Eds.), Using qualitative methods in psychology (pp. 3-13). Thousand Oaks, CA/London: Sage.

40. Rennie, D. L. (this volume). Grounded theory methodology as methodical hermeneutics: Reconciling realism and relativism. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 32-49). Lengerich: Pabst.

41. Rennie, D. L. (2001). Experiencing psychotherapy: Grounded theory studies. In D. J. Cain & J. Seeman (Eds.). Handbook of research and practice in humanistic psychotherapies. Washington, DC: APA Publications.

42. Rennie, D. L., Watson, K., & Monteiro, A. (2000a). Qualitative research in Canadian psychology. Forum Qualitative Sozialforschung/Qualitative Social Research Forum, 1. http://qualitative-research.net/fqs

43. Rennie, D. L., Watson, K., & Monteiro, A. (2000b, June). The rise of qualitative research in psychology. Paper presented at the annual meeting of the Canadian Psychological Association, Ottawa.

44. Rhodes, R., Hill, C. E., Thompson, B., & Elliott, R. (1994). A retrospective study of the client perception of misunderstanding of events. Journal of Counseling Psychology, 41, 471-483.

45. Rickman, H. P. (1961). Introduction. In W. Dilthey, Meaning in history: Wilhelm Dilthey's thoughts on history and society (H. P. Rickman Ed., Trans., and Intro.; pp. 11-63). London: Allen & Unwin.

46. Schleiermacher, Fr. D. E. (1838). Hermeneutik und Kritik: mit besonderer Beziehung auf da Neue Testament. (Frierich Lucke, Ed.). Vol. VII of the First Division of his Sämtliche Werke. Berlin: Reimer.

47. Schmejsters, H. (1996). Qualitative research in music therapy: New contents, new concepts, or both? In Langenberg, M., Aigen, K., & Frommer, J. (Eds.), Qualitative music therapy research: Beginning dialogues (pp. 179-190). Gilsum, NH: Barcelona Publishers.

48. Spence, D. P. (1982). Narrative truth and historical truth: Meaning and interpretation in psychoanalysis. New York: Nanton.

49. Stiles, W. B. (1993). Quality control in qualitative research. Clinical Psychology Review, 13, 593-618.

50. Stiles, W. B., & Angus, L. E. (this volume). Qualitative research on clients' assimilation of problematic experiences in psychotherapy. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 112-127). Lengerich: Pabst.

51. Stuhr, U., & Wachholz, S. (this volume). In search for a psychoanalytic research strategy: The concept of ideal types. In J. Frommer & D. L. Rennie (Eds.), Qualitative psychotherapy research: Methods and methodology (pp. 153-168). Lengerich: Pabst.

52. Taylor, C. (1989). Sources of the self: The making of modern identity. Cambridge, MA: Harvard University Press.

53. Vickers, B. (1988). In defence of rhetoric. Oxford: Clarendon Press.

54. Watson, K. (1999). The way I research is who I am: The subjective experiences of qualitative researchers. Unpublished MA thesis, Department of Psychology, York University, Toronto.

55. Watson, K., & Rennie, D. L. (2000, June). The subjective experiences of qualitative researchers. Paper presented at the annual meeting of the Canadian Psychological Association, Ottawa.

About the Authors

Lynne Angus is an associate professor of psychology at York University in Toronto. Her research interests include the multi-methodological analyses of narrative modes, emotion processes and metaphoric expressions in Experiential psychotherapy for depression. In addition to being involved in the supervision, teaching and researching of psychotherapeutic practices, she is also a psychotherapy practitioner specializing in the facilitation of change through narrative and emotion processes. ADDRESS: Department of Psychology, York University, Toronto, Ontario, Canada M3J 1P3 (e-mail: langus@yorku.ca)

Sophia Balamoutsou is lecturer in counselling psychology at the University of Wolverhampton. Her research interests are in the role of metaphor and culture in psychotherapy. ADDRESS: School of Health Sciences, University of Wolverhampton, Wulfruna St., Wolverhampton, UK (e-mail: s.balamoutsou@wlv.ac.uk)

Jodie Eckenrod is is an advanced doctoral student at Duquesne University,currently designing her dissertation. She is researching the experience of migraine headache, using standard empirical phenomenology analysis of reports. ADDRESS: Psychology Department, Duquesne University, Pittsburgh, PA 15282, U.S.A.

Robert Elliott is a professor of psychology and director of the doctoral program in clinical psychology, as well as director of the Center for the Study of Experiential Psychotherapy. He is currently President of the Society for Psychotherapy Research and served as co-editor of the journal Psychotherapy Research, 1994-1998. He is co-author of *Facilitating emotional change* (with Leslie Greenberg and Laura Rice) and *Research methods for clinical and counselling psychology* (with Chris Barker and Nancy Pistrang). ADDRESS: Department of Psychology, University of Toledo, Toledo, Ohio, 43606, U.S.A. (e-mail: fac0029@uoft01.utoledo.edu)

Sonja Embree is an advanced doctoral student at Duquesne University,currently designing her dissertation. She is studying embodiment utilizing photography and conversation analysis within a hermeneutic frame. ADDRESS: Psychology Department, Duquesne University, Pittsburgh, PA 15282, U.S.A.

Constance T. Fischer is a professor of psychology at Duquesne University, Pittsburgh, Pennsylvania, USA. She has directed more than 20 dissertations utilizing an empirical phenomenological method, and has published her own research, using the same method, on being criminally victimized, becoming angry, being in privacy, intimate moments, and styles of living with back pain (with M.A. Murphy). She also has published on rigor in qualitative research and on writing qualitative reports for publication, and with R. Elliott and D. Rennie,

co-authored *Evolving guidelines for publishing qualitative research in psychology and related fields*. She is currently editing *Qualitative Research Methods for Psychology: Case Demonstrations* (Academic Press). Her other area of publication is collaborative psychological assessment, as represented by Individualizing Psychological Assessment (Erlbaum). ADDRESS: Psychology Department, Duquesne University, Pittsburgh, PA 15282, U.S.A. (e-mail: fischer@mail.cc.duq.edu)

Jörg Frommer is a professor and head of the Department of Psychosomatic Medicine and Psychotherapy at Otto von Guericke University in Magdeburg, Germany. He is psychoanalyst and psychotherapy researcher. His interests are in psychopathological and methodological topics, in diagnostic interviews and psychotherapeutic processes. He is author of *Qualitative Diagnostikforschung* (Springer, 1996), and co-editor of *Qualitative Psychotherapieforschung* (Asanger, 1994). ADDRESS: Psychosomatic Medicine and Psychotherapy, Clinic Centre, Otto von Guericke-University, Leipziger Strasse 44, D-39120 Magdeburg, Germany (e-mail: joerg.frommer@medizin.uni-magdeburg.de)

John J. Jarzynka is an advanced doctoral student at Duquesne University, currently designing his dissertation. He is conducting a case study how children and families live out trauma, as revealed in psychotherapy sessions co-authored. ADDRESS: Psychology Department, Duquesne University, Pittsburgh, PA 15282, U.S.A.

Steinar Kvale is a professor of educational psychology and director of Center of Qualitative Research at the University of Aarhus. He has studied examinations and is currently investigating apprenticeship learning. He is author of *Prüfung und Herrschaft* (Beltz, 1972) and *InterViews* (Sage, 1996), and editor of *Issues of Validity in Qualitative Research* (Studentlitteratur, 1989) and *Psychology and Postmodernism* (Sage, 1992). ADDRESS: Institute of Psychology, Aarhus University, Asylvej 4, DK-8240 Risskow, Denmark (e-mail: steinark@psy.au.dk)

Michael Langenbach is a psychiatrist and psychotherapist at the University of Cologne. He is especially interested in psychopathological, psychosomatic and methodological topics. He is co-editor of *Ethik in der Psychotherapie* (with W.Tress, Vandenhoeck&Ruprecht, 1999). ADDRESS: Institut und Poliklinik für Psychosomatik und Psychotherapie der Universität zu Köln, Joseph-Stelzmann-Str. 9, D-50931 Köln (e-mail: michael.langenbach@ medizin.uni-koeln.de)

John McLeod is professor of counselling at the University of Abertay Dundee. He has interests in the development and application of qualitative research in psychotherapy, and in the use of narrative perspectives in practice. He is author of *Doing counselling research* (Sage, 1994), *Narrative and psychotherapy* (Sage, 1997), and *Qualitative research in counseling and psychotherapy* (Sage, 2000). ADDRESS: School of Social and Health Sciences, University of Abertay Dundee, 158 Marketgait, Dundee, Scotland DD1 1NJ (e-mail: j.mcleod@tay.ac.uk)

David L. Rennie is a professor in the Department of Psychology at York University in Toronto. His main writings are on grounded theory methodology and on the application of the grounded theory method to the client's experience of psychotherapy. He practises psychotherapy within an experiential framework. He is author of *Person-Centred Counselling: An Experiential Approach* (Sage, 1998) and co-editor of *Psychotherapy Process Research: Paradigmatic and Narrative Approaches* (with Shaké G. Toukmanian) (Sage, 1992). ADDRESS: Department of Psychology, York University, Toronto, Ontario, Canada, M3J 1P3. (e-mail: drennie@yorku.ca)

Emil Slatick is a psychology resident at a private practice on the Oregon coast. He received his degree in clinical psychology from the University of Toledo in December of 2000. His psychotherapeutic approach is integrative with strong influences from both process-experiential and cognitive-behavioral perspectives. Current research interests center around the assessment of treatment effectiveness in outpatient settings. ADDRESS: P.O. box 806, Manzanita Oregon, 97130 (e-mail: eslatick@nehalemtel.net)

William B. Stiles is a professor of psychology at Miami University in Oxford, Ohio. He taught previously at the University of North Carolina at Chapel Hill and held visiting positions at University of Sheffield and University of Leeds (UK), University of Joensuu (Finland), and Massey University (New Zealand). He is the author of *Describing Talk: A Taxonomy of Verbal Response Modes* (Sage, 1992), Past President of the Society for Psychotherapy Research, and currently North American editor of the journal, Psychotherapy Research. ADDRESS: Department of Psychology, Miami University, Oxford, Ohio 45056, U.S.A. (e-mail: stileswb@muohio.edu)

Ulrich Stuhr is an assistant professor at the Department of Psychosomatics and Psychotherapy at the Hospital of the Hamburg University. His clinical main subjects are the theory and therypy of patients with cardiac diseases and patients with anorexia nervosa. He is a member of the research commission of the German Psychoanalytic Association (DPV) and of the scientific leaders of the Longterm-Psychotherapy-Follow-up-Study of the DPV. ADDRESS: Institut für Psychosomatik und Psychotherapie, Universitätskrankenhaus Eppendorf, D-20246 Hamburg, Germany

Michelle L. Urman is a doctoral candidate in clinical psychology at the University of Toledo. She is currently completing her doctoral internship at La Rabida Children's Hospital in Chicago, IL. Her research interests are in the areas of violence prevention and post-traumatic stress disorder in children, as well as pediatric psychology. Her master's thesis was a qualitative investigation of children's response to trauma, and her dissertation is a case-study analysis of a psychotherapy group for adolescent girls with spina bifida.ADDRESS: Department of Psychology, University of Toledo, Toledo, Ohio, 43606, U.S.A. (e-mail: michelle_urman@hotmail.com)

Sylvia Wachholz is a psychiatrist at the Psychiatric Department of the Johanniter Clinic Geestacht. ADDRESS: Am runden Berge, D-21502 Geestacht, Germany

Jetzt

Die psychologischen Fachzeitschriften bei PABST:

❶ COGNITIVE PROCESSING
Target groups: Scientists in psychology, neurology, informatics

❷ FORENSISCHE PSYCHIATRIE UND PSYCHOTHERAPIE
Innovativ, praxisorientiert: Übersichten und aktuelle Informationen (nicht nur) für forensische Therapeut(inn)en

❸ MPR-online - METHODS OF PSYCHOLOGICAL RESEARCH
Internationale, interdisziplinäre Methodenzeitschrift: das erste psychologisch-wissenschaftliche Online-Journal aus Deutschland

❹ PRAXIS KLINISCHE VERHALTENSMEDIZIN UND REHABILITATION
Wissenschaftlich fundiert, praxisorientiert: Übersichten und aktuelle Informationen für Therapeut(inn)en

❺ PSYCHOANALYSE - TEXTE ZUR SOZIALFORSCHUNG
Wissenschaftlich fundiert, praxisorientiert: Übersichten und aktuelle Informationen für Therapeut(inn)en

❻ PSYCHOLOGISCHE BEITRÄGE
International, traditionell progressiv: Publikationen mit der Relevanz für alle Teilgebiete der Psychologie

❼ UMWELTPSYCHOLOGIE
Wissenschaftlich fundiert, praxisorientiert: Übersichten und aktuelle Informationen für Psycholog(inn)en und Umweltpraktiker/innen

❽ VERHALTENSTHERAPIE & VERHALTENSMEDIZIN
Wissenschaftlich fundiert, praxisorientiert: Übersichten und aktuelle Informationen für Therapeut(inn)en

❾ WIRTSCHAFTSPSYCHOLOGIE
Arbeits-, Betriebs- und Organisationspsychologie für die Wirtschaft