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From philosophy to practice: A hermeneutic analysis of existential-phenomenological psychotherapy

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From Philosophy to Practice:
A Hermeneutic Analysis of
Existential-Phenomenological Psychotherapy.

A Dissertation
Presented to

Russell Walsh, Ph.D.    Director
Roger Brooke, Ph.D.    Reader
Constance Fischer, Ph.D.    Reader

of the
McAnulty College and Graduate School of Liberal Arts
Duquesne University
in partial fulfillment of
the requirements for the degree of
Doctor of Philosophy

By
David Danto

Pittsburgh, Pennsylvania
March 2004
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<th>Name</th>
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<tbody>
<tr>
<td>Title</td>
<td>From philosophy to practice: A hermeneutic analysis of existential-phenomenological psychotherapy.</td>
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This is for all of you.
Abstract

From Philosophy to Practice:

A Hermeneutic Analysis of

Existential-Phenomenological Psychotherapy.

David Danto

A hermeneutic analysis utilizing interpersonal process recall was employed to clarify how two existential-phenomenological psychotherapists apply the philosophies upon which their work is based. Two sessions of therapists and clients engaged in existential-phenomenological psychotherapy in a private practice setting were the focus of the study. Therapist and patient retrospective accounts and the researcher's observations regarding both sessions were analyzed via a hermeneutic method that entailed (1) explicating contextual information regarding the researcher and the sessions; (2) interpreting the therapists' intentions and actions as well as the clients' understandings of the sessions, and (3) integrating these results into a situated account of each session. Each situated account sought to articulate existential and phenomenological themes apparent in the sessions. Results indicated differences and similarities in the psychotherapeutic application of existential-phenomenological philosophies. Differences showed a distinction in terms of emphasis between existential-phenomenological and phenomenological-existential psychotherapy. Similarities suggested common elements across both approaches. Therapists were found to articulate similar existential and phenomenological philosophical concepts such as choice, freedom, responsibility, meaning, and finitude. Furthermore recall and in-session evidence indicated that these concepts were applied in such practices as the use of metaphor, addressing the client holistically, and facilitating the multidimensionality of the clients' experience. Findings
also indicated that the therapeutic effects of both sessions upon clients were similar in that clients became aware of and made connections between contrasting experiences, clients developed their understandings of the relationship between the physical and psychological, and clients found they had the freedom to make choices. The findings are compared to prior theoretical literature and quantitative process research, and discussed in terms of session content and therapeutic process.
# Contents

Introduction ............................................................................................................. 1

Exploring existential-phenomenological psychotherapy in practice ....................... 12

Interpretation and hermeneutics .............................................................................. 18

Interpersonal process research and the psychotherapies under investigation in the present study ................................................................. 22

The present study ................................................................................................. 24

Participants and setting ......................................................................................... 24

Data collection ....................................................................................................... 25

Analysis .................................................................................................................. 28

  Context description ............................................................................................. 28

  Interpretation with three perspectives ............................................................... 30

  Integrating the three contexts and perspectives ................................................ 32

  Table 1: Steps of analysis .................................................................................. 35

Results .................................................................................................................... 37

 Introduction to both situated accounts ................................................................. 37

 Dyad one: A situated account of the therapy session .......................................... 38

 Dyad one: Existential and phenomenological themes ......................................... 42

 Dyad two: A situated account of the therapy session .......................................... 47

 Dyad two: Existential and phenomenological themes ......................................... 54

 Similarities between therapists in both sessions ............................................... 56

 Similarities between clients in both sessions ...................................................... 61

 Contrasts between sessions ................................................................................. 65
Introduction

Historically, the term “existential-phenomenological psychotherapy” has had a range of meanings. The therapy has profound and diverse roots in European philosophy that have led to divergent clinical approaches to existential-phenomenology today. Although historically tracing the theoretical and philosophical lineage of these therapeutic approaches is illuminating, clarification of what is meant by existential-phenomenological psychotherapy requires investigation of what actually occurs in therapy sessions. The purpose of this study, therefore, is to explore how existential-phenomenological therapists apply the theories upon which their work is based.

However, before exploring existential-phenomenological psychotherapy sessions, we need to situate these approaches in philosophical, historical, and practical contexts. Exploring these frameworks allows us to understand better the influences and traditions that have informed practitioners through the years. This background is especially important because of the difficulty in defining the term “existential-phenomenology.”

Existential and phenomenological psychologies developed spontaneously across Europe in the mid-20th century. Diverse scholars, including Eugene Minkowski in Paris, Erwin Straus in Germany, Ludwig Binsanger and Medard Boss in Switzerland, thematized new clinical approaches (May, 1958). Rollo May is often credited with popularizing these European ideas in North America through his co-edited book Existence in 1958. However, the history of existential-phenomenological psychotherapy began prior to its clinical application. Much earlier, the assertions of phenomenological and existential philosophy laid the theoretical groundwork upon which this psychology would one day be based.
Phenomenological philosophy arose in response to 17th- and 18th-century Cartesian Dualism that divided reality into two substances—bodies and minds, or objective and subjective matter respectively. It preceded existential philosophy. Philosophers at the time adhered to the position that only the study of objective reality was worthwhile (Stewart & Mickunas, 1990). On the other hand, phenomenological philosophers, most notably Husserl, argued on behalf of studying how things appear in consciousness.

Husserl’s method, transcendental phenomenology, proposed bracketing prejudices and presuppositions in order to describe the pure essence of a phenomenon as manifested in consciousness. Husserl’s fundamental objection to the mainstream philosophy of the time was its apparent loss of concrete experience. By studying how phenomena appeared in consciousness, Husserl felt that philosophers could investigate real-life experience. Consequently, phenomenology focused on the study of appearances in consciousness.

Similarly, existential philosophy arose in the 19th-century writings of Soren Kierkegaard, Friedrich Nietzsche, and Fyodor Dostoyevsky through their collective reaction to Hegel’s rationalism and philosophical system-building (Stewart & Mickunas, 1990; Burston, 1997). This philosophy was an attempt to reclaim the description of concrete, lived experience as opposed to a philosophy that focused on the world of ideas. That confrontation of ideas led existentialism to eliminate elaborate philosophical abstractions from experience.

Kierkegaard was the first to use the term “existence” in its modern sense. According to Merleau-Ponty, Kierkegaard deliberately set himself up in opposition to
Hegel, who “treated history as the visible development of a logical system, who sought in the relationships between ideas the final explanation of events, and who subordinated the individual experience of life to the life appropriate to ideas, as to destiny” (Burston, 1997, p.5). In short, Kierkegaard’s philosophy was a reaction against Hegel’s subordination of lived experience and formulation of a grand philosophical scheme in which concrete experience was minimized.

Thus, central to the work of existential philosophy was “a revolt against philosophical system-building and a call for consideration of man in his concrete situation, including his culture, history, relations with others, and, above all, the meaning of personal existence” (Stewart & Mickunas, 1990, p. 63). Appreciation for concrete explication of what obtains in human existence is, then, the basis of existential philosophy.

As Stewart and Mickunas (1990) indicate, existential philosophy has been closely related to phenomenological philosophy. The term “existential-phenomenology” joins the notion of Husserl’s phenomenological investigation with the concerns articulated by Kierkegaard (Stewart & Mickunas, 1990). However, the meaning of the term “existential-phenomenology” becomes somewhat less clear when we consider that Martin Heidegger, Husserl’s student, coined the term “existential-phenomenology” to distinguish his approach from Husserl’s “transcendental phenomenology.” As a consequence, existential-phenomenological philosophy has at least two meanings: (1) a philosophical method of investigation combining transcendental phenomenology with the concerns of existential philosophy, and (2) Heidegger’s identification of the structures of existence and the method by which he expounded those structures.
Macquarrie (1972) captured this divergence in his discussion of Husserl’s phenomenology as opposed to “existential phenomenology.”

Husserl developed a highly complex and arduous methodology for overcoming the difficulties and concealments that obstruct the attainment of pure eidetic knowledge. There is a rather sharp difference between Husserl and existential phenomenologists: whereas Husserl stressed essence and considered phenomenology an eidetic science, existentialists stressed existence. Heidegger did not deny that there is more to matter than meets the eye. But although he acknowledged all kinds of possibilities for concealment and distortion, he believed the truth could be “wrested” from the phenomena. However, he was also quite clear in rejecting the idea that behind the phenomena, there could be an utterly inaccessible “thing in itself.” We can know only the phenomena as they show themselves in themselves. (Macquarrie, 1972, pp. 22-24)

To summarize, while Husserlian transcendental phenomenology and the existential-phenomenology grounded in Husserl’s philosophy required bracketing prejudices to gain access to things in themselves, Heideggerian existential-phenomenology claimed that, depending on the type of access we have to phenomena, things can show themselves in different ways (Packer, 1989). What is uncovered is the entity “as it is capable of being dealt with” as opposed to a timeless, universal essence (see Okrent, 1988 in Packer, 1989, p. 279). For Heidegger, then, meaning was always wordly or contextual.

This does not mean that Heidegger did not espouse a form of bracketing in his own right. For Heidegger, to study a phenomenon we must first have a pre-understanding of what is knowable. This pre-understanding is what Heidegger (1926) called a fore-structure, which is the generally taken-for-granted background that influences our interpretations. In other words, to make explicit interpretations about things as they can be known (in a given time and place), the interpreter needs to account for his generally taken-for-granted background (Packer, 1989). Thus, both Heidegger and Husserl attempted to gain fuller access to things as they appear to us and both believed
that we need to account for our preconceptions in some way. Nevertheless, they differed in what they felt was knowable, and whether the meaning of phenomena was within the thing itself or within its context.

In the same reactive way that existential and phenomenological philosophies arose, their psychological offspring emerged “as reactions against early and mid-20th-century physicalism” and, in particular, “as reactions against the social sciences (that) were modeling themselves after the physical sciences” (Fischer, 1991, p. 535). Also, mirroring philosophical developments, psychologists have defined their approaches as strictly existential, strictly phenomenological, or existential-phenomenological. In addition, there are existential-phenomenological psychologists who define their approach based upon the work of Heidegger and those who base their approach on the work of Husserl. The latter group may prefer the term “phenomenological-existentialists” to emphasize their concentration on phenomenology rather than on existentialism (Fischer, 1991).

Therefore, today within the broad sphere of existential psychotherapies lie numerous psychotherapies with divergent roots. The term “existential-phenomenological psychotherapy” refers to at least two of them. Schneider wrote about this larger sphere of existential psychotherapies:

...there are differences among existential theorists with regard to philosophical implications of therapeutic experiencing. Although most existential theorists agree that clients need to confront the underlying givens (or ultimate concerns) of human existence during the course of a typical therapy, the nature and specificity of these givens varies. (Schneider, 1998, p. 103)
There are many examples of divergent philosophers who have contributed distinct “givens” to existential psychotherapies. In the Introduction to *Existential Foundations of Medicine and Psychology* by Medard Boss (1979), Conway and Cleaves wrote, “It (Boss’s 1979 volume) proposes nothing less than demolishing the natural science paradigm that underlies modern medicine, and replacing it by a radically different one that is based upon Heidegger’s ontology of Dasein” (p. ix). Boss’s psychotherapy, Dasein’s analysis, is therefore one example of a psychotherapy derived from Heidegger’s givens of existence. Other examples, as Fischer (1991) indicated, include Minkowski and Straus, who were influenced by Husserl’s transcendental phenomenology, and Viktor Frankl, who was inspired by existential philosophers, including Kierkegaard, Buber, and Marcel.

Historically, existential therapists as a group have been understood in terms of the philosophies upon which their individual psychotherapies are based. For example, psychiatrists Viktor Frankl (1946) and Irvin Yalom (1980) extensively identified their approaches as existential but did not widely identify their approaches as phenomenological. Ludwig Binswanger and Medard Boss identified themselves as existential-phenomenologists based on Heidegger’s philosophy (Cohn, 1997, p. 6). Jaspers (1959) and Straus (1966) derived an existential-phenomenological psychotherapy from the work of Husserl.

To complicate matters, some scholars, namely May (1958), Binswanger (1958), Boss (1979), and Sartre (1956), used the term “existential” as shorthand for “existential-phenomenological” in describing their psychotherapies. Finally, there are contributors
who called their therapies existential to the vigorous disagreement of the community of existential psychologists, among these being Albert Ellis (Dryden, 1990).

Given the discrepancies described above, it may be helpful to turn to specific examples to learn more about the nature of existential-phenomenological therapy. For instance, Frankl (1967) described his paradoxical intention technique as follows:

A young physician came to our clinic because of severe hydrophobia. He had been troubled by disturbances of the autonomic nervous system for a long time. One day he happened to meet his chief on the street, and, as the young man extended his hand in greeting, he noticed that he was perspiring more than usual. The next time he was in a similar situation he expected to perspire again, and this anticipatory anxiety precipitated excessive sweating. It was a vicious circle; hyperhidrosis provoked hydrophobia and hydrophobia, in turn, produced hyperhidrosis. We advised our patient, in the event that his anticipatory anxiety should recur, to resolve deliberately to show the people whom he confronted at the time just how much he could really sweat. A week later he returned to report that whenever he met anyone who triggered his anticipatory anxiety, he said to himself, “I only sweated out a liter before, but now I’m going to pour out ten liters!” What was the result of this paradoxical resolution? After suffering from his phobia for four years, he was quickly able, after only one session, to free himself of it for good by this new procedure. (p.146)

According to Frankl, the above quote characterizes an approach predicated upon a philosophy that holds that all human beings share certain givens in their existence. In this case one given that can be readily seen is the uniquely human potential for self-detachment inherent in a sense of humor (p.147). Frankl also felt this technique makes use of the Heideggerian assertion that “…‘sorrowful concern’ is an essential feature permeating human existence” (p.147). Frankl’s clinical formulation depends upon the Heideggerian notion of concern or care (Sorge). Sorge refers to the notion that Dasein is always concerned with the world, always taking care of things. For Frankl, humor allows the client to step back from his engagement in sorge and self-detach. Without this ability
humorously to step back and see himself in his daily grind, the patient would not be able paradoxically to challenge his pathological sorge or engagement with the world. Therefore, the above example illustrates a relationship between what is said in a Logotherapy session and the philosophy from which it was derived.

An example by Medard Boss (1979) illustrates a therapy predicated upon Heidegger’s existential phenomenology:

Another manifestation of the bodyhood of her existence here was a noticeably increased pulse rate and a considerably freer contraction and dilation of her heart. She herself did not discern the presence of an organ anywhere within her body, or of anything she had inside. She felt a distant rushing in the region of her heart, a pounding that was herself, or she would not have been in a position to say, “I hurried toward him, my heart pounding.” With these words she utters her awareness of becoming absorbed body and soul--with everything she was, her whole being--in her powerful existential connection with her lover. What appears in a scientific interpretation to be the beating and pumping of a physical organ reveals itself as the bodying forth of Regula Zurcher and her lover’s way of being together. (p.83)

The above concept derives from Heidegger’s structures of existence--most notably, being-with-others--and also strives to understand the patient’s meaning of events in terms of the givens of existence. Heidegger’s structures of existence can also be seen in Rollo May’s clinical formulations. May wrote:

At the beginning of therapy, Helen was not aware that she had these wishes for her mother’s love and tenderness and for being enclosed in fondling arms (though she got it promiscuously from the various men she slept with)…. I mention these things to show that bringing to awareness these important, long-denied wishes is not at all easy…. Consciousness itself includes my awareness of my role in it. On this level, the patient experiences I-am-the-one-who-has-these-wishes. This is the dimension of accepting one’s self as having a world. If I experience the fact that my wishes are not simply blind pushes toward someone or something, that I am the one who stands in this world where touch, nourishment, sexual pleasure, and relatedness may be possible between me and other persons, I can begin to see how I may do something about these wishes. (May, 1969, pp.262-265)
Rollo May’s conceptualization of Helen’s lack of awareness of her own desires appears to stem from Heidegger’s portrayal of Dasein as being the kind of being who has its very being at issue. In other words, it is the self-questioning nature of consciousness for May, or Dasein for Heidegger that allows Helen both to want something and not to want to acknowledge it in order to insure the security of her own world. And yet May notes that, if she could see herself as the bearer of her world, she could then begin to see herself as capable of changing it.

The above brief examples are meant to demonstrate that distinct psychotherapeutic practices followed from therapeutic endorsements of different existential philosophical principles. Because of the varying bases of existential and phenomenological philosophy, present-day practice within existential psychology ranges over a wide spectrum. However because the term “existential” also suggests something shared among these psychotherapies, scholars have tended to explore the commonalities among their approaches.

Walsh and McElwain (2000), by characterizing existential psychotherapies, demonstrated the philosophical roots of these therapies. They delineated six main themes shared by existential psychotherapies. First, human beings are seen as fundamentally free to make choices and determine the direction of their own development. Second, existentialists regard the split between subject and object to be an abstraction; in other words, instead of identifying a subjective reality within an objective world, they recognize only individual or shared constructions of the world. Third, temporality is defined as lived time as opposed to clock time, which is a modern abstraction from experience. Accordingly, time cannot exist outside of human experience; rather, time
itself is always in relation to being, becoming, or moving toward some unrealized state. Fourth, being is considered a dynamic fluid condition. Existential positions oppose orientations that assume deterministic views of the person or personality. Fifth, existential anxiety and existential guilt are identified as ordinary aspects of struggles in living. Existential psychotherapists seek to expose anxiety and guilt in their patients in order to categorize these feelings and provide the opportunity for change. Sixth, existential therapists seek to facilitate patients’ authentic living. This reflects the Sartrean notion of “bad faith,” whereby the individual lies in order to protect himself/herself from the guilt that accompanies being free and responsible. It is this kind of lack of authenticity that facilitates the formation of defense mechanisms.

These theoretical themes reveal some common threads across existential approaches. When it comes to clinical practice, Walsh and McElwain (2000, p.3) report little consensus: “It is thus appropriate to speak of existential psychotherapies, rather than of a single existential therapy.”

Similarly, Fischer (1991) identified six practices of phenomenological-existential (Husserlian) psychotherapy. First, the therapist repeatedly brackets prior theoretical and practical assumptions about clients, attending more carefully to clients in terms of their own lives than in terms of abstract formulations. Second, the therapist endeavors to be open and sensitive to the uniquely human characteristics of the patient; s/he, therefore, depends upon “process“ and “dynamics“ in order to address the so-called “internal“ and “external“ realities at the same time. Even when focused upon separately, these components are regarded as implying one another. Third, active interventions are directed not only at behavior or at internal dynamics, but at both simultaneously. They
are addressed concurrently in terms of patients’ living their lives within their worlds. Fourth, the therapist does not impose artificial clarity upon the data, but respects the ambiguity inherent in human reality, dependent as it is upon possible historical, personal, and technological access. It is not the case that everything is relative. Although subject to varying expression, and never apprehended completely, humanly-knowable reality has its own orderliness. Through respect for both ambiguity and orderliness, the therapist encourages patients to respect the complexities of their lives and to accept conflicting motives. Fifth, many conflicts are identified as existential—as choices reflecting values and living circumstances as limitations. Many existential therapists also study phenomenological human-science research for guidance in regard to which options are structurally possible within the parameters of a case. Sixth, the therapist recognizes that the relationship with the patient is powerful in its own right, that it affects both participants, and that, when deemed helpful, the relationship between them is to be addressed openly.

In summary, existential philosophy and phenomenological philosophy arose in response to 17th through 19th-century thought that identified subjective or human experience as unknowable. Existential and phenomenological psychologies were founded upon existential and phenomenological philosophies in response to the physicalism of the social sciences in the mid-20th century.

The term “existential psychology” has at least three meanings: first, it may refer to a psychology derived from an existential philosophy, for example, Frankl’s Logotherapy, as predicated, at least in part, upon the writings of Kierkegaard. Second, “existential psychology” has been used as a contraction of “existential-phenomenological
psychology,” as identified in Sartre’s existential psychoanalysis. Third, “existential psychology” has been used broadly to refer to both existential and existential-phenomenological psychotherapies.

The term “existential-phenomenological psychology” has at least two meanings: first, it has been used globally to describe psychotherapeutic approaches based on the 1926 ontological work of Martin Heidegger. Second, it has been used to describe psychotherapeutic approaches that combine the method of Husserl’s phenomenological approach to the concerns of existential philosophers. This latter position may be more accurately termed “phenomenological-existential” psychology to show that the philosophical emphasis of this approach is on Husserl’s phenomenology rather than on the givens of existence.

Ultimately while this review has explicated differences and similarities in philosophy and theory, it still remains unclear as to just what it means to say that a given psychotherapy is existential-phenomenological. Despite the fact that the term refers to something in common among these clinical approaches, the term still has various meanings. Consequently, it may prove helpful to investigate what self-declared existential-phenomenological psychotherapists mean when they say they are doing existential-phenomenological therapy.

Exploring Existential-Phenomenological Psychotherapy in Practice

The descriptions of therapy that exist in the literature are helpful in directing us to understand the theoretical commonalities among divergent approaches within existential-phenomenology. However, we need a method to study the practical psychotherapeutic
application of existential, phenomenological, and existential-phenomenological philosophies.

Throughout the field of psychotherapy research, myriad methods and coding instruments have been developed (e.g., Alexander & Luborsky, 1986; Barrett-Lennard, 1986; Horvath & Greenberg, 1986; Lorr, 1965; Pinsof & Catherall, 1986; Orlinsky & Howard, 1986). Such methods for gathering data on psychotherapy tend to use third-party raters to quantify results, which, in turn, appear to obfuscate events that transpired during the session. Methods of research derived from the dualistic and physicalistic positions of natural scientific psychology are unlikely to be valued by existential-phenomenological therapists.

Alexander and Luborsky (1986) developed the Penn Helping Alliance Scales, a three-part data gathering system that addresses the patient and therapist’s experience in a mutually-beneficial relationship. First, the observer codes behavioral signs of the patient’s experience by type. The system then incorporates observations of the patient and therapist’s experience on a ten-item Likert scale. Finally, the patient rates his/her experience on an eleven-item Likert scale. The raw data is then analyzed in order to provide a quantitative measure of the helping alliance, a complex construct statistically found to correlate with psychotherapeutic change.

Horvath and Greenberg (1986) discussed the difficulties in selecting the source of data in their proposal of the Working Alliance Inventory (WAI), a psychotherapy process self-report tool:

Perhaps the most fundamental issue on which a developer of a psychotherapy assessment system has to take a position is the choice of the source of his or her information, that is, whether he or she will collect information from the client, the therapist or some independent judge and,
following from this decision, the most appropriate methodology by which to collect this information. Before delineating the alternatives and choices that were reviewed by us in creating the WAI, we should acknowledge that since each of these points of views will yield a unique source of data - the best of all possible worlds would be some kind of combination of all these data sources. Without going into detail, we would suggest, that in this instance, both the conceptual and technical problems associated with a multiple perspective system are such that the complexities would have been overwhelming. (Horvath & Greenberg, 1986, pp. 535-536)

Horvath and Greenberg (1986) suggested administering the self-report Likert scale to one or both psychotherapy participants, in spite of advantages gained by the inclusion of a third party observer. The WAI, like the Penn Helping Scales (PHS), is based on the working alliance construct or theoretical scheme of Bordin (1975). In this conceptualization, the working alliance is a product of three therapeutic components: agreement on goals, degree of concordance regarding tasks, and development of personal bonds.

Thirty-six items on the WAI are designed to address the three components of Bordin’s construct. However, the inventory addresses the experiences of patient and therapist in terms of their quantified endorsements of predetermined categories. Whether or not those categories relate to positive therapeutic experience, the experience itself is obscured in the research process.

Predetermined categories used to address divergent therapy sessions necessarily exclude situation-specific phenomena. More perspectives on a phenomenon enhance the potential richness of findings, but each additional view creates a greater challenge in analyzing the data (Horvath & Greenberg, 1986). Even with greater complexity and richness of data, dissimilar perspectives employed as measurements of reliability or
concordance among participants can, at best, present a weak portrayal of experience within a given situation.

In order to address the difficulties of prior research methods, Barrett-Lennard (1986) proposed a Relationship Inventory (RI) that “does not tap or ‘count’ discrete units of interaction, is not designed primarily for use by external raters or ‘judges’ and, in general, does not imply rejection of ‘subject’ experience as scientifically valid data” (p. 439). However the RI, like the WAI and the PHS, investigates pre-selected facets of experience placed in questionnaire form and quantified from responses to sixty-four Likert-type items.

These approaches and many others quantify responses and attempt to gain objectivity through the use of third party raters. However, as Neimeyer and Resnikoff point out about objective, quantifiable approaches (Register, 1994, pp.2-3), “something is missing”:

...one is left with the feeling that something is missing: that the study failed to do justice to the totality of the phenomenon. And it is not that the study simply failed to produce intellectually satisfying findings. It is that the study failed to look for them. This outcome results from a methodological restriction, one that rests on the epistemological assumption that human experience is knowable through the objective observation of quantifiable phenomena.

Qualitative methods have limitations as well. The work of Yalom and Elkin (1974) qualitatively presented the lived experience of psychotherapy sessions from the perspective of therapist and patient. The publication is in the form of reflections of patient and therapist on their therapy sessions over a course of treatment. By addressing the lived experience of participants, this study has the advantage of presenting distinctions between the intentions of the therapist and the effects upon the patient.
While illuminating, the accounts are presented strictly in the narrative form of journal entries and, as Register (1994) indicates, the study makes no attempt to analyze or interpret the salient features of the experience of the therapist and of the patient.

Based on the research discussed above, it is important to consider the relationship between what participants say they do and what they actually do. This consideration is particularly relevant to the present study because its focus is on the application of philosophy to therapeutic practice. In other words, studying the motivations of the therapist is as important as analyzing the events that occur during the session.

In addition, neither self reports nor observer accounts necessarily do justice to the therapy session because of lack of awareness and/or subjectivity. Heidegger addressed this issue (see Packer, 1989, p.107): “The peculiarity of what is proximally ready-to-hand is that, in its readiness-to-hand it must, as it were, withdraw in order to be ready-to-hand quite authentically.” When we are involved in an everyday activity, we may lose sight of our mundane actions by virtue of our familiarity with them. Analyses should consider those aspects of experience of which participants may be unaware.

In this way, a self-report of a lived event is likely to miss many features because participants may not reflect upon actions as they are performing them; they may lose themselves in the endeavor through familiarity and habit. The classic Heideggerian example of this is hammering a nail. When we hammer, we tend not to contemplate the hammer; rather, our attention is simply on getting the nail into the wood. Only if something should go wrong, as would be the case if the hammer broke, would we become acutely aware of the hammer and catch sight of ourselves as suddenly not hammering. Similarly, while we are engaged in therapy, either as patient or as therapist,
we tend to focus on the topic of discussion not necessarily reflecting on what we are
doing. Similarly, reflection on theories or principles may not correspond directly to the
session as lived out between therapist and patient.

Therefore, the accounts of all three parties (patient, therapist, and observer) are
fundamental, as Walsh (1995) indicates, to determine what occurs in existential-
phenomenological therapy. Fessler (1978) emphasized this:

The researcher is a third perspective (along with his co-researchers the
therapist and client) expressing his unfolding experience of the
phenomenon as it is detailed chronologically throughout the research. In
this sense, the researcher’s view is seen as more data. His view reveals
aspects of the phenomenon that were horizonal for the participants. (p. 85)

The overwhelming majority of psychotherapy research is quantitative. For the
reasons discussed above, such data are unlikely to contribute much to psychologists who
identify with existential and phenomenological philosophy and psychology. For the most
part, while qualitative research in the field of psychotherapy research provides helpful
descriptions, studies have either not attempted to analyze what transpired in the session,
as was the case in the work of Yalom and Elkin (1974), or have not included the
perspectives of the therapy participants and researcher in their analyses.

What is required is a qualitative method of psychotherapy research that is
compatible with the philosophical background of existential-phenomenological
psychotherapists, and one that can provide an analysis to account for the horizonal
aspects of participants by including the perspectives of patient, therapist, and researcher.
The present study addresses the practice of existential-phenomenological therapy in this
way.
Interpretation and Hermeneutics

The hermeneutic method, as articulated by Paul Ricoeur, is predicated on understandings of Husserlian and Heideggerian philosophy. Ricoeur (1994) provided the following working definition of hermeneutics: “…the theory of operations of understanding in their relation to the interpretation of texts” (p.43). The term “text” has a colloquial meaning but, in relation to hermeneutics, means a representation of discourse that was fixed in time and was produced according to certain rules as a totality.

Thompson (see Ricoeur, 1994) provides a helpful definition of the term “text” in its present usage:

The text is a work of discourse, and hence in the first instance a work. To say that a text is a work is to say that it is a structured totality which can not be reduced to the sentences whereof it is composed. Such a totality is produced in accordance with a series of rules which define its literary genre, and which transform discourse into a poem, a novel, a play. (p.13)

Psychotherapy viewed as a text would also be a work in this sense. In other words, the therapy session should be taken up as a structured irreducible totality. This means that statements made in the session should be interpreted in light of the entire session. The session should also be conceptualized as having been produced in accordance with the rules that define it as therapeutic discourse. This suggests that evidence of the healing work should be revealed in a hermeneutic account of a session. The session should also be explored as an example of its “genre,” in this case, existential-phenomenological psychotherapy.

Knowing something of the “genre” of existential-phenomenological psychology is crucial to hermeneutically investigating it. Brown, Tappan, Gilligan, Miller and Argyris
(1989) suggest that the researcher should be rigorous in his or her attunement to the contexts that ground the analysis:

It follows that in order to understand the meaning of an individual’s response to an interview question (let alone the full narrative that he or she provided) the researcher must have some understanding of the context from which both the interview and the interviewee have come, as well as the context of their encounter - i.e., the interview relationship itself and the setting in which it occurs. (p.143)

The context of an event under scrutiny is, therefore, the background information which gives meaning to the event. For example, the meaning of a session changes from more novel to more familiar if the context of the session changes from an intake to one many months later. Likewise, what it means that two people are engaged in conversation changes when we are given the contextual information that they are involved in a therapy session, and it changes again if we are given the background knowledge that they are both anxious about being tape-recorded. Packer (1989, p.16) noted that the researcher is equally situated in context.

Interpretive inquiry focuses on human activity situated in context and the offspring of such activity...People both constitute and are constituted by their social world; we contribute to sustaining it as what it is (or changing it); it made us what we have become. We are not and cannot become, the neutral and dispassionate observers that both empiricism and rationalism would have us be.

In engaging in research, the researcher has a perspective. This perspective is shaped by the events which the researcher hopes to see, and events that he would rather did not occur. Packer argues that the observer has a background that influences him or her and shapes the researcher’s perspective. For these reasons, hermeneutic research needs to account explicitly for the context or background information that gives meaning to what the researcher does.
A hermeneutic method is ideally suited for the task of exploring phenomena in a situated way (Packer, in press). Hermeneutics examines situated behaviors so that the reader can understand their meanings from background information. The hermeneutic analyst does this by rigorously interpreting lived interactions as captured or fixed in such forms as videotape recordings, audiotape recordings, and typewritten transcripts. These “texts” are distantiated somewhat from the actual events that were recorded. It is possible, for example, to misinterpret something that was presented in a transcript because the historical and social backgrounds of the participants are lacking in the representation. This requires that the hermeneutic analyst constantly ask, “What is occurring in this text? And what is the evidence that what I think is occurring is really occurring?” In order to answer these questions, the hermeneutic analyst must ground his interpretation upon evidence from the text and reinterpret his understanding in light of background information.

It is in reference to this evolving process that Packer (1989) wrote that the ground of knowledge for hermeneutics begins from a “...practical understanding; articulated and corrected” (Packer, 1989, p.16). The hermeneutic analyst begins with his or her everyday understanding of an interaction, looks for evidence that either affirms or casts doubt upon that understanding, and then reinterprets his understanding in light of the new knowledge. Hermeneutic analyses could continue infinitely in this circular fashion. However, as Packer points out, this circle is not a vicious one because it continues to provide more information. The issue becomes determining when the findings are sufficient.
Hermeneutic methods are ultimately evaluated by whether or not interpretations uncover answers to the motivating concerns (Packer, 1989, p.16). The character of the explanation of hermeneutic accounts is as a narrative or a reading of the text (Packer, 1989). In other words, hermeneutic analyses produce a story that unfolds by virtue of the evidenced interpretations. In order for the story to be understood, it needs to address relationships through familiarity with the context within which events occurred. The findings of hermeneutic research can never be absolutely complete. However they may provide satisfying and illuminating answers to the research questions being asked.

It should be noted that this interpretation can be shown to be faulty, a feature that provides rigor to hermeneutic inquiry and distinguishes it from subjectivism. Hermeneutic analyses require the explicit articulation of how the researcher derived an understanding from the text. Naturally, the meaning of the text in light of evidence may be debated, the background of the events as they were recorded or the context of the researcher may be critiqued as inapplicable or limited in some way, and the researcher’s inference from textual evidence to conclusion may be questioned.

To summarize, the present study is concerned with how existential phenomenological therapists put into practice the philosophies upon which their psychotherapy is based. A session transcript, taken as a text, may be interpretively and hermeneutically analyzed in order to provide an understanding of psychotherapeutic events that transpired. However, because the current study is focused on transforming philosophical concepts into practical application, we need to explore a way to collect data that can provide an account of what therapists, in fact, intended to do in a session.
Interpersonal Process Research and the Psychotherapy Under Investigation in the Present Study

The emergent issue for the present study is how to obtain psychotherapy session data so that what therapists intended to do and what was done in the session can be interpreted. Kagan, Krathwohl, and Miller (1963) proposed a method for gathering psychotherapy process data that involved videotaping therapy sessions and then asking participants to recall significant moments while viewing the video recorded session. This method became known as Interpersonal Process Recall (IPR). IPR has had far reaching applications, from the training of health professionals including medical doctors and nurses (Kagan, 1978), to more intricate methods that combine qualitative and quantitative forms of data analysis (for example Elliott’s Comprehensive Process Analysis, 1984).

In like manner, Robert Fessler, in his 1978 phenomenological dissertation on the transformative nature of meaning and the function of context in psychotherapy essentially used IPR, though he apparently was unaware of the still new method:

Arrangements were made with the therapist and his patient to listen to a tape of one of their therapy sessions and to interview both the therapist and his patient with regard to their experience of a segment of that session, I met the therapist and his client and made arrangements to meet with them, separately, the following day. (Fessler, 1978, p.60)

By interviewing patients and therapists separately after a session, researchers have relied on IPR to provide an understanding of meaning, context and experience as they relate to psychotherapy sessions. IPR has also been used to collect data and, through phenomenological analysis, to find similarities across divergent psychotherapeutic orientations. As an example, Register (1994) implemented IPR in order to investigate
phenomenologically therapeutic relationships between patients and therapists in object-relations, existential, and Kohutian therapies.

The dissertation of Register (1994) applied the phenomenological method of Giorgi (1970) to different therapy sessions in order to discern patient and therapist themes that described the structure of their experience. In this study, discrete moments in therapy sessions were examined, and meaning units were interpreted and eventually combined into themes. For all three therapies, Register found the following themes:

(a) Not knowing/ (knowing) (Being open, wondering, realizing it was true), (b) Finding and weaving patterns (Putting things together, wanting client to do something different), (c) Making decisions: Going with the flow vs. Bringing it up, and (d) Feeling various emotions. (Register, 1994, p. iv)

Although Register intended to find sets of themes that distinguished the three approaches to therapy, her results indicated “a considerable overlap in themes” (p.24) that led her to avoid presenting explicit findings regarding each of the approaches, existential therapy among them.

While the present study is in the same spirit as Register’s dissertation, the current project hermeneutically explores two sessions within the same orientation to gain an understanding of the similarities and differences of the philosophies involved. IPR has been used to illustrate differences and similarities within a single psychotherapeutic orientation. Fowler-Becerril (1994) used IPR to identify significant therapy events in four solution-focused therapy sessions and Walsh (1993) used IPR to hermeneutically study client and therapist values. In contrast, the present study is distinguished from prior research in its exploration of the therapeutic intentions and application of putting philosophical concepts into the practice of existential-phenomenological psychotherapy.
The Present Study

The present study employs IPR with two patient-therapist dyads in existential-phenomenological psychotherapy. Communication between patient and therapist is addressed from three perspectives: the patient’s presentation, the therapist’s understanding, and the researcher’s observation and analysis. For both therapists and patients distinctions are drawn between experience as lived, as articulated through the session, and as perceived by the researcher. This is important in order to analyze what the therapist did as opposed to what the therapist intended to do. Uncovering these answers to perspectival questions enhances our understanding of the application of philosophical concepts to the practice of existential-phenomenological psychotherapy.

Participants and Setting

Participants consisted of two licensed psychologists who were also professors of existential psychology and who identified themselves as existential-phenomenological in orientation. Both professors have published works on the subject of existential psychology and regularly teach undergraduate and graduate courses that address, as part of the course content, the relationships among philosophy, therapeutic praxis and conceptualization of psychopathology. Also participating in the study were two patients, each of whom was engaged in psychotherapy with one of the therapists. The patients were selected by the therapists according to the criteria of who would best benefit from, and who would be least inconvenienced or disadvantaged by, the experience of reviewing and reflecting on a psychotherapy session.

The settings for this psychotherapy investigation were the offices in which the therapists regularly met with their psychotherapy patients. In one instance, a video
camera on a tripod was placed in the office during the therapy session and was set to record both client and therapist in the frame. In the other instance, due to the therapist’s concern about the intrusiveness of the camera, the session was audio taped. The researcher was not present during either session.

**Data collection**

I contacted therapists by consulting the Duquesne University Psychology Clinic’s list of practicing therapists available to graduate students and by inquiring with local clinical psychology professors. I consulted many existential-phenomenological therapists, among whom three psychology professors agreed to participate. One dyad was eliminated from the study because, mid-way through data collection, a client withdrew for the study. The client did not provide a reason for this decision.

Each therapist was informed:

I am a doctoral student in psychology at Duquesne University. I obtained your number from a list that we have in the psychology clinic of practicing psychotherapists. I called to ask you for your participation in my dissertation research. I am studying what we mean in practice by existential phenomenological psychotherapy. If you identify yourself as an existential phenomenological therapist, I invite you to participate in this research. The study involves interpersonal process recall, which means that I would set up a video camera during a session to which your client and you would consent. After a short break, I would then interview each of you separately while watching the video. Of course names and any identifying information will be kept in the strictest confidence.

I asked therapists who expressed a willingness to participate to assess clients’ interest in joining this study and to ask if I (the researcher) could contact the clients directly to explain the study in detail. After the therapist obtained consent to be contacted from the client, I obtained the client’s name and phone number from the therapist. I then contacted the client, explaining the study in detail and inviting him or her to participate.
A meeting following the recorded session was then scheduled with both the client and the therapist separately. Both therapists and clients consented to the research in writing prior to any data collection (Appendix A: Client Consent Form, Appendix B: Therapist Consent Form). Therapy sessions were then recorded.

Therapists and clients were invited back separately to review the therapy session material. These recall sessions occurred in the therapist’s office and the Duquesne University Psychology Clinic for the first dyad, and in the respective homes of the therapist and client for the second dyad. These “recall” meetings were recorded on audiotape. During the recall meetings, therapists and clients were asked to choose where to pause the tapes of the sessions. As participants spoke about the session, I asked only nondirective/open-ended questions such as, “Can you say a little bit more about that? What was going on for you?” The point of the non-directive questions was to obtain as full an account as possible of each participant’s experience of the session. Follow-up questions were asked only if I felt that participant responses were too brief.

Both therapy sessions and recall interviews were transcribed for analysis. In transcribing from the audiotape and videotape, I removed all identifying information. The audiotapes and transcripts, along with the videotapes, were stored in a locked file cabinet while the research was being done and were destroyed at the end of the study. While clients and therapists viewed the video of themselves or listened to the audiotape of the therapy session, they did not review the audio recording or transcripts of themselves in the recall sessions. I introduced interviews with therapists as follows:

As you may recall, the purpose of this study is to investigate the experience of being in existential psychotherapy. I am going to play back the video of your session with (name). Please interrupt the video when you feel you would like to comment on what is going on. During these
pauses, I want you to tell me what was going on. For example, what were you intending to do? Also, feel free to tell me anything that comes to your mind as you view the session. Do you have any questions? Okay, let’s begin.

I introduced the client follow-up interviews as follows:

As you may recall, the purpose of this study is to investigate the experience of being in existential psychotherapy. I am going to play back the video of your session with (name). Please interrupt the video when you feel you would like to comment on what is going on. During this pause, I want you to tell me what was going on. For example, how did (name’s) words affect you? Also, feel free to tell me anything that comes to mind as you view the session. Do you have any questions? Okay, let’s begin.

Each therapist viewed the recorded session material. The therapist determined at which points to interrupt the tape and to have his reflections recorded on audiotape. If I felt that responses were too brief, I asked something like, “What was going on?” After the therapist provided reflections, I interviewed the client in the same manner. The client paused the recording at moments s/he selected. Therefore clients and therapists did not necessarily comment on the same therapy session segments. This method allowed all participants to comment on their respective experiences/perceptions of the therapy session.

I transcribed the tapes of the therapy sessions as well as the follow-up interviews. The result was a therapy transcript, along with an experiential account of both participants. In this way, the completed transcript documented, in three columns, what the therapist and the client expressed during the session, and what each participant thought with regard to what was said (Appendix C: Dyad One Transcript; Appendix D: Dyad Two Transcript).
Analysis

After data collection, my analysis of the full psychotherapy sessions proceeded in several steps, which I categorized as: (1) Context Descriptions (2) Interpreting Three Perspectives (3) Integrating the Three Contexts and Perspectives (see Table 1). Several organizational modifications were made to the sequence of the analysis over the course of this research. As the following sections will clarify, the analysis involved six separate readings of the session material (steps 2, 3, 4, 5, 6, and 8). As the analysis progressed, I felt a shift in my relationship to the data as I began to lose my sense of being an objective researcher and to see the findings as a creative interpretation. As a result, I switched to the use of first person in my descriptive narratives to remind the reader and myself that findings were not merely discovered by me but were disclosed, shaped and circumscribed by me. The three perspectives (client, therapist, and researcher) are not equally emphasized. Ultimately, as the researcher, it is I who narrated and defined the results.

Context Description

In keeping with the research by Brown, Tappan, Gilligan, and Argyris (1989), I set out to describe background information that would shed light on the events under scrutiny. I began by asking the guiding question, “What was the context of the researcher?” I asked myself this question, as proposed by Heidegger (1926), in order to articulate my fore-structure. To answer this question, I imagined a person from the distant future reading the results of this dissertation. I did this to encourage myself to make explicit the day-to-day events that undoubtedly influence me but that I do not normally notice. I then asked myself what I should write about my history and other influences that would shed light on the results of this study for that reader. Because I felt
that the researcher’s context was the same for both sessions, I present it only once with
the intention that it applies to both sets of data. The answer to this question was a
narrative describing the historical and social background of the researcher as well as my
presuppositions and aspirations for the research.

Next, I asked myself, “What was the context of the session?” In order to answer
this question, I integrated some basic information about the setting and then reviewed the
session and recall material looking for information that described how the therapy began,
how long the client and the therapist had been meeting, how frequently they met, the
length of sessions, and other material that might be clinically relevant, thereby shedding
light upon the clinical discourse of the session. I determined an overview once for each
session. The answer that resulted was a narrative describing the historical and social
background of the psychotherapy session, including the setting of the session and the
length of the professional relationship between the therapist and the client.

I went on to ask, “What was the context of the research procedure?”
To answer this question, I reviewed the session and recall material looking for any
reference to the novelty of this particular session because of the obtrusiveness of the data
collection procedure. I compiled a list of these comments once for each session and
prepared a narrative based on this evidence to use for the purpose of shedding light on the
clinical discourse, intentions, and understandings. I wanted this narrative to allow the
reader to gain an understanding of how this particular session was different from other
sessions because of the effects of data collection. The answer from this investigation was
a brief narrative that referenced evidence in the data and described the effect of the
research procedure on the psychotherapy session and the participants.
Interpretation with Three Perspectives

Setting the descriptions of context aside, I began to interpret the data and to articulate what I saw, knowing that I would be returning to the data again to modify my interpretations, as Packer (1989) indicated. I initiated this process by asking, “What did the therapist’s recall comments reveal about his intentions in the session?” In order to answer this question, I reviewed the session recording, reading through the session and recall transcripts. I looked for evidence in the recall data that shed light on the therapist’s in-session intentions.

Sometimes the therapist stated an intention explicitly; however sometimes I had to infer his intentions. The procedure was similar either way. First, I selected a quote by the therapist in the recall interview that I felt most clearly showed an intention. Next, I wrote out a description of what occurred in the therapy segment that the therapist selected during recall. In the instances when the therapist’s intention was more implicit than explicit, I provided lengthier descriptions to support my interpretation. Finally, I formulated an explicit statement of the therapist’s intention. I addressed each transcript in this way. This process resulted in a list of therapist intentions. For each intention, recall evidence was presented and session evidence was documented. Finally, I was able to express the intentions explicitly.

In similar fashion, I went on to ask, “What did the client’s recall comments reveal about his/her understandings of the therapist’s actions?” To answer this question, I reviewed the session recording, again reading through the session and recall transcripts. I looked for evidence in the recall data that shed light on how the client reacted to the statements of the therapist.
Often the client stated an understanding explicitly; however, sometimes I had to infer understandings. The procedure was similar either way. First, I selected a quote by the client in the recall interview that I felt most clearly showed an understanding of the therapist’s side of the dialogue. Next, I wrote out a description of what occurred in the therapy segment that was selected by the client during the recall session. When the client’s understanding was more implicit than explicit, I provided lengthier descriptions to support my interpretation. Finally, I formulated an explicit statement of the client’s understanding. I addressed each transcript in this way. This resulted in a list of client understandings/reactions. For each compilation, I presented evidence from the session and/or recall data, followed by an explicit statement of client understanding.

Next, in keeping with research by Walsh (1995) and Fessler (1978), I included the researcher’s perspective on events by asking, “What do I notice about this session?” To answer this question, I reviewed the session tapes in the absence of recall data, taking notes about what I thought was occurring between the client and the therapist. For this review, because I was already familiar with the data, I needed to be careful to restrict my observations to what I noticed in the session and not to be tempted to include rationalizations or deductions based on what I knew from the recall interviews. For the sake of adding another perspective and more data, I focused on the mundane, day-to-day aspects of the session that were more likely to be horizontal for the participants. I repeated this procedure once for each session. This process resulted in a narrative chronological account of what I as the researcher saw occurring between client and therapist. I gave special attention to events that I assumed were unnoticed by the participants.
Integrating the Three Contexts and Perspectives

Having performed the above analyses, I felt prepared to return to the session material and ask, “What does a situated or contextualized account of each therapy session look like?” To answer this question, I prepared a single account of each therapy session that integrated each of the three contexts and each of the three perspectives. To prepare this account, I paired statements of therapeutic intention with statements of client understanding. Then, with these statements of intention and understanding in mind, I reviewed the three context descriptions.

When I felt that the meaning of the statements would be affected by something within the context descriptions, I noted it and included the changed meaning of the intention or understanding along with the context-based rationale for doing so. In addition, I used the researcher’s context to qualify my observations. Finally, I used my modified observations to tie together the collection of statements and contexts. This process resulted in a narrative for each session that integrated the three perspectives of client, therapist, and researcher. The narrative described intentions and understandings along with my observations. This integrated account was also situated within the combined context of the therapy session, the research procedure, and the researcher.

I proceeded to ask the question, “What existential, phenomenological, or existential-phenomenological themes are apparent in each session?” To answer this question, I returned to the original data and reread the session with my contextualized narrative description of intentions and understandings close at hand. Because I had some familiarity with the entire session and recalls at this point, I was able to interpret session events in light of the full session and the overarching contexts and to derive themes that I
felt were consonant with my understandings of existential, phenomenological, and existential-phenomenological philosophy and psychology, as suggested by Thompson (1994).

Themes included theoretical or philosophical concepts that emerged from my familiarity with the session and the “genre.” In order to search for themes methodically, I referred to the text, which by then I considered contextualized. I did not approach this reading asking: “Where can I find the theme of X?” Rather, I asked, “What existential and/or phenomenological theory or philosophy does this segment illustrate and what is the evidence that theme X is present in the data?” I stated each theme, proposed a possible philosophical origin and indicated session evidence of the praxis of the philosophical concept. I proceeded in this way once for each session. This process resulted in a narrative that discussed themes along with evidence from the data supporting them.

Having obtained these theme-narratives, I was able to ask, “How are the two existential-phenomenological therapists similar?” To answer this question, I compared the contextualized descriptions of intentions and understandings from both therapy sessions. Then I compared the philosophical themes from the two sessions, looking for similarities. The narrative described commonalities in the sessions, by presenting common events and shared philosophical themes.

I went on to ask, “How are the clients in these two therapies similar?” To answer this question, I compared the contextualized descriptions of intentions and understandings from both therapy sessions. In this comparison I looked for similarities in clients’ understandings, responses, or reactions. I then indicated evidence to support my
interpretations. This comparative approach resulted in a narrative that included
descriptions of similarities in client understanding/or responses to the therapist, supported
by evidence.

Finally, given these similarities, I asked, “How are the existential-
phenomenological therapy sessions different?” I had originally planned to separate these
differences into client and therapist contrasts, as I had done in the previous two steps.
However, in the course of compiling the contrasts, I found that asking how client
responses differ did not seem to provide useful information. The therapists appeared to
be the ones who shaped the session discourse. Therefore, instead of client and therapist
differences, for this section I addressed differences between sessions.

To answer this question, I examined the contextualized narrative of intentions and
understandings, along with the presentation of philosophical themes. I also included
differences pertaining to setting and session context, when relevant. The result was a
narrative with evidence presenting differences between the sessions in terms of therapist
philosophies, intentions, and the substance of the session. The following list may assist
the reader in conceptualizing the various steps of this analysis.
Table 1

Steps of Analysis

Context description.

1. Question: What was the context of the researcher?
   Method: Self reflection.
   Answer: A narrative describing the historical and social background of the researcher, his presuppositions, and his aspirations for the study.

2. Question: What was the context of the session?
   Method: Reviewed session and recall material looking for information that described background of therapy session.
   Answer: A narrative describing the historical and social background of the psychotherapy session.

3. Question: What was the context of the research procedure?
   Method: Examined data for reference to the novelty of the session because of obtrusiveness of data collection procedure.
   Answer: Narrative describing effect of research procedure on session and participants.

Interpretation with three perspectives.

4. Question: What did the therapist’s recall comments reveal about his intentions in-session?
   Method: Sought evidence in recall data that shed light on the therapist’s intentions. Formulated explicit statements of therapist’s intentions.
   Answer: List of therapist intentions. For each intention, recall evidence, session evidence, and intentions were explicitly stated.

5. Question: What did the client’s recall comments reveal about his/her understandings?
   Method: Sought evidence in recall data that shed light on how the client reacted to therapist statements. Formulated explicit statement of client’s understanding.
   Answer: List of client understandings. For each understanding, session and/or recall evidence were presented followed by an explicit statement of client understanding.

6. Question: What did I notice about this session?
   Method: Reviewed session tapes in the absence of recall data. Wrote notes about what I thought occurred between client and therapist. Focused on aspects of session that were horizontal for participants.
Table 1 (continued)

Answer: Narrative chronological account of what I as researcher saw occurring between client and therapist.

7. Question: What does a situated or contextualized account of each therapy session look like?
Method: Integrated all three contexts and all three perspectives.
Answer: Narrative that integrates perspectives of client, therapist, and researcher. Narrative describes intentions and understandings along with my observations. Account is situated in the contexts of therapy session, research procedure, and researcher.

8. Question: What existential, phenomenological, or existential phenomenological themes are apparent in each session?
Method: Returned to original data with contextualized narrative description of intentions and understandings. Interpreted themes, proposed possible philosophical origins and indicated session evidence of praxis of philosophical concept.
Answer: Narrative that discusses themes found along with evidence from the data supporting the themes.

9. Question: How are the two existential-phenomenological therapists similar?
Method: Compared contextualized descriptions of intentions/understandings from both therapy sessions. Compared philosophical themes from one session to the other.
Answer: Narrative describing commonalities in sessions. Both common events and philosophical themes are presented.

10. Question: How are the clients in these two therapies similar?
Method: Compared contextualized descriptions of intentions and understandings from both therapy sessions. Indicated evidence to support interpretations.
Answer: Narrative including evidence describing similarities in client understanding or responses.

11. Question: How are the existential-phenomenological therapy sessions different?
Method: Examined contextualized narrative of intentions and understandings, and philosophical themes to find differences. Interpretations were evidenced.
Answer: Narrative with evidence presenting differences between sessions in terms of therapist philosophies, intentions, and what was done in-session.
Results

Introduction to Both Situated Accounts

In this section, only the final integrated, contextualized, and perspectival results are presented (analysis steps, 7-11). Because the researcher’s context was the same for both sessions, I will begin the results section with a summary of my background that applies to both situated therapy session accounts. For the full narrative of the researcher’s context and the results of earlier steps please refer to Appendixes E and F. A summary of results, in table form, is located at the end of the results section (see table 2).

The following descriptions are acts of co-creation. These accounts resulted from my observations, the recollections of the client and of the therapist, and my interpretive analyses of the sessions and their backgrounds. The different perspectives voiced in these accounts are not equally emphasized. My perspective did not come under the scrutiny of the other participants and is, therefore, necessarily privileged. To give the reader a better understanding of the results, it seems appropriate to begin with a consideration of who is telling the stories of the sessions.

I am a thirty-three-year-old male doctoral candidate at a university in the northeastern United States. Since I was an undergraduate student, my interests have included defining what is meant by existential psychotherapy. In graduate school my research training included courses on conversation analysis, hermeneutics, and other qualitative methods. My motivation for doing this research stems from my desire to participate in clarifying the nature of existential psychotherapy.
Dyad One: A Situated Account of the Therapy Session

When I asked the therapist (who happened also to be a professor of existential and phenomenological philosophy and psychology) if he would be interested in participating in this research, he answered that he did not think he was an existential therapist. I disagreed with him citing the social-constructivist concept that his philosophy could not be entirely separated from his actions. He appeared to agree with me, if hesitantly. Once he found a suitable client willing to participate, the dyad determined a date for data collection.

I should note that the sessions took place in the northeastern United States in a mid-sized American city. Both client and therapist were white professional males immersed in the dominant Western culture of the late 20th and early 21st centuries. For this time and place, the setting for this session appeared traditional and unremarkable to me as I live within this same social and historical context.

At the time of the recorded session the client and therapist had met weekly for six months. I found that, in general, the therapist and the client were able to understand each other. I considered the session broadly typical of an insight-oriented psychotherapy encounter. For example, the session occurred at the therapist’s office, client and therapist were seated several feet from each other, the client spoke of his concerns and the therapist responded with empathy and concern. Of particular concern to the client was chest pain that to him had no apparent physical cause. It seemed to me that both the therapist and the client were working together in looking for meanings of events and experiences in the client’s life.
I noticed that the therapist frequently asked both open- and closed-ended questions and offered suggestions on how the client might view his own experiences. It seemed to me that most of the talking was done by the client with the therapist’s utterances often reframing the client’s disclosure in terms of existential or structural meanings.

The therapist sometimes illustrated these meanings through the use of metaphor, thereby directing the client’s exploration of his experience. The therapist also appeared to use metaphor to present the client with situations that might allow the client to consider new ways to respond.

As the session began, the therapist’s intention was to get the client to view himself as different during different times and situations. He wanted to do this in a particular way. The therapist wanted the client to see for himself that he is the one who identifies situations and selects what he focuses on. In this way, the therapist intended to get the client to see himself as context-bearing or world-disclosive. At the same time, the therapist wanted the client to see that what he does also occurs in a given situation. The therapist’s point was that the client both creates and is influenced by his situation.

This two-pronged approach to the client’s situation might have been difficult to convey to the client directly so the therapist tried to get the client to make connections between different ways of understanding his own experience. The therapist wanted to help the client develop these different self-understandings and then synthesize them; it seemed to me that, in this way, the therapist was trying to help the client attain a richer understanding of why he seemed to suffer when pursuing activities that he liked. The therapist explained in recall that he might have overemphasized the notion of the client as
world-disclosive because he considered it traditionally associated with existential therapy and, at the same time, was aware of my project and our upcoming interview.

In addition to wanting the client to synthesize self-understandings, the therapist intended to be seen by the client as witnessing this connection making. The client, after all, had turned to therapy for help, and witnessing the client’s efforts was something the therapist felt was helpful. The client seemed particularly concerned about the meaning of his chest pain. The therapist identified the client’s questioning of his pain as “being on an existential project for himself.” The client understood that there was some kind of relationship between his physical and psychological dynamics. In therapy, he appeared to be wrestling with how he could think about the physical in psychological terms. The possibility exists, however, that the client was exaggerating his intellectual curiosity owing to the presence of my camera and the upcoming interview with me, a psychotherapy researcher.

As the session progressed, the therapist’s intention was to bring still more dimensions to bear upon, or to uncover, the client’s experience. He wanted to get the client to examine his motives and to take responsibility for his decisions. At the same time, the therapist intended to get the client to take up his experience in his own way and still find a better way to make decisions. The therapist used analogies to get the client to see different ways that he could grapple with his own experience. In so doing, he intended to direct the client toward integrating sensitivity, appreciation, and imagination into his professional life and his relationships. The analogies used, for example, rock music, were also of interest to the therapist. In recall, the therapist explained that he uses the analogies therapeutically but that he also enjoys talking about rock music. Thus, the
therapist indicated that he intended to serve the client and not just to serve his own purpose: a mutually beneficial arrangement.

In the discussion about music the client initially understood that the therapist knew what the client liked, admired and was drawn to. This was not an intention of the therapist. Here I found the therapist did want to be seen by the client as witnessing his connection making; instead, he intended to serve the client. As the conversation progressed, however, it appeared to me that the client understood the analogies about experiences of events in his life and understood his anxiety-evoking experiences in more concrete terms. The client understood he could have a different approach to experiences in his life. In addition, the client understood he could make other choices.

When the conversation shifted to different approaches to experience, the therapist intended to help the client decentralize the notion of control from his understanding of himself and see himself as governing or facilitating rather than controlling. The therapist wanted to emphasize, too, that the client could decide how to approach life not feel he was merely reacting. The therapist felt that the chest pain was informing the client of decisions that he was, in fact, making. The therapist’s intention was to get the client to see that his own body was telling him something. The therapist wanted the client to become aware of his conflicting desires.

The client appeared to understand a connection between his approach to recreation and his approach to work. In both cases, the client felt that he chose to get caught up in the intensity of his experience. The client recounted several examples in which he pushed himself for no overt reason other than the pursuit of an intense experience. The client then spoke of self-harm.
The therapist had intended to end the session at forty-five minutes. However he also wanted to acknowledge and participate in the client’s “heavy disclosure.” This was a departure from the therapist’s ordinary style. The session was longer than usual because of a particular disclosure by the client that the therapist felt needed to be heard. For that reason, the session lasted fifty-five minutes as opposed to forty-five.

Toward the end of the session, the client understood that he had difficulty making choices and that this difficulty had important implications for him. The client also appeared to understand that he has the capacity to make and benefit from options. While the client’s insight may be profound, as indicated in recall, his utterances may also reflect some desire to appear prepared or more insightful in front of the video camera.

**Existential and/or Phenomenological Themes in Dyad One’s Session**

I detected themes that might be traditionally identified as existential and/or phenomenological. The theme of choice appeared thematic. For example, during the following excerpt (1460-1479), it appeared to me that the therapist suggested to the client that he himself did not just endure physical pain but decided what to do about it, and thus affected what happened next. The therapist, by identifying with a moment in the client’s experience, was able to explain his own reaction to physical pain and how that influenced the outcome.

T: So, in response to this pain, you do what you like?

C: Mmhmm. Yes.

T: And it works.

C: And you know, it that, that’s where I’m going to concentrate right now is doing that. Uh, it’s, it’s, it’s a singular thing to do, that it doesn’t require an ensemble or a band. It doesn’t require a team. I would probably like to have
those things at some point, but this is what I want to work with now, because I can do it on my own, when I want to.

Responsibility surfaced as another theme. In the following excerpt (1515-1564), the therapist confronted the client’s choice not to pay attention to the meaning of his physical pain in order to show the client that his choices had ramifications. The existential notions of freedom, choice, and responsibility were tied together, as in the Sartrean (1956) assertion that we are condemned to be free. In the present example, it was bad enough that the client was suffering things that he could not change, but it would be far worse to take responsibility for the fact that he was free and chose to suffer. The therapist wanted the client to come to this realization because, by taking responsibility, the client could also recognize that he could change things.

T: …by listening…

C: Mmhmm.

T: …to your pain.

C: Mmhmm. I guess the chest pain has a way of announcing itself.

T: Right.

C: It gets your attention.

T: And if you don’t listen to it…

C: Mmhmm.

T: …it gets worse.

C: Yes.

T: If you listen to it and try and hear (client clears throat) what it is telling you…

C: Mmhmm.

T: (Could not hear-muffled), later.
C: Mmhmm.

T: And you’re listening. I’m still struck by last time, when you said, well, this, this period since you made the decision to move where you’re moving with your business…

C: Mmhmm.

T: …has been the period that you felt the most, the greatest number of days where it’s killing you.

C: True.

A philosophical approach to the client also appeared in the therapist’s use of Heidegger’s (1926) call of conscience. In the following excerpt (1641-1657), the therapist’s intervention reflected Heidegger and the notion that, at certain times, we are thrown back upon ourselves and catch a glimpse of ourselves and our lives like a fleeting epiphany. In this example, the therapist offered this philosophical notion as an interpretation to the client. Specifically, the therapist suggested that one thing that his chest pain did for him was to increase his awareness of himself and his life.

C: It’s interesting, it’s painful. It’s painful, your muscles start to hurt, and your legs hurt, and your chest is really striving for some air at that point. Um, there have been times, I’m not at the state of conditioning where (could not hear-muffled).

T: And you’re really present when you do that.

C: Yes.

T: You’re present to yourself and to your life.

The notion of meaning was also an apparent theme. For example, in the following excerpt (856-886) the therapist implied that meaning is perspectival and stressed that it is the client’s and not the therapist’s meaning of stimulation that is relevant. Given the context of the meaning of the client’s physical stimulation (i.e., his
motivation to hear the call of conscience), the therapist also appeared to be working
toward the point that the client was a meaning-making entity, not just someone with a
perspective on some objectified meaning.

C: That gets me back to physiological terms, which is maybe I should start
thinking about what I can do to my biology or physiology to keep them from
being over stimulated. Umm,…

T: Take, take it just one step removed a little bit, read it more like you would
look at your dreams and the way…

C: Mmhmm.

T: …you read poetry. Uh, think about the stimulation in terms of, ya know,
what stimulation has meant for you. You have been dealing with your mother’s
unpredictability…

C: Mmhmm.

T: …it meant dealing with the disappointment when you would want something
and it would get shut down.

C: Mmhmm.

Another existential theme was the Bossian (1979) notion of bodying forth as
evidenced in the following excerpt (1097-1131). Medard Boss’s notion of bodying forth
is characterized by the idea that the functioning of our lives precedes the organ itself. In
other words, the physical body changes in relation to the expression of our lived states.
In the present example, the therapist interpreted that the atrial fibrillations experienced by
the client were the physical expression of his lived sense of being overwhelmed. The
client’s body had, in this sense, “fallen in line,” responding in kind.

C: the umm…ya know, nevertheless, I’m, you know, I got a history of thinking
that, ya know, unless you’re totally cool to the point of being, of doing nothing
and just laying back, or in it up to your nose, ya know, just barely treading water,
spending all the energy you possibly can and burn yourself out, ya know, you’re
not really living. Ya know it’s one or the other. Those extremes are the places
I’m used to existing in. Both for the same reason. (Could not hear - muffled).
So…uh it’s helpful to think of this, this chemical thing going on in my body is, is paralleling the psychological thing and emotional thing that is going on in my head. It’s um, it, it just opened it up for me, and sometimes, you know, you need to frame the picture in a certain degree to see it...

T: Yeah.

C: …and understand (could not hear-muffled).

T: So the way your body has responded has fallen in line…

Finally the theme of death was apparent in the following segment of the session (1275-1337). The therapist pointed out that, in the moments of panic attacks, during which the client felt seized and was called upon to reflect on his life, he became acutely aware of his own mortality: finitude. Therefore, his very real fear of physical death was the bodying forth of very real existential death, a death that appeared only in relief to the client’s day-to-day vanished life.

C: For that jam we ran into in July. And I was thinking this is a great opportunity, uh, here’s a chance for me to get to know some musicians and play with an ensemble again. And, and create some possibilities for the future, but the fact is, um, the experience, was-wasn’t pleasurable at all. It brought so much anxiety, both the anxiety of, of, of not being able to perform the way I always wanted to, and the anxiety of, ya know, here’s something, that’s going to be great, that I’m going to love doing, that is going to be a re-discovered dream. And they were both working overtime to make it a fairly miserable experience.

T: Mmhmm.

C: I haven’t been able to admit that to myself, until just about now, that I really didn’t enjoy it. It, it was difficult. Right after that was my first trip to the hospital. That’s when my chest pains really started pouring in.

T: Uh huh. And we talked about, ya know, the chest pains and, even earlier, ya know, it’s a matter of your heart.

C: Yeah.

T: And that, when you first had the panic attacks…

C: Mmhmm.
T: …and we relayed them to (name), uh, you felt them experientially as a life and death matter.

C: Mmhmm.

T: And we came to look at what was going on with (name), the matter of the heart…

C: Mmhmm.

T: …was about life and death for you.

Therefore, it seemed that as the client understood his music as “possibilities for the future” and anticipated a sense of having it all, he found himself aware of his own finitude. Matters of the heart and of the utmost meaning were also matters of life and death.

Dyad Two: A Situated Account of the Therapy Session

The therapist was a white male licensed psychologist in his mid-sixties. He was also a professor who had taught and published in the field of existential and phenomenological psychology. While the therapist defined his therapeutic orientation as existential and phenomenological, he received his clinical training from a program affiliated with Humanistic psychotherapy in the United States.

Though the therapist did not explicitly mention his influences in the session or in recall, his language appeared grounded in the tradition of existential and phenomenological psychology. I inferred that the therapist’s intentions should be understood in light of liberal, dominant Western culture in the latter part of the 20th century, existential and phenomenological philosophy and psychology, at least in part. The therapist appeared to integrate his influences somewhat seamlessly in-session,
deciding what to do extemporaneously as opposed to planning what he would do prior to the session.

The client was a white female approximately fifty-years of age, employed as a social worker in a midsized city in the northeastern United States. She was a relatively well-educated, relatively financially-successful community member who shared, at least somewhat, the cultural and historical context of the therapist. On some level, therefore, client and therapist had grounds to understand each other. The two appeared to share a very comfortable discourse. For example, the client used terms and phrases that appeared to me to be more commonly used by existential and phenomenological psychologists. It appeared, perhaps partly because of this shared language and partly because of the apparent comfort of the in-session interaction, that therapist and client shared a strong bond.

According to the therapist, the client came to know him by physician referral. The two had been meeting twice a week for approximately three years. The therapist indicated that ordinarily sessions lasted an hour and fifteen minutes. While this session was longer, at an hour and forty minutes, the therapist did not regard consistent or briefer time frames as important to his clinical work. The therapist preferred to allow the needs of particular narratives to determine the length of the sessions.

The following account is a temporal snapshot of a relationship that is in progression. The session was one of many that occurred because of the client’s desire for therapy. Presumably, the client found at least some benefit in meeting with the therapist regularly since she continued meeting with him. The session was a very limited episode
in an ongoing professional relationship, in which the client presumably felt she was
getting at least some of her needs satisfied.

The therapist and the client met in the den of the therapist’s home-based private
practice in the city’s downtown area. The therapist sat in an armchair and the client sat
on a couch. The pair faced each other almost directly, about three feet apart. The tape
recorder was set up on a coffee table between therapist and client. Although the client
specifically stated she wanted to be clear, due to the quality of the recording, it was
difficult to hear certain segments of the conversation. In addition, some significant
elements of the session were lost, because it was not video recorded. Prior to the
beginning of the session the client, the therapist and I met for brief introductions. This
introduction probably encouraged the client to disclose herself more fully because she felt
she was communicating with a person rather than an abstract researcher.

To me, the setting for this session appeared unremarkable within the cultural and
historical context, with two exceptions. In my experience, it is less common for
therapists to conduct therapy at home. Furthermore, the session lasted longer than many
individual therapy sessions. As stated earlier, the session lasted approximately one hour
and forty minutes. On the other hand, both of these apparent anomalies are grounded in
the therapist’s style and are common elements of other of his therapy sessions.

I saw a session that was unlike psychodynamic, cognitive-behavioral, or other
therapies commonly in practice in the present day. The therapist’s stance, to me,
appeared supportive, nurturing, empathic, and reflective. In this sense I was reminded of
humanistic psychologists like Carl Rogers. However, the therapist did more than
empathic reflection; he made suggestions, asked specific closed-ended questions, and
referred to tenets of existential philosophy. He appeared transparent in the humanistic sense of not having an analysis that was hidden from the client. For the most part, the therapist appeared to accept at face value what the client said and to enhance, emphasize, or address the feeling that appeared implicit in her statements.

The therapist appeared to have a holistic approach addressing body, thoughts and feelings. He appeared to identify with how the client was feeling: by speaking softly and slowly when the client was hesitant, joking and laughing when the client appeared happy, and resting with the client when she was tired.

I noticed that the client brought specific concerns to the session. Specifically, she addressed a past traumatic experience and the effects of that trauma upon her view of herself physically and emotionally. I saw the client and the therapist co-participate in expanding and differentiating the client’s narrative. As they did so, it appeared to me that the client and the therapist spoke for nearly equal amounts of time.

Primarily, the session dealt with the client’s remembering and finding a language for childhood trauma. In addition, the client and the therapist addressed challenges and accomplishments in the client’s daily life. For example the client presented her experience of her own body and the bodies of others, finding a caretaker for her mother, and purchasing a car.

I think the session could be characterized as a client’s appealing to a therapist to help in finding the language for unspeakable trauma, to be a witness to her suffering, to validate her accomplishments, to facilitate and co-construct the re-writing of her narrative, and to guide and protect her in this self-exploration.
As the session began, the therapist’s intention was to enter into the feeling that the client was resonating. He felt that the client was hesitant and not speaking as freely as usual. The therapist offered the client a choice of directions. In proffering options, the therapist intended to encourage the client’s freedom and ability to make choices. At the same time, he did not want to force the client into anything; he wanted to provide outlets from experiences that might prove to be too intense or painful to the client. The client understood the importance of gaining distance from certain thoughts and feelings.

Sensing her hesitancy, the therapist intended to give the client time and space to get her bearings.

The therapist then intended to make the client aware of the here and now of her experience, specifically addressing the presence of the visible tape recorder. At that point, the client understood that it was good to speak of previously unspoken trauma. She also understood she had choices and was free to withdraw from the research. The therapist’s intention in focusing on the here and now was to acknowledge the implicit tension that was in the room. He did this, at least in part, by making the research procedure thematic. The client understood that she was hesitant to speak in the session and that the researcher was present in the room through a tape-recorder. The client emphasized that she wanted to be heard and felt that it was good to speak of her trauma to others. The therapist then intended to encourage the client to speak of traumatic events that she had previously not expressed by referring to others who, in similar circumstances, had been reluctant to speak out.

The client felt that the therapist had witnessed her disclosure and was advocating for her. She wanted to feel compassionate and kindly toward herself and speaking of her
experience was part of being kind to herself. It appeared that the client felt ambivalent regarding her disclosure to a person she barely knew, namely me through the tape recorder. Eventually the client arrived at the understanding that breaking her silence was part of healing but that she should expose herself only to the extent to which she felt comfortable. The therapist then planned to explore the experience of having difficulty speaking of trauma.

In so doing, the therapist intended to deal with her reality. The client later indicated that she felt her therapist “sees all of her.” At about that time, the therapist’s intention was to bear witness or, at least, to be there with the client. She felt that her therapist recognized her contrasting experiences and was attending to important themes. She felt her pain emotionally moved the therapist. Then, too, she understood that there were connections between different aspects of her experience.

The therapist had intended to contextualize different contrasting aspects of the client’s life attending to both positive and negative aspects. He wanted to do this by listening to and supporting the client. In attending to different aspects of the client’s life, he also wanted to affirm what the client was saying and to make it fun.

The therapist believed that assisting the client in this way would evoke the client’s further exploration of her experience. The client, by delving further, found that she had made life and body decisions when the trauma occurred. In turn, the therapist wanted to co-participate to enhance the multidimensionality of the client’s experience. He wanted to do this by elaborating upon the client’s experience in ways she overlooked. The client then indicated that she felt there was a relation between her speech, her body, and her
soul. She wanted to be strong, loud, and compassionate. The therapist, empathically, emphasized these different layers of the client’s life.

The therapist appeared sensitive to the client’s being tired. The client understood and agreed that she and the therapist should interrupt the session to rest. While they were resting, the therapist reminded the client of the importance of taking care of herself. The client felt that the therapist was reminding her of what she already knew: that taking care of herself was a priority. In resting and talking about taking care of herself, the therapist intended to use a metaphor (sleep) to suggest a world where there are choices. The therapist also wanted to address the client’s bodily experience in speech and in action. During her apparently restful state the client later recalled that she felt an appreciation for bodies.

The therapist then intended to put the client’s experience in temporal context. The client understood that she was on a journey, finding herself to be less desperate now than in the past. Presumably because she felt therapy was helpful for her, she spoke of the difference between treating a symptom and actually healing. The therapist intended to celebrate the client’s strength using a metaphor with which she was familiar. In so doing, he wanted to make thematic to the client that there was no need to constrict herself with rigid preconceptions of the future. He wanted to remind the client that she could act in ways that her strictures had prohibited in the past. The client understood that she had become stronger now. She also understood that all facets of her therapeutic work blended together. She began to feel that anything was possible.

The therapist may have been sensitive to the client’s feeling that anything is possible because he then used the metaphor of rest and sleep to remind the client to take
time to relax in life. The client understood not to ignore what was present in her world. The client understood that she spoke her body’s story and that she was a finite being. She felt that therapy was the writing of her life’s story. The client further understood that she was not responsible for the traumatizing event. She indicated that at the present time she could benefit from having choices, and that the therapist was inviting her into a world within which she felt secure and free to make choices. She felt she had made body decisions.

**Existential and/or Phenomenological Themes in Dyad Two’s Session**

In Dyad Two’s session, I noticed themes that might be traditionally identified as existential and/or phenomenological. The theme of choice was present: “What would you like today?” (7). The therapist did not constrain the meeting by assuming, “What would you like to talk about today?” Instead, the therapist offered the client as much choice as possible by his intentional phrasing at the beginning of the session. Consequently, the client’s freedom to choose was practiced/lived through the session.

Related themes were freedom and responsibility (TR3504): “Um, very simply that theme of you don’t have to, no strictures, no got to.” Consonant with the theme of choice, the themes of freedom and responsibility surfaced implicitly in the therapist’s encouragement that the client did not have to do anything, thereby implying that she was free to do anything and further implying that she was responsible for making her own choices.

The theme of self-determination (TR1587) was apparent in the session: “...stepping into a new way of being in her body”. In this example, the therapist recalled that in-session the client was exploring a way of being in her body and yet free from the
confinements that came with being sexually molested as a child. While this theme did not appear to me to be necessarily existential, it could have been indicative of Rogerian humanism. I included the theme of self-determination at this point because it seemed a natural corollary of freedom and choice.

The phenomenological notion of attunement was not explicit in this session; however, throughout the session the therapist referred to the client’s previous denial of possibilities and contrasted that with her desire and growing ability to be receptive to more experiences. The theme of attunement was implicitly indicated by the therapist’s recall: “…celebrating her access to new possibilities… to new ways of being” (TR1638).

The themes of meaning and experience were present in the session: “… multi-dimensionality and multi-affectivity and meanings that are present in the experience” (TR2214). Meaning as contextualized within the client’s experience appeared to me to be an existential and phenomenological theme. The meaning of events, as she remembered them, were of significance to both client and therapist. Emphasis was given to the client’s experience since there was no identifiable assumption on the part of the therapist that he was interested in any meaning other than the one presented and valued by the client.

The meaning of the client’s experience was addressed holistically. The theme of holism between body and mind was apparent in the session: “…and speaking your body’s story…” (CR3839). In opposition to dualistic conceptions of the individual, existential and phenomenological approaches conceptualize an inherent and indivisible connection between body and mind. Therefore, it appeared that the client adopted this
holistic conceptualization as thematized in her explicit statements that her psychic state was expressed bodily.

The theme of finitude was also apparent in the session. The client indicated during recall that: “…we are finite beings…” (CR3888). In-session the client conveyed a sense of wanting to make up for lost time: to appreciate her body and the bodies of others in ways she had not felt able to do for many years. She thus became aware through the therapeutic interaction that she had been missing much of what she could have experienced, which is unfortunate since she can neither relive the past nor live forever.

A final theme apparent to me was being in the world: “…underlining that part of my world…” (CR4159). The client’s disclosure corresponded to the existential and phenomenological notion that people are attuned to different worlds and that her world was made up of the many different but related things that she noticed in her day-to-day life.

**Similarities Between Therapists in Both Sessions**

Both therapists were white, male licensed psychologists. They were also scholars and educators in the field of existential and phenomenological philosophy and psychology. The sessions took place in the northeastern United States. Both clients were relatively well-educated, relatively successful financially, and citizens of the local community who shared, at least in part, the cultural and historical context of their therapists. I found that, broadly considered, both sets of therapists and clients were able to understand each other.
Both sessions transpired in private practice as one of many regularly scheduled meetings. Both sessions were longer than fifty minutes and lasted longer than usual. According to the therapists, the length of the sessions was typical of their clinical approach. Both sessions were temporal snapshots of ongoing therapy relationships. The sessions originated because of the clients’ desire for therapy. Presumably, the clients found at least some satisfaction or solace in meeting with the therapists as evidenced by their continuing commitment. The sessions should, therefore, be viewed as brief intervals in progressive relationships, in which clients felt they were getting at least some of their needs met.

Both therapists preferred to allow the immediate needs of particular clients to determine the length of the sessions. In the case of the first session, this was evidenced by the therapist’s extension of the session following the client’s “heavy disclosure” (TR2308). In the case of the second session, while nothing was mentioned explicitly, I gained a sense that the longer session was the result of the therapist’s wanting the client “to take it easy” and allowing her experience to “flow” (TR275, TR3694).

Both therapists appeared to decide what to do on the spur of the moment as opposed to planning what to do well in advance. It appeared to me that the therapists were supportive of their clients; both provided empathic reflection, reframing and emphasizing the clients’ concerns. Both sessions also appeared to be insight-oriented and holistic in approach.

In both cases, sessions addressed the relationships among the clients’ feelings, thoughts, behaviors, and bodies. In the first session, the client spoke of the relationship among his ambition, his anxiety, and his heart palpitations. In the second session, the
client spoke of trying to find a language to express the trauma she had experienced and how this affected her view of bodies. Both clients spoke of struggles relating to their bodies and to their living, and both therapists tried to get the clients to make a connection between physical and psychological realms.

Both therapists asked open- and closed-ended questions, made suggestions on how clients could view their own experiences, and used familiar metaphors to facilitate the clients’ exploration of experience. In the first session, the therapist used the metaphor of drumming (1013) to illustrate a way that the client could address his professional life. In the second session, the therapist used the example of restful sleep (3636) as a way to remind the client to relax and enjoy life more fully. Apparently, both therapists recognized and addressed their clients’ needs to be less rigid, whether in terms of the distinction between governance and control or between the idea of freeing oneself from strictures and letting things flow. In this way, both therapists attempted to broaden their clients’ awareness and to help their clients be more receptive of the world and able to experience more. Both therapists suggested new approaches to challenging situations, witnessed and validated the clients’ struggles and accomplishments, and addressed meanings of events and experiences in their clients’ lives.

Because of the therapists’ intention to broaden their clients’ range and receptivity through suggestions and metaphors, they encouraged their clients to conceptualize themselves in ways that were congruent with the therapists’ understandings of existential and phenomenological theory. In addition, in both sessions, such existential themes as choice, freedom, responsibility, the holism of body and mind, meaning, and finitude played significant roles.
In both sessions, therapists intended to bear witness to their clients’ disclosures. In both sessions, therapists intended to serve the purpose of the clients while interesting themselves at the same time. For example, in the first session, the therapist spoke of drumming (TR972) partially out of his own interest. In the second session, part of the therapist’s intention was to enjoy the discourse (TR1693).

Both therapists intended to focus on what was real or concrete while enhancing the multidimensionality of the clients’ experience. This required confronting the clients with their own contrasting experiences and feelings. For the first therapist, this multidimensionality had to do with the Heideggerian assertion that what is real is not merely what is physiological but what is meaningful; thus a pain in the heart can be not only a physical pain but also a real indication of what it means to die. For the second therapist, multidimensionality appeared to relate to the Husserlian notion of adumbrating presentations in the stream of the client’s perception: that, while there exist egregious aspects to life, there can also be love and trust and being cared for. Both therapists intended to highlight different layers of their clients’ lives and to effect the expansion of their clients’ narratives and experiences.

Both therapists endeavored to help their clients contextualize divergent desires and experiences and make temporal connections. For example, in the first session, the therapist addressed the state of the client when he was as a camper, a drummer, a lawyer, and a victim of chest pain. In the second session, the therapist called attention to the temporal context of the client, who, although violated and traumatized, is now a person who can appreciate bodies as well as be a caregiver to her mother.
Both therapists intended to get their clients to see themselves as context bearing or world disclosive. In the first session, the therapist wanted the client to see that he is the one who chooses his situations and drives himself beyond comfortable limits. In the second session, the client came to see herself as the one who rewrites her narrative and chooses which chapter comes next.

Both therapists were attuned to bodily decisions made by the clients. In the case of the first session, the therapist addressed the notion that the chest pain was the client’s own way of alerting himself about the way he was living. In the second session, the therapist and the client discussed the decisions the client had made about her own body and the bodies of others based on the trauma she had suffered.

Both therapists were attuned to choices and suggested to their clients that change was possible and sometimes necessary. For example, in the first session, the client referred to the therapist’s “what the fuck” intervention, which meant to the therapist and afterward to the client: “You are capable of making decisions. If you are unhappy doing this, then why are you doing it?” (TR646). In the second session, by asking the client, “What would you like today?” the therapist offered the client a chance to make a choice. In so doing, he directed the client away from being a “victim child” and more toward being the “author of her next chapter” (6, 442, CR3954).

Both therapists also made suggestions regarding how clients might deal with their own experience. For example, in the first session, the therapist suggested: “Take, take just one step removed a little bit…” (864). In the second session, the therapist suggested: “Keep it at a little bit of a distance…” (122). It appeared that the therapists avoided having their clients overwhelmed by their experiences by encouraging them to select the
intensity of their recollections. This may also have been a result of clinical instinct, on the part of the therapists, to protect their clients’ disclosure from becoming too intense during data collection for this study.

**Similarities Between Clients in Both Sessions**

The clients also shared several understandings. Both clients were aware of the recording of the therapy session. Both clients elaborated their histories. Both clients explicated their emotions. Both clients described fearsome experiences.

Both clients described challenging moments and struggles with daily activities. For example, in the first session (284):

C: …I’m anxious because of unpleasant situations, uh, because I, I fear the worst, and they are not just unpleasant, they are blown up into the proportion that’s, that’s nightmarish, ya know.

T: And we know the story there.

C: Yes, it’s the monster hiding inside the file folder, or behind the file cabinet, or wherever.

The client, in the second session, also revealed challenging moments and struggles with her daily activities, particularly her concern about caring for her elderly mother (1868):

C: Because there’s another dilemma, people will look at her, we were at a restaurant recently and (name) he was the owner, he was a big strong Italian man, he’s a paramedic. So, I know how to -- and he looks at my mother and he lifts her up bodily, and scares her and me half to death (+) and I want her to use her body –

In addition to speaking of fearsome experiences, both clients spoke of recent enjoyable experiences. In the first session, for example, the client indicated:

Whereas, when I push the bike, I, I can get on and say, “ya know, all I gotta do is get on and pedal.” I can sit there with my arms crossed and watch television, if I’m not outside. Or, if, if I am in the park, all I have to do is enjoy the scenery and the sense of motion. And when you’re doing that and you’re there, then you can say, “okay now, push a little harder and see what I can do.” (1718)
In the second session, the client also referred to positive experiences (3526):

C: …testing out. Then, so that’s just starts to feel sensuous too, like this just feels very good to my mother’s body and to mine.

T: Um-hum. Um-hum.

C: And you know, feel every bump, it’s a very -- it does, goes over that rough terrain of city driving, we’ve been everywhere in the city. And it’s a joy, the color of it, and --

T: Yeah.

C: So I said -- because I said color didn’t matter. And then ultimately it did, you know --

T: Of course color matters, yes.

C: -- this beautiful sapphire blue.

T: Oh, nice. Nice.

C: It has shimmer to it in the sunlight.

T: Um-hum.

C: So, I’ve been having all kinds of fun.

Both clients became aware of contrasting experiences and made connections between those different experiences. In the first session, the client and therapist discussed (514):

C: Nevertheless, the, the, the impulses were still there on both sides, ya know. When I start getting into my work, when I start getting into something, it is ten-tenths. There, there is no part throttle to the ya know. It, it, I go at full speed. And, and ya know, when I do go full speed, it is, um, if I do it successfully, it’s, there’s a high to it’s, it’s…

T: Yeah, and that’s what your chasing.

C: …at least invigorating. But, but it’s, it’s, it’s maybe, it’s maybe the kind of high where you’re, you know, where you’re walking a tight rope or you’re doing something that’s kind of dare devilish.

In the second session, client and therapist also discussed contrasting experiences (2064):
C: And then watching her, you know, again, it all felt okay. She was playing with my mother’s hair, and I thought, oh, how beautiful. And my mother gets on her bed, and she’s also a hair stylist, so --

T: That’s right, you told me that.

C: -- I think -- she’s a hair stylist, and anyway, all of this sensuous feeling about, you know, touching, and bodies, and --

T: Hum.

C: -- I think that’s probably why, again, I just live it. So, I’m in the moment. I’m not with the pain at all. It’s just been more my -- it’s more the nighttime moments which are hard, because I sit down, and I relax, because I’ve had my day, it’s all beautiful, and I’m in this sensuous good body world. So there’s still a little bit though, I think in the contrast where I -- contrast feelings come up at the end of the day, or in my more quiet moments. I guess it is, just like, oh, what could have been? Or a bit of just the -- there’s a little shakiness and just about the newness of this.

Both clients used analogy or metaphor, sometimes related to art, to describe the experiences of their lives. For example, in the first session (560), after discussing how, when he has pushed himself too hard, he gets paralyzed with anxiety, the client stated:

C: Yeah, and, and I, I can admire the Beatles, I can admire Count, or a Duke Ellington, but Count Basie always drew me in. Ya know he did that one note, then wait, and then put the other one right where it needed to be. Ya know there wasn’t a technical tour de force, he just knew exactly what the tune needed right then and there… (797)

In the second session, the client used the analogy of a work of art to convey her experience:

C: It’s like looking at a beautiful work of art, the beauty --

T: Yes. Yes.

C: Because I’ve moved above levels.

T: Yeah.

C: And my tears are all (Inaudible) you know, fascinating --

T: Sure, of course,

C: -- there’s still some sadness, there are some hot tears in there and anger –
Both clients were attuned to their bodies and understood a relation between the physical and psychological. For example, in the first session, the client stated: “I’ve got these physical symptoms that I’m ninety-nine percent sure have a lot to do with my psychological or emotional state” (26). After her session, the second client recalled:

Right the loss. You now realize and even though I’ve thought this is a wonderful life, just there is still the knowledge of what might have been. There is the loss. Um, I recognize that I made life decisions, I made body decisions, uh, when that happened, when I was violated by that priest and I made body decisions that are now kind of, I’m undoing, which is wonderful but um… The contrast of the beautiful world and um, the violent world and um… (CR2103)

Both clients understood that they made life decisions with their bodies. The first client, for example, indicated:

…and when I was talking about bicycling, you know, the idea that I can make choices about the intensity of the work out, and that all I was going to do was get on it and spin the pedals for a little bit, I can set that as my- as where I want to get to at that particular point. I want to move on from there, fine, I want to get off and do something else that was okay too. So, I was making some connections about those experiences I know about and, um, a place where I hadn’t been able to make those kinds of choices. Okay? (CR1996)

Both clients understood that they had the freedom to make choices. For example, at CR2428, the first client indicated: “This session put the concept of having choices in terms that I could understand, and I could start to apply in my own life.” The client indicated in recall that while these choices were once just abstractions (CR2417), at present they were palpable and internalized (2421). The second client stated, at CR4181: “… I’ve been telling him how you know, I feel that choice point.” In recall, the client elaborated, at CR4194, that she could feel that the therapist was underlining and inviting her into a positive world of goodness for herself.
Both clients believed that their therapists knew what they liked. The first client indicated, at CR724: “He knows what I like, what I admire, what I ah, um, you know, I’m drawn to.” In-session, the client was talking about his admiration for different bands (797). Apparently, the therapist knew of the client’s interest in music because the therapist brought up the topic of drumming at line 619, before the client spoke about music. The client noticed that the therapist knew his preferences and interests. In the second session, the client indicated that the therapist “sees all” of her (CR693), is “attentive” to her (CR802), and invites her into “a world of goodness for herself” (CR4194).

Contrasts Between Sessions

I identified several differences between the two sessions. For example, the first therapist appeared to derive many of his interventions from the works of Heidegger and Boss. For example, his approach to the client’s experience, physical symptoms, and anxiety were consistent with Heidegger’s and Boss’s analysis of the world, bodying-forth, and the call of conscience. The second therapist seemed influenced by Rogerian humanism and Husserlian philosophy.

The second therapist appeared more supportive, warm, and empathic and stressed personal growth in a way the first therapist did not. He made many statements like the following:

T: I’m so glad, that’s -- that was -- that -- it’s been an important piece of your life adventure. Running into this priestly abuse stuff, and somehow addressing it directly, and then liberating, uncorking a certain kind of tightness that got in there, and letting it loose… (2847)

The second therapist seemed much more focused than the first on tracking feelings and validating the client. For example: “I notice it’s easier for me to speak. Of course… it’s
not my experience. I didn’t go through it. Makes a world of difference” (622); “What’s the emotion with that?” (699). The second therapist also appeared to integrate some of the philosophy of Husserl along with that of other theorists who are less familiar to me. For example, he emphasized muti-sidedness and multi-affectivity, which related to the Husserlian notion of adumbrations.

The first session appeared much more traditional in terms of the interaction. For example, existential philosophical notions were conveyed verbally and thematically as interventions (“What the fuck?”—meaning you are capable of making a decision, so make a decision), as opposed to being lived out in the process, as in the second session (“What would you like today?”—representing a lived way of creating a situation in which the client is invited to make a decision).

The therapist in the second session seemed to be less bound to traditional psychotherapeutic roles than the first therapist. For example, the second therapist rested with the client in the session with the client’s head on the therapist’s chest. The second therapist also allowed the session to be considerably longer and appeared to allow the subject matter to determine its length to a much greater degree. The first session, by contrast, had a length of time ascribed to it that seemed predetermined and more typical of traditional therapy.

Finally, the first therapist appeared to assert less in response than the second therapist who, in considering his client’s statements, tried to elaborate upon and reflect as much of the client’s experience as possible. In contrast, the first therapist’s reflections were much briefer.
Table 2

Summary of Results

Similarities between therapists

1. Immediate needs of clients determined session length
2. Therapists decided what to do on the spur of the moment rather than well in advance
3. Therapists were supportive and emphasized client concerns
4. Sessions were insight-oriented
5. Therapists addressed clients holistically
6. Therapists addressed relationships between feelings, thoughts, behaviors, and bodies
7. Therapists asked open- and closed-ended questions
8. Therapists suggested how clients could view their own experiences
9. Therapists used metaphors familiar to clients to facilitate exploration of experience
10. Therapists addressed clients’ desire to be less rigid
11. Therapists suggested new approaches to challenging situations
12. Therapists witnessed and validated client struggles and accomplishments
13. Therapists addressed the clients’ meanings of events and experiences
14. Therapists encouraged clients to conceptualize themselves in line with existential and phenomenological philosophy
15. Therapists emphasized existential themes including: choice, freedom, responsibility, opposition to dualism, meaning, and finitude
16. Therapists wanted to serve the clients while being interested in the conversation
17. Therapists focused on the concrete but enhanced the multidimensionality of the clients’ experience
Table 2 (continued)

18. Therapists confronted clients regarding contrasting experiences and feelings
19. Therapists tried to help clients contextualize divergent desires and experiences
20. Therapists tried to help clients make temporal connections
21. Therapists tried to get clients to see themselves as context-bearing or world-disclosive
22. Therapists were attuned to bodily decisions made by their clients
23. Therapists were attuned to choice and suggested that change was sometimes necessary
24. Therapists were protective of clients in how they dealt with in-session experiences

Similarities between clients

1. Clients elaborated their histories
2. Clients explicated their emotions
3. Clients describes fearsome experiences
4. Clients described challenging moments and struggles with daily activities
5. Clients spoke of recent enjoyable experiences
6. Clients became aware of and made connections between contrasting experiences
7. Clients used analogy or metaphor to convey experience
8. Clients were attuned to their bodies
9. Clients understood a relation between the physical and psychological
10. Clients understood that they made life decisions with their bodies
11. Clients found they had the freedom to make choices
12. Clients believed their therapists knew what they liked
Contrasts between sessions

1. The first therapist derived interventions from Heidegger and Boss and the second therapist derived interventions from Husserl and Rogers
2. The first therapist spoke less than the second therapist
3. The first session demonstrated more traditional psychotherapy roles
4. The second therapist appeared more supportive, warm, and empathic than the first
5. The second therapist stressed personal growth
6. The second therapist was more focused on tracking feelings and validating the client
7. The second therapist allowed the subject matter to determine session length to a greater degree
Discussion

About the Method

The results of this study may seem familiar to students and scholars of existential psychotherapy; nevertheless, the present findings are unique in that they are derived from a contextualized interpretive analysis of psychotherapy sessions. This method allowed me to interpret qualitatively the meaning of session events in light of their backgrounds and my understanding of the session as it unfolded. Identifying philosophical precepts implicit within psychotherapy sessions suits this method. The contribution of this research is not in identifying new or unknown events in existential-phenomenological psychotherapy, but in offering a characterization of the application of existential and phenomenological philosophy to the practice of existential-phenomenological and phenomenological-existential psychotherapy.

In order to address the application of philosophy to psychotherapy praxis, this study tried to consider both therapist intentions and client understandings. I needed to contact numerous therapists before finding those willing to participate. Undoubtedly, there are implications for the present findings that stem from the participant selection procedure. Only therapists who were also professors agreed to participate. Perhaps, given the intrusive nature of the data collection, only professors felt that the academic product justified the means. If so, the results need to be viewed with the consideration that the therapists came into the research with pedagogical motivations. The results, therefore, are likely to reflect therapists with more articulated and differentiated motivations and rationales for their therapeutic interventions than their less academic colleagues might have had.
The use of the terms “intention” and “understanding” in this study was admittedly awkward in the present context. The term “intention” was not used to suggest a clear and deliberate motivation prior to speaking. It was used, instead, to capture the notion that what was said was coming from a clinical tradition and a body of philosophy. Whether or not the motivation for saying or doing something in a session was clear to the therapists, upon reflection, the therapists did point out the reasons that they said or did certain things. These reasons, motivations, or intentions linked what was done in the session with philosophy. Likewise, the term “understanding,” as it was used in this research, did not refer to a strictly cognitive process of learning. Instead, the term was meant to capture what the client derived from the therapist’s action or comment. Exploring intentions and understandings were, therefore, necessary to provide a characterization of how therapists applied philosophy to a session and how clients reacted to this application.

It was also necessary, given the current project, to address the perspectives of both the participants and the researcher. The more mundane aspects of the therapists’ behavior were addressed through the researcher’s observations and descriptions. For example, although therapy in the 21st century United States is different from that of 20th century Europe, neither therapist discussed this. This was understandable since to do so would have been tangential to day-to-day discourse. In the present study, however, this was an important consideration in situating the results in the present genre of existential psychotherapy. Similarly, neither therapist remarked on the setting of the therapy sessions, nor on the frequency and nature of their utterances. Instead, all of these aspects of a session were addressed directly by the researcher’s observation. In addition,
description of similarities and differences in the sessions required the participation of a third-party observer, as did the presentation of in-session evidence of the recollections of the therapists and their clients.

Even so, the observer’s comments alone were insufficient to address the reasons for session events and dialogue. All findings regarding the therapists’ intentions required their recall. For example, the input of the first therapist was necessary to identify that he was trying to get the client to integrate different understandings of himself. The researcher’s observation or the client’s recall might have revealed that this occurred but only the therapist was able to indicate that this in-session event was motivated by something he had intended to do. The reason, as indicated, derived from the therapist’s understanding of human beings as world-disclosive, as being able to relate to different weaves of references—a Heideggerian position. Somewhere, in the back of his mind, he assumed that human beings are world-disclosive and, as the client spoke, it occurred to the therapist to try to prod the client to see different things and to take advantage of his human ability.

Similarly, all findings regarding the client’s understanding required the client’s recall. Although an observer could speculate on how a therapist’s comment might affect a client, only the recall data could provide the analysis with a place to verify the effects of the therapist’s interventions. For example, the second therapist intended to witness the client. An observer could hypothesize the results of this but, in recall, the client stated, in a very particular way, that she felt that the therapist saw all of her. Only the client’s recall contribution could have provided this understanding to the reader. Given the advantages of this method, we can move on to discuss the results in greater detail.
Present Findings in Light of the Literature

In an effort to clarify what the term existential-phenomenological psychotherapy means practically, this research has explored how existential-phenomenological therapists put into practice the theories upon which their psychotherapy is based. The results of this study indicate similarities and differences in theoretical application between the two dyads that were analyzed. The differences between the dyads are illustrative of divergent philosophical traditions while the similarities suggest a broad way of characterizing existential-phenomenological approaches in practice. This study contributes to prior research by relating philosophy and theory to the lived experience and the practice of existential-phenomenological psychotherapy. Because the differences between sessions appeared suggestive of different philosophical backgrounds, it may be helpful to begin a discussion of this research with a consideration of the distinguishing features of each therapy session.

Although both therapists explicitly defined their approaches as existential-phenomenological, it appeared that dyad one was more representative of a session grounded in Heideggerian existential-phenomenology and dyad two appeared more illustrative of Husserlian phenomenological-existentialism. This was identified through the first therapist’s intentions and interventions based on Heidegger’s ontology and Boss’s Daseinsanalysis. The second therapist drew from Husserlian concepts, including the notions of adumbrations and embodiment. In addition, the second therapist appeared to demonstrate more empathy for his client, a quality consistent with Rogerian influence.

These issues are relevant because both therapists identified themselves identically, yet the present analysis found that they based their practice upon divergent philosophies.
These differences clarified what the therapists meant when they said they were doing existential-phenomenological psychotherapy. Based on the research of Fischer (1991), in which phenomenological-existential approaches were distinguished from existential-phenomenological ones, the two therapists can be identified as having different clinical approaches.

Despite these differences, the two sessions shared numerous commonalities that shed light on how existential-phenomenological/phenomenological-existential therapists apply philosophy and theory to therapeutic practice. I divided these commonalities into issues of therapeutic process and session content. As a categorization of session events, this distinction is admittedly artificial and at odds with the spirit of existential-phenomenology. Besides, there is some overlap between items as placed under the headings of process and content. Nevertheless, these headings are offered to clarify the ways in which philosophical and theoretical concepts were applied to sessions. Content issues refer largely to the topics discussed in sessions. Process issues refer to how those topics were discussed. Another way to conceptualize this distinction is by having process refer to what was done and content refer to what was said.

**Therapeutic Process**

For Bauman and Waldo (1997) and Walsh and McElwain (2000) existential approaches share an emphasis on the importance of history and temporality. While Bauman and Waldo emphasized historical context in terms of understanding experience, Walsh and McElwain emphasized both historicity and temporality in terms of lived time. In contrast to clock time, a modern abstraction from experience, the concept of lived time proposes that time cannot exist outside of human experience; rather, time itself is always
in relation to being as becoming or moving toward some unrealized state. In the present findings, therapists addressed meanings of events and experiences in the client’s life. Findings indicated that both therapists intended to help clients to contextualize divergent desires and experiences and to make temporal connections.

For example, in the first session the client was asked to relate the times he had felt similarly. He was asked to make connections between himself as a person engaged as a drummer, a camper, and a lawyer. In the second session, the therapist made clear the risks of bringing the past into the present by encouraging the client to experience aspects of the past during the session, while, at the same time, maintaining some distance from those traumatic events. Therefore, content issues aside, both therapists were sensitive to issues of temporality and history. Both felt that the client was different at different times but also that the client was working with those issues in the present and could be changed by those events’ being brought into current experience. Both therapists tried to get clients to see that events from the past were still affecting them and that the meanings of past events could be changed in the present.

In addition to this non-linear conception of time, therapists addressed clients in a holistic way. This holism relates to the concept of being-in-the-world, which was reported by Bauman and Waldo (1997) to be shared among existential theorists. Walsh and McElwain (2000) similarly indicated that existentialists regard the split between subject and object as an abstraction. Therefore, instead of identifying a personal reality within an objective world, existentialists recognize only individual or shared constructions of the world. This means that the relationship between being and world is
inseparable. In the present results, sessions were found to be holistic, addressing the relationships among the clients’ feelings, thoughts, behaviors, and body.

It is the holistic conceptualization and treatment of the contextualized individual that speaks to the conjugating hyphens of the phrase being-in-the-world. As the phrase suggests, the worlds that were addressed in both sessions were worlds of the clients, not objective worlds. In the first session, the therapist addressed the client within the meaningful world of the client’s music, recreation, employment, and relationships. The second therapist addressed the client in terms of her memories, trauma, and experiences within her family. In neither case did the therapists question the truth of the clients’ utterances as compared to an objective reality, nor did either therapist attempt to work with the client outside of his/her recollections or experiences.

Walsh and McElwain (2000) argued that being is considered by existential therapists to be a dynamic fluid condition. Existentialists oppose orientations that assume deterministic views of the person or personality. In the present findings, therapists were found to suggest to clients that change was possible. The issue becomes what change means in practice. The notions of freedom and choice can capture smaller moment-by-moment changes marked by decisions. Larger, more pervasive personality changes may be indicated by the philosophical stance of anti-determinism.

In terms of the practice of therapy, the kinds of changes marked in the first dyad by “an existential project” and in the second dyad by a “journey” are likely to be consonant with the philosophical stance of anti-determinism. Therefore, the evidence in the data supporting the notion that therapists and clients believed and stated that large changes in their lives are possible are also evidence of therapeutically applied anti-
determinism. The positions of freedom, choice, and anti-determinism relate to the
flexibility evidenced in the sessions.

Fischer, McElwain and Dubose (2000) indicated that existential approaches all
placed an emphasis on three therapeutic components: flexibility, understanding, and
relationship. Flexibility was apparent in several ways. For example, therapists decided
what to do in the moment as opposed to planning what to do well in advance. In both
cases, too, the clients’ needs determined the length of sessions. In addition, the therapists
encouraged their clients to be flexible. These existential-phenomenological therapists
tried to help clients discover new approaches to challenging situations. They did this by
suggesting new approaches to the client or by facilitating the client’s formulation of new
approaches. When they suggested new approaches, the suggestions appeared to be
consonant with their understandings of existential and phenomenological theory.

To me this was a counter-intuitive finding because at times the existential-
phenomenological therapists looked a little like problem-solving counselors. I had not
anticipated this. I had expected to see a more consistent, less-directive approach. This is
not to say that the therapists were directive in all situations. When the therapists were
directive, it was typically toward getting clients to see new approaches to challenging
situations.

Beutler, Machada, and Neufeldt (1994) lend support to my surprise indicating:

Those who adopt behavioral, cognitive, and other “action oriented”
philosophies tend to emphasize interventions that place the therapist in the
role of teacher and guide, while those who select “insight oriented”
philosophies adopt more passive, evocative, and supportive roles (p. 255).

Perhaps this belief about the inconsonance of directive interventions with existential-
phenomenological therapy lies in the way data about therapist directiveness was gathered.
Given the holistic being-in-the-world paradigm of existential-phenomenological psychotherapists, they might not have agreed to the terms of the question and might have selected “insight oriented” because these therapies appeared more philosophically affiliated than more “action-oriented therapies.”

Although the therapists were directive at times, they did not appear dictatorial or overbearing. Rather, the therapists appeared very sensitive to relational issues between themselves and their clients. This emphasis on relationship was evident in that both therapists assumed that the social nature of the human being is fundamental. In sessions, both therapists provided empathic reflection and reframed and emphasized the clients’ utterances; all modes of interaction were predicated upon a belief in the importance of relationships. A specific intention to emphasize relationship was also implicit in the therapists’ ascribing value to witnessing the client’s disclosure.

Moreover, as Fischer et al. (2000) would have predicted, the sessions illustrated that the therapists placed an emphasis on understanding their clients. Both sessions were insight oriented. In both sessions, the therapists made suggestions regarding how their clients could view (or understand) their own experiences. The therapists witnessed and validated their clients’ struggles and accomplishments. In addition, both were supportive, encouraging the clients to explore their thoughts and feelings.

In this study both therapists addressed thoughts, feelings, behaviors, and the relationship among these elements. The therapists appeared to take as a given a relationship between insight and action. It was apparent in this research that while directive interventions were present, interventions also respected the phenomenological world of the client. In other words, by suggesting new approaches to their clients, the
therapists were directive and concrete but also respectful of the experiences of the client. It is this latter feature that appears to distinguish cognitive and behavioral therapies from existential and phenomenological approaches.

In contrast to these other approaches, the existential-phenomenological therapists tried to enable the clients to see themselves as context-bearing or world-disclosive. The therapists tried to get their clients to see that they were the ones who were the seers of their surroundings. In this view, it was not merely that the clients were thrown into a situation and saw it for what it was, or distorted it, but, rather, that they disclosed, selectively saw, and held onto their understandings for a reason.

Underlying this context-bearing intention is the existential precept of choice. It appeared that part of what the therapists were doing was attempting to empower the clients with the understanding that they could choose a different world of meanings or, more pragmatically, a different set of meanings to see as their context. According to Watson, Greenberg, and Lietaer (1994), a number of theorists from the person-centered tradition have discussed a similar concept:

These theorists were influenced by Roger’s notion that human beings were active processors of information who actively constructed and organized their experience. In this view people are seen as active agents who create their own experience and are the recipients of it (p. 16).

Watson, Greenberg, and Lietaer refer to this notion as the constructivist/information-processing perspective. Despite their inclusion of this perspective in a discussion on the experiential paradigm, existentialists would be unlikely to support an information-processing analogy on the grounds that it reifies thinking into software-like operations, and necessarily circumscribes the phenomena of how contexts are disclosed. However, the apparent similarity between experiential and existential-phenomenological
approaches may reside in the shared constructivist/context-bearing assumption despite other philosophical differences.

Related to this context-bearing intention is the finding that the existential-phenomenological therapists intended to facilitate the broadening of their clients’ attunement. In other words, the therapists wanted to facilitate the clients’ exploration of experience and encourage the broadest safe range of experience possible. For example, both therapists made suggestions regarding how their clients might take up their own experience. Also, the therapists tried to broaden client attunement in the here-and-now of the session by creating a situation in which the client was challenged to broaden his or her experience. This gave the client a broader view of that experience.

Interestingly, in the literature very similar language is used to describe two different notions regarding the therapeutic broadening and constriction of attunement. One view, described in detail by Schneider and May (1995, 1998), is grounded in the observations of Abraham Maslow and Ronald Laing. The second view is grounded in the writings of Boss (1979), Binswanger (in Needleman, 1963), and predicated on Heidegger’s philosophical anthropology (1926).

The first notion characterizes consciousness by “…a constrictive-expansive continuum…Dread of constrictive or expansive polarities promotes dysfunction, extremism, or polarization, the degree and frequency of which is generally proportional to the degree and frequency of one’s dread” (Schneider and May, 1995, p. 141). In this view clients suffer by compensating for a fear of either end of the openness continuum. In that way, pathology can arise from either broadening or constricting that to which one is open. As Schneider points out: “The revulsion for a constricted puritanical upbringing
can correlate with an indulgent expansive adulthood. The horror of a directionless, rootless upbringing, on the other hand, can generate absolutist and fundamentalist tendencies later in life” (Schneider and May, 1995, p. 142).

The second notion, characterized most succinctly by the “world-spanning receptive realm” of Boss (1979, p. 90), also identifies awareness on a continuum. The clearing (Heideggerian, Verstehen, and Rede, as identified by Needleman, 1963) created in this openness is limited by two kinds of unfreedom, one fundamental to the care structure and the other imposed by neurotic limits. In other words, by virtue of being human, there are things that will simply lie outside of awareness, while other things we will constrict out of awareness for our own reasons. In this view, unlike the former, pathology is always in terms of the neurotic constriction of awareness to avoid something in the space of the larger fundamental limits of potential awareness.

In the case of the two sessions observed in the present study the second (Heideggerian) sense of awareness appeared most salient to me (not trained by Schneider). For example, in the second session, the therapist said to the client (2016):

“…in trauma we numb ourselves, or distantiate ourselves, or dissociate -- we do something to make the intolerable, tolerable. But the cost is we lose attunement.” This is also part of what the first therapist was referring to when he recalled about the client (294): “…he figures stuff out and so then I always, I see the next job that I have in a conversation, is to bring in other levels or layers of that. You know, not to um, to do it, but to get him to do it.” In both cases the therapists conceptualized their client as having constricted attunements. In both cases the therapists felt it was their duty to broaden
client attunement or help clients maximize that to which they could be open. The most common way the therapists tried to broaden client attunement was by using metaphors.

The existential-phenomenological therapists emphasized metaphors that were familiar to the clients in order to evoke the expansion of the clients’ narratives and experience. Whereas in colloquial language metaphor is often seen as a step removed from reality, the therapists often used metaphor as a way for clients to understand experience more concretely. This strategy requires some explanation.

If one believes in an objective world about which one has a subjective attunement, then metaphors are a way to relate what is real to one’s subjective experience. For example, the notion that one feels pain in one’s heart when grieving is a metaphor – a step away from reality – to convey the subjective feeling of loss. Colloquially, one would never say, for example, that the person really has a physically-damaged aorta because of grief – it’s just a metaphor.

On the other hand, if we regard the split between subject and object as a construction of our civilization in which we have come to accept everything as reality in terms of a technologized metaphor, then the use of metaphor to convey real human experience actually leads us back precisely to what is real. That is to say, as suggested by Kugelmann (1992) and Romanyszyn (1989), the therapists under observation believed that, colloquially, we accept that the heart *is* a pump, that the eyes *are* cameras, that the brain *is* hardware and the mind *is* software; that in our day-to-day lives we believe that this is real is the step away from reality. The return to reality, therefore, is through the use of metaphor to describe human experience. As van den Berg (1972, p. 55) wrote:

> He who says that the patient is converting from one order to another, forgets that the patient is not speaking of the organs meant by the
physician, and that he is not converting, not conveying anything from one sphere into another as he keeps speaking within the order of one reality, which he characterized by the fact that the distinction between body and soul has not been made. The patient does have a diseased heart, he is not mistaken. Neither is he deluding himself; he is suffering from a serious heart condition; for the heart he means is the center of his world.

Understandably, the therapists used metaphors familiar to their client and attempted to induce their clients to flesh out the similarities in order to help the clients broaden their attunement.

This was clear in the way the first therapist used the example of how various drummers known to the client interacted with other band members and their music. The therapist then tried to get the client to relate the results of this discussion to his interaction with others and his daily life. Another example was the second therapist’s discussion of physical sleep as a metaphor for the sensation of relaxation that he was trying to develop with the client.

In addition to serving the purpose of the clients, both therapists intended to receive some satisfaction for themselves. Frequently discussions of metaphors that were meaningful to the client necessitated some knowledge and appreciation of the metaphor on the part of the therapist. Both therapists indicated that they intended not just to do therapy for the clients but also to enjoy talking to the clients about matters of shared interest. The therapists derived pleasure from talking about a particular subject apart from considerations of serving the therapeutic interest of the client.

This notion may be related to what May and Yalom (Watson, Greenberg, and Lietaer, 1998) refer to as authenticity or presence. In this stance, “…existential therapists strive to be honest, open, and direct with their patients” (Watson, Greenberg, and Lietaer, 1998, p. 10). As a result, clients who have no interests in common with their existential-
phenomenological therapists may not benefit as much from therapy or may have their therapeutic relationship suffer. It may be the responsibility of existential-phenomenological therapists to do some research regarding the interests or hobbies of clients if they are unfamiliar with them. Alternatively, it may mean that therapists who do not feel they can relate to the interests of a particular client, may openly and honestly refer him/her elsewhere.

Both existential therapists intended to keep to what was real or concrete while enhancing the multidimensionality of their clients’ experience. Because the clients were identified by their therapists as holding different experiences in varying levels of awareness, the therapists wanted to help their clients work toward some kind of balance between those experiences, bringing those that were distant closer and moving those that were too close to a safer distance, while at the same time acknowledging, witnessing, and validating the reality of each of those experiences.

The therapists did this by calling attention to different layers of their clients’ lives or by confronting clients with contrasting experiences and feelings. They asked clients to relate how they felt in the past to how they felt at present. Another example was by asking if a client were currently feeling both thrilled and somewhat resentful. A final example was by reminding a client that the trauma did happen and was terrible but also that she was currently here and happy and that all of the above were true.

Both clients explicated their emotions in sessions and in recall. In both cases the clients were drawn to enhance the specificity of the emotions they experienced. Often this resulted in the therapists’ reflecting upon their utterances or tracking their feelings, which, in turn, led to further explication on the part of the client. The concept of enhancing or differentiating
emotions appears related to the “degree of emotional discharge” variable found by Brinkerhoff (Greenberg, Elliott, and Lietaer, 1994) to be positively but weakly correlated with successful process-experiential therapy outcome ($r=.16$). However, it should be noted that explicating one’s emotions is somewhat different from, and perhaps even at odds with, “discharging” them.

In addition to explicating their emotions, clients elaborated their histories, emphasizing their contrasting experiences. In both cases the clients referred to historical events predicated upon experience as opposed to conveying history chronologically. Both clients referred to their histories as they described frightening events, enjoyable ones, and other contrasting experiences. The clients made connections between those different experiences. In some cases the clients were asked directly about experiences in their past; however, the clients typically brought up moments from their past spontaneously as illustrative of experiences that were being discussed in the session.

It is unclear to me whether clients in other therapies convey histories in this way. However, it is intriguing that the clients I observed emphasized experiential over chronological time – a style congruent with a therapeutic approach derived in part from a philosophical commitment to human and experiential time as opposed to the abstraction of clock time. The clients’ efforts are congruent with the findings of Adler (Greenberg, Elliott, and Lietaer 1994, p. 519), who found that “…client participation in the form of quality experiential work was a substantial predictor of outcome (mean $r=.37$).” While the two findings are consistent, Adler’s variable does not account for the relation to client history presented here. We can further characterize the experiential work of the sessions through a discussion of session content.
Session Content

Clients used analogy or metaphor to describe their experiences. In both cases the clients made analogies to art in describing their lives. While clients conversed with therapists about the metaphors introduced by the therapists, they also came up with their own metaphors in order to convey their experiences more fully or more accurately. An interesting question is whether clients with an interest in metaphorical expression found a common bond with metaphorically-inclined therapists, or if clients gained an interest in expressing themselves metaphorically through their engagement with existential-phenomenological therapists.

Both clients seemed to be interested in the arts. For the first client music seemed a powerful metaphor, while for the second, painting seemed more relevant. In all probability this artistic connection was a coincidence but it is also possible that something about art appreciation is compatible with existential-phenomenological therapy. In their analysis of the deep structures of client experience, Angus and Rennie (Greenberg, Elliott, & Lietaer, 1994) found: “…that a critical function of metaphor is to help the client access a contextual network of associated meanings and memories” (524). Angus and Rennie’s assertion appeared consonant with present findings both in terms of the process of existential-phenomenological therapy and of its content.

Both clients described challenging moments and disclosed struggles with daily activities. Both clients chose to have outpatient therapy in private practice. Both clients were relatively high-functioning members of the community with busy lives and many obligations. Presumably, in addition to being on a journey or working on themselves as a longer-term project, the clients felt comforted by having someone to talk to about everyday annoyances and challenges. Garfield indicated that variables such as degree of education and higher occupational ratings were positively correlated for patients’ acceptance of treatment in outpatient psychotherapy. The
present findings are consonant with Garfield’s (1994) report on client variables in psychotherapy. In addition to speaking of everyday annoyances, both clients spoke about their bodies.

Clients were attuned to their bodies and understood a relationship between physical and psychological realms. In both sessions the clients emphasized bodily concerns. Various topics about bodies sprang from the central in-session concerns of the clients, and often they returned to such topics in one form or another. The clients’ emphasis on their bodies was not a product of therapist modeling or suggestion. In both cases at least part of the reason they initiated therapy had to do with body-related experiences. Both clients suffered with/from their bodies. Consequently, the reason these clients became attuned to their bodies was not because of therapy, although, undoubtedly, they came to see a relationship between the physical and the psychological because of their work with their therapists.

Although Greenberg, Elliott, and Lietaer (1994) found that in experiential therapies the client may become more fully aware of immediate experiences and feelings, they did not indicate that this awareness necessarily extended to the client’s own body. In the present results, the clients found they made life decisions with their bodies. For both clients an important theme was the extent to which they had made such choices, an issue which, in all likelihood, was less clear to the clients prior to therapy. During the recorded sessions, the clients were challenged, to greater or lesser extents, with taking responsibility for seemingly independent bodily sensations and expressions.

Consonant with a Bossian view of bodying forth, the first client appeared to wrestle with the question of whether his body was expressing a psychic state or whether that psychic state, too, was a result of physiological or neurochemical influences. In keeping with the Husserlian
notion of embodied I-ness, the second client expressed sorrow for withdrawing from physical intimacy for so many years because of the sexual trauma she suffered as a child. Despite this difference, both clients appeared motivated to pursue and explicate the life decisions made with their bodies.

Both existential-phenomenological therapists were attuned to the bodily decisions made by the clients. Each therapist noticed times when the client’s body spoke of an implicit choice. These bodily decisions appeared to fit two types: what is commonly referred to as body language or the client’s physical presentation in the session, and what are commonly referred to (and I use the term loosely) as somatoform disorders. Still, the meaning ascribed to the bodily decision was not grounded in DSM criteria; rather, it was grounded in the meaning of that decision for the client. When the therapists identified a bodily decision made by their clients, they called attention to it.

Finding the client’s meaning for his chest pain appeared to be the focus of the first session, while, in the second session, the therapist recognized that the client was tired and, consequently, created a situation where she could physically rest. Part of the therapist’s intention in providing this bodily rest was to provide comfort and relaxation to the client, presumably because the client’s desire was apparent and coincided with his own.

The notion of decisions based on the body, which will be explicated presently, appears very similar to concepts advanced by Griffith and Griffith (1994), Straus (1966), and Boss (1979). For example, Griffith and Griffith (1994, p. 8) wrote:

A man with cardiac disease hears his abusive boss begin speaking and is gripped with chest pain; as soon as an asthmatic child sees her mother walk into the classroom, her desperate wheezing begins to ease; an invalid woman, chronically ill but stable for a decade, falls silent and dies within a
month of the sudden loss of her husband; another woman dying from cancer, lives against all odds until her son arrives from overseas, then dies after a last reunion. Such stories are commonly witnessed by those who care for the ill. But the nature of these mind-body relationships and how they can be used toward healing remain elusive to many clinicians.

In the spirit of educating clinicians about this problem, Straus (1966, p. 26) wrote: “A group of important feeling terms, such as ‘weighed down,’ ‘elated,’ ‘hemmed in,’ ‘constricted,’ ‘liberated,’ ‘inclination,’ ‘aversion,’ ‘upright,’ and ‘bowed down’ all refer to the posture or mode of sensation of the lived body and its organs.” But perhaps Boss (1979) phrased the issue most succinctly when he wrote: “Human bodyhood is always the bodying forth of the ways of being in which we are dwelling and which constitute our existence at any given moment” (p. 102).

The earliest references to the rejection of psycho-physical dualism date back to the Greeks (Wild, 1964). However, more recently, in the phenomenological tradition, this concept has been explicated by Husserl’s notion of embodiment. Of Husserl’s concept of embodiment, Wild (1964) wrote:

In other places, he points out that my body as I live it is very different from a physical thing, and by his use of such phrases as “embodied I-ness and the “active-I-functioning of the body” he tries to suggest the inseparable union of bodily action and awareness that is found in our lived existence. This is neither a physical thing, nor a pure disembodied awareness, nor a mere togetherness of the two” (Wild, 1964, p. 19).

In the present findings, it appeared that Heidegger and Boss influenced the first therapist. The second therapist appeared to have been influenced by Husserl. Therefore, it would seem that the first therapist was applying Boss’s notion of bodying forth while the second therapist applied the notion of embodiment. While these notions are similar, differences arose in practice. Gaining influence from Boss, the first therapist focused on what the client’s body was “bodying forth.” In other words, the first therapist focused on
which psychic state was being expressed by the client’s body. The second therapist, informed by Husserl, focused on his client’s embodied I-ness or the way she was being a body.

The difference may appear subtle at first, but the practical considerations were not. The first therapist wanted to get his client to listen to the meaning of his heart palpitations so that he could make a decision to change the way he lived. The second therapist helped his client to see that she carried herself and used her body in a way that, in more recent times, was not conducive to her happiness. For the first therapist, the client’s body was a conduit for feedback about different areas of his life. For the second therapist, the way the client had been using her body was distressing and needed to be changed. Ultimately, both clients were given the task of making decisions related to their bodies.

The decision-making process was discussed at length in both sessions and both clients indicated that they felt they had choices. I was surprised by the fact that both clients used similar language to convey the apparently shared sense of emotionally recognizing options where before they had no such awareness. It seemed to me that for some people in certain situations, choice is largely a cognitive process that passes almost unrecognized. The fact that for both clients choice was described as emotive speaks to their thematic respect and appreciation for their ability to choose. I assume this would be a relatively rare way to describe choice for people not involved in existential-phenomenological therapy.

The closest notion in psychotherapy research literature to the present finding of clients’ felt choices in existential phenomenological therapy, is in a thematic analysis of
helpful factors in experiential therapies by Greenberg, Elliott, and Lietaer (1994). The authors reported the variable “exploration” to be positively correlated with positive outcomes in experiential psychotherapy. “Exploration” refers to: “Client explores personal and interpersonal experiences more deeply” (p. 520). Depth of exploration appears somewhat related to the notion of feeling choices because for both clients the experience of choosing gained richness and became differentiated from “making choices” through therapy. The enhanced differentiation in the client’s description and understanding of choice appears to speak to introspection, reflection, and depth of exploration.

A bi-product likely to have resulted, in part, from the dyads’ deep exploration of experience is that both clients felt that their therapists knew what they liked. The clients’ sense of the therapists in this regard was probably attributable to their engagement in talk therapy, which in both cases was supportive and empathic. In both cases it is likely that clients felt comforted and cared for by their therapists, in addition to being challenged by them. A similar notion in the process-outcome literature is the degree of client–therapist bond, as presented by Orlinsky, Grawe, and Parks (1994), or the therapeutic alliance as presented by Greenberg, Elliott, and Lietaer (Bergin & Garfield, 1994).

Although feeling that another knows what we like may be related to a therapeutic bond or alliance, it would be inaccurate to say that the two notions are equivalent. The therapeutic alliance or bond refers to the relationship between the client and the therapist. This alliance is likely to have many dimensions, a few of the possibilities being the degree of warmth felt by the client, the degree of closeness between the client and the therapist, or the degree to which the therapist supports the client. While the clients’ sense
that their therapists knew what they liked may have been a good indicator that the therapists had formed a successful alliance with their clients, the two notions cannot be said to be equivalent.

Both clients appeared to respond well to being given choices and addressing the issue of freedom in their sessions. Consonant with research by Lowenstein (1993), Walsh and McElwain (2000), and Bauman and Waldo (1997), the concepts of freedom and choice appeared in the content of sessions, but not necessarily explicitly. For example, the second therapist addressed choice by asking the client: “What would you like today?” By allowing the client to choose what she wanted, the therapist, in fact, confronted her with her own freedom in order to have her determine the direction of the therapy. By contrast, the first therapist addressed choice more thematically in the “What the fuck?” statement, which he characterized as carrying the implicit self-criticism of: “I have the freedom to make choices so I should take responsibility for the times I don’t make them.”

The goal of the client’s freedom has long been associated with existential therapy. For example, Rollo May wrote: “I propose that the purpose of the psychotherapy is to set people free” (May, 1981, p. 19). Because of the present study’s interpretive approach to the study of therapy sessions, it was able to address the notion of freedom in psychotherapy alongside other co-occurring and related aims, such as the ability to make choices and the ownership of responsibility.

Lowenstein (1993) indicated that existential approaches commonly identify the individual as a responsible agent. As the examples above indicated, issues of choice and freedom necessarily involved issues of responsibility. The first client, following a
discussion of the risks he took, concluded that he had the impulse “to take on too much,”
“not to say no,” and “to expect to be perfect.” Similarly, by the second therapist’s
confronting the client with her own freedom to determine the course of the session, the
therapist allowed the client (for better or for worse) to take at least partial responsibility
for her own therapy and change. In the first session, through discussion, the client gained
insight that placed responsibility for the unfortunate corollaries of his risks upon himself.
In the second session, the therapist created a situation in which the client found herself
predisposed to be responsible for her change. In both sessions, however, the therapists
addressed the clients’ responsibility in terms of “authenticity.”

Walsh and McElwain (2000) and Bauman and Waldo (1997) argued that a
common theme in existential approaches to therapy was authenticity. Authenticity,
however, was addressed in different ways, all of which ultimately related to
responsibility. For example, Walsh and McElwain (2000) argued that authenticity can be
derived from the Sartrean notion of “bad faith,” which is a lie to oneself in order to
protect oneself from the guilt that accompanies being free and responsible. To the extent
that one does not acknowledge one’s freedom and responsibility, one is being inauthentic.
Authenticity can be understood in the Heideggerian sense of being present to one’s self in
moments of hearkening to the call of conscience. It can also be understood in the
Rogerian sense of being true to one’s self or, as in the case of the therapist, being open
and honest with the client. In other words, authenticity in existential-phenomenological
therapy has different meanings. In the first session I found authenticity implicitly
addressed in each of the forms described above. In the second session the theme of
authenticity was more implicit and less well defined.
To illustrate, in the first session, the client suffered panic attacks during which his hectic pace suddenly stopped and he was able to catch sight of himself and his life (Heideggerian authenticity). In his illumination, the client became aware that he was living in a way that caused him to suffer; which Rogers might identify as not being true to himself. The reason for the Rogerian inauthenticity was what Sartre might have described as bad faith. In other words, his competitive and intense lifestyle that brought on the atrial fibrillations was a way to avoid acknowledging that there were other ways for him to live and that he was the one responsible for choosing the lifestyle he led. The therapist, therefore, tried to get the client to listen to what the heart palpitations were telling him about his life.

In the second session, by contrast, I could only identify the theme of Rogerian authenticity in the recurrent explicit theme of the client’s “loosening her strictures.” I saw the issue of the client’s letting herself go as an example of Rogerian authenticity because the clinical focus was on helping the client live as she wanted and on assisting the client to live in a way less restricted than that dictated by her past treatment by others. Neither Heideggerian nor Sartrean forms of inauthenticity were apparent to me in the second session.

Like authenticity, angst carries several definitions depending on the philosophical context. The notions of existential anxiety or angst, as advanced by Bauman and Waldo (1997) and Walsh and McElwain (2000), were identified as implicitly present in both sessions. As described by Walsh and McElwain (2000), existential anxiety and existential guilt are identified as ordinary parts of one’s struggles in living. Existential psychotherapists seek to expose this anxiety and guilt in their patients in order to
thematize their feelings and provide the opportunity for change. This is a view consistent with Yalom’s psychodynamically-derived understanding of existential anxiety as an unpleasant state of mind that leads to the formation of defense mechanisms. In this view one typically develops a defense mechanism to deal with anxiety about inevitable finitude. Although we may not be thematically aware of this anxiety, we find ourselves doing something defensive to help us deal with this unpleasant expectation.

Perhaps, as Macquarrie (1968) suggested, translation difficulties are to blame for confusion about the meaning of existential anxiety. The colloquial usage of terms such as anxiety and dread change Heidegger’s notion of angst into an experiential one. Heidegger’s notion of angst described the ontological (not the experiential) condition of Dasein’s being anxious about its own potentiality for being-in-the-world. This earlier definition of anxiety, predicated upon Kierkegaard’s, is not about anything. Heidegger’s angst is rare and fleeting. Its veracity or validity lies in its contribution to a description of what it means that we are, not a description of an experience or state of mind.

Heideggerian angst emphasizes a fleeting moment in which our attention turns back upon ourselves and we realize that, insofar as all that we do is related in some way to our future possibilities, we discover that we will only be complete when we die; that is, at that time we will no longer have further possibilities. As a result, while we are alive, we can never see ourselves as complete. The revelation of angst is that we are necessarily incomplete, which insight lasts for a moment after which we return to going about our daily lives. This is not an indication of a defense mechanism in a clinical sense but a description of what it means to be human.
I found that the first therapist conceptualized and selected interventions based upon Heidegger’s ontological philosophy. The first client suffered panic attacks that informed him of the unsatisfactory way he chose to live his life. At these moments of panic attacks, the client’s attention was fleetingly thrown back upon himself to call into question his potential for being-in-the-world. In other words, the client had fleeting moments in which he identified his own incompleteness while everything else in the world shrank to insignificance.

This kind of existential anxiety was not present in the second session. What was present instead was the kind of existential anxiety that was discussed by Yalom. In the second session, the client spoke of the way she used to “be a body.” This disclosure thematized the client’s awareness that she made certain choices that precluded others. She was a finite being who recognized that, by “being a body” in a particular way, she closed off other possibilities that through therapeutic discourse she was able to reclaim. In this sense, existential anxiety or angst was present in the second session. Both forms of existential anxiety are related to the concept of death, which surfaced in both sessions.

The last theme discussed by Bauman and Waldo (1997) is death. The theme of finitude was evident in both sessions. In the first session, the client indicated that during moments of panic attacks he became aware of his own finitude. In addition, the therapist extended the length of the session when the client alluded to the “heavy” subject of suicide. In the second session, the client conveyed a sense of wanting to make up for lost time and indicated: “We are finite beings.”

It should be noted, however, that in the first session the theme of death or finitude was a component of the ontology with which the therapist might typically conceptualize
clients. In this sense, the notion of death might relate more to the first clinician’s therapeutic process and might be implicit in many sessions conducted by this therapist. In the second session, however, the theme of death appeared to arise as a matter of content from the client and may, therefore, be less likely to be present in this therapist’s other sessions or ongoing conceptualization.

**Limitations**

Because the focus of this study was on the application of philosophy to practice, what was omitted was a phenomenological analysis of the lived experience of existential-phenomenological psychotherapy. This would have resulted in a descriptive narrative of session events. I did not choose this method because I was unsure how such an analysis would enable me to elicit the ways therapists intended to apply philosophy and how clients received therapist comments.

Both therapists were also professors. Although the results may reflect more differentiated motivations for clinical interventions, the relevance of the findings to less academic therapists may be limited.

As previously discussed, the terms “intention” and “understanding” were awkward. The awkwardness resulted, first, from the terms’ being used in a somewhat idiosyncratic fashion and, second, from the IPR method, as discussed by Register (1994):

> It bears noting, however, that one view of the concept of time is that one’s awareness of a past event is not as a fixed memory, but the present understanding of that event. In this study, the participants’ view of moments within the therapy interview may have changed as a result of their having experienced the rest of the therapy interview (p. 72).

Given the method of data collection, one could argue that the intentions were not really intentions at all because they were offered after, not before, the session. In this sense, the
intentions were more justifications than intentions. Thus, a possible limitation of this study is that recall interviews may not be able to address a-priori intentions.

Another limitation of this study is that the present findings are grounded in the context of existential-phenomenological therapy as I have come to know it at this time and in this place. The results cannot, therefore, account for Sartre’s existential psychoanalysis or Frankl’s Logotherapy, among others. Nor is this research likely to account fully for existential-phenomenological psychotherapy provided at in-patient settings. Rather, at best, the results pertain to the present-day private practice North American corollaries of earlier existential-phenomenological approaches, as understood by me.

Also limiting the findings is that some features of psychotherapy are undoubtedly only visible across a series of sessions. In particular, because the therapeutic relationship is emphasized in existential-phenomenological psychotherapy, and relationships change, it would have been beneficial to collect data from a number of sessions per dyad. Only one session per therapeutic dyad was investigated in this research. Perhaps one place to take this method in the future would be to study a series of therapeutic encounters.

**Suggestions for Future Research**

Future research could integrate a phenomenological analysis with the hermeneutic method. This analysis could be applied to step six of the method in its present form (What do I notice about this session?). In addition, future research could ask, prior to sessions, what therapists intended to do and, afterward, what they felt they had done. Along these lines the researcher could conduct both pre- and post-session research interviews. Future research could integrate a conversation analysis as one of the steps in
order to explicate the turn-taking structure of the session and to derive a fuller account of the therapeutic process as it unfolds. Admittedly, these suggestions would considerably increase the time and effort required to complete such the study. An additional suggestion would be to examine more than one session, as some aspects of what occurs in existential-phenomenological psychotherapy are undoubtedly visible only across a series of sessions. Another possibility would be to compare the present results derived from dyads who have been working together for some time with dyads or therapists with less experience together.

The project of articulating the traditions behind existential-phenomenological and phenomenological-existential psychotherapy would benefit from more lenses through which to view the unfolding of the therapy process. This might include two or more researchers in dialogue over session and recall data. Furthermore, collection of data from therapists in different geographical regions, of different genders and ethnicities, who work with diverse clinical populations, would enhance the richness and scope of the findings.

Along these same lines, it would be interesting to see research similar to the present one with therapists who identify themselves as existential-humanistic, experiential, process-experiential, existential (but not phenomenological), or phenomenological (but not existential). Future research might explore the practical differences, if any, between these approaches.

Along these lines, future research could consider the present study as a first step toward a prototype of existential-phenomenological therapy, similar to Ablon and Jones' (1998) research. In this line of investigation, panels of experts formulated prototypes of
psychodynamic and cognitive-behavioral therapies in order to identify the defining features of these approaches. The researchers then assessed the degree to which transcribed psychotherapy sessions adhered to these prototypes, and correlated these findings with measures of outcome. Similarly, the present findings could be used to develop a prototype to investigate the extent to which therapists who do not identify themselves as existential manifest attributes of existential-phenomenological or phenomenological-existential psychotherapy. Such a prototype could also be used to explore divergence among treatments considered by their practitioners to be existential-phenomenological or phenomenological-existential.

Concluding Remarks

I hope this study has contributed to the project of exploring and clarifying the practical application of existential-phenomenological psychotherapy. This study found that practical differences accompany distinctions in philosophical ideas, while similarities are also apparent under the umbrella of existential-phenomenological approaches. It also demonstrated the value of addressing questions of research practice through a hermeneutic method. I hope the results will contribute to students', scholars', and practitioners' understandings of the important clinical tradition called existential-phenomenological psychotherapy.
References


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APPENDIXES
Appendix A

CLIENT CONSENT TO PARTICIPATE IN A RESEARCH STUDY


INVESTIGATOR: David Danto, 301 1/2 South Winebiddle Street #3 Pittsburgh, PA 15224 (412) 683-8384

ADVISOR: Dr. Russell Walsh Psychology Department, Duquesne University (412) 396-5067

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in Psychology at Duquesne University.

PURPOSE: You are being asked to participate in a research project that seeks to investigate the experience of being in psychotherapy. The research involves placing a video camera in the therapy room and videotaping one session of therapy. In addition, you will be asked to allow me to interview you after the therapy session. The interviews will involve watching the videotape and being asked to comment on your experience. These interviews will also be taped and transcribed.

These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no known risks involved in participating in this study. You may however benefit from insight gained by watching yourself on tape in the session.

COMPENSATION: There is no compensation for participation in this study. However, participation in the project will require no monetary cost to you. An envelope is provided for return of your response to the investigator.

* The title of the dissertation was changed following administration of the consent form.
CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All videotapes, written materials, and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in statistical data summaries. All materials will be destroyed at the completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Mary de Chesnay, Chair of the Duquesne University Institutional Review Board (412-396-6553).

___________________________________________________________
Participant's Signature

Date

___________________________________________________________
Researcher's Signature

Date
Appendix B

THERAPIST CONSENT TO PARTICIPATE IN A RESEARCH STUDY


INVESTIGATOR: David Danto, 301 1/2 South Winebiddle Street #3 Pittsburgh, PA 15224 (412) 683-8384

ADVISOR: Dr. Russell Walsh Psychology Department, Duquesne University (412) 396-5067

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in Psychology at Duquesne University.

PURPOSE: You are being asked to participate in a research project that seeks to investigate the experience of being in existential phenomenological psychotherapy. The research involves placing a video camera in the therapy room and videotaping one session of therapy. In addition, you will be asked to allow me to interview you after the therapy session. The interviews will involve watching the videotape and being asked to comment on your experience. These interviews will also be taped and transcribed.

These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no known risks involved in participating in this study. You may however benefit from insight gained by watching yourself on tape in the session.

COMPENSATION: There is no compensation for participation in this study. However, participation in the project will require no monetary cost to you. An envelope is provided for return of your response to the investigator.

* The title of the dissertation was changed following administration of the consent form.
CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All videotapes, written materials, and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in statistical data summaries. All materials will be destroyed at the completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Mary de Chesnay, Chair of the Duquesne University Institutional Review Board (412-396-6553).

________________________________________________________________________________________

Participant's Signature ____________________________ Date ____________

________________________________________________________________________________________

Researcher's Signature ____________________________ Date ____________
## Appendix C
### Dyad one session transcript

<table>
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<tr>
<th>Line #</th>
<th>Therapist Recall</th>
<th>Dyad one session</th>
<th>Client Recall</th>
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<tbody>
<tr>
<td>1</td>
<td>R: Okay, pausing the tape. (*)</td>
<td>T: How’s it going?</td>
<td>C: It’s going okay. I’ve been in the hospital this week, it was last week. Umm, (clears throat)...I’m thinking about over stimulations. With, um, and ya know it, I may be guilty of over intellectualism and things at times, but it’s a place where I can start to get into something.</td>
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<td>T: Mmhmm.</td>
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<td>C: Um, (clears throat), and ya know that’s not the first time that concept has...come to me, either from somebody else or maybe even in my thoughts, but it’s taken on a little more of me right now. This, ya know, this hatred for relation...I want to figure out why it happens. Um, and ya know, I’ve got these physical symptoms, that a, I’m ninety-nine percent sure, have a lot to do with my psychological or emotional state.</td>
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bad thing, but they kind of have this academic inferiority. So, throughout the session (+), is being a little bit more academic than he usually would be. Although he does think, I mean he is quite intellectual. So, that, that’s already a difference that appears from an ordinary session.

R: And a difference that appears because…
T: Because of the presence of the tape.
R: …because the presence of the video camera, uh, yeah.
T: Uh, so that, that part is a little exaggerated.
R: Where you thinking that in the session?
T: Yeah, that was striking.
R: Okay.
T: Should we go on?
R: Yeah.
T: Mmhmm.
C: The fact that it’s the last episode that occurred on a day when I felt good, felt in control. I was leading my life during those twenty-four hours as I want. (Clears throat) It was all the more puzzling and disconcerted. So, I’m, I’m, thinking about this and then I pose looking through the local newspaper about four or five days ago. And I saw an article about (Bayowaters? - not sure of word), and that’s what was prescribed for me to keep me from breaking through in this atrial fibrillation (not sure if spelled correctly). And the beta-blockers suppress

R: Pausing? (*)
T: Umm, (could not hear-muffled). Yeah it will be fine, it will be fine.
R: (Laughs).
T: Um, you know the thing about, I have been seeing (+) quite a long time. And
he had been transferred to a therapist, who had, who left the area, who did very good work. And (+) had done a heck of a lot of work in therapy, and a lot of work also with me. Umm, when he talked about having uh, these problems, these atrial fibrillations, after having a really good day that was the, that was the combination of the previous session, where we recognized, “Hey” he was having good days. And yeah he is going to have these atrial fibrillations, but never in his life has he had good days like he does have at times, give him the place he can turn to, because he is embarking on a whole, uh very different sort of existential project for himself, that is doing what he wants to doing his profession.

epinephrine and nor-
epinephrine according to this article. So, I asked my family physician about that, I said, ya know can I physiologically or biologically, could I be prone to (Helusium?) more epinephrine, which is adrenaline.

T: Mmhmm.

C: For most people, he said “Yes, that could be true, or the converse of the other side”, ya know the converse, which is the, you are more sensitive to or that you have more, more epinephrine, which is the, I guess the connector between (could not hear-muffled), adrenaline. And he went, “BINGO,” so I thought that was intriguing. I’m not; I’m by no means willing to think about this as a purely physiological problem. Or, but it gives me a hook to start getting a perspective on what I’m up to or maybe what I can do change.

T: What would be the immediate analogy that you can draw?

C: I don’t know.

T: So it, it could be that you produce more adrenaline.

C: Mmhmm.

T: Or that you’re more sensitive to it. Where…

C: Yes.

T: …where have you experienced yourself, as being extremely sensitive, in fact had to be extremely sensitive in order to survive?

C: Well, it was in my home when I was a child.
R: It’s in pause, next comment. (laughs). (*)

T: (Could not hear-muffled). (+)’s mom was an alcoholic, and he’s understood himself at various times as you know, the adult child of an alcoholic and has done some of that kind of work. So that’s a whole frame of reference that he had developed previous to coming to see me. Umm, so that’s one way he’s been able to understand his past. Uh, now he’s finding, ya know, I’m trying to draw in as many different levels that he can understand this discovery is possible. So he can, this being sensitive uh, o, over stimulating himself, he can understand the context he comes in with physiology.

But, already he understands physiology and psychology as being mutually interactive in a kind of conventional way, but nonetheless, he doesn’t seem to suffer. Now we move it to the biographical and the narrative convention, which is what he’s worked on with me considerably. And during that work, we’ve always looked into other things, other ways that he understood it, one of them was being the adult child of an alcoholic stuff. So what I am trying to, to a lead him toward is putting together the,

T: With your mom?

C: Mmhmm.

T: I mean we’ve talked about that.

C: Ya know, given that environment, plus maybe some uh, physiological predisposition of that is over stimulated anyway, might of, umm put me in a position that has made me vulnerable to the anxiety attacks and the depression that’s arriving now, that I no longer can compensate for. So, (clears throat), I haven’t put this altogether yet, I’m sorry.
the molt, the, the many
different levels of
understanding as possible uh,
in this moment to kinda pull
things together. So that’s why
we’re saying the “Bingo”. So
by telling him “Bingo”, I was
alerting him to ya know, I saw
him making connections, and
so that kind of ya know,
intervention there, set the tone
for what we did next. We’re
gonna make connections,
things are going to come
together here.

R: Oh.

T: So I was kind of asking
him to look for those things.

T: He hasn’t put the whole
thing all together yet. (*)
Umm, he’s saying that for the
cameras partly because he
doesn’t want to be caught as if
he doesn’t understand
something that should be right
there, you know that he should
have made sense of it. Umm, and
he’ll make that kind of
comment at other times as
well, umm and it really actual,
always taking it as it indicates
that he’s open to making those
broader connections. Umm, in
a way he feels like maybe he
should’ve already, but he still
he’s open to it. Here it’s a
little bit of ah; it’s
exaggerating a little bit
because of the camera.

T: (Could not hear-muffled) is
excellent piece of work that he

T: Mmhmm.

C: I didn’t bother preparing
for this; I just sorta wanted to
talk about. Umm, it, it, it
gives me an idea about why
um; both pleasurable
situations and unpleasant
situations are both
troublesome for me, because
they are both stimulating.

Umm, ya know, and they both
can produce a certain amount
of adrenaline or, or (could not
hear word). And both end up
overwhelmingly. I’m afraid of
pleasure because I’m afraid of
the consequences. To give
into what I want is dangerous.
just did that. (*) Um, and it’s
the kind of work that you
could do coming out of
Goldwin’s emotional
intelligence type stuff, where
he recognizes physiological
functions you know and when
you get all upset and there is a
(could not hear word-muffled)
or a hijacking that kind of
thing. To be able to read the
physiological in terms of the
behavioral experience. This is
doing that really well here.
Umm, and I think that was
like, you know for another
client that would have been
like “Wow” hey. (+) pretty
good, he’s pretty (could not
hear word-muffled), he figures
stuff out and so then I always,
I see the next job that I have in
a conversation, is to bring in
other levels or layers of that.
You know, not to um, to do it,
but to get him to do it.

T: Right, and there is a story
there...

C: Yes.

T: …which we know pretty
well.

C: Yes. Umm, (could not
hear-muffled), I’m anxious
because of unpleasant
situations, uh, because I, I fear
the worst, and they are not just
unpleasant, they are blown up
into the proportion that’s,
that’s nightmarish, ya know.

T: And we know the story
there.

C: Yes, it’s the monster
hiding inside the file folder, or
behind the file cabinet, or
wherever.

T: Yeah.

C: (Clears throat). So this,
this physiological possibility is
sort of is hoping up my
imagination (could not hear-
muffled) of how this works...

T: Mmhmm.

C: …both physiologically and
psychologically.

T: Mmhmm.

C: One triggers the other and
they sort of build on each
other (could not hear-
muffled).

T: So the moment that you, ya
know, during the day when
you felt…

C: Mmhmm.

T: or after a day when you…

C: Mmhmm.

T: …felt very violent…
C: Mmhmm.

T: …and things are moving in the direction that you want them to go…

C: Mmhmm.

T: …do you find yourself extremely vulnerable?

C: Mmhmm. And I didn’t even know it. I mean, two days before that I had sort of anxiety episode where I feel, feel my heart pounding. Nothing irregular about it, wasn’t even particularly fast, I could just feel it pounding. Which I associate with an anxiety experience. Umm, it was pretty bad it kept me up part of the night. On the next day, I thought, I mean kind of wasted because I didn’t get enough sleep, but I actually got through the day very well and felt good all day. Coped nicely with everything that came along, all the challenges…

T: Mmhmm.

C: …normally and ah, seemed bigger than real, umm, it was just clicking. It was nice, there was a rhythm there, ya know what I am saying.

T: (Could not hear-muffled).

C: Yes, (could not hear-muffled), yeah I went home that night, relaxed, took a ride up the road. Enjoyed that.

T: Mmhmm.

C: Came home, went to bed early, and woke up (could not hear-muffled). Bam, with atrial fibrillation. And with that meaning in itself is scary, but the fact that it’s not
heck I’m gonna do in a session before it happens, and I don’t worry about it anymore. And I just, it happens umm, if you pay attention to things in certain ways, sometimes it works out, sometimes it doesn’t, but (+), I keep setting him up by describing his experiences by being in the world. I was asking him to bring to there his identity and way of experiencing things as, as a drummer. Umm, and trying, because that’s another access that we tracked. So that was a prompt to. You know again, bring in another dimension that’s already established. Kind of (clears throat) well developed uh, somewhat symbolic system that he can use to understand and experience.

T: I don’t know how, how much information you want. (*) (Could not hear-muffled), which happens with a client that you have been seeing for awhile. There’s a whole big long story behind that. His father was taken to pass in a hospital, with, I forget with what particular problem, but it wasn’t life threatening. Uh, and they ended up killing him. Uh, he died, ya know there was a complication and that. And none of things would have happened if hadn’t gone to the hospital. And there is something in the (could not hear word), people used to talk about passing an (could not understand) away. Uh, there was not an (could not understand), but the emergency room was bad, umm so his father died there. So there is something there predictable, doesn’t seem to be anything I can help or stop.

T: And where does, and we talked about where…

C: No, that’s okay, we are back past the hospital where my father had died five years, ya know what, twelve (could not hear word) anniversary to his death. This occurred two weeks befo-, to the day, it was on a Wednesday, two weeks before. The proximity is, means something.

T: Mmhmm.

C: Which of course I must be thinking (could not hear-muffled) over time.

T: So if you kind of step back a little bit and look at when you’re in the group, you’re also…

C: Mmhmm.

T: …the most vulnerable.

C: Mmhmm, yes, definitely.

T: And the vulnerability that you carry…

thinking about my...my psychological state, umbrought back ah...you know, conjugate that -the remembering my father's death which, you know, was about...It was a five year anniversary, just within a week or two when I had this atrial fibrillation and-and I had ended up in the hospital where he had died, same hospital. I'd been there twice or three times, a together in the last twelve months...Da-da, chest symptoms, my-my-my chest is just fine, well the atrial fibrillation is not fine, but I, I'm healthy otherwise, physically. I've got a very strong heart. Work out regularly, there's no reason for me to be ailing that way, you know, I don't smoke, ah, I don't do anything to excess, I exercise regularly, I eat well. don't lose no ah, there's no sign of disease or physical malfunction. So, of course my family physician, ah- says 'but', and the cardiologist says "...arterial fibrillation can happen for no reason at all", but nonetheless, I had to have a reason, and as I was talking about the physical reasons (+) idea of being stimulated or overly sensitive (+) getting me to a place to where I could think about it in psychological terms also. So that’s what was happening. (*)
that always, you know recollects all about experience. He brought this up at some therapy sessions ago, that you know, when he has these problems where he needs emergency medical care, he has to go or he goes to the place that killed his father. So, I uh, that’s what that’s about.

R: That’s what you were sensitive to?

T: Yeah.

T: Yeah thinking about it now, I mean hearing that, the other I should have, I mean could have said there is that you know, this, when he’s in the group that he’s the most vulnerable. (*) It just comes out of history. There is a narrative dimension to it. And he had been developing all the stuff that is physiological. And the physiological dimension. And I could have brought that in even more, again, but it was there implicitly. But in terms of, you know how we say what would be the most effective interventions, again the one that brings the most dimensions to bear and kind of opened it up. And that one was there, I could have hit it, tightened it up a little bit. Missed opportunity somewhat.

C: Mmhmm.

T: from your family…

C: Mmhmm.

T: …it’s part of your history.

C: Yeah.

T: Ah, have you let that stop you this week? Have you been uh, more cautious this week? Or have you been able to stay in the group?

C: Since two-three weeks ago, um, I have paced myself and not worried about consequences so much. That, ya know, there, there are two kinds of consequences, like I said. One is if I do a very, very good job and please myself, um there’ll have to be something extracted because of that, some penalty. And that’s almost, that’s a very self-conscious reaction as evidence by my last episode. (Could not hear-muffled). (Laughs). Um, (clears throat), the other thing is that, ya know, if, if, given into the other impulse, which is to do nothing because I am sort of frozen by the fear, which is a more conscious experience…

T: Which is like a panic attack.

C: Yes, yes, then I ya know, it, it depends, it builds upon itself because I am not getting anything done and something terrible is going to happen because of that. I haven’t, I haven’t a conscious experience of anxiety and panic. I have been able to keep them more at bay. I have just sort of gone to the “what the fuck”, um, scenario.
C: And, and said I don’t care and I’ll get done when I can get done today. And I’ve been able to keep my anxiety at arms length. So I haven’t been, and I, I have not launched into things one-hundred percent, ya know (could not hear-muffled) day. I stuck myself at times.

T: Mmhmm.

C: Nevertheless, the, the, the impulses were still there on both sides, ya know. When I start getting into my work, when I start getting into something, it is ten-tenths. There, there is no part throttle to the ya know. It, it, I go at full speed. And, and ya know, when I do go full speed, it is, um, if I do it successfully, it’s, there’s a high to it’s, it’s…

T: Yeah, and that’s what your chasing.

C: …at least invigorating. But, but it’s, it’s, it’s maybe, it’s maybe the kind of high where your, you know, where your walking a tight rope or your doing something that’s kind of dare devilish.

T: Mmhmm.

C: Umm, taking, taking on more…

T: What could be more dare devilish for you to do that you want to do?

C: Yes…

T: Publicly…

C: Yes…

T: …openly. Umm, and you can ask yourself…
C: Mmhmm.

T: …is it worth the risk?

C: Not, not the way I have been creating with following these impulses to, to, to throttle’s jammed all the way to the wall, or I’m frozen in my tracks. Umm, the umm, going full speed, in a, there is no such thing as going full speed. Ya know, can you do, go a little faster than what you have done. Can you keep more balls in here? Umm, can you, can you tempt fate and hope that you have a little bit of luck and so nothing, it doesn’t affect heart? Because I have gone past that where I couldn’t keep all of the balls in the (could not hear-muffled).

T: Mmhmm.

C: That’s devastating, it’s devastating, so it’s…

T: Mmhmm.

C: …so it’s that impulse to take on too much and not say no, and keep, and to expect that I should be…

T: And uh,…

C: …perfect.

T: …what question do you ask yourself as you do all these things? (Could not hear-muffled).

C: Yes, yes…

T: I think you have…

C: Mmhmm.

T: …another ail metaphor here. Or when you’re in the group…
T: All, all kinds of stuff were going on in, in this part of the session. (*) Um, they’ve been developed, and ya know are parts in the therapy. Um, when he said ‘what the fuck’, umm, that comes out at uh, quite awhile ago, uh, I got him, I tried to get him to look at the situation as, he’d done a lot of therapy, he know what the heck was going on, and he know pretty much what a, what his issues were to a great extent. Umm, and with that understanding opened up a possibility of making decisions. With the analogy there, I mean it’s like ah, I think (+-not sure of name here) has a lot of that stuff all quite right in that fifty-eight essay on therapy. Although there has to be that understanding that opens up the possibilities that, that’s

C: Mmhmm.

T: …the thing about, ya know, you like (+), his drumming, ya know, is a certain style of drumming. He’s between those two, but he really opens up that space.

C: Yes.

T: Um…

C: There is a restraint to his style and his approach.

T: But he’s deep in the group.

C: Yes, it’s, it’s, I’ve, I’ve always, despite that wild man and a reputation of the Stones that’s existing. Ya know, it’s cold day of existing for decades. The fact is, I’ve always thought of the Stones uh, remember the, remember the little tests on the SAT, ya know this is to that is that is to this. Ya know, I’ve always thought, ya know sixties pop music as compared to a swing music, is ya know fill in the blanks and say with the, the Rolling Stones are to the Beatles, as Count Basie was to Duke Ellington.
only the first part of therapy, apart of therapy. Then there has to be the decision. And then, then you confront the anxiety of making choices, the kind of Kierkegaardian type thing. Which I think, really does make sense in people’s lives. So, I had asked (+) that at one point, I said ya know, “what the fuck” uh, “what don’t you do what you want to do, it’s your life, you know you’re an adult, you’re a lawyer, you’re a (could not hear word), why don’t you just do what you want to do and enjoy, you know you’re not a bad person, you that”, that kind of thing. And, and that was sort of an extrapolation on (+) question that he talks, that he mentions and starts asking, “why are you doing this?” You know, why not do such and such? And this you know, “what the fuck” can be taken in sort of two ways. Maybe it’s clearer if you say “what the hell”. Umm, if you say “what the hell are you doing”, uh, you, when you ask “why am I doing what I am doing” you’re examining motives. Uh, for “what the hell” can be a cavalier thing, you know, “I don’t care about anything, I’ll just do what I want to do”: umm, or “what the hell can be”, “well let’s get serious, what the hell man, let’s get serious”. So those are like three different regiments. (+) up often times as you know, “what the fuck, I’m just gonna do what I want to do, you know screw all these other people, screw what other people think”, uh because he has been under this pressure growing up from his mom, and trying to ya know always moderate what he does in terms of his mom seeking approval and different ways and so on. So he is letting go C: That's another good example of (+) starting to down along the line of music,
| 723  | of that. Umm, which I think is a good thing for him. Umm, and then I’m trying to get him to go to being able to take up his experience in the way that he wants to. So it’s not only disengaging for mother’s expectations, but really engaging with his own desires and then living his life accordingly. Uh, and, and that’s what I really think that he is doing in his life, but then the question is, uh “how does he do it?” When I asked him if it was worth the risk and he said, “well not the way I am doing it,” umm, that means to me not that he shouldn’t do it, but he needs to learn how to do it better or find a different way to do it. That’s what allows us to move, and me to go to the Charlie Watts because one of the things early on that (+) talked about was rock-n-roll, just trying to establish some kind of therapeutic alliance common ground. And we talked about different drummers and he had come to really uh the person that he really likes is Charlie Watts. He used to like other people, some really good people I thought, umm, but he has come to an appreciation of Charlie Watts. And Charlie Watts is such a particular figure in rock-n-roll because uh, you know it’s like real, he’d rather almost in a way be doing jazz, you know, but here he is the drummer for the greasiest rock-n-roll band in the world. And he is just so subdued, he seems so simple. There is just, you know some people are under whelmed by him that it (could not hear-muffled), you know his restraint and how sensitive he is. Umm, and then so we start exploring that as a kind of style and the Rolling Stones (could not hear-muffled). So you know, he knows I like music. He knows what I like, what I admire, what I l- ah, um, you know, I’m drawn to. And he got me, you know, starting to make analogies, and-and other kinds of pop music and bringing in different-ah performers, and that was, that was fun, that was good, that worked well, um, it ah-gave me ah-point of reference for...ah-understanding ah-some of the abstraction we were talking about in session. |
| 724  |  |
| 725  | R: What-, let me just ask you, what did those abstractions do for you? |
| 726  | C: Um...Well the abstractions had to do with ah...with...how I experience um...the things in my life that either terrify me or please me. Um, you know, I have certain reactions to those two stimulations, and um, they're radical. And, I'm trying to figure out why they are and how I can...mitigate that. That-that...the ah, the radical responses is an abstraction for me, it's something I'm having trouble getting my ah- my mind around and my feelings around. To be able to think of those...those reactions, ah- in this case the musical analogy, gave me a-a sense how I could approach it, these that are stimulating for the good or for the bad, and manage it, and not be subject to the impulse of being taken to the extreme of one way or the other. The extremes in this case were the unpleasant or threatening situations ah- could ah- bring extreme anxiety and panic. Pleasant situations, um, could also bring on, um- ah anxiety and foreboding because I thought ah, you kn-kow, I had this fear of-of achieving what I wanted and that had huge |
different figures and the Stones can almost be different parts of him, now that he has got a hold. So we kind of move, somewhat haltingly in, in what comes next in this session, if I remember it right. And then just a jump, I mean we’ve got, if you think about Keith Richards, who is like absolutely, you know wild man, uhh, you know, he is like a cat with nine lives as well. Umm, that’s apart of (+) too. And another, another, but it’s not apart that he can readily get in touch with. So, anyway.

T: Mmhmm.

C: Yeah, and, and I, I can admire the Beatles, I can admire Count, or a Duke Ellington, but Count Basie always drew me in. Ya know he did that one note, then wait, and then put the other one right where it needed to be. Ya know there wasn’t a technical tour de force, he just knew exactly what the tune needed right then and there. I just love that stuff, I never get tired of it. Count Basie just draws me in (snaps his fingers) immediately. I could swell up inside when I listen to his music. Ellington’s music I have to think about, I have to listen to it. I can appreciate it, it’s pleasurable…

T: Mmhmm.

C: … but it doesn’t come to me as readily or as consistently as Count Basie’s music. But ya know, Count Basie doesn’t get nearly the (could not hear word-muffled) as Duke Ellington. And uh, that’s what I thought, it just (could not hear-muffled) essence of that restraint. There was restraint to it, it did…

amount of inhibition about it. So, if I pursued what I wanted, I’d pursue something would be pleasurable, ah, the inhibitions kick in, and, I begin to sabotage, ah my-my efforts. And indeed, suddenly I start imagining all the things that could go wrong or all the consequences that flow from that. At the same token, when something went wrong, ah, I tended to magnify it, and imagine all the terrible consequences that could or might flow, rather than deal with the problem as it just presented to me. The musical analogy helped, ah understand those two extremes were not the only choices. There’s something in the middle and that I could- I could actually have an emotional response to the abstraction of knowing that there was that, there were other choices that were in between those two, ah, you know you could imagine your choices as being something lineal, you know, there’s this, you know, one radical, ah extreme at one hand, and on the right hand side, the other end, there’s another radical extreme, but nothing, you know, but getting in touch with what’s in the middle is-is only abstraction, only a point on a line, and that’s as far as my imagination was taking me. This got me thinking or feeling that there would be-there could still be intensity, and-and still finding a space somewhere that’s not so radical. I think it has- the response to certain kinds of music can be um, can be intense without the music either being very conventional or very very avant garde. Okay. (*)
T: Uhh, they’re appreciative, they’re sensitive, they have some, uh, a different kind of sensibility to be able to appreciate you know, someone’s per, they have an artistic sensibility; they have a different kind of imagination to be able to appreciate that. Because remember this guy is a (could not hear word). You know, so I think that’s just very cool. I mean he utilizes that sense. I’m trying to more and more get him to integrate that sensibility with what he does with work and another big part of this what just come up in this session all of what he originally came to therapy for were relationship issues.

C: …not with the way they lived their lives, but the way they approached their music, yeah, they just for a blues band, they played blues, and that’s what, that was their foundation (could not hear-muffled).

T: How can you, how can you live your life, your work life…

C: Mmhmm.

T: …in a way that’s like (could not hear-muffled)? Cause, it, it is ya know, a model here.

C: That gets me back to physiological terms, which is maybe I should start thinking about what I can do to my biology or physiology to keep them from being over stimulated. Umm,…

T: Take, take it just one step removed a little bit, read it more like you would look at your dreams and the way…

C: Mmhmm.

T: …you read poetry. Uh, think about the stimulation in terms of, ya know what stimulation has meant for you. You have been dealing with your mother’s unpredictability,…

C: Mmhmm.

T: …it meant dealing with the disappointment when you would want something and it would get shut down.

C: Mmhmm.

T: Think about the stimulation in that way, by expectations and desire.
T: Uh, the, umm, I think wherever, and wherever I’m at is going to influence now what direction I’m going to go and what I’m, and I’m in the middle of, uh Neil Young, “The Biography of Neil Young” shaky. (*) Now that’s certainly something that, I mean it’s a very Neil Young interpretation of the Stones, but it matches the way I’ve seen, especially up there on mainstream. But, um…

R: I’m sorry?

T: That’s not mainstream, the Stones are.

R: Oh, (could not hear-muffled).

T: Yeah, umm, Young in this biography, Young is, Neil Young is really (could not understand word) with you know staying in the group and keeping it vital in song. The
Rolling Stones have always inspired him, and he to does this Beatles, Stones analogy and says, “what’s the difference between the two?” And I just read that (+) and you know if I were just shootin’ the ship with him I would have brought up the stuff about Neil Young. And it would have been an interesting thing for me to talk (+), but that would have been for me, rather than for him. It could have had therapeutic value some way or another, but that would have been, if I would have done that, it would have gone into a more conversational mode. And uh, I think at times that’s cool with clients, but at particular junctures in therapy when you want, when you have an intention in doing that, when you’re not just serving your own purpose. That (+) was on a roll with his own stuff, so I didn’t wanna (could not hear-muffled).

T: Mmhmm.

C: When they were micron, um, that’s…

T: Over stimulation.

C: Yes.

T: Ver, sensitivity that you developed.

C: And also, you know the withdrawal. I withdrew from her and other people from what I wanted. Umm, I used my imagination to do that; I went someplace to entertain myself.

T: Mmhmm.

C: Umm, so that’s, that’s a source of over stimulation that I’m going to have to umm, learn to control and, and restrain creatively.

T: Work, channel, and direct.

C: Mmhmm.

T: Discipline a change.

C: Mmhmm.

T: Ya know think about instead of control, we control mechanisms…

C: Mmhmm.
| 1004 | T: …but we govern…                  |
| 1005 | C: Mmmmm.                          |
| 1006 | T: …things that have sort of…      |
| 1007 | C: Mmmmm.                          |
| 1008 | T: …a will on their own. Umm, in a way Charlie Watson governs… |
| 1009 | C: Mmmmm.                          |
| 1010 | T: …the Rolling Stones. I mean you could say, um, the key sets a certain ya know pace, but Charlie Watson’s the guy who kind of governs the stuff. |
| 1011 | C: He very often plays on the back end of the beat. Ya know there’s a beat that’s here. This is your (could not hear word), this is your tempo. But he, but ya know you, you could, um slice that hair pretty thin on the front side or the backside. And, and you could really control the emotion and the energy of the music with that. And, and everybody thinks, ya know, pushing would be, a little bit of pushing the band creates energy. But that’s not, not necessarily true. It can create some anxiety, but a, but it’s mostly irritation and abrasion. We play on a back end, and we’re trying to pull back against where (+) wants to go. Umm… |
| 1012 | T: Mmmmm.                          |
| 1013 | C: …that, that’s some, that’s, that’s might like the dissonance of, of, of um, of a blues progression or a blues scale as opposed to a conventional scale. |
| 1014 | T: Did you write that?              |

R: Okay. (*)
<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
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<tbody>
<tr>
<td>1060</td>
<td>look at lots of style. You know, so in highlighting, you know how it is that Charlie Watts, Charlie Watts, Watts manages things; it is not by controlling, but by governing. (+) is a bit heavy handed.</td>
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<tr>
<td>1068</td>
<td>R: And to turn to Charlie Watt, and to turn to Charlie Watts is a metaphor for aaa…</td>
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<td>1072</td>
<td>T: A stance that he can take in relationship to his own life.</td>
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<tr>
<td>1076</td>
<td>R: Right.</td>
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<td>1079</td>
<td>T: So his relatedness to his own life can be a model on Charlie Watts’ style, style of drumming.</td>
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<tr>
<td>1081</td>
<td>R: A style that uh, is characterized in this sense, you’re hoping by governing.</td>
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<tr>
<td>1087</td>
<td>T: Yeah, yeah and it is, because a drummer’s style if it tries to control doesn’t uhh, work when you’re playing with other people.</td>
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<tr>
<td>1094</td>
<td>T: And there, and that you know we get into, cause that’s another backdrop that he brings up later. You know what he went through when he went, last year when he was jamming with some people and did some performances, which he hadn’t done for awhile. So it’s an issue that he can relate to very concretely. How do you be a drummer, he calls it in a band or an ensemble? So, again it’s just trying to look at the multi, the multiple level of what’s going on here in a way that he can draw them together and they can feed of each other.</td>
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<td>1106</td>
<td>R: Mmhmm.</td>
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<td>1061</td>
<td>C: Yeah.</td>
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<td>1064</td>
<td>T: I mean about managing…</td>
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<td>1065</td>
<td>C: Mmhmm.</td>
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<tr>
<td>1066</td>
<td>T: …the stimulation. Yeah, that’s your model. Yeah, your stimulation is key. You know what trouble he can get into.</td>
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<td>1067</td>
<td>C: (Could not hear word), thing is that I have conditioned myself for forty-five conscious years of um, thinking that anything in between those two extremes is sort of plain, (could not hear-muffled), and bland.</td>
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<td>1069</td>
<td>T: Which is what people…</td>
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<tr>
<td>1071</td>
<td>C: Yeah.</td>
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<tr>
<td>1073</td>
<td>T: …sometimes say about Watson’s drumming.</td>
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<td>1075</td>
<td>C: Yeah.</td>
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<td>1077</td>
<td>T: But you know differently.</td>
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<td>1080</td>
<td>C: Yeah, I, I think it’s quite the same. Umm…</td>
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<tr>
<td>1085</td>
<td>T: Mmhmm.</td>
</tr>
</tbody>
</table>
| 1090 | C: the umm…ya know, nevertheless, I’m you know, I got a history of thinking that, ya know, unless your totally cool to the point of being, of doing nothing and just laying back; or in it up to your nose, ya know just barely treading water, spending all the energy you possibly can and burn yourself out, ya know your not really living. Ya know it’s one or the other. Those extremes are the places I’m used to existing in. Both for the same reason. (Could not hear-muffled). So…uh it’s helpful to think of this, this chemical thing going on in my
| 1116 | T: In a way he learns about how to (stutters) drum when he’s in the band, relates to how he practices law and they way he wants to, and how he lives his life. How he takes up being a body, all of those things. |
| 1117 | body is, is paralleling the psychological thing and emotional thing that is going on in my head. It’s um, it, it just opened it up for me, and sometimes, you know, you need to frame the picture in a certain degree to see it... |
| 1118 | T: Yeah. |
| 1119 | C: …and understand (could not hear-muffled). |
| 1120 | T: So the way your body has responded has fallen in line… |
| 1121 | C: Mmhmm. Yes. |
| 1122 | T: with your psychological disposition… |
| 1123 | C: Yeah. |
| 1124 | T: …and the two are like this… |
| 1125 | C: Mmhmm. |
| 1126 | T: …(makes a sound). |
| 1127 | C: Mmhmm. Yeah. The thing is, the drug therapy that I am getting for all of these things, ya know, are taking me into the process to remote (could not hear-muffled). |
| 1128 | T: So every time (could not hear-muffled). |
| 1129 | C: Yeah, that. |
| 1130 | T: (Could not hear-muffled). |
| 1131 | C: We’ve got the nerves talking to each other, and we got the, the serotonin, the, the beta-blockers are reducing the communication between the nerve endings. And I don’t get too much going to my heart, which will turn into a frenzy (not sure if this is the right wording). |
R: Here, pausing? (*)

T: This is weird. Umm, how do I think, or what I am doing is very much affected by the process of taping and thinking you should get certain things, you know I want you to get certain things. Umm, I didn’t need to say, “your body falls in line”. I mean, in a way it was appropriate given the way that, that things (could not hear-muffled). But that’s you know right out of Boss. Umm, I mentioned that serotonin reuptake blockers, that was like uh, I think I was just sort of giving him and maybe again sort of exaggerated. Umm, say “okay I can say some things about what you just said that I understand them, and that, that a (could not hear word). You know it’s not like he’s out on a limb with this or something. Yeah, yeah fine, you know just like the concept that he did that. Umm, in the service, I mean partly I’m doing it just because it’s filming, but also I umm, want him to go further. I want to fill it in solid enough that, that he could go further with it and that’s at that point what he did do. Because he started talking about the biking and that was again, a, a, a good place to go to multiple levels. Because the biking is not only something that can be understood theologically. Umm, and then have a certain emotional impact. You know because if he can, if he’s having atrial fibrillation, but

T: Mmhmm.

C: I continue to bike. I mean I get on my bicycle…

T: That’s great.

C: …and, three or four times a week and I feel really good. And I do get a pickup treatment this high after I am done with that. I push my heart rate to one hundred-fifty beats; one hundred-sixty beats a minute. I have a little trouble getting up there with the beta-blockers. I sort of have to wait, if I want to have a workout that gets me in that position, I have to wait until it’s time for another dose of beta-blockers before I get into, ya know, doing a workout then taking it afterwards. Umm, ya know, I get down there and I don’t feel like I am in any danger of being over stimulated. I feel fairly serene and that’s a point from which I have been able to…go to that place the next day and (could not hear-muffled). This time, I am either going to kill myself, (could not hear word) upset, or I, I fear that somebody might um, be disciplined or outraged because I didn’t get their particular project done exactly when they wanted it done.

T: Mmhmm.

C: I don’t care. I care about the client, I care about what they need, but I don’t care about their reaction to what they need, what they think they need, or what they think I should do.

T: Mmhmm. That’s a certain amount of freedom that you experience.

C: Yes, and, and…
he can still get on the bike, and the ways his heart beats to all of this, you know must mean that his heart’s not all fucked up. He’s not gonna keel over, you know the next second, or at least he can tell him self that. Uhh, as well, I think that is something that he does in the face of the atrial fibrillation. You know he leans on his heart, he makes it go faster. So that, that was kind of a decisive thing for him to do. And I wanted him to recognize this decisive, not jus this reactive.

T: That you like.

C: I do like it, it’s a little bit frightening, but the fright isn’t even all that immediate. It’s, it’s so, ya know, maybe I should be a little afraid of this, but I’m not. I’m just not as disciplined as (could not hear word-muffled). I am willing to be as I go along. I, I got to get used to this idea. It’s a new way of living.

T: It’s like, ya know, you know that from…

C: Mmhmm.

T: …uh, your play.

C: Mmhmm.

T: That if, if you play a new style it takes awhile.

C: Mmhmm.

T: But you know that you can. These things can be changed…

C: Mmhmm.

T: …they can be transformed.

C: But you know, the thing is last summer at this time, I was getting ready. I was practicing; I was practicing with a pickup band.

T: Mmhmm.

C: For that jam we ran in to in July. And I was thinking this is a great opportunity, uh here’s a chance for me to get to know some musicians and play with an ensemble again. And, and create some possibilities for the future, but the fact is, um, the experience, was-, wasn’t pleasurable at all. It brought so much anxiety,
both the anxiety of, of, of not being able to perform the way I always wanted to, and the anxiety of; ya know here’s something, that’s going to be great, that I’m going to love doing that is going to be a re-discovered dream. And they were both working overtime to make it a fairly miserable experience.

T: Mmhmm.

C: I haven’t been able to admit that to myself, until just about now, that I really didn’t enjoy it. It, it was difficult. Right after that was my first trip to the hospital. That’s when my chest pains really started pouring in.

T: Uh huh. And we talked about, ya know the chest pains and even earlier, ya know it’s a matter of your heart.

C: Yeah.

T: And that, when you first had the panic attacks…

C: Mmhmm.

T: …and we relayed them to (recorded over part of tape), uh, you felt them experientially as a life and death matter.

C: Mmhmm.

T: And we came to look at what was going on with (recorded over part of tape), the matter of the heart…

C: Mmhmm.

T: …was about life and death for you.

C: Yeah, these symptoms have been congregated in the chest and um.
T: We have, oh I don’t know a year ago (could not hear-muffled). (*) I thought that was going pretty well for him. Because I took, ah, when he originally came to see me, he was a transfer, it was a matter of consolidating the work he had done, and ah, you know he seemed like he was doing pretty well. Then all of this other stuff started to open up, but umm, I thought he was doing well. And he, he comes in and goes; “I just got of the hospital.” And he had these panic attacks, but (could not hear-muffled), so on. And uh, it was like “holy shit” what’s going on with this guy? And of course he, he’s really good. He does the, the things he needs to do to evaluate the uh, the physiological side of it. Which I always tell people they need to go to their primary care physician and (could not hear-muffled) all that kind of stuff. Which he did. Umm, when we got to the point where there was, where I felt there was no other way to make sense of what happened. Uh, except for the uh, “in your face” speaking of the symptoms. Uh, he experienced the situation he was in as a life and death situation. (Could not hear-beginning of tape). Umm, and then he finds out that it’s not a life and death situation from a physiological point of view. But, it still feels like a life and death situation. That really opened up the chance to say, “well we’re going, what’s going on in your life right now? Here is a life or death decision. You know that’s, that’s how important all this is to you.” And this has to do;

C: ...yeah, the panic attacks have created chest pains that feel like a heart attack. I know better now that it’s esphogio-spasm (?) and bronchio-spasm (?). Um, so I hope, again I have physiological insight, physical insight from the physician that had helped me with that. Now, I’ve gotten another one about the…creepy feeling in my chest. This is not a pain, ya know…

T: Right.

C: …when this thing goes in (could not understand word), it doesn’t feel painful, it doesn’t hurt, it just feels real weird. And it just feels…

T: And the esphio-, esphio…

C: Esphio-gio-spasms, is what they are called.

T: Okay, and what’s that about? Physiologically? Keeping stuff down?

C: Yeah.

T: Stuff coming up and down?

C: Yes, stuff going up. Mmhmm. Yes.

T: Stuff welling up. What can you push down, what can you keep down.

C: Mmhmm.

T: Here it is, you just brought up something…

C: Mmhmm.

T: …that you had kept down…
he’s tying it in to what was going on with him playing with that band. But what, anymore I take it in the other direction cause there wasn’t enough time. But, it will have to do with the relationship you would think. And, what was at stake, what was at issue in this relation. He was thinking about reentering the relationship that he had been out of for awhile. And I was trying to get him to see that the (do not understand word) could be his making himself aware. But this was about his life. And he needed to take it that very seriously. Uh, so that’s what (could not hear-tape was recorded over). No that was it.

C: Mmhmm.

T: …while your experience with playing with those guys.

C: Yeah, yeah. Um, these things have congregated in the chest. Uh, and knowing that has kept me from panic attacks. It has aide me in decisions that could keep me from panic attacks too.

T: Sure.

C: But, I, I have pretty intense chest pains a couple of days ago, it was on Friday. Um…and, I knew what they were. I had an explanation for it. Well you know, I’ve had uh, I’ve had some problems lately I can tell from (could not hear-muffled), ya know, it’s, it’s up in there. And ya know, the thing about chest pains, it does get your attention. You know that Richard Pryor story about when he set himself on fire. People will get out of your way when you’re running down the street on fire.

T: Mmhmm.

C: It’s, it’s when you got chest pains, it does get your attention, it hurts. And ya know, I have a place to go when that happens. I just head for the bicycle, ya know. The idea is, if this doesn’t kill me then, I’m on my way. So I get on and do it, of course I’ve got more confidence in that process now, than when I first tried to experiment with this. Um, you know, I have a track record. I know getting on this bike (could not hear-muffled), spinning for forty-five minutes and getting your heart rate up above eighty-five beats, or eighty-five percent of the
maximum.

T: In, you want…

C: Yeah, I do.

T: So in response to this pain, you do what you like?

C: Mmhmm. Yes.

T: And it works.

C: And you know, it that, that’s where I’m going to concentrate right now is doing that. Uh, it’s, it’s, it’s a singular thing to do, that it doesn’t require and ensemble or a band. It doesn’t require a team. I would probably like to have those things at some point, but this is what I want to work with now, because I can do it on my own, when I want to. Um, I don’t want the (could not hear-muffled).

T: Mmhmm.

C: Later, I think I’ll expand and (could not hear-muffled). It will give me the same feeling, not just through physical exertion and exhaustion, but through that transcendental experience with working with others and being in a group with other people, and making the, the ensemble work.

T: Mmhmm.

C: That’s why I was looking for my (could not hear-muffled). It was worth; it was worth the experience, all of the painful effects. It’s easier for me to sit back now and say that’s true. This is the first time I had to say that. I’ve had a real, um, I haven’t been able to reconcile. Until right now, until this session, talking about what came up.
T: Any…
C: Spontaneously.
T: …by listening…
C: Mmhmm.
T: …to your pain.
C: Mmhmm. I guess the chest pain has a way of announcing itself.
T: Right.
C: It gets your attention.
T: And if you don’t listen to it…
C: Mmhmm.
T: …it gets worse.
C: Yes.
T: If you listen to it and try and hear (client clears throat) what it is telling you…
C: Mmhmm.
T: (Could not hear-muffled), later.
C: Mmhmm.
T: And you’re listening. I’m still struck by last time, when you said well this, this period since you made the decision to move where your moving with you business…
C: Mmhmm.
T: …has been the period that you felt the most, the greatest number of days where it’s killing you.
C: True.
T: And you never had that
T: I want to make a comment.

(*) Umm, you know I think, uh, timing is every, I mean there are so many things that, yeah I don’t how much I say that I look at therapy at each one of these junctures. But that was a very, very heavy end interpretation you know.

before.

C: That’s true.

T: Now, that’s, that leaves you very vulnerable.

C: Mhmmm.

T: The uh, atrial fibrillation (not sure if spelled correctly) tells you about your vulnerability. Ya know, different than the, the heart pain…

C: Mhmmm.

T: …you know the anxiety related cardiac pain. Fibrillation says you know, you’re outside your comfort levels. This is not what…

C: Mhmmm.

T: …you’re used to.

C: Mhmmm.

T: But you like it. You’re afraid of the pain.

C: Yes.

T: You’re afraid of what could happen with the fibrillation, but you do like it when things click.

C: Yeah, biking is painful to, ya know.

T: Yeah.

C: It umm…if, if you’re pushing yourself past that aerobic threshold, ya know what they call (could not hear word-muffled). That’s, that’s hard.

T: Mhmmm.

C: That’s painful. Nobody can stay; accept for Olympic
It was just like “bam” this is what it is. Umm, and I think that, I don’t know, I’m not as hypo-analytical in this, is in this, (could not hear-muffled). Maybe it’s just (could not hear-muffled), you can’t ever offer an interpretation until the client is just about ready to make one himself. Otherwise, you know, it’s like (could not hear-muffled), or it can be, you know destructive. Umm, I was heavy handed that (+) is to the point where he needs to hear really the whole thing put together and he’s just about there, that to just to see it almost that clearly. Uh, he’s vulnerable here, but he really likes it and uh, I don’t want him to lose track of how much he likes it in the face of how people can be.

R: Hmm.

T: So that’s why I’m so heavy handed about that.

R: Okay, again involving sort of different sides of the experience, uh, or, uh…

T: Well, I think at all those levels all together, what they say to him is, you know he’s very vulnerable when he does what he likes. You know that he likes it when he does what he likes. Umm, and there’s lots of reasons why it’s the appropriate thing to do. All these imperatives when you, different levels when you interpret them I think when you listen to them they say it’s appropriate for him, although he’s very vulnerable, it’s, it’s the thing for him to do.

R: Hmm.

T: The backdrop of this is uh, you know I think his diagnosis is major depression. But, I athletes, nobody can stay there very long. Um, you know, you get to one lace and it hurts, but you see you’re there. I say I’m only going to do five weeks (?), that’s all I have to do just that. Then I can back off, relax, and drink all of the water I want to. You get (could not hear-muffled), and go for one-sixty, one-sixty five. Can I do one-seventy? But you only get to one-sixty eight and you sorta hit a wall. That’s a step from it.

T: Mmhm.

C: It’s interesting, it’s painful. It’s painful, your muscles start to hurt, and your legs hurt, and your chest is really striving for some air at that point. Um, there have been times, I’m not at the state of conditioning where (could not hear-muffled).

T: And you’re really present when you do that.

C: Yes.

T: You’re present to yourself and to your life.

C: Yes. Then you get quite a buzz after that. What are the called endorphins or something?

T: Mmhm. Yeah, that’s an endorphin high. Runners have them.

C: Mmhm. Yeah, I never got that high (could not hear-muffled).

T: That’s another metaphor for where you wanna reach for with your work.

C: Mmhm.

T: Instead of the extremes,
didn’t give him that diagnosis. He’s been carrying that diagnosis. But, there’s depression here as a backdrop. Umm, so he, he’s not depressed now, but the depression, and this a rather Jungian way to look at it, opened up the opportunity to take up the unfinished business. Or a phenomenological view, the depression pulls you back so you, a future can appear to you surf through your past, like (could not understand word) says about the uh, a well ordered past conditions the possibility for the future. He is ordering his past as he steps out in the future. As he steps out in the future, he has an advantage point, from which again to order his past as he comes back and forth that way.

that fluidity, ya know…

C: Mmhmm.

T: …clicking along, pushing it when you have to, but knowing that you can’t stay there very long being…

C: Mmhmm.

T: …able to back off. It’s like the body, your body…

C: Oh yeah.

T: …disciplines you, you when you’re at that level. See if you listen to it…

C: So I’ve been thinking about Charlie Watts, maybe I should start thinking about being on a bicycle (could not hear-muffled).

T: Mmhmm.

C: Cause you know, the most (could not hear-muffled), from me. I got to do something those, I uh, gotta open it up and I gotta be at, at uh, one-hundred percent of my heart rate immediately, which is impossible for that.

T: Mmhmm.

C: Whereas, when I push the bike, I, I can get on and say, “ya know, I’ll I gotta do is get on and pedal.” I can sit there with my arms crossed and watch television, if I’m not outside. Or, if, if I am in the park, all I have to do is enjoy the scenery and the sense of motion. And when you’re doing that and you’re there, then you can say, “okay now, push a little harder and see what I can do.”

T: Now what makes that possible?
C: (Clears throat).

T: Isn’t it that you know how to ride the bike?

C: Yeah, it is. And you know the fact is, there was a time when (could not understand word), endeavors brought that same kind of anxiety to me when I had and everything else, which is if I didn’t get out and have the most intense workout that could possibly be imagined of immediately, it wasn’t a feeling. But I have been able to break through that cycle, no pun intended.

T: (Laughs).

C: Ah, with the bike.

T: Mmhmm.

C: Umm, I can, I can um, I can, I can approach it and say, “all you gotta do is sit on it. Alright you’re sitting on it, now what are you going to do? Why don’t you start your stopwatch and heart monitor and see what, ya know, just go with one-fifty and I’ll start by going up to one-fifty.” Cause, this I feel is my warm-up place.

T: You know a lot about cycling.

C: Mmhmm.

T: And that allows you to say, “well I can just sit on it and so on…”.

C: Mmhmm.

T: Don’t you know a lot about the law? I mean as far as opening that folder, you know what you’re doing.

C: I well, I do. I don’t…I
| 1811 | don’t know why I’m practicing, which is ya know, which is the whole deal. The intellectual challenge of what I do has always been a draw for me. But if I was not bringing, if I was not exceeding the capacities of my intellect, my case if it wasn’t on ya know, the edge all the time, I didn’t know how else to practice. I didn’t know how to just sit there and say, “I don’t have to solve all the problems in this file now, I don’t have to try this case ya know, half hours time, I can sit down with this and um just get one thing done.” I’m more content, not because I have the freedom to close it up without having to do more for the rest of the day. People call about it or know more about it, hmm, maybe I’ll take a call, maybe I won’t, maybe (could not hear-muffled) when I get to it. (Could not hear-muffled), ranting and raving you learn. But I think I know when to get it done (could not hear-muffled). |
| 1844 | T: (Could not hear-muffled). Mmhmm. |
| 1846 | C: I got a ticket with this. Being day in and day out, it’s still brand new. |
| 1850 | T: Well, uh, it’s getting more familiar. |
| 1854 | C: Yeah it is. |
| 1859 | T: The last six months it’s become more familiar. |
| 1865 | C: With that, that little newspaper article about (could not hear-muffled). That, that focus, the problem it processed for me, someone brought it into uh, seeing that I could understand. I was backpacking one time, west of |
| 1868 | T: Ah, the session should have been over before he brought up what he ori-, what he began the session with. (*) |
| 1869 | the Mount (could not understand word) National Park. It was August, which is the coolest time to go there, because it is the coolest time to go there, the temperatures are in the seventies. Um, it’s not cold, it’s not hot, and it’s dry, it’s not raining. The wildfires are (could not hear-muffled). We could, we could go out and lug fifty pounds, with your household on your back. And when you got to certain terms on the trail, you could look out over the valley. There was almost too much to see. You had to stop. You could want to go and keep pushing yourself, but the sure physical exertion of trying to move fifty pounds of stuff plus your body weight up the side of a mountain. But if you stopped and looked, and then focused on certain things, and didn’t worry about getting camp setup by a certain time, it was um, that was transcending. You, you got high looking at that for a second (could not hear-muffled). I never experienced that around here from a hike in Pennsylvania, just looking at the trees… |
| 1870 | T: (Laughs). |
| 1871 | C: (Could not hear-therapist laughing), it’s a little dense. |
| 1872 | T: Mmhmm. |
| 1873 | C: Um, (clears throat), but it was, it was really quite beautiful. It could almost overwhelm you, if you tried to look at all, ya know stop and look at the things, places, ya know, focus, put a frame around certain things that make sense, to try to do that. |
| 1874 | R: I just want to ask you, what was going on for you in the session for you at-at that time? Do you want to think about it? |
| 1875 | C: Yeah, (+)... what was going on at that time is that-there…I was beginning to make a connection between, um...things that I've done the way wanted to do in the past... We talked about the biking, we talked about back when I used to go backpacking, we talked about music, playing music, and that-that, those experiences could apply to teach me something about how to deal with the situations that are causing me the most anxiety, which is my professional life. Um, because there I haven't felt that I've had choices. And there, I haven't... |
You know, but he could, the newspaper article about the epinephrine. So umm…

C: Mhmm.

T: So this, what you’re doing in your practice, in your work life right now, is not all that unfamiliar.

C: Umm…

T: …I know that there is a sense, in which it is very unfamiliar; it’s absolutely brand new…

C: Yeah, yeah.

T: …and it, it gives you heart palpitations.

C: Mhmm.

T: But, on the other hand it is something that is very similar to what you’ve done with hiking, biking,…

C: Mhmm.

T: …and drumming.

C: Yeah, I’ve had an appreciation for it…in other places.

T: You’ve done it in other places.

C: Mhmm.

T: As much as you’ve appreciated it, you’ve been able to do it. Nobody does it perfectly.

C: Mhmm.

T: And I think there is nothing to say that you can’t do it in your work life. But, what the fuck. Ya know it’s felt that I could control what was happening to any degree at all that I was either, and going to fail miserably or be overwhelmed by the prospect of success, you know, which was very um, neither of which was a very rewarding, ah-end, yeah, prospect, yeah. So, um at that I was beginning to make an emotional connection between the abstract concept of-of you know, finding alternatives to those extremes, something between them. And, the um, the actual application of it emotionally, being able to feel um, what um, what that would be like...Um...it was, sort of like where my-my intellect and my emotional perceptions caught up with each other. I always thought you could experience things two ways, you might understand something in the intellectual sense but you have no feeling for what you really understand. On the same token, if you're just experiencing the emotions of-of an event, but didn't understand the intellectual side of what was happening, you didn't understand it either when those levels of understanding met one another. You know, were at the same place, then you understood. So I think that's what I think was going on there.

R: Is that, would be the example of the mountain…

C: Yeah, the example of the mountain, the musical examples- that we used, the athletic examples, the biking examples, where you can-where I can make a choice and still have an intense experience. But the thing on the mountain…you know, I was caught up in the idea that
your life, you should live it the way you want to live it. You know that kind of thing that you do on the bike or when you hike, that’s the way you like to do things.

C: Mmhmm.

T: You can do that in your work life. It’s your life. You are in a position to make these choices. And, and that really, I know goes against that thing about adults don’t make choices.

C: Mmhmm.

T: But in fact, that’s the way you saw things as a child. Now as an adult, you have the chance to recognize that. To recognize this…

C: Mmhmm.

T: …childish thing (could not hear-muffled).

C: I am making some choices.

T: Mmhmm.

C: In that last week or two, and it’s ah (could not hear-muffled). There are, there are some doubts that creep in, ya know, while we’re doing it, but, but they’re not on top of me. They’re not smothering me, they are not following me, (could not hear-muffled).

T: Mmhmm. You could have them instead of them having you.

C: Mmhmm. Yes, yes. They haven’t sent me to that anxiety place. So, yeah, I get, I have my anxious feelings, and (could not hear-talking softly), gets turned up over some things, and creates some physical symptoms I’m the intensity of the experience was only going to come if I got to the camp site on time, or if I, you know, covered so many miles during the day, or if I got to the top of the mountain. Otherwise, the experience wasn’t going to be so worthwhile, whereas, you know, I literally had the experience of stopping, or being stopped by the beauty of the scenery that was available to me, and that that could be reward enough in itself. It wasn’t just the goal you were getting at, um…and when I was talking about bicycling, you know, the idea that I can make choices about the intensity of the work out, and that all I was going to do was get on it and spin the pedals for a little bit, I can set that as my- as where I want to get to at that particular point. I want to move on from there, fine, I want to get off and do something else that was okay too. So, I was making some connections about those experiences I know about and, um, a place where I hadn’t been able to make those kinds of choices. Okay? (*)
against the, it’s really about being able to make choices. To recognize options, and to make choices. And so, we’re bringing it, bringing it into the context of his, of what stands in the way of his doing that. You know, a very deep level, and that is adults don’t make choices.

R: Mmhmm.

T: Uh, but nonetheless, he’s learning how to make choices and become a different kind of adult.

R: Mmhmm.

T: Pausing it. (*) Just, uh curious and when you talk, he says you know, things churning and so on. We’re all issued, umm, (could not hear word) literature and you know the boss (?) takes up about organ choice. When you are looking at physiological symptoms, “you know why is it this physiological process or this organ rather than another?”

R: Mmhmm.

T: I think that you are at a very different place than you were last year.

C: I would hope so. But, I, you know, I don’t want to be vulnerable to these um, physiological, um, events that debilitate me. They are debilitating and I can’t, I can’t sustain yourself from any place but a hospital. (Could not hear-talking softly).

T: Mmhmm. Well you are vulnerable to them.

C: But, we’re all vulnerable to something.

T: Mmhmm.

C: Something physical.

T: Mmhmm.

C: Umm, (clears throat), plot your foot the wrong way on the football field and (could not hear-talking softly).

T: Huh.

C: And, and, uh…

T: So maybe it’s a case of not being vulnerable…
R: Mmhmm.

T: Because the things that, stress related illnesses primarily you know you look at things like heart problems, the number one correlation, but also stomach problems.

R: Mmhmm.

T: And this guy doesn’t have stomach problems, you know, they’ve stayed in the chest and the heart. Umm, and I think that’s pretty talented, it’s not a matter of um, this guy being able to digest things, uh to incorporate things like it’s a matter of what’s at the heart of who he is, his own heart. Umm, and that I think it’s just, it’s pretty curious when you listen to it. (Could not hear-muffled), this is interesting.

R: Mmhmm.

T: You know, it’s like, here’s a good example of a way to understand organ choice.

R: Mmhmm.

T: Okay.

C: Mmhmm. What is the, what is the psychological science of over stimulation (could not hear-talking softly). I’ve seen that a million times. I mean, cause this, this is um; this is really trying to look at this. This idea that you could be over stimulated umm, is interesting. Kind of fresh and new, so, you know there is a part of me the, parts may be over stimulated. Things are, things are there, they have a stimulus. It’s, it’s what it is, you know how can be more tense for as opposed to somebody else? I realize it can…

T: Well and…

C: …get in touch with that emotionally is…

T: …you gave a good example of how you were with your mother.
C: Mmhmm.

T: I mean other people would see their mom doing things and they were not sensitive to it.

C: Mmhmm.

T: In the very acute way that you were.

C: Mmhmm.

T: Because in being sensitive you recognized the different directions it could go.

C: Mmhmm.

T: They were like signs.

C: Mmhmm.

T: So, that I think is a good analogy, or a good example really. Not an analogy, but an example of being overly sensitive. And it served a purpose for you. You know, a survival warning…

C: Mmhmm.

T: …in many ways. So I think you, you know have a way to understand this, connecting it to psychological stuff about hyperactivity. I mean there’s a whole lot of stuff out there.

C: Mmhmm.

T: I mean, yeah it’s out there. But, I don’t know if it could be all that useful. I think that you found a very good way to imagine it for yourself. If it’s your own story, it’s concrete for you. And it is, it’s about imagining it. In the face of experiencing this bodily this stress, you’ve turned to imagining it.
| 2205 | C: Mmhmm. |
| 2206 | T: You need to find a meaning into it. You’re listening to it. |
| 2207 | You’re helping; you’re allowing it to speak to you in a way that you better understand yourself. And look at the payoff. |
| 2208 | C: Mmhmm. |
| 2209 | T: You get to understand what happened when you were playing with that ensemble. |
| 2210 | C: Mmhmm. Even before that, I think the depression I got, that I plummeted into a year ago in February, umm, that, that was a kinda defense mechanism against being a (could not hear-talking softly), I think. It, it uh, because the prospect of being so intensely hopefully, was something that I though I couldn’t stand. I became hopeless. I became bleak and colorless because…the ecstasy that my imagination thought that I was suppose to be grasping was more than I can bear. It, it, it was dangerous to me. |
| 2211 | T: Mmhmm. |
| 2212 | C: It was dangerous. (Could not hear-talking softly). |
| 2213 | T: Yeah, I think that’s a really good way to imagine. |
| 2214 | C: Mmhmm. |
| 2215 | T: And, simultaneously what did the depression provide an opportunity for, to go back to a lot of unfinished business from your childhood. |
| 2216 | C: Mmhmm. |
| 2217 | T: And be able to deal with some of those issues. So you
R: Okay. (*)

couldn’t move ahead until you dealt with these things uh that are blatant to you.

T: And your story. It kills both.

C: Mmhmm.

T: This one motivated you.

C: Yeah, I’ve been depressed before at different times in my life. Profoundly so that it really didn’t beat me to the ground the way this one did.

T: This one motivated you.

C: Yeah, like the only reason I didn’t, I wasn’t thinking of suicide is (could not hear-muffled) because I couldn’t convince myself of things, that, my state of mind or spirit was going to be better once I was dead. But I figure on this side, I at least had a shot of making the um, new to it (could not hear-talking softly).

T: So you felt empowered?

C: Umm, I felt uh…

T: You had a shot.

C: …desperate.

T: Yeah, but…

C: I thought that my desperation on this side could be channeled into a way of dealing with it. Once I had surrendered to suicide, there was no going back. I wasn’t going to have umm, the tools available to get myself out.

T: So ironically you’re depression connected you with a sense of agency…

C: Mmhmm.

T: …that you hadn’t been able to tend previously.
not. There’s a few things that are like that, but mentioning suicide always figure is one of them. Even if it’s about past tense, you got to hear it, acknowledge it, and at least frame or participate in the way they’re framing it to evaluate.

C: You know, the fact is things have never been that, I have never been that eager to think of suicide. I always thought (could not hear-talking softly). But, I, I can imagine myself wanting to commit suicide at that point because it was so to consider hopelessness and pain. And it wasn’t moral conviction that kept me from it. It wasn’t uh, anything else that kept me from it, accept the idea that I might be giving up some choices. That kept me from that.

T: So now, you get to make your choices. Yeah, and as much, as many problems as it may cause your heart…

C: Mmhmm.

T: …you get to make your choices. And it won’t kill you. I mean that’s the thing that you found out, these are matters of your life. But, this stuff is not going to kill you.

C: And maybe it will kill me, but I understand it, I understand it. Something is going to kill me someday. Um, maybe it will be the, I don’t know. With the atrial fib, fib-you, you’re running the risk of blood clots and strokes, and heart attacks and things. A perfectly healthy person, who can get on a bike and have (could not hear-muffled), can still have a stroke or heart attack from, from blood clots.

T: So you’re not god?

C: Hmm?

T: So you’re not god? From the world. You’re not god?
C: No, I’m not god. I’m not immortal. I guess…

T: Only for a limited time that says.

C: Well that’s the other thing I’m coming to terms with. I’ll just say real quick, you know, I was thinking about can, can I actually get anything accomplished in my life (could not hear-talking softly). We all run around with this illusion that we are immortal and that’s what gets us through the day. The day that we constantly face the reality of our own brutality, maybe we wouldn’t be able to get out of bed in the morning.

T: Maybe that would be the reason.

C: Mmhmm.

T: Because it’s now or never.

C: Well, I thought that those were your two choices with you know, obsessed with death. Become a successful Jewish filmmaker or live a life of total um, illusion about mortality. I realize that those aren’t the only choices. Maybe it’s a (could not hear-muffled), start out with one of those thesises that “I’ll never die”. Then you’re faced with the antitheses that “I’m going to die”. That’s the point and then there’s a synthesis after it that says “you know you can live with both of these concepts and balance them and nourish them”. (Could not hear-muffled and talking softly).

T: Umm, (clears throat), come back in two weeks.

C: Two.

R: Okay, ah, let me just ask you, ah…do you have anything else to add, about this session, or about how you um, what was going on for you in this session?

C: No…talk about it, um…Just listening to the tape itself…some of it I couldn’t hear. Um…I think it kind of explains itself, and a, I think the ah, connection between what I’ve been experiencing through my life recently and-and how I could relate that to other more successful experiences in the past gives me some ideas about choices…that-that abstract concept of choice ah…has some, has some emotional kick to it as a result of the session…means something, you know.

R: It’s emotional for you now you mean?

C: Yeah-yeah, you know, it’s not just as abstraction it has some meat to it. It has some form to it. That’s what I call the- the emotional quality, I can feel it, I can get a feeling for what I get in touch with it, it’s not something outside of me, that I’m looking and saying that’s what I should have…I should be able to make choices, you know, what does that mean for me? This session put the concept of
uh Van de Berg’s point, you know. I, I think it’s the case that (clears throat) clients have the problems that therapists can deal with. Clients end up working on the same, on the wavelengths that therapists can work on. Otherwise, the therapy doesn’t work and this guy is obviously, you know very much into what you know my wavelength the way, the way that, (clears throat) the kinds of things I would use to illustrate you know, things or to understand things. My interest there, I mean (could not hear-muffled), probably because there is two but, you think therapy (could not hear word) the longest. You have a good (could not understand word) client. (Both laugh).

R: Okay let me ask you now, is there anything about the session that you want to add? (*-at the end of the tape).

T: Uhh, nah. I mean I said a lot, umm, no.

R: Okay…

T: Anything that you want to ask?

R: Yeah, one question is umm, how was this process for you?

T: It was real interesting, I had never done this, uh well, I mean except from years and years ago doing short transcripts. Umm, yeah I don’t believe, it was an unusual experience. I don’t reflect too much on what I do in therapy, I just do it. Umm, so it was real, it was curious, it was interesting. Umm, yeah.

R: Okay. Thank you very much.
T: You're welcome.
### Appendix D

**Dyad two session transcript**

<table>
<thead>
<tr>
<th>Line #</th>
<th>Therapist Recall</th>
<th>Dyad two session</th>
<th>Client Recall</th>
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<tbody>
<tr>
<td>1</td>
<td>T: Voila… Cheers</td>
<td></td>
<td>C: Cheers.</td>
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<td>2</td>
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<td>3</td>
<td>T: So, how goes</td>
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<td>C: Well… With in, just</td>
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<td>things? What would</td>
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<td>need to be again, with</td>
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<td>, what would you like</td>
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<td>T: mm hmm</td>
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<td>C: [sigh] the past</td>
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<td>morning that we had</td>
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<td>talked about,</td>
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<td>T: Sure.</td>
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<td>C: And we continue</td>
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<td>into the main saga,</td>
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<td>which is mainly very</td>
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<td>good.</td>
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<td>T: I’m glad to hear</td>
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<td></td>
<td>that yeah. So you’re</td>
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<td>not, you’re not what</td>
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<td>you call in the trauma</td>
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<td>zone with this stuff</td>
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<td>now?</td>
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<td>22</td>
<td>T: Um, very simple</td>
<td></td>
<td>C: No, not at all, there</td>
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<td>thing there is I hear a</td>
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<td>have been some times</td>
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<td>shift in her tonality.</td>
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<td>of remembering which</td>
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<td>Slighting hearing, uh,</td>
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<td>um…</td>
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<td>26</td>
<td>there’s a vibrational</td>
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<td>T: hmm</td>
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<td>27</td>
<td>sense of a slight shift</td>
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<td>C:…which do hurt.</td>
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<td>28</td>
<td>saying, ‘No it’s not a</td>
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<td>T: You can feel</td>
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<td>29</td>
<td>‘trauma zone.’ But I hear</td>
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<td>it…You can feel it</td>
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<td>a kind of vibrational, a</td>
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<td>shift in feeling. And</td>
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<td>that’s the place at</td>
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<td>which, uh, I say, ‘and</td>
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<td>your feeling it.’ I’m</td>
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wanting to enter into the resonance with her. That’s all. The presence in the immediate moment and I want my words to capture what put me in the moment. (*)

R: Pausing.

T: Um, one of the things that I’m very aware of is that, um, she presented the possibility of a project for the day. Uh. I’m remembering I moved, I um, want a language, want a better language for it. So I offered, ‘well would you like that to become our focus?’ Which is to me one of the primary things I’ve always asked, well always is an exaggeration, but my intention is to offer her a choice. And she says, ‘Well I don’t know whether I want to do that or not. We’ll see.’ So she’s already, uh, accepting the idea ‘let’s see what comes up’ as I continue rather than ‘let’s make a project’ and so on and I say ‘Oh ok.’ My intention was to offer the choice, she uh, doesn’t know for sure. And so my guess is that

C: Yeah, stiff feel the hurt. But I’m definitely not reliving. It’s not the traumas that I’m not reliving, remembering, and not reliving, not not flashback.

T: Not flashbacks, but really remembering.

C: Just remembering, and that’s the-

T: But your mood gets you…

C: And I think it’s…yeah, I think it’s more the moving, being moved by my own experience, and um, in a kinder way that I think I’ve ever been.

T: Yeah.

C: So I think, it just feels important to review what is important, and then to deepen- or find …

T: what wri- yeah

C: …even searching for some language about all this…

T: Yeah…ok…yeah ok. Why why don’t you speak a little bit about what you what how it how it appears to you when it…is that

R: Ok, you’re pausing the tape.

C: It just struck me; we were working on uh, keeping things at a distance and how important that has been. I think if you, I heard myself, um, let him know that I wasn’t in the trauma zone because we’d been working with something that was trauma, back in my childhood. I’m not feeling (inaudible) right back in there, and um, you cant see it because this is an audio...
will probably unfold, but nonetheless its very important in my understanding as I offer her choice is that she has the choice. And though I don’t press it, but accede to her choice, 99% of the time it could happen sometimes and she’ll say, ‘oh I don’t want to go into that’ and I’d say ‘well maybe we don’t have to right this second, however, we’re going to have to go into that one of these times.’ But normally it would be uh, favoring her freedom, favoring her choice, and very characteristic of my work. Ok. (*)

T: Um. (pause) My impression is she’s talking about ‘I ought to be keeping it more a t a distance’ you know. And uh ‘sometimes it moves closer and it should not’ –I’m going to exaggerate the way I’m hearing it, but I’m hearing her taking pictures of herself. A good way to do it would be to have a distance to see if (inaudible) can no longer be lawless about it and so on and so on. And I’m sort of thinking well, you’ve got a range already. Let it have a range. And then (*) it comes really close to letting yourself know it’s in the past, even though your feeling it

what you want to do today, do you want to do a little work on that… on the remembering and getting some more language about that… and so on?

C: Well I don’t know that I have to do too much of the remembering we’ll see.

T: Ok, ok.

C: I’ll just mention that its there.

T: It’s there ok. Yeah.

C: Its that or just dwelling with what…

T: Yeah keep it it…that’s very good. Keep it at a little bit of a distance, that’s right.

C: Yeah…yeah the remembering still getting a close but again its I always um…I’m clear that its remembering now and it hasn’t been horrible.

T: You…you…you… It’s ok to to let it have a range of closeness and then to remember – oh no…this is past this is this is…I can put this at a distance too. Sure, sure…ok.

not a video but I (+) It touches me how he is in tuned. He saw me kind of doing the work that we have learned and that he has taught me could just see me doing it. You know I was in touch with, and telling him that I’ve been remembering, not in a traumatic way, not in a flashback where I’m living it, but remembering. Um, but even with that you know, uh, how to keep it at a safe enough, ok enough distance so that I can do the work and yet not be (breathes in sharply) uh you know, back in there. So, that’s what was setting kind of the stage for this session and just felt real important. So just kind of wanted to say something about that.

R: Ok. Yeah. Good. Good. (*)
pretty strongly. Put some distance, you have some… again its, I’m inviting her in to the realm of freedom, which is distinct from this experience takes you over on the one side, and on the other side you ought to be bla bla handling it this way and that way. So that’s what I’m responding to is that sense that I ought to be a certain way. And I’m inviting her into the range of her freedom and the exercises of freedom, which is if it gets too intense that you can find distance and uh we specifically in the therapeutic works, we worked on her getting distance. If you think in terms of her history, she’s a person who has gotten lost in deep, dark horrible feelings and helpless and overwhelmed. So for her to have that practice of distancing and closeness of range is for me her freedom. That’s what I’m really working on. I’m very sensitive to her laying restrictions on herself…

R: Um-hmm.

T: You know, of various kinds. Ok.

T: (laughs) It’s all right I was just sort of thinking.
| 194 | R: You were saying- |
| 195 | when were you saying |
| 196 | that? |
| 197 | |
| 198 | T: (Inaudible) Take your |
| 199 | time. |
| 200 | |
| 201 | R: Ok. |
| 202 | |
| 203 | T: Um. I’m trying to |
| 204 | think. She told me this |
| 205 | experience and it getting |
| 206 | pretty close and she |
| 207 | wants to distance it a |
| 208 | little now. And I say |
| 209 | well you know, go |
| 210 | whichever way you |
| 211 | want to. And she |
| 212 | stopped, there’s a pause. |
| 213 | But it’s not really a |
| 214 | pause; it’s just a |
| 215 | speaking pause. She’s |
| 216 | doing something. She’s |
| 217 | full of uh, she’s full of |
| 218 | feelings. Um, she’s not |
| 219 | alive with feeling, she’s |
| 220 | not weeping copiously |
| 221 | or anything like that, |
| 222 | just cold feelings. And |
| 223 | out of that, primarily out |
| 224 | of that concerned |
| 225 | stricture she placed on |
| 226 | herself, and out of a |
| 227 | kind of ‘give yourself |
| 228 | breathing, give yourself |
| 229 | room’, I say take your |
| 230 | time. Uh, give her that |
| 231 | time and space there. |
| 232 | There is no necessity to |
| 233 | accomplish, to produce, |
| 234 | and to be a good client, |
| 235 | to bla bla bla bla. And |
| 236 | all the strictures that |
| 237 | have surrounded human |
| 238 | beings, specifically her |
| 239 | in that moment, that she |
| 240 | seems to hope that she |
| 241 | kind of announced a

Hmmm…take your time.
stricture, and then when I say something about letting it go, she pauses and, and (inaudible) and I realize ok, you can take ten minutes, five minutes, whatever, take your time. No pressure here, no have-to. That’s what I’m doing here. Ok? (*)

T: Um, the thing that was saying that to me was um, you’re here with me. (Inaudible) And what I’m responding to do is something that’s become very characteristic of her. And I guess I was wanting to underline it there in that moment. Which is, um, keeping sort of the thinking that love in her interior flow of feeling and get detached in some way from the here and now, get lost in the past, get lost in interior feelings, and things like that. And I really was just, uh, I really wanted to say, um, you’re here with me. And that, I didn’t say it that way, but and that’s how you can know that the past is past and the present’s present, and so on and so on. And I did it in a kind of semi-clumsy way and that (inaudible). But uh, the you’re here with me was to me the touchstone of that particular...

..to allow yourself...that’s good...to allow yourself to remember you’re here with me and now you will review. I can see you kind of reviewing in your mind’s eye and your feelings – ah yeah this has been going on...you’re here with me it’s the...that’s the past that’s coming to tell you whatever whatever whatever you need to learn from it, you know. Whatever still you’re learning from it. Whether there’s some further healing further kind of further putting it in the past.

C: Right. I feel that that’s just that will progress on its own...

T: Mhmm...mhmhm.

C:... the the reminders are good and I’m fairly good not doing that on my own...getting in the past from this point into the remembering

R: Pausing the tape.

C: As you can hear (+) with me that we would be, that this was a tape for you and so you were kind of present in the room. So I just recognize it right here. Um, and that just felt real important you know, (+) with the experience there in the moment, that my work is really important and we were doing this and how to just be with that. And how that blended into the healing work, because I’m dealing with something in the past and the trauma and I haven’t spoken it all these years of my life. And there’s all this silence around it. So what felt a little bit awkward, and I don’t you know I don’t even know how much I felt it or thought about it, I certainly agreed to do this. And um, but then just in the moment, yesterday at the session
| 291 | intervention. And had to | in there… | and even now, just feel the goodness. Even though it’s hard, this kind of adds to breaking the silence, letting one more person in, or on it. Although its painful, I’m kind of going with the trust of who you are based on the fact that I met you (+) this is about. And um, even though its hard it somehow just adds to healing, cause part of it has been speaking, just speaking clearly. So that felt a little harder at the beginning of the session. |
| 292 | with that sense I get that | T: Mhmm. | R: Right. |
| 293 | she can kind of half | C: …even the mourning…I’m not stuck in the mourning it just feels good…it feels like yeah its..uh.. |
| 294 | closes her eyes, and | | C: It’s so hard for me to hear myself be kind of quiet. I don’t like that part of me. I don’t even like that my voice is quieter than (+). I probably do that. I speak more softly than I would like to. Um, and was yesterday and how to speak out and be stronger and louder and have it be ok that um, that this hurt and be known and um, letting one other person in on it feels important. (+) recognizing that and dealing with that at that moment. And that was very important (inaudible) rest of it flow from there. |
| 295 | goes inside herself, which is fine. And she’ll sit with that, and often she’ll start to tear. And for me there’s (*) | | R: So it was both |
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| 340 | this case it was just, the signal was, you’re here with me and the past is past and that’s ok. You can feel it or not feel it, whatever. OK. That’s all. |
| 341 | |
| 342 | R: Um-hmm. |
| 343 | T: Ok. Ok. Do you feel any awkwardness about the fact that you’re gonna have to talk with (+) about this or or is that not very important to you? I’m just curious about it. |
| 344 | C: Uh… I guess I’m feeling that a little bit. |
| 345 | T: I was thinking so. I thought…I feel you a little hmmm… a little hesitant to dive in or something like that and I’m not that not how I’m used to you doing that I’m used to you just going ahead and I can feel a little self-consciousness on you’re part. |
| 346 | C: I felt important about this particular journey to be able to say and not hold back… |
| 347 | T: Right…right. |
| 348 | C: …and whether its you or (+) or to even be pondering saying something (inaudible) |
| 349 | T: Yes…yes. |
| 350 | C: …for it to be very wanting, sort of seeing a benefit in maybe letting somebody trusted and in on what’s going on- |
| 351 | |
| 352 | C: Yeah. First being moved by (+) and (+) we know again the permission, How is this for you, you know (+) is going to hear this and him recognizing that I was somehow different. And then you know very quickly like Oh yeah I am feeling a little hesitant and oh yeah how important it is to speak. So I certainly wasn’t like Oh shut off the tape, I need to protect. Cause I knew the choices were there and I could pull out of this at any time. It immediately felt, pretty quickly felt, like a benefit that someone else would hear what I was speaking. This isn’t something that you would take to the media or to the legal arena; it’s more in the human and healing arena. And it’s very, very hard to speak it. So your here on sacred and um, entrusted space (begins to cry). |
| 353 | R: And this is hard for you to talk about now. |
| 354 | C: (More composed) There’s some pain to it. This isn’t brand new. (+) and I have been
this is to come out of Goddamn silence. (chuckles) Which has been a trick in her life, a particular trick, the silence. She used to be like a (inaudible). And so um, to take advantage therapeutically of the opportunity take the present thing, to say well yes let’s make it public, lets you make it public, lets you speak more clearly and more fully. And you know with whatever politeness, or you know there’s a reticence that belongs to ‘I’m talking to a stranger and I don’t talk to him about how my vagina feels’, for God sakes. (laughs) You don’t talk to strangers about your vagina, you know, and stuff like that. But I just wanted to go with what she proposed herself at this intervention. She proposed that ‘oh, I need to be able to talk’ and things that included that she know you. (*)

You weren’t the researcher, you were already a person. And so sharing that with you what kept (inaudible) of the feeling. And so I really wanted to encourage that and include that she hasn’t told her sister, she hasn’t told her mother yet, and I don’t know whether she should or working since somewhere in the spring when this came up. June, hey it’s totally healed (laughs). April May, June. Um, anyway, I’m fine but there is pain to it and this is very new and listening to it from yesterday, so its kind of being here. Ok.

R: Should we go on?

C: (sniffs) Alright. Go on. (*)

R: Pausing the tape?

C: Yeah. I just feel the need to say um, cause I don’t know remember exactly how it went yesterday, but it just feels important to be understood, and put the context in. (+)stronger, I’m feeling a little distracted by it. I can’t hear my voice well enough. Can you hear it? Will you be able to transcribe this even? That’s really, its quite um, something you know? You usually don’t listen to tapes of myself and I’m not that clear and I want to be clear. I don’t know how I’m sounding now. (laughs)

R: Well why don’t we, why don’t we stop this tape and-

C: Ok so I also wanted
| 438 | not. Um, specifically her sister has made it very clear, she’s intimidated. You know, her sister doesn’t want to hear it. But I still wanted to encourage her in the direction of speech, share where it’s appropriate. I don’t know where it’s appropriate and when it isn’t. It’s just a research study, that’s (inaudible) therapeutically. What the hell? Talk to him too as part of your own, again, freedom. Freedom of expression, freedom of action, that you don’t have to constrained, held in and so on. |
| 439 | R: Pausing. |
| 440 | T: Um, something I’ve done with her for a long time. I even have my doubts about it. Um though it seems to be helpful and to work well. I will speak explicitly when she’s having difficulty speaking explicitly. And uh, given that she (*) resumed silent a long time, its an understandable reaction of mine, which I always have a sort of ambiguous feeling about. Like um, one part of me would say, ‘Goddamn it, you talk.’ And another part says ‘well you know, a person has to be invited to say that yeah if there’s something that you want to stop it for if my voice isn’t clear. Cause I think of myself as articulate and speaking clearly and what am I really saying there? (sighs) But this time has also been a time of uh finding kindness for myself about that. That as a child I did not speak clearly, I was silenced and... |
| 441 | C: No, I mean because the way they’re doing it, um… |
| 442 | T: Yeah. |
| 443 | C: But it also is what keeps triggering, um I’m more than I’d like, ‘cause I just find it, no way around it. Um… |
| 444 | R: Uh-huh. (*) |
| 445 | C: and very quiet and this wasn’t spoken for years. So if some of that comes out as I’m doing this healing work I want it to feel compassionate and kind towards myself. But I hear it right there, cause of nervousness like my words kind of flowing um, jumping around and being I just don’t always hear clearly what I’m saying myself. So I want to make it clear now and hopefully speaking loudly and clearly enough. Um, and again (+) is witnessing and I can feel his advocacy for me. That he’s heard my experience and he’s there kind of cheering me on to say kind of giving certainly permission if I didn’t want to speak. Saying yes, damn it tell the
And she said something about language early on. She needs a language for it. And the language is uh, I was abused and this is obviously a guy who wasn’t mature enough to have real women in his life so he picked a seven-year-old child and he did it deliberately and maliciously, he was an asshole and he had no conscience about it. And he justified it and did all these damn things and that’s what happened. It has names and words and public names and so on and so on. It was also a very private experience and somehow to get those two together. Um, and she does it. And at times she does, she speaks like that with a real boldness. And when something is still tender and new for her, there’s still this tendency this habit, this mode of not being very clear, not being very explicit, not putting it into clear language. And to me, that’s associated with that going into that funny little trance like dissociative, I’m not quite here thing. Again, compared to where it was it’s like (inaudible). Um, and this particular period, that month or so, month and a half is how long we’ve been dealing

world. So just to say the experiences that we’re dealing with is that I remembered in the springtime when all the media, um, focus was on the Catholic Church and the priests abusing children. I remember that there, I remembered having that experience. There was a priest, he is now dead, but he was a friend of the family. We visited him kind of vacation time, it wasn’t kind of vacation time, it was vacation time, um, at his home at his rectory. Because we were there for that kind of time, people often went off you know, alone you know, we broke off so to speak. So he would go off with me and I was thinking we were going off to play and the play turned into, into abuse. So that’s what were talking about.

R: Now in the session then, he was in this kind of uh advocacy (+).

C: Yeah with full permission to go either way. That if I wanted to be quiet or not tell him anymore or not tell you. Yeah that’s exactly what he is saying. And recognizing, cause we have a lot of history in
with this, she’s coming out more and is more assertive and stuff like that. So obviously it’s working. And I always have that a kind of um, ambiguity for me um, is it ok for me to speak? Just to stand in for her and say all these words are sayable. Vagina, fucked, uh, abused, molested; all these words are words that exist in the language and that you can take up. Or should I shut up, and wait for her? For me, a kind of um ambiguity there, um… I do both. I do both at different moments. And being a voluble, loquacious person, um, I think I probably move more in the direction of speaking more fully. When I ask her about it, I’ve also the parts of being an existential therapist is that to talk to people about what the hell is going on. And that includes whatever kind of (inaudible). And I’ll say am I, uh, is this talking that I’m doing getting in your way? And about 80% of the time, she says no that comfortable for me. And occasionally she’ll say, and the fact that she can say both is important (laughs). If 100% of the time she said its fine I’d say oh shit. (Laughs) I’ve really got her snowed. Um so, I um, dealing with other hurts and wounds and traumas and just knowing that being silenced is part of it, to break the silence is a big part of the healing. So (+) and cheering me on.

R: Um-hmm. And breaking whatever silence you felt comfortable.

C: Right.

R: Do you want to say anything else for now?

C: No I think, let’s go on.
about 16% of the time she says shut up and give me a little time, and stuff like that. Um, and usually I can cue in because its clear that she’s busy somewhere and I’m slapping my lips. This one, I don’t know what to think about it. I was sensing there was a certain reticence still. And in the most part to do with the case and a stranger’s there, going to come in and talk to her about it. And I was responding to the language, I don’t know, a whole bunch of stuff. But that’s something that’s come up a number of times.

Ok.

T: Hm. One thing that, um, I notice is I sort of expand the dialogue, its not that she hasn’t touched it but, I talk about the world in which this is being talked about explicitly. And to me that’s um, that’s like saying to her yes this is a profound experience you’ve had and its really important.

you have another six months of hearing stuff about it and then it’ll- it’ll be ah, maybe the terrorists will blow something up somewhere and how it will become more interesting…

C: [sigh]

T: It’s still hard. I’m feeling that….It’s not. Ahh, you know, you’re much better with it but it- it’s still hard. It’s hard to kind of look at it. It’s hard to ah…speak. I notice it’s easier for me to speak. Of course,

C: mmmmm
times. I don’t know what she said; I don’t remember now what she said. But she’s angry at that, at times she’s (*), sad, at times she’s angry. And so to sort of open it up, that’s one part, and another part is I’m noticing her and I see that although I can talk about the externals and this and that, she can take it in. Everything has a whole other register for her, a whole other feeling register. So once again I’m always wanting to keep talking about what’s happening. I’m always wanting for us to be keeping to what’s real. What’s real is what’s thought, what’s experience, etc. Now here, with us; I just sort of say it’s hard for you. That the reticence in speech may involve the (inaudible), but really its hard to talk about these things and they’re hard to face. There’s emotion and when it moves and feels and so on and that’s all very understandable. And of course its easier for me to speak than for you, you know, it’s an experience you’ve had. Its not one that I’ve had. And again it’s a kind of um, normalizing sort of um, speaking concretely to her and at the same time sort of speaking about the human

T: It’s not my experience. I didn’t go through it. Makes the world of difference.

R: Pausing the tape?

C: Yes I was just thinking (+) of his witnessing and that just was so striking from the beginning of our work with this particular trauma and many facets to the
condition at the very same time. So again it just seems very typical of our relationship and what I do. And again it addresses the issue of I speak and you are silent, explicitly. Which is again part of my intention. And she'll speak some about speaking more somewhere in here I think, I don’t recall all the details though. Ok?

T: That’s a very great section where um she’s speaking at some length and talks about what’s necessary and what’s unnecessary, and whether she needs to remember or not. I’m basically saying ok, ok. And it’s very much whatever seems suitable, whatever you understand, whatever makes sense to you. There’s that freedom thing again expressed in a very simple-minded way. And then um, one of the touching things in the first place which moves me a lot is there’s a (inaudible) when she first remember it. She thought she had already talked to me about it and she never had, in all the years. Because we had dealt abuse and stuff, but she’s never talk about it with me. And when she first reported it to me, told me about it and was

What’s the emotion with that? That you- I see you kind of looking again. Addressing it again. It is sadness, anger, outrage?...

C: I feel a little bit on the verge of tears. But, I think…the tears are real close to anger. They’re almost angry tears.

T: mhmm, mhmm.

C: I felt a kind of strange anger, and um… I- I don’t know, just a strange kind of generalized anger, and I know it’s connected to this, it’s just like, and kind a woundedness, helplessness, I uhh, something about it has been back, it’s not the main thing, it just feels like I need to … have it you know, what always feels important is just have your witnessing healing. But first of all the witnessing and um, so I’m recognizing that again that wherever, whatever I share, um in this session again (+) witnessing and you probably hear already how he does that you now. Um, just really seeing me and the all of me. He can see through my body language even before I speak sometimes. You know he’s um, noticing you know, my feelings and whether its hard to speak or not. He can see that I’m working with it inside of me and I’m trying, I’m reviewing and I’m trying to get the distance. And that it’s just that wonderful, beautiful experience, oh it’s still hard, you know. His witnessing that, that caring person makes all the difference, to shatter the silence, the aloneness, the way that I’ve held it alone all these years. And there he is again you know witnessing, and witnessing again whatever is coming up now as this unfolds for me. So another witnessing moment you know where, and I think the whole session is witnessing, but again just to come to that space again where I have the ah experience
remembering it, what she remembered is an idealic vacation spot, wonderful vacation spot. And this monstrous event, where she’s invited down to a play area in a building and then the uh, priest, there’s a merry-go-round type thing. The priest begins to hold her and pushes her around the merry-go-round and telling her this is alright and taking her clothes of and neatly folding them and…

T: Nightmarish.

C: You know, like I particularly need to be with the remembering, you know-

T: Okay

C: It’s about being silenced. That’s where I am, and we have done the speaking, and being with the specifics, um, and the remembering hasn’t been real specific, it’s just more the feeling of “Ugh”

T: “Ugh ”

C: That it happened, umm,

T: Umhmm

C: And again, it’s in contrast with the memory itself, because the memory is- is, um, couched in that beautiful vacation…spot, and that’s just part of the vacation, and the goodness of life and…Umm, the trauma rushing in and ruining that. Um…it ah-they’re still with that contrast, because its come at this time when I’m feeling good

T: Umhmm

yes, that what I’m remembering will be witnessed in compassion and care. That’s all I wanted to say. (*)

R: Pausing the tape?

C: Another wonderful moment um, (+) um, him recognizing the theme of it, cause I’m talking about the contrast, the pain for me, the contrast between the wonderful world. I’m a child on vacation in a beautiful spot, with beautiful people, I thought for the most part, and then this horrible thing happens, (inaudible) vacation of all things. And then the memory, this is giving you the context; the memory has also come at a wonderful time in my life. Um, and in this place of care-giving for my mother, very different than other work that I’ve done, but there’s been a lot of beauty and I’ve just been feeling very good about my own body, and health and I’ve
| 781 | body is left with a | 782 | And it’s a wonderful world |
| 783 | certain permanent | 784 | stricture, a permanent |
| 785 | kind of like (inaudible) | 786 | which fills up again and again and I have no idea |
| 787 | speaking all that it’s like all I can say is I just, I’m moved. It’s like uh, I don’t know if I’m amplifying it or she’s amplifying it, who’s where with it. And she specifically expresses it this my being a witness’s input, this my being there in some way. And that makes perfect sense to me. I’m going with that, knowing that if I can be there, if you can be there, if she could it her mother or whoever to be there, that then the concentrated nightmares become a specific event that was horrible in the world and terrible and stuff like that. In that sense, I’m very happy to hear her speaking of the horror. Cause I know when she says it, it has all these very concrete elements, she (*) doesn’t have to speak it necessarily all, but she’s really remembering this beautiful things and the wonderful happy stuff and then yuck, you know, the awful nightmarish stuff. So that’s what’s going on there and I’m very moved by that whole thing so. |
| 789 | T: Umhmm | 790 | C: And it’s a wonderful body that I’m in, [laugh], a wonderful body that other people are in |
| 791 | C: And it’s a wonderful world |
| 792 | T: umhmmm, mhmm |
| 793 | C: Men are in, that women are in, and that contrast [slaps object with hand] you know [sniffling] just something about that [sniffle] |
| 794 | T: That’s a huge contrast…yeah |
| 795 | C:…Take this [spoken through tears] I’m just angry because I’m tired [sniffles and deep breaths] and I’m angry of ahh…but deep breaths]. I’m angry and I’m tired I guess that’s what it is, and ah, and joyful and- and it’s just done a lot of healing about my body. And in the midst of that comes this memory, kind of the same thing you know, a wonderful world and ooh. Somewhere in the springtime, it was Eastertime, when all this was in the media, this memory comes and the contrast. But anyway, he was recognizing that theme and I just heard his words. This is really neat to be able to hear and play over. I heard him say how he heard me say that from the very beginning. His attentiveness to what’s important and the theme of it so then it can be recognized and deepen and lead to the healing. But again that um, hearing the theme and he heard it from the very beginning is what he just said. |
| 796 | T: Umhmm |
| 797 | C: tired [sniffles and deep breaths] and I’m tired of ahh…[deep breaths]. I’m angry and I’m tired I guess that’s what it is, and ah, and joyful and- and it’s just done a lot of healing about my body. And in the midst of that comes this memory, kind of the same thing you know, a wonderful world and ooh. Somewhere in the springtime, it was Eastertime, when all this was in the media, this memory comes and the contrast. But anyway, he was recognizing that theme and I just heard his words. This is really neat to be able to hear and play over. I heard him say how he heard me say that from the very beginning. His attentiveness to what’s important and the theme of it so then it can be recognized and deepen and lead to the healing. But again that um, hearing the theme and he heard it from the very beginning is what he just said. |
| 798 | R: Did that strike you in the session; did you notice that in the session? |
| 799 | C: I don’t know that I really, and again it just is so, I’m so there. I don’t know that I caught quite that. I just thought it very striking now that he said, ‘oh you’ve been saying that from the very beginning.’ Yeah as an intellectual thing it’s |
| 830 | T: I’m remembering how I was responding at the time and I don’t even know what I did with it. But I can just see I’m um, ok, I make a move there which is um, her life where she’s taking care of her mom which is hell of a job. There’s caregivers she likes her mom and they get along and stuff like that. But its very hard getting caregivers who are decent and she’s a very careful person about stuff like that. So she gets a caregiver, and the caregiver, because they’re typically lower class and they’re not paid very well, doesn’t show up, problems in their family. She had all kinds of problems with this. So I said well how’s that going because I know she literally lost one caregiver who’d been pretty good, and then had a nightmarish one. So she’s been through all kinds of hell. And that’s why I wanted to say, she talked about being tired already, I said well you know, want momentarily to contextualize. So what’s going on in that part of your life? To sort of speak of her whole life and to move away from life is about facing the past horrible events. To move towards one thing that— that contrast piece has been a big part of it. |
| 835 | T: You said that from the very beginning- |
| 837 | C: Yeah. |
| 840 | T: When you first started telling about- |
| 842 | C: And that’s kind of what keeps it going because this is a wonderful time. [laughter] So I’m not numbed out like I used to be, not depressed or in that dark place where I- I hide from it. |
| 843 | T: umhmm, umhmm |
| 845 | C: My life feels very full and good, my body feels really good. And I had just been having a lot of fun, and, |
| 846 | T: umhmm, umhmm |
| 848 | C: The great feelings, and wonderful world feelings continue, and then, |
| 849 | T: And then this ah, “Ughh ” that comes in sometimes, that’s a huge contrast, it’s ugly- |
| 850 | C: Right, and it never takes away joy or the gratitude, and- ah it’s just that it’s painful. |

very nice, but also I just felt very moved emotionally. That oh how he has been hearing me from the very beginning. So his loving witness and his words, his attentiveness and that he holds it session to session. Yes he’s heard me talk about this particular part of the pain from the very beginning: this contrast of a vacation world and a beautiful world and the trauma and the wonderful world that I now recognize as an adult woman, and then to remember this. (*)
is that and then there’s
your mother, and then
there’s your friends, and
then there’s coming to
see me and then there’s
flowers in the garden.
But I think literally
that’s what I’m thinking.
We did a lot of stuff on
this and you know we
wanted to move through
tears seventeen more
times, we could it, you
know. Tell me about
your loneliness, and tell
me about your sadness,
and tell me about how
about how bad you feel
that he wrecked the
possibility of thinking
about men as appetizing
back then. We could just
celebrate how miserable
things are forever, and I
want to do that, but I
wan to do both. So, I’m
impressed then by what
she moves towards,
when she moves
towards that region of
her life. She saying God
I’m speaking out more
fully and more strong
and I think that is partly
a consequence of the
work we’ve been doing.
So I’m feeling very,
tickled. It’s like oh, I’m
talking out, I’m not
taking crap, I’m
insisting on what’s good
for my mother, and
what’s good for me and
what’s needful here with
all these damn agencies
and stuff and it’s…until
you go through this, I’ve
been on the sidelines
two or three times with
T: Yeah
C: And, ahh,
T: And of course, you
now I’m sort of
thinking, [mumbling],
you talk about being
tired, I’m thinking,
you’ve been struggling
with the, it sounds like
you’ve got some of the
“Okay, I’ll take care
of your mother now” it
seems good-
C: and abundance
[laughter]
T: [Knocking] I knock
on wood when I saw
stuff like that.
C: Ahh, I have so
much good care.
[laughter]
T: Do you?
C: and then continue,
I’m always like oh, you
know, even being,
wanting to have my
eyes wide open, ‘cause
--
T: Sure.
C: -- the whole thing,
of all of this, whether
it’s my caregiving life
and some of it, limit, or
healing this wound
about the hurt by
father (+). It’s the
being seem to be about,
seeing clearly and
speaking and standing
firm, and being strong.
people who were looking for care for somebody who’s convalescence for 6 months or old or whatever. So she’s speaking out, insisting, being strong. Now I’m also finding a thought here in the back of my mind I always have with her and pretty much other people as well. I was thinking about now are they doing this thing where now this is the good part, being strong and able and so on, where now this is the good part, being strong and able and so on, being weak, consuming and weepy is the bad part. I’m always wondering about these, cause to me they can so easily become strictures that people live, (*) I’ve lived them myself, that’s not an abstraction to me. So I hear her talking about her strength, and I say I think that’s wonderful I’m glad to hear it and so on. But in the back of my mind I’m also thinking, does she know, and I think she does, wouldn’t it be wonderful if her weeping and her looking at this horror and seeing clearly, and seeing the concept clearly, give also strength and courage and stuff like that? It’s not always just the trauma, it takes strength, it takes courage to weep; it’s an act of heroism also. So in the back of my mind

As well as being joyful and a good buddy. But, I --

T: Um-hum.

C: -- have just been standing so firm about the caregiver issues and speaking what I want and, therefore, you know, whether it’s agencies or individuals that just are not going to stand with me, it’s like well, whoa, this has just been a very different journey. And how to be real and know what, and plague in the caregiving market, so to speak.

T: Um-hum. Um-hum.
I’m thinking, eh, she likes the strength, maybe too much. It’s part of the (inaudible) of our work together. Ambiguity there, um, let’s see still can appreciate… But one of the things too…she used to absolutely despise this chicken-shit girl who didn’t speak up and who was, you know, bad, (laughs) spiritless, mindless. I mean the language gets like… You have a child this big who’s scared to death by very scary things. What you need to criticize her for the being scared. Common as hell by the way, but uh that’s what she’s said in the past. Ok, that’s plenty for that part.

C: The nurses, the nurses aids, they’re not valued, there’s a shortage, what to do, what to do? And then, you know, my schedule is such that it’s not, you know a lot of -- you know, it has to -- just looking for that --

T: Yes, it is. Sure.

C: -- (Inaudible) and however it works, I’ve just been standing very firm and very clear that I want the best. And, you know, not to be magical, I will be very real, and I still, you
<p>| 1025 | 1026 | 1027 | 1028 | 1029 | 1030 | 1031 | 1032 | 1033 | 1034 | 1035 | 1036 | 1037 | 1038 | 1039 | 1040 | 1041 | 1042 | 1043 | 1044 | 1045 | 1046 | 1047 | 1048 | 1049 | 1050 | 1051 | 1052 | 1053 | 1054 | 1055 | 1056 | 1057 | 1058 | 1059 | 1060 | 1061 | 1062 | 1063 | 1064 | 1065 | 1066 | 1067 | 1068 | 1069 | 1070 | 1071 | 1072 | 1073 |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| T:  | Um-hmm. Um. | know, watching right now like, huh, this is the woman’s third time to our home. The first time without me there, so she’s very new (+) and to me they -- I just feel like they’re the best they’re the brightest spirits -- | T:  Wow. |
| C:  | -- in the whole wide world -- | T:  Um-hum. |
| C:  | They’ve been doing caregiving forever, from childhood, and yet that’s a bad thing because it could be, you know, you’re burdened or you can’t see any other vision. They’re bright and they’re going with it and feel choiceful, and have -- | R: I’m going to pause the tape and ask you what’s going on in this conversation for you? |
| T:  | Hum. |
| C:  | -- and have come into a lot of experience, so they’re very -- | C:  Right now? |
| T:  | Wow. |
| C:  | -- very experienced. So, again, the moving of my mother and care for her body (+) -- can’t be with me -- | R: In – no in the, in this discussion of the uh, care workers and the schedules and your enjoyment of them and your abilities, there’s some discussion of that going on in the session and I’m wondering what at that time, what’s going on for you, as you’re talking about that in the session? |
| T:  | Right. |
| C:  | -- the day -- she’s the one that works full | C:  Uh, feeling very uh, happy, relieved, and energized. I can hear it in my voice and I’m feeling it um. |
| R:  | Uh-huh. |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Text</th>
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<tbody>
<tr>
<td>1074</td>
<td>wonderful and helpful.</td>
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<tr>
<td>1075</td>
<td>And were talking about a good world. She’s talking about a good world. And I’m just listening, supporting and so on. And um, she’s talking about the Jewish community referral service. And she recently had an experience with an agency that’s a national agency that has advertising everywhere and that has supervisors and so on that momentarily she was entrusted a short while with them. Until she found out they really wanted to do the easy stuff, make a lot of money and not bother with the people that much. (laughs) So all this bureaucratic, were caring, we do things well, professionally and so on, it’s uh, bull shit.</td>
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<tr>
<td>1076</td>
<td>time in a nursing home, and (+) -- you know the --</td>
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<tr>
<td>1077</td>
<td>T: I think, sure.</td>
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<tr>
<td>1078</td>
<td>C: -- evenings, so to come evenings, or she has days off --</td>
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<tr>
<td>1079</td>
<td>T: Um-hum.</td>
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<tr>
<td>1080</td>
<td>C: She’s just been wonderful, so she was there. So, I feel again, this abundance. She was there Monday, (+) was there Tuesday, but I spent a lot of time with her, so I didn’t have a lot of free space, but then she’s there today, and she is really the best. She’s mature. She’s my age.</td>
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<td>1081</td>
<td>T: Neat.</td>
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<td>1082</td>
<td>C: And then she claims it’s a perfect fit. You know, as opposed to other people, well, but I want more. She wants part-time, she -- I don’t know how (Inaudible) the rest of her life is, but she says --</td>
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<tr>
<td>1083</td>
<td>T: Gotten (Inaudible).</td>
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<tr>
<td>1084</td>
<td>C: -- she has benefits and insurance, and her children are teens, so they’re fine. Her mother is fine. So she’s not overburdened by other chaos in her life.</td>
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<td>1085</td>
<td>R: Right. Ok.</td>
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<tr>
<td>1086</td>
<td>C: Cause this has been quite a journey. I can’t care for my mother alone and I need to hire people. I don’t have five sisters, or a circle of family. So I am the primary one and so finding people to trust, you know? I’m sure childcare is like that, and eldercare has its own unique… and um, the person that I’ve had for over a year left to take a full-time job in a hospital. So I’ve been searching and I’m feeling the joy of finding two people, one for the main part of my schedule and the other woman who can come part time as needed, or evening time when I do social things. So I’m rejoicing at finding um, the two good women to join me in caring for my mother. (laughs)</td>
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<td>C: Cause this has been quite a journey. I can’t care for my mother alone and I need to hire people. I don’t have five sisters, or a circle of family. So I am the primary one and so finding people to trust, you know? I’m sure childcare is like that, and eldercare has its own unique… and um, the person that I’ve had for over a year left to take a full-time job in a hospital. So I’ve been searching and I’m feeling the joy of finding two people, one for the main part of my schedule and the other woman who can come part time as needed, or evening time when I do social things. So I’m rejoicing at finding um, the two good women to join me in caring for my mother. (laughs)</td>
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<tr>
<td>1088</td>
<td>R: Right. Ok.</td>
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| 1089   | C: Um, so that’s going on and once again just you know um, (+) the details, cause you know, who knows what you go through and (+) what we’ve been through. And him again joining the two things because its also part of the tired. And I haven’t had a lot free time and there’s a real stress in the searching...
along with that, talking with her about that, and celebrating where it’s good. Um, for me it’s part of um, the world of, that expanded world I was talking about, where life is not about facing the trauma and working your way through and meanwhile life is on pause. Life is about for a couple hours you face the trauma and then you go out and have a beer and so on and so on. And that’s what life’s about and um, this is a way of expressing that and she understands that. I don’t mean intellectually primarily, but at a level she says let me tell you how my life is going, let me tell you how this is. And she understands that I asked and that I want to hear about it. I don’t want to just hear about misery from her past and her being abused and how the nasty priest folded the clothes carefully so there wouldn’t be much and there wouldn’t be any semen that got on them and stuff like that, which is you know (inaudible) instead of at least the at the horror movie you can almost see the pervert putting the clothes in a neat pile somewhere as he’s about to wash them, perverse exhibitionist. But that’s not life.

| T: Um-hum. |
| C: She doesn’t have a car, but she’s fine with traveling, she’s absolutely punctual. |
| T: Wow. |
| C: Three times -- and so -- |
| T: Where does she come from? |
| C: She comes from (+) -- yes, but she loves him and claims she’s going to, you know -- |
| T: That’s part of her -- |
| C: Yes. And so, this is the gift of it, she has come through -- this is something very different -- (+) -- you know, again, a private contract, she came through the agency, but she -- it’s past a year, she’s the one -- |
| T: Right. |
| C: -- she’s the one, so it just feels good to -- I think I had to learn, the agencies really can’t help me, or protect me during transition times, or, you know, protect about it being the right person -- |
| T: Um-hum. |

process. And I’m talking here about how I’m doing, how I’m doing it differently and standing firm. Um, and so I feel that the two things are starting to blend, you know um, the strength that’s coming from dealing with the wound from the past, and how then I also, everything gets connected. So I’m also feeling firm and strong in this other life circumstance of caregiving and... I don’t know that I said this anywhere in the session, but I’m feeling it now that I’m reviewing I, the beauty of, of things coming full circle. From my body having been wounded I am now um, such a good protector of my mother’s body. I didn’t want anyone coming here to care for her who does not have healing hands. You know, no hands touch my mother’s body. And so I’m rejoicing at the two healing presences coming to join me. I’m just feeling the beauty of that, cause again the contrast. I know some of each. I know what its like to be a healer and have healing hands myself and I know what its like to have healing hands upon me, and not to have...
That’s a piece that’s to be addressed, and then there’s, Oh, there’s this woman and uh, that we can celebrate her good fortune in finding good people and finding a good agency. That there’s a world where people actually do come through and who have nice hands and beautiful hands that are healing and will touch you and it’s like oh ok. This is that alternative world. And I want to underline that world just as much as that awful world of suffering and pain and (inaudible). So that’s what I’m sort of doing here, we can talk about this or however long it is part of that contact world. This is part of, were talking to high heaven, nirvana, perfect world where people, some people actually care for other people, actually have healing hands and actually are beautiful people, and there are bastards and sociopaths and bombers that coexist. That’s the world. Ok. (*)

C: -- or helped during big -- I’m on my own. Get that clear.

T: Okay.

C: That -- (+) through the Jewish Family and Children Services.

T: Ahh.

C: And they just do it totally differently. I need to call -- (+) they, you know, like help first and bureaucracy later. You know, ‘cause they -- they’re bureaucracy’s this big, but again, after that agency with mucho bureaucracy that I was taken by --

T: Yeah, I know.

C: -- very briefly, ahh, and how helpful that was not. You know, I didn’t really need that nurse in my home, two, three times, and it all ended up not being helpful.

T: That’s right.

C: The woman from the Jewish Family Services listened very carefully on the phone, and you know, said, well, here’s the paperwork, and I don’t know what it means, is this anything legal that you sign, or what it is, and $600 fee. And violent hands upon me. And then how that just, the goodness of that is how that is a part of me. I know, and the more I know the firmer I stand with my yes’s and my no’s. So, people appear at the door and touch my mother, a clear no. Or just even in the interview process over the, trying to find through agencies or through the network or the yes, no. And some people just can’t deal with that. They expect any warm body to do and um… here I hear myself saying I’m going for the best. So I just saw the different themes emerging. And they seem like two different (laughs) stories, my childhood story and my present story now, of my work and caring for my mother, but how they are very much blended. But at that moment I’m rejoicing in that conversation and feeling the goodness.

R: Ok. (*)
| 1221 | that’s for the year. And -- |
| 1222 | T: Um-hum. Um-hum. |
| 1223 |  |
| 1224 | C: -- working with it, they may not need anymore, this person -- and she said, you know, but I won’t wait for that, I will continue -- I will start right now to think of who would work for you. |
| 1225 | T: Would be -- would be suitable. |
| 1226 | C: So the papers still haven’t come, even though I did check with her, she had the wrong address or something, (laughs) no papers or, you know, you know, requests for fee have come through the mail, and you know, the help has arrived. So, like what a beautiful turnaround, and healing of that whole experience. |
| 1227 | T: Um-hum. Um-hum. |
| 1228 | C: And I missed (+) Jewish Family Service (+) missed her call, and this message that she has someone who is perfect, and I thought, perfect, yeah right. |
| 1229 | T: (Laughs) |
| 1230 | C: She’s just doing |
this, you know, my
doubtful cynical self,
just doing this to kind
of make the match, you
know, set up the match
so that her work is
over. But you know,
she described this
woman as perfect.

T: Um-hum.

C: She gave me her
name, you know, so I
called her (+) my
consult through every
detail, so how does she
sound, oh, bad, you
know (laughs), so I
was at a good space but
boy, she sounds bad.

But now we’re
interviewing. But --
both on the phone and
person she sounds
wonderful, she looks
wonderful. It’s
working through that
cultural piece which is
hard (+) like me,
sounds like you and
me. (Laughs)

T: (Laughs)

C: What is this about,
you know?

T: Right complexion,
right ethnic
background --

C: And so -- yeah. So
here comes (+) this
wonderful ethnic
mixture, she’s part
Native American, part
Italian, part --
| 1319 | T: Oh, my goodness. | 1341 | T: (Laughs) That’s all. |
| 1320 | C: -- American -- | 1342 | |
| 1321 | T: Oh, really? Yeah. | 1343 | C: (Laughs) and I think she has some of this quality. |
| 1322 | C: -- that’s -- she looks nothing like me. | 1344 | T: Thats wonderful. Yeah, good. |
| 1323 | T: Yeah. Yeah. | 1345 | |
| 1324 | C: (Laughs) And I probably (Inaudible) vive la difference. You -- she is, I’ve been saying this to (+), I want -- I want a Mrs. Winkler, a Corina-Corina, and a Mrs. Doubtfire all rolled into one. | 1346 | C: Um, she is just there, she’s like an angel. |
| 1325 | T: (Laughs) That’s all. | 1347 | T: Hum. |
| 1326 | C: (Laughs) and I think she has some of this quality. | 1348 | |
| 1327 | T: Thats wonderful. Yeah, good. | 1349 | |
| 1328 | C: Um, she is just there, she’s like an angel. | 1350 | |
| 1329 | C: You know, keeping my eyes wide open, I have my opinion, you know -- | 1351 | T: Um-hum, you don’t want to be -- I -- just silly about it, but -- |
| 1330 | T: Oh, my goodness. | 1352 | |
| 1331 | C: -- American -- | 1353 | C: Yeah. That -- again, the Jewish agency does the |
background checks and all that. And they mean whatever they mean.

T: Sure.

C: And she came with a resume, and a wonderful letter of reference, and from a daughter, and again, the daughter works at the Children’s Institute, so that tells me something, you know, I mean, just the language of it, about her compassion, about her work ethic, and punctuality (laughs), things like that that all matter, and just every little -- every little thing that I’ve been thinking matters to me, it’s just like right there.

T: Right there.

C: And then I watched her, she just spent the day yesterday, and the time just flew because we were like soul sisters, we couldn’t stop talking. And it’s like, whoa. And then caring for my mother in between, and she would just take the lead and it was okay. Other people it would be like (inhaling). There was just no --

T: Um-hum, um-hum.

C: -- cringing. She has
tons of experience. So -- and that’s what I was looking for. So when she blew my mother --

T: She already has that --

C: -- she has the --

T: -- fragility and that nice touch. Um-hum.

C: -- so we didn’t have to -- and so she is beyond, you know, what (+) the gifts and the (+) because she does it, I mean, and she has exquisitely -- I’m going to cry. She has exquisitely beautiful hands.

T: Um-hum. Um-hum.

C: They are just gorgeous. I mean, in the physical sense, and in the --

T: Um --

C: -- I love her touch, we’ve hugged, we’ve been hugging --

T: Um-hum. Um-hum.

C: She’s just -- she’s a healer.

T: Wonderful. Oh, that’s --

C: So, beyond being a competent care -- she has a healing presence,
so I hope she’s with us forever. And she’s there today, so -- and then there’s just no edges between us and nothing --

T: I’m -- I’m just thinking of what a -- what a beautiful -- you were talking about contrast, and I’m sort of thinking, well this is wonderful.

C: Yes.

T: This is the world of beauty, and kindness, and goodness, and healing and all that. And it’s a gift that just helps.

C: Yes. And it’s just again, staying clear and -- and -- and this is connected to my healing of the wound self, because, you know, I think two of the big things from this -- this particular journey, one is -- has been about being kind towards myself, back then and now.

T: Um-hum. Um-hum.

C: You know, because never before, as I told you, I always, in looking at other past dark places in my life, and abused places of my younger self, I would be borrowing
your kindness. You know, I was always --

T: Yeah.

C: -- ugh --

T: Yeah. Yeah. That’s terrible --

C: Hate myself, or --

T: -- what’s the matter?

Why am I so -- why is there such chicken shit and --

C: Yeah.

T: -- the (Inaudible) and so -- yeah, yeah, I remember that.

C: I hated it. My scared --

T: You used to do that.

C: I hated my scared (Inaudible) self, and so that feels very different. So that’s a big huge thing. And another huge thing is this deepens my joy in my body, it just feels like -- (Inhales-exhales) it was part of getting, you know, whatever.

T: So, you’re --

R: Yeah.

C: (Inaudible) and then it’s the other part --

T: Yes. Yes.
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<td>especially, uh I think</td>
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<td>that feels connected to this, is</td>
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<td>there she might have</td>
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<td>become in the past six</td>
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<td>or seven months, nearly</td>
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<td>a year now, she’s started</td>
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<td>mmm, that looks nice, I</td>
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<td>like that, I’d like one of</td>
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<td>body. Cause when she</td>
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<td>terrible problem. Oh my</td>
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<td>God. On top of</td>
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<td>everything else, men</td>
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<td>look yummy isn’t this</td>
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<td>terrible? We dealt with</td>
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<td>that, I dealt with that in</td>
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<td>a very different way. I</td>
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<td>said oh congratulations,</td>
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<td>great, I’m glad to hear</td>
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C: -- that feels connected to this, is um, that the caregiver journey is a -- I feel like this is the healing of the desperate self. It’s just lived on and on. And neither you or I could quite get to that -- 

R: That’s right.

C: So puzzled, you know, and discouraged.

T: Why am I still desperate?

C: It did. Tons of healing.

T: Did all that healing work and why -- off camera --

C: Desperado self, lived and reined.

T: Yeah. That’s fine.

C: And you know, between you and I it reined, and I hated that.

T: Um-hum. Um-hum.

C: And, (inaudible) viscous cycles, I’d be mad at you, and I’d be mad at myself for being mad at you and disparate with you. And then --

T: Um-hum.

R: Pausing the tape.

C: I just thought I’d say, it’s a lot that I’m appreciating hearing it. But I heard both (+)
it, it’s not a problem. It’s just the way life is; if you’re open to reality it’s the way life is. Uh, well it was a little more than that, but that was my basic attitude. But she’s laying out her changes, and speaking out and losing that underlying sense of anxiety, desperation. There’s a different feeling towards (+) different um, feeling towards the world there’s even… I was without a caretaker for a month and I remember being totally flipped out when there was any interference with it and it was hard but I wasn’t you know desperate and so on. And so she’s celebrating her access to new possibilities, to new ways of being, more relaxed ways of being. And I’m just moved by this. Oh this is wonderful, I’m glad to hear it. And to me its interesting how its part of her even her appreciating (+) has that kind of rich open quality. And on the one hand I just say well tell me about that quality of being able to be appreciative of people. It just has an element of the sensuous, a touch of body, which is refreshing for her and it’s refreshing for me to hear it. I almost want to go look at (+) and C: And then it was part of the desperation that I would feel this in other things. Including this search. And this time there was no desperation, like, okay, because it’s taken a very long time.

T: Yes.

R: It’s --

C: It’s almost a month since (+) is gone.

T: It’s fine. It’s fine.

C: And I feel -- T: I feel the mood difference. I feel it, as you’ve been talking about this I -- I couldn’t put it so well as you did, you see. There’s that element of kind of an underlying desperation, with a certain kind of body tension, a readiness to go under kind of a tense body, which you were just living chronically, which had to do with (+), really, and that trauma --

C: It was really --

T: -- and that sort of -- the body rigidity that you sort of developed and the --

C: That’s why I want to remain speaking about it, because I even and myself kind of do the bringing both of the life stories together again, the theme of the contrast world and the world of the caregiver in the present search as symbolic of the world of goodness and kindness. Then I hear blending too again into (+) witness uh, holder of the themes with me, just being so there in the present moment, you know listening to all these details that uh, to me are wonderful and can hear and always experience they are wonderful to him too, and him recognizing um, my healed self there as I’m very sensuous, you know noticing the body and loving the experience of meeting a new person. Anyway, the blending of the two things of as I heal from the past wound of being hurt by the priest and my awakened body that just notices and rejoices and um… Anyway that’s what’s going on there (laughs) Good work. And it’s kind of nice the next day to look at it again. And I’m very moved that it’s very good.

R: Um, do you feel that you are having different insights about it now than you did in the session?
myself you know.
Beautiful hands, healing
possibilities, maybe I
could date her. (laughs)
But you know what I
mean, it’s like oh that
sounds really nice. So
I’m going along with
this and just enjoying it
and celebrating it and
affirming it. And to me
its still part of an
unfolding of that
narrative, that contrast
where the world is a
wonderful place. She
likes that Louis
Armstrong song, What a
wonderful world. I don’t
know if you know that
song, but she refers to it
occasionally. And that’s
one of the things she
means when she talks
about it’s a wonderful
world. She’s referring to
the song by Louis
Armstrong. But that’s
just sort of the way I
was hit and impressed as
she was going on and
my sense of what I’m
doing is I’m
underlining, affirming,
going along with, saying
uh-huh, having fun with
it. But that’s basically
all I need to do. (*)
did think about, well
we won’t talk about
that today since (+) is
here --
T: Since (+)’s here,
yeah.
C: And I think no --
we really, you know --
T: That’s right.
C: Missed one time
with you because of --
even the reason --
T: Because of -- that’s
right.
C: That’s okay, I
wasn’t desperate, but I
was still feeling this is
my main healing work.
T: Um-hum. Um-
hum.
C: And that it feels
important.
T: Sure.
C: To not to be afraid
to say, to not be locked
in silence.
T: Hum.
C: And that --
T: That’s (Inaudible)
needs -- and it’s real
concrete. You’re
talking about hugging,
the body, beautiful
hands -- I don’t know.
Your -- your --
C: I think I was, I think
I was appreciating right
there and then, and also
you know
reappreciating now.
But you know, cause I
felt for a moment, and
it’s fine and everything
works unto the good in
a therapy session, you
can just go off into,
could seem like its a
whole other topic. I’m
talking about this past
trauma wound and oh
I’m going to be talking
about the details of
finding a caregiver.
And how in that place
though, its all sacred
and it all does blend
together. So that’s
happened for me
certainly over and
over…
R: The common
theme…
C: Yeah the common
theme, you know cause
I thought there for a
moment oh here we go,
off into talking about
caregivers. And I can
get lost in the details of
that, you know call five
agencies, and how (+)
and myself, you know
keeping the focus. We
didn’t get lost in
details, but really we
were with the heart of
it. And even (+)
transition that he talked
about. No wonder
you’re tired and that
my tired relates to that.
T: The explicitness of the contrast, again this is very impressive to me, the explicitness of the contrast that she’s making between (inaudible) that can’t be touched, can’t be kissed, can’t be... Now she’s partly talking about people who you (*) wouldn’t want to do that to, cause she’s had experience with these kind of intrusive people, and she’s partly talking about her own shift, simultaneously. I’m very aware of that kind of multi-layered, that she’s speaking partly of her own opening, evolving towards being able to be appreciative and intimate. She, and yet it’s a world that has to do with some of the people who came or just intrusive assholes who would just go and say I know what to do, don’t tell me anything. And then pick up her mother, or something like that, which is not saying the mother isn’t strong enough, just needs a little support. One of them was giving her mother a little sugar, which is with certain ethnic groups, it fits the person which is fine. Wait a minute, and in

C: It’s the only body --
T: -- your sensual appreciation --
C: Yes.
T: -- of bodies, yours and others, has just been kind of like going whoosh, you know.
C: Yes, because it couldn’t have been there with men, as you know, starting out as a --
T: Oh, yeah, yeah, yeah.
C: -- terrible problem. But then it’s also there with women, my -- my own body.
T: Um-hum.
C: And other women’s. You know, loving my mother’s body, and then I’ve loved both of these women who have entered this intimate circle. And to come to my home --
T: Is already intimate.
C: Is intimate.
T: Yeah. Yeah.
C: And you know I love both (+) and (+) bodies. They’re just beautiful women.
| 1760 | those groups you don’t ask the baby or the person you doing it to whether they want it. You don’t pay any attention to that. We’re always doing that regardless. So she’s had these types of experiences with the world side. And then there’s the side which is her attitudinally, the attitude difference. And she even addresses earlier, she said something about, um, getting with these differences of person, which is she’s (inaudible), white, and social worker training, and educated and has thought about that and so on. And somebody comes in there just from a different class, different group and so on, how do you... you can be as liberal as you want but its still the question that if for God’s sakes they show up on time. Their Mexican they don’t believe in time, what do you do with that? But she’s still addressing and in a very spirited way, she’s addressing a shift in her towards a more bodily, sensual, joyful appreciation. Again I was just very impressed when I was with her. I sort of think whew, nice to hear this stuff. Yeah, that’s all. (*) |
| 1761 | T: Um-hum. Um-hum. |
| 1762 | C: And (+) is, in particular has these beautiful hands. They’re just -- and when she started, and she, you know, gets using her body (Inaudible) and it feels all okay. Because you know, you’ve got other women in and it’s don’t kiss my mother. |
| 1763 | T: Yeah, please. |
| 1764 | C: And don’t kiss me, and don’t touch me, and don’t touch anything. (Laughs) |
| 1765 | T: (Laughs) right. Yeah. |
| 1766 | C: Don’t do anything unless I tell you, and call me every second. (Laughs). |
| 1767 | T: (Laughs). |
| 1768 | C: And there’s (+), you know, it felt really fine -- |
| 1769 | T: Yeah. Yeah. |
| 1770 | C: -- her touch is so healing and sacred around my mother. |
| 1771 | T: Um-hum. Um-hum. |
| 1772 | C: There I am, somehow -- the story I was telling her, Dr. (+) |
story about how his touch is sacred.

T: Um-hum. Um-hum.

C: That’s probably before I saw her -- and there he is, and there I am crying, it’s like (+), you just like Dr. (+), I watch you touch my mother, it’s just like, ah. And then watching my mother’s body relax. There’s an intimate --

T: The kisses.

C: -- space.

T: That’s right. That’s right. Has -- the touch has to be just so.

C: But we learned that, you know, especially during the times under way, my mom might be tired, and that move from the chair to the bed, we just -- and I searched (+)

T: Right.

C: -- the student. And we’ve just decided that really the safest way, if a person’s comfortable, is to use what we call the hug method, to lift my mother and hug her, because if she’s tired and want to get into bed, to use the walker, she has her
T: I was thinking oh I’m just appreciating it. I am. I mean I’m just appreciating this finally differentiated, tactile sense of the different touches. The hug method of moving her mother, the kind of touch that is intrusive, again the various kinds of touch that she’s now attuned to. It’s in her description, she’s not even conscious that this is a shift. She’s just body strength.

T: Right. Right.

C: She can stand, I want her to stand. I want her to walk.

T: Sure it --

C: Because there’s another dilemma, people will look at her, we were at a restaurant recently and (+) he was the owner, he was a big strong Italian man, he’s a paramedic. So, I know how to -- and he looks at my mother and he lifts her up bodily, and scares her and me half to death (+) and I want her to use her body --


C: I don’t want her to be frightened. But in that (Inaudible), because of lifting her, but the -- the hug method, you know, did instead of, the walker - -

T: Um-hum. Um-hum.

C: -- is just too awkward.

T: Um-hum. Um-hum.

C: And yet it’s very intimate. If you’re not comfortable, and I’m -- you know, I feel
| 1907 | talking well you know | 1941 | uncomfortable. You know, it has to be that healing person. |
| 1908 | this woman has these | 1942 | T: Um-hum. |
| 1909 | wonderful hands, and | 1943 | C: It’s an intimate zone, and just to watch (+) mother’s body -- |
| 1910 | you should see the way | 1944 | T: Relax, and -- |
| 1911 | she moves her and this | 1945 | C: -- again, it’s ‘cause those small things, but that they’re huge. So, I’m here sitting with you knowing that my mom is in her presence and it feels very different. |
| 1912 | and that and the hug | 1946 | T: Whew. |
| 1913 | method and so on and so | 1947 | C: No, just really, getting it all connected, you know the -- |
| 1914 | on (+) He was kind of | 1948 | T: I can see you -- |
| 1915 | this big guy who lifts | 1949 | C: Yes. |
| 1916 | her up and says no, no, | 1950 | |
| 1917 | no and coddles my | 1951 | |
| 1918 | mother. No, no she can | 1952 | |
| 1919 | walk; don’t do that. So | 1953 | |
| 1920 | there’s all this fine | 1954 | |
| 1921 | differentiation about a | 1955 | |
| 1956 | further, but it’s very T: The real awfulness |
| 1957 | striking that she is of that, that |
| 1958 | taking it in and it’s intrusiveness, |
| 1959 | enhancing her own inappropriateness, in |
| 1960 | understanding feels the midst of vacation |
| 1961 | about experience. splendor, huh? And |
| 1962 | Which I was sort of then the beauty and the |
| 1963 | expecting her to say, uh-|-- the fineness, and |
| 1964 | huh sure, yeah, yeah, intimacy, appropriate |
| 1965 | yeah. But it turns out no |
| 1966 | it’s like, it helped her |
| 1967 | appreciate this nuance |
| 1968 | presence and so on |
| 1969 | which I shifted for her. |
| 1970 | And it’s really |
| 1971 | interesting for me to |
| 1972 | realize I’ve (inaudible) |
| 1973 | and then her response is |
| 1974 | such and then I |
| 1975 | elaborate a little more |
| 1976 | and she’s sort of Oooh, |
| 1977 | a little note of |
| 1978 | discovery. What I’m |
| 1979 | saying actually does |
| 1980 | enhance the thing a bit |
| 1981 | in a way that… |
| 1982 | I listened I think I had a |
| 1983 | repeat of the experience. |
| 1984 | I sort of thought Oh |
| 1985 | isn’t that terrific? She’s |
| 1986 | never quite talked like |
| 1987 | that before and not |
| 1988 | realizing that just, I |
| 1989 | thought I was just |
| 1990 | saying oh isn’t that nice |
| 1991 | you’re appreciating all |
| 1992 | that. But it ends up |
| 1993 | being more than that. |
| 1994 | It’s a marker between |
| 1995 | us, and for her and for |
| 1996 | me. And another marker |
| 1997 | of boy, I’ve moved into |
| 1998 | a new world. That’s it. |
| 1999 | That’s interesting. |
| 2000 | R: Hmm. |
| 2001 | T: Yeah. Go ahead. (*) |
| 2002 | |
| 2003 | |
| 2004 | |
you know, I mean, you’re a therapist too, you know, you’ve been doing this work too, in trauma we numb ourselves, or disdistantiate ourselves, or dissociate -- we do something to make the intolerable, tolerable. But the cost is we lose attunement.

C: And the -- it feels like whole new territory --
T: Yeah.
C: It takes me to tears a little bit too.
T: Sure. Sure.
C: Just because it’s -- it’s still strange.
T: Yeah.
C: I think, kind of -- even as we’re talking about this, I feel like -- like standing back looking at myself, whoa --
T: Whoa.
C: -- I have been living just even these past -- in a very sensuous world.
T: That’s right.
C: And who would think, you know --
T: (Inaudible) that’s
200

c. -- here I am. I
mean (+) touch it (+)
millions of rays and (+)

T:  Um-hum. Um-

C:  And then watching
her, you know, again, it
all felt okay. She was
playing with my
mother’s hair, and I
thought, oh, how
beautiful. And my
mother gets on her bed,
and she’s also a hair
stylist, so --

T:  That’s right, you
told me that.

C:  -- I think -- she’s a
hair stylist, and
anyway, all of this
sensuous feeling about,
you know, touching,
and bodies, and --

T:  Hum.

C:  -- I think that’s
probably why, again, I
just live it. So, I’m in
the moment. I’m not
with the pain at all.
It’s just been more my
-- it’s more the
nighttime moments
which are hard,
because I sit down, and
I relax, because I’ve
had my day, it’s all
beautiful, and I’m in
this sensuous good
body world. So there’s
still a little bit though, I
think in the contrast

R:  Pausing the tape.

C:  (breathes in) I was
very moved by um, I
don’t know what I
wanted to say, but I
was just so moved I
needed to stop for a
moment. I do
remember this and I
was very touched at the
time (+) he felt his own
eyes becoming moist
and um, at the pain and
the beauty of all of
this, um in that contrast
world I heard myself
say (sniffs and breathes
deeply). (Inaudible)
Having some glimpse
of what could have
been. (takes a moment
to keep from crying)
And anyway (+) me
there and feeling with
his whole heart and
some of his own tears,
what the pain of, the
pain of that was like.
(sniffs) To rejoice in
bodies, to rejoice in the
world and yet to know
the pain of um, and to
be feeling, vividly
feeling that little girl’s
pain. And just the
contrast of that and the
(speaking through
tears) mourning that
comes from what
might have been.

R:  The loss.
where I -- contrast feelings come up at the end of the day, or in my more quiet moments. I guess it is, just like, oh, what could have been? Or a bit of just the -- there’s a little shakiness and just about the newness of this.

T: Um-hum. Yeah, I --

C: Even though it’s beautiful, it’s just --

T: I was going to say something to you about some of the tears, because I -- I feel slightly a movement towards a little moistness in my own eyes as you’re talking, and it’s not a grief response only, in me, I’m guessing in you too. I think that when we’re moved by beauty, by wonderfulness, by preciousness, by marvelousness, and things like that, I -- I -- I find I’m moved to tears then too, often. By the beauty of a certain kind of pain, it’s so wonderful, I just -- I fill up. I well over. I don’t weep, typically, but it’s like I -- I have a tremendous response to it. And as you described --

C: It's like looking at
T: It's moving me to hear it, again. The contrast of, the mixture of experience. And as she comprehended today, she's alone. And I'm struck by how when you're a lone and you're no longer busy, and uh, I sort of find myself almost co-participating in that experience, today, she's alone. And I'm struck by how when you're a lone and you're no longer busy, and uh, I sort of find myself almost co-participating in that experience, the beauty --

T: Yes. Yes.

C: Because I've moved above levels.

T: Yeah.

C: And my tears are all (Inaudible) you know, fascinating --

T: Sure, of course,

C: -- there's still some sadness, there are some hot tears in there and anger --

T: Um-hum.

C: -- and right now, that's not what I (Inaudible) it is also just years of the beauty, like looking at --

T: And then toward the end of the day, when you're so -- you're more by yourself --

C: I guess that's -- it's the contrast, it's the loneliness that leads to a little bit of the mourning of what could have been.

T: Yes.

C: The connections.

T: Yes. Yes. Yeah.
and there’s this lonely part and there’s what I’ve missed because of it. I find myself just echoing all that and realizing, in a way, we’re just both kind of um celebrating, mourning, being happy, being sad, or its more this multitudinous, dimensional tears. (chuckles) At one point I thought multi-dimensionality and multi-affectivity and meanings that are present in experience and a certain element of something being healed, and there’s a certain element of just recognizing all that richness, as she is sort of participating in the beauty part and the lonely part. We’re co-enhancing an experience there, which has some tears in it, and the tears are multi-dimensional. It has an appreciation in it and it has aloneness in it and has a missing, and it’s a simple thing, she’d like to be in bed with a beloved man. She’d like to have somebody kiss her goodnight, and it’s all this co-presence with me as I’m listening, and have that multi-dimensional co-presence. Here’s the therapy at that moment, here’s what’s happening. That’s the opposite of the black/white world,

and his own welling up could be there at the pain and the beauty and um… (breathes deeply) that the way he works with me is just so um, so real. Its not, you know, we do at distancing, at distances as far as, from a safe enough distance so that I’m not totally overwhelmed if it’s traumatic. But he’s not distant, he’s not distanced as far as you know just an “um-hmm”, or an observer, or not being like right there with what comes up for him. And as I felt him do that I just like oh yes, he’s really getting this about this contrast thing of sensuous feelings and the loss of how that was robbed from me, and how I was hurt. And right um, at the last section of the tape here where I’m talking about the remembering and feeling crushed and how he can just go and say, “yes”. And he can recognize that that was life threatening. That for me it was a feeling of wanting to die, or that I was being killed, and him just being with the fullness of that. And that’s what was happening right there. (*)
that’s a world where this is good this is bad, this mustn’t be, this must be. This is a world where all things kind of coexist equally. (Inaudible) Yes she’s been traumatized, yes she’s opening to her body, yes it’s new and unfamiliar and strange and weird, yes it’s wonderful, yes it’s scary, yes there’s memories that still make you shake a little bit, and it’s all kind of like so co-resonating in a way that’s expanding her. It’s impressive; I’m impressed with her really. That’s what’s more striking to me, really. (*)

T: Again it’s perfectly, it seems very clear to me in the way she’s expressing herself and I’m expressing myself. That funny sort of contrast, that funny sort of intensification that occurs simultaneously on both side, it makes complete existential sense to me. Like oh ok, as uh, the trauma of abuse, I don’t know if you know this, it’s a very interesting that I observed many years ago, and I think I read it somewhere too, way back, that the trauma of abuse often occurs when the child visits a nice household where people are treating everybody decently. C: Yes.

T: -- and so on. It was like a --

C: This is like a -- in talking about the decision, you know, this is like your body deciding something different in a world --

T: Yeah.

C: -- a world like this and a world like this, and what that means --

T: Yes.

C: -- inside my body.

T: Um-hum. Yes.

Um. And that -- the terribleness of that, it -- it's so funny. Hum. I think the more you experience the beauty and the wonderfulness of the beautiful body of the -- the sensual delight, of pleasure, of joy, the more awful in a certain funny way, the more awful that trauma, that kind of delivery over into a terrible world in which the body is of vulnerability and danger and wrongness, and incestuousness, and you know, violence and abuse, you know.

C: This (Inaudible) of -- you know, the
| 2299 | R: Hm. | walking it in, yeah, there’s just still -- |
| 2300 | T: But before that moment, there is no abuse. There’s just life the way it is, as hard as it is, as terrible as it is. | T: Yeah. |
| 2301 | A drunk and scary father that throws you against the wall, an impotent wining mother; that’s just the world. And then one day you go and you spend a night with a family, and they’re decent to you. Nicer to you than you’ve ever experienced. And suddenly there’s the trauma. I’m thinking this is an elaboration, there’s nothing without contrast. And this is a kind of very concrete existential elaboration of that. And I’m elaborating it a lot, and she’s living it a lot I think and elaborating it also. And somehow we’re pretty much in constant. I elaborate it in ways she doesn’t and she elaborates it in ways I don’t. But there’s a kind of um, she talks about having been numb previously, so she couldn’t experience these things. And the numbness made it possible, she couldn’t experience the horror, but yet she couldn’t experience the beauty. | C: -- it just hurts, and I think -- |
| 2302 | C: -- time -- time will - | T: Yeah. And the -- |
| 2303 | T: Um-hum. Um-hum. | C: -- help even it out. But then it just didn’t. As the beauty comes so does the realization and because I’m not numbing or -- |
| 2304 | T: Yeah, that’s right. | C: -- there’s no way out of it. |
| 2305 | T: Yeah. It’s -- | C: And it -- and there’s only way out of it because it’s all so informing me, there’s something about being clear, standing firm and knowing my yeses and my nos. |
| 2306 | T: And your nos. Yeah. What’s good, and what’s bad, what’s terrible, what’s awful, and what’s wonderful. You really have those differentiated, and what’s just okay. Medium, you know, have that whole bloody range. |
numbing, but it’s more the, I’m dealing more with the kind of what happens now when the horror is revealed and the beauty is revealed, is where I’m going. How they co-intensify each other. And once you see tenderness and beauty, you could write a poem like C. S. Lewis wrote, about how children are delicately made, and (inaudible). (laughs) That’s a little poem that C. S. Lewis wrote. Your sense of the tenderness and beauty, and the horror kind of coalesce together. And I think that, I think… (End of tape 1) when an experience opens I think that’s what happens. When an experience closes, something that people seize on the good and say I will only attend to the good and I will ignore the bad and then we have various forms of mania, hyper-mania, denial, whatever you call those things. And then you have this whole gang of people who seize the awfulness and the negativity (*) and the terribleness of things and just live in that dark horrible world, and it’s true enough this is a world of wonderfulness, its true enough. But I keep experiencing from her, that she, there’s this paradoxical
wonderfulness. That as she experiences more and more the awfulness of what happened and her sorrow and her hot tears and her grieving tears, and what she missed, and the loneliness at night and all that stuff, she’s also having these beautiful experiences of increased bodily awareness, sensuality, beauty and so on. And to me, it makes a kind of perfect sense, unless I try to think it through, (inaudible, laughter) it’s more like oh yes, this is the life that I know. I mean their blowing up people in Israel, and we recently killed a bunch of people in Bosnia, and uh, lifelessness reigns everywhere and bureaucracy, cold, heartless bureaucracy is more and more powerful and uh, and it’s wonderfulness, and sweetness. And there’s this terrible system of medical care, which on the one hand, it’s the best, you have visiting nurses now. There have never been visiting nurses, I mean they didn’t exist. What we have is, well, we have this bureaucracy and they only can come five times because Medicare will only bla, bla, bla. We have visiting nurses now, and you know some of them are really C: We started talking to you anyway there saying (laughs) that this might have been good to have the video because of (+) um and again the goodness of him being with the all of me, you know. The speech and body and soul and I was like just, again I don’t even know if I was aware of it until he kind of noticed my whole body was like oh, I was thrashing about with whatever. You know we were just talking about the contrast-

R: Uh-huh.

C: - and uh so we then just um, I’m just noticing too the aliveness. How we can go from that into laughing and lightheartedness and just have a sense of humor about the whole thing, because uh, that I was. I didn’t know what to do with myself, with this. It’s such a bodily thing you know to feel both of these things, these forces
nice, and good and
helpful. They’re not all
iids. But so, how to
sort of be there with
both worlds. She seems
to me to be doing that in
a way that’s so
poignant, so precise, so
central, so concrete. But
um, it’s very impressive
to me, also it speaks
to a general way of
experiencing life. How
the darkness and the
light coexist in a solved
way. Anyway, that’s
what I was thinking,
listening to her and
listening to me. Good
God, all this is going on.
You sort of stepped in a
pretty high point. If you
would have come four
months ago, I don’t
know what you would
have found, before she
went into this phase.
T: I mean they can --
it feels so (Inaudible) --
C: It is, it’s so vile.
T: And then I see you
sort of
C: Oh, oh --
T: -- thrashing about.
That was pretty -- for
(+) we need a video
(Laughing) to get the --
to get the sort of whole
feeling of --
C: If you could see me
now. (Laughing)
T: It’s like, to get the
whatever, to feel both,
un… at this point. The
joy of beauty, essential
whole, how,
awakening of my body
and to feel how hurt I
was and to still feel
that at some level. And
that at times its just is
maddenin and I was
almost thrashing about
there in, in (+) office.
(laughs) So I said at
one point, (+) if you
could see me now
(laughs) you’d have to
see that. But he’s right
that it is so bodily and
um, his underlining of
the themes and just
holding my experience
so deeply. And I of
course can feel how
he’s holding the
themes only from this
particular. But um, of
other life themes and
other life stories that I
brought to healing
cause if you heard (+).
Be coming to kindness
about the little girl and
and I can recognize now
how horrible this was
that then that helps me
to be kind because I’ve
not appreciated. You
know when I’ve looked
at other life stories
from my past I’d often
know you, not be
happy. I was the scared
kid, just as I’m not
happy hearing my
voice sounds a little
too quiet or scared on
this tape. I want to be
strong, I want to be
loud, um, and how to
aware, and you know it’s partly a bodily awareness on my part, (makes whooshing sound) and I think I even make that noise and I thought My God. It had been about an hour or something like that and we just had been everywhere. And we have history, she has a history and I have a history, of getting through the abscess and overloading things. (+) She can end up just wiped out. Not an ounce of energy left in her. And so we used to do that work and she used to like be able to cope. And so I’m sort of aware of boy oh boy oh boy, all these implications of body and mind and social relationships, appreciation, sensuality all this stuff is shifting, the trauma is healing and its still there sort of and all the implications of it are being sorted out. And they can’t be sorted out, explicitly only. They have to be lived. So we worked really hard. And sort of thinking, she needs some time to just cool out in a kind of supportive atmosphere. This is something we do frequently and work together. But somehow in this moment its like, because the intensity of the review and yet not full sense of the -- the kind of multiple bodily expression there.

Yeah.

C: Again, and with that comes, you know, this wonderful sense of how I’ve healed, and continue to heal --

T: Yeah.

C: -- my body.

T: Let me make sure this thing is still going. Yeah, it is. Okay. I -- I just -- getting worried for (+) for a second. (Laughs)

C: (Sighs)

T: Um. Whew. (+) I think (+) can take (+) the past has to been to push things a little bit too much. Remember? The past? Now, I don’t think that’s a danger right now, but the caregiver thing has been pretty stressful and I --

C: I (Inaudible) how it all gets connected. (Laughs) everything’s going -- you know, I’m thinking of two separate things and --

T: Yeah. No, no, no.

C: Yes, I’ve been working at, you know, my --
| 2544 | review that we’ve been doing. It’s like I want to sort of announce; I don’t want it to keep sliding away. Like well let’s get to the next layer, and let’s do some more remembering, and let’s do some more connecting of that. I could imagine doing a whole session on a… ‘why don’t we spend a whole session on how your body feels?’ Your neck, your shoulders, your arms, your chest and your breasts, and your back and your lower back and your thighs and your belly and your vagina and your knees. Yeah we could do a whole bit, which would be if we did something that would sort of move in that direction, that would be another (inaudible). Um, it’s enough. How much can one do? I’m kind of announcing a world in which again it’s a world in which you don’t have to, we don’t have to, and nothing has to be. (*) There’s room, there’s time and space for rest, work, integration, relaxation, tears, laughter, you know the whole damn set is available here. And we don’t have to be therapeutic, whatever therapeutic means. And so I’m announcing that, and I think I was |
| 2545 | T: You’ve been working hard. And in a way, it seems very important that we, you and I, also be careful in the good sense of full care, you know, not to -- this is going -- this is unfolding marvelously, and we can kind of accelerate it a bit and talk about it a bit, and that’s a good thing. And at the same time, not to push it, to let it - - to let it flow, because it’s flowing. It’s flowing. Let it -- |
| 2546 | C: There’s no stopping it. |
| 2547 | T: Yeah. It’s like -- |
| 2548 | C: (Laughing) |
| 2549 | T: The genie has been uncorked. (Laughing) |
| 2550 | C: (Laughing) |
| 2551 | T: Whooshing out of the bottle. Which is a funny metaphor, but I’m so seeing it as kind of like, there was this dynamism that got – |
responding partly to my
(whoosh) and partly to
her (whoosh). Boy, this
is why she’s indicated
unfamiliarity, sadness,
hot tears, grieving, you
don’t have to be a
genius to think this is
quite a hell of a lot. So
I’m sort of suggesting to
her let’s take some time
and cool down and see
what happens, what’s
next. So that’s what I
was doing there. I know
I moved into transitional
with mostly quiet. Ok
that’s all I had to say at
this point.

T: A week or two
before, I had given her,
she was talking about
leg cramps and stuff like
that, I was showing her
something. I had
recently been at the gym
and had the fellow
showing me some
stretching things I had
not known before. I
spent a whole hour
having him teach me
stretching stuff. I finally
stopped being a wooden
block and getting
stronger. But he showed
me some stuff, some
stuff for the abs,
hamstrings and so on,
and a lot of its sort of
yoga-like. The guys do
this sort of gently,
gently, don’t press, and
don’t push. And so I
was showing her some
of that and then I said,
“Oh for heaven’s sakes,
you’ve had yoga!

that got partially
corked up.

C: Right.

T: And it’s uncorked
now. And sometimes
it comes raging out,
and sometimes it
comes out, does a little
sensual dance, and
sometimes, you know,
it’s coming out in all
sorts of forms.
Terrific.

C: A lot of dancing.

T: (Laughing) Um-
hum.

C: And some yoga.

T: Ah-ha, oh, you’ve
been doing some yoga?

C: Yeah, and it’s been
very beautifully
symbolic of reminding
2642 You’ve done yoga in the past. You’re having these body changes, it’s time to do yoga, for God’s sakes, again.”
2643 And I said I don’t know why the hell I’m showing you some primitive stretching things, Mr. Know nothing, showing you some primitive stretching things. But I’ve got a yoga tape that I haven’t even looked at because I’m still stuck on AM Yoga (laughs), which is very, very simple. Really slow beginners and you’re more advanced and stuff like that so why don’t we take a look at this yoga tape? I showed her a little bit and we talked about stretching. You know, you’re having cramps, but yeah it has to do with tension, and you’re standing differently and so on and so on, and psychological eh… But you know, address it bodily and so on. So she, as part of her self-awareness, she’s gradually, she looked at the tape and liked it and doing yoga. And I just wanted to comment on that, I didn’t know if that was clear from the first one…
2664 R: Ok.
2665 T: And again its part of, you see, for me its part of something --
2666 C: -- I already know, or just kind of -- just reminding me of the nurturing times, you know, just that very basic thing, reminding me to eat or drink, or that’s something I already know how to do --
2667 T: Oh, sure.
2668 C: -- and they know about yoga, but just the -- all the beauty of that, and --
2669 T: Is it --
2670 C: -- and then the tape that you --
2671 T: Um-hum.
2672 C: -- lent to me --
2673 T: Yeah.
2674 C: -- has just been --
2675 T: Is it a nice tape? That particular tape, I have never seen.
2676 C: You will never get it back. (Laughing) --
2677 T: Oh. Oh, I haven’t -- no, but I haven’t --
2678 C: I promise.
2679 T: -- even looked at it yet. I --

R: Ok. Pausing the tape.

C: (laughing) All that beauty and laughter and wow-ness is a wonderful experience for me in that moment of (+) to me um, and he’s done that over and over. If I’m tired we rest um, he’d recognized before we started into the thing about yoga and the
of my practice, and I
don’t want to say mine,
I really mean of an
existential practice, this
kind of practice, that the
inclusion of body
exercise, the (*)
inclusion of my
experience of my body,
the inclusion of relief
that can be brought
about through massage,
in the past I’ve sent her
for chiropractic help.
Um, I’ve proposed
massage to her, I’ve
occasionally done some
uh, massage, you know
(inaudible) you know if
her neck is spasming or
something like that. In
the past, I can say let me
just see if I can do
something for that, and
the laying on of hands,
the bodily laying on of
hands is part of the
work. That fear of
bodily being is both
addressed in speech and
in action and so on, is
just part of the work, is
part of my
understanding of what
I’m about in the work.
R: Um-hmm.
T: Ok. That’s all.
C: I’m into the power
yoga.
T: Yeah. Yeah. (+)
oh, well.
C: (Laughing)
T: Nice to see (+)

laughing about that this
is hard work and not to push. Cause you can
get so into the work out. I can push and
want to keep doing it, or he can push and his
attentiveness to that.
Um, and to me as a
whole person, you
know, it would be the
kind of the of do I need
to stop, do I need to
rest, do I need to
drink? And not only
there in the moment
but him reminding me
about that and this
particular story about
the yoga is along those
lines and you hear me
saying that. It’s
reminding me of what I
already know. I know
it’s important to eat,
drink. But yet we all
need that attentiveness
when we’re not feeling
well, when were
suffering a bit over
something. So if
somebody say, its like
when you bring
casseroles to people
when their having a
hard time, you know a
death in the family or
whatever, so that (+).
Um, its kind of like
reminding me of
something I already
know, just like I know
how to eat and drink.
This experience of
remembering the
trauma for a bit I was
actually feeling spasms
in my body. You know
um, I think it was
I'm just enjoying the hilarity of she came into her this sexual awareness maybe 6 to 8 months ago, something like that, and uh this highly physical, sensual sexual kind of awareness of men. And then I give her, she's having cramps in her legs, and without quite thinking about it, I give her a tape, a yoga tape, with (+), this gorgeous Asian man, I don't know if you know (+), but he's just, well he's got a yoga body for God's sakes. I mean uh he's been doing it forever and so he's slim and graceful and moves perfectly. It's humiliating to do yoga with a tape of his, and for me you know its like ahh, I can hardly move at all. (laughs) And she's of course among other things, enormously

C: Out of control. It's beautiful and --

T: He's gorgeous.

C: -- he's -- he's gorgeous.

T: Yeah.

C: And -- and he's doing these yoga postures by the ocean. It's very lovely.

T: Oh, yeah, yeah, yeah.

C: You know, 'cause I don't think I have any yoga -- no, I've never had. I've had yoga on audiotape.

T: Um-hum.

C: And all of my yoga teachers were all women.

T: Hum.

C: And he sure had a beautiful body, and of course he's just doing it in this little swimsuit --

T: Yeah.

C: -- by the ocean --

T: Yeah, yeah.

C: -- and so it's it's very nice. And just the stretching and the reminding so it does something of that contrast feeling open and like this in body, and like dancing and also feeling like cringing and curling up and never uncurling again. And then I would find myself in sleep especially waking up with spasms everywhere, in the neck and upper body spasms and chest and then a lot in the legs (+) me what I already know. To stretch and I had been a student of yoga, and know this, but you know him reminding me to care for myself in that way and to do something I already know how to do. And then we were just having fun with it because everything is connected to this yoga tape. This beautiful male body in this tiny swimsuit, its unlike any other yoga tape ever. I always think of yoga as more like loose cotton clothes, real loose and nothing binding. No clothes hardly (laughing).

R: (laughs)

C: And here I am in this space of appreciating bodies and part of the whole context but you know as I remember this I was in this space of just really being
| 2789 | appreciating, Whoa look at this man, his body and she talks about the woman she had yoga before with and it’s a whole different experience now. Anyway I just thought it was very, very funny as a kind of a witnessing to… |
| 2790 | help even though -- |
| 2791 | T: Um-hum. |
| 2792 | C: -- it’s a little unnerving -- |
| 2793 | T: Um-hum, um-hum. |
| 2794 | C: It may be I need nuns doing yoga. (Laughs) |
| 2795 | T: (Laughs) |
| 2796 | C: But the whole point is to -- |
| 2797 | T: That’s oxymoronic to me. It isn’t but somehow -- (+) (laughs) |
| 2798 | C: And it’s very beautiful, and a reminder to change something that I know, and to return to it, and then to return to it in a whole new way -- |
| 2799 | T: Um-hum, um-hum. |
| 2800 | C: -- it’s the different body doing yoga now. |
| 2801 | T: That’s right. That’s right. You’re -- you’re a different body doing yoga. That’s right. That’s true (+). |
| 2802 | C: (Laughs) never to be found again. (Laughs) |
| 2803 | T: I can just see you on the beach now. Yeah. Hum. |
| 2804 | awakened to the beauty of men’s bodies in particular. I’m appreciating bodies, but you know feeling really the aliveness that I feel in the presence of a male body and so that all of that blends as this yoga tape (+). There it is. And it is a very beautiful and sensuous tape of yoga by the ocean. So (laughs) that’s what that was all about. But as far as the what really I think is part of the deep healing is that attentiveness. All of those levels and even those very basics of eating, sleeping, stretching, symbolically you know offering a casserole when somebody is in great distress, offering a blanket if somebody is freezing, somebody feeling tight to say oh stretch. Yes. So that was a wonderful moment and it’s a wonderful world of contrast. (laughs) I’m going to keep talking forever I’m getting into this microphone. (laughs) My own silent self, my loud voice. (Laughing) (*) |
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entertaining and enjoyable to listen to. And I did at the time; you can hear it. We’re laughing together and carrying on like little people at a party. Yeah very nice. (*)

T: I’m just noticing for the first time, I don’t know what was going on exactly at the time, again I’m reviewing, re-underlining once again. And I just noticed, I hadn’t noticed it before, but I’m putting it as a past accomplishment now. Well that’s interesting, just happened that you (*) faced that experience and then you felt liberated and now you’re opening even more- you know sort of like it’s a way of narrating. Which has um, in terms of a temporal ecstasis, you know, past, present, future. It’s a way of not even conscious of doing it, as I’m sitting, I’m listening, and I’m thinking, ‘oh yeah you’ve already accomplished it and (inaudible) and how wonderful that is’. That’s all.

C: Hum. So, I’ve been having lots of fun since last week.

T: Well, I’m so glad.

C: Doing yoga.

T: I’m so glad, that’s - - that was -- that -- it’s been an important piece of your life adventure. Running into this priestly abuse stuff, and somehow addressing it directly, and then liberating, uncorking a certain kind of tightness that got in there, and letting it loose…

…that’s been quite something. Hum. It’s -- it’s so funny. It’s so funny. It’s --

C: And I really, really

R: Pausing the tape.

C: Uh, I’m just recognizing how um, how profoundly important and how healing it is to me when um, (+) very strongly, cause you know we can get talking as you hear about everything and it is all connected but that he will come with the direct words. You know of he says priestly abuse; cause you know it still feels hard to say it. I will talk about the wound or talk about the journey and um, just noticing (+) say that this is something that can be said and should be said and his voice is also loudly saying it. How true right now to hear it again, um, as I do remember hearing him say it yesterday. So that even when we return to lightness or other themes, you know um, he’s standing clear about what were dealing with and that helps me to be with the experience. (sighs) (*)

R: Pausing the tape.

C: Uh, that just feels
just feel that that’s (Inaudible) is gone. And what a feeling that is. Because she lived - - lived and reined, I keep using that term, but I guess it was a rein over me in a sense it felt so uncontrollable. And part of me that I’ve disowned, you know, she --

T: It’s so fascinating to me that that -- that -- that desperation, that kind of vibratory tension that you lived for so long, it was rooted so concretely, and certain experiences, certain very particular experiences, and that as you faced and moved through it, you literally have that experience of, oh, my God, where has Ms. Desperate gone? That’s not that you never ever, ever, ever will have any experience of desperation at all, but you know that there’s something over --

C: Um-hum.

T: -- there’s something done.

C: Something is done.

T: Something is done. And that, that’s impressive. Because in a certain funny way -- um again another very, very important thing that whatever I brought (+) that its, I’m not seen as having a disorder, um, that it is about what is my experience. Yeah, he’s talking about it being that as we did this again, it’s very concrete and were talking here about um, as far as whatever was presenting here, were talking about my feeling of desperation and that’s what were talking about here. And that could be seen as a disorder by other people, an anxiety disorder, I had a kind of a desperateness that I feel. I talking here in the tape about that feeling leaving me and so he’s helping me to appreciate the all of that, like that I in the healing of this and being able to say and release and heal and however this lived in my body, then that desperate self… And I also hear him give me permission you know cause it’s almost like talking about another self. I distanced from that part of me, hated that part of me that was desperate. Um, him allowing me to keep whatever I need of that. I heard him say that you know there will be times when you will
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<td>because I know sometimes I think of myself, and I think well, I’m just wired a certain way, you know, when I’m dealing with tension or anxiety. And then sometimes later I discover that’s not quite right. This is a function of a --</td>
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<td>2937</td>
<td>C: Yeah, there’s a wire -- that wire’s connected --</td>
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<td>2938</td>
<td>T: Connected to certain things that happened.</td>
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<td>2939</td>
<td>C: -- you know you disconnected it.</td>
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<td>2940</td>
<td>T: Yeah.</td>
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<td>2941</td>
<td>C: Yes.</td>
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<td>2942</td>
<td>T: Yeah. And that some of the experiences -- because as long as I say it’s just wired, it’s like I -- it’s like I’ve become like the psychiatrist who says it’s a brain disorder. You know, it’s like --</td>
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<td>2943</td>
<td>C: Brain?</td>
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<td>2944</td>
<td>T: -- then -- then there’s nothing to do and there’s no place to go with it, but to discover that a certain habitual tension --</td>
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<td>2945</td>
<td>C: Yeah, it’s because I, you know, I was feel desperate’. But that real intense part of me that felt confusing for so long, again him recognizing it, him not- um the fact that we could heal this was because he just never looked at anything like that as a disorder, anxiety disorder, personality disorder, whatever. But you know, the ah, what is the meaning of this? What is your experience of past, present, you know how do we take it into the future? I just feel all of that as were working with this piece cause its so multi-faceted; there’s a body piece and a contrast piece and this is the desperate piece. That is an important part of this work. I feel myself becoming um, less desperate. And I’ve been feeling that over the years. But um, there was a part in here where (+) that he or I could just never get to and that felt so troubling. I’d get better, better, better, heal this, that, every other thing., You know, I’m totally quantumly healed. And I could collapse in to places of being desperate. It (*) would come out with him and in the world. So I have all this history with (+)</td>
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going somewhere else and being -- the anxiety disorder --

T: That’s right. Yeah, yeah.

C: -- you know, whatever --

T: You have anxiety disorder and you need some medication to straighten your brain out and straighten your nervous system out, and so on. And that’s -- might even be helpful, who knows, but it’s a funny thing --

C: Yeah, it might be helpful, but it’s certainly not as healing.

T: Um-hum.

C: This feels like, again, something is done, something is over --

T: Thats impressive.

C: -- is changed. And then the experience here with you feels so different because I’m not -- I can’t -- you know, desperate to somehow have as borrowing upon, even as I lived and I grew through all of the different levels of healing, there’s that piece that remained where I was still um, and then he would disappoint me and I would be some desperate person as if all of that history, the goodness, hadn’t happened. And I’m feeling that as I heal this, that desperate part of me is being healed. So I’m just feeling the beauty of how that happens in this healing process of that part of me was always accepted (+) when I hated her, (laughs) hated that part of me, was somehow accepted and now he’s helping me to appreciate and therefore heal even further, um, what that was about. So…

R: Pausing the tape.

C: This is getting so good I can’t stop commenting. But I think we just both recognize the difference between you know helping a symptom and healing. And I think, again, our work is about healing, just elaborating on what I had already said about not being seen as a disorder, to go another (*) route, another kind of counseling therapy, or the medical model, I might have felt greatly relieved. Diagnose me as a disorder, there’s some relief that oh ok
borrowing and needing the desperate --

T: Yeah.

C: -- needing --

T: Yeah.

C: -- and then to not have that, I mean, I still want --

T: Sure. Sure.

C: -- your --

T: Sure.

C: -- your witnessing -

T: Um-hum. Um-hum.

C: -- your care from me. You're --

T: Um-hum.

C: -- seeing me in a positive light through hard experiences, or good, or what -- but it's not the same. I just -- I'm not borrowing, and it's more like --

T: It's -- it’s -- it’s -- it’s even hard to get words and mind around it because I --

C: I think that’s what I was talking about when I said I needed to search for language, I don’t know how to talk about this.

other people have this, it’s been categorized, And here’s some medicine, like oh yes hand it over, I feel mish better that way. (laughs) Vibrating desperation is improved, but then the healing work may or may, it could but it may not ever happen. Just realizing the beauty of that, that’s all, just contained in those few lines there.
T: Yeah. Hum. I -- I - - I understand very well what it means to be borrowing the strength of another, or borrowing the positivity of another, borrowing the energy of -- you know, that -- that sort of idea makes perfect, uh-huh, theoretical sense, but just experientially it makes perfect sense to me, you know, something has excitement, and then you enter into that excitement somebody as sort of a positive, loving spirit, and you kind of like (Inaudible) a little, and becoming more loving yourself. Ah, so I know that experience. And I also know the difference between the borrowing experience and then the other where it’s just coming, flowing from me. And that’s the kind of description that I hear you speaking to. And again, I -- I don’t know how much more one can -- you know, sure more can be said about it, but it’s -- it’s very -- there’s something very clear about the difference. If you’re not borrowing it anymore, you have it. And the question of where you got it and how you got it and so on, well, you got it all sorts of places, but the
fact Is now it’s yours. You have it. And so you don’t have to be -- you remember Mandala’s thing?

C: What’s that --

T: Mandala’s Presidential address? Didn’t you ever --

C: Oh, I wasn’t --

T: I’m sorry, I --

C: -- picturing Mandala.

T: Yeah. Sorry, I was thinking of his President -- you’re familiar with it, where he says --

C: Dream like me.

T: -- he says something like, give up being that desperate self, that impoverished -- I’m making it up now, but I know it’s very close to his spirit. Enter into how wonderful you are and how powerful and glorious. We are too afraid of our strength and of our wonderfulness. He seemed to -- in his Presidential address as a -- and then you don’t know this particular piece.

C: No. Not well enough. (Laughs)

R: Pausing the tape.

C: Uh, this is so wonderful. Um, I think I was experiencing as I always do (+) listens so deeply and then we you know, do the thing of reflecting back, but then take it you know to, to the world of almost spirit or poetry. Here he takes it to um, Mandela’s address, but you know it is that poetic, that speech that makes it even bigger than what I’m already feeling, as a way of strengthening, cause I’m talking about losing that desperate self. I’m talking about my past healing here where um, I think I mentioned this where I would look at myself as a child, and look at
Perfect.

T: It's just -- it's just --

C: I love that.

T: No, but it's kind of perfect for this kind of transitional experience you're having which is -- which is it's one thing to say, well, you know (+) and I can count on him and I can be nourished and nurtured by him, and that's okay, and then it's a very different thing to discover, wait a minute, I'm -- I'm a wellspring. I too am (+) my mother's part of it, and my history is part of it, and being a patient advocate is part -- you know, and having been abused is part of it too. But all of it, but that I'm a wellspring, I have it. I'm strong. You were talking about being strong and standing your own ground and things like that, and I was thinking, what does that little scared one imagine or think if she hears you talk like that. (laughs)

C: That's why I love the line from the Mandala’s address about don’t be afraid of your own strength. And I do feel that --

T: Right.

myself as a younger self but as a child, or a younger adult woman, um, not really liking what I would see. So you know, it's hard and I was scared and I'm not liking those qualities and um, that in this particular healing, I've healed that, you know I've, I'm looking at myself more kindly and its what were talking about here isn't just -- in the past when I would do healing work, I would be borrowing (+) you know I would now feel kindly towards myself because he would. So he's kind of like doing I guess, I just feel like that...here comes the train... (pause) Anyway, maybe I lost my train of thought, my train of thought (laughs) with the train. Um, I was experiencing in the session and feeling it now, his hearing and taking it even deeper and wider, um, underlining, underlining um, and making important the growth and what’s happening for me and in this sense it the losing the desperate self, and the self that clung to him desperately because I didn’t have the kindness for myself. So
C: -- and it’s like --
and I’ve always had, you know, the patient advocate part of me had it for other people -

T: That’s right.

C: -- and I’m still --
this hasn’t been, you know, nearly the kind of time like with systems, things around my mother, but just more the -- the caregiver things and dealing with it, I just felt very strong. You know, calling them and saying you’ve wasted my time and I want my money back and (+) --

T: (Inaudible)

C: -- okay.

T: Yeah.

C: Ahh. So, I just felt this wonderful energy and extravagant --

T: Wow.

C: I even got a new car since last --

T: Oh, for God’s sakes, what’d you get?

C: And I did it with a lot of strength.

T: What’d you get?

C: And my own style, because I felt like a

as long as I felt the trauma inside, there was that desperation of being alone, or that nobody would love me, help me and (+) as I healed this particular um, memory, its also including this, my own kindness. So, I’m kind of with the experience of um, of having that and then the beauty of uh (+) making it poetic, uh universal, you know wellspring. It’s just a very, very beautiful and moving thing. Oh yes! (laughs)

R: Ready?

C: Sure. (*)
consumer illiterate. And again, a little bit scared and it’s --

T: I tend to feel like a consumer illiterate too, I know that feeling.

C: And do I need a man and (Inaudible) my brother.
(Inaudible) my brother, and my side, and my brother introduced me to this man who does the thing of looking for used cars --

T: Yeah.

C: -- for you. So he was in there --

T: Huh.

C: -- but I just really felt like, you know, I can do the -- and just went with a real, that kind of strength and conviction, like if this doesn’t work I will return, or you will return and pick this car up because it --

T: Yeah.

C: -- this thing of going with my mother, she was -- it’s like symbolic for her, it’s our car, symbolic of inviting her into your life, and on the road. And she really got that, and she was committed. You know, because the things she
| 3328 | wants to do she does, and other things, you know -- |
| 3329 | T: Yeah, she won’t. Right. |
| 3330 | C: Certain, feeling close, and oh, let’s get -- oh go get it without me, you know, she can’t be bothered with that. |
| 3331 | T: Um-hum. |
| 3332 | C: She saves her energy for what fits. This she was bound and determined. So, Thursday it was like raining all day and the car was finally there that we were supposed to go see, she’s no (Inaudible) I think (makes a noise) I see it. So we went, we see it in the dark, in the rain, and the rain did not hold her back. And you know, she felt like she was part of the dealing, you know, in her own loving way -- |
| 3333 | T: Um-hum. |
| 3334 | C: -- she met these two me, of course, with love and with her fist, you know, and reminding me of that strength that I just felt very strong, and I (+) didn’t need to do tons of -- it was like my own strength, and (+) and I thought, I’m not |
| 3335 | T: (Inaudible) Um, (pause) There’s a kind of celebration of strength that’s involved here and um, in the celebration of strength I introduced Mandela’s uh, thing. Which to me, um, she’s familiar with |
it, and um, there’s a whole thing she’s going through which she’s talked about which is this is unfamiliar to me. This new strength, this new resilience, this new openness is unfamiliar to me, and um… by the certain moment I’m reminded of Mandela and I kind of share that with her. She kind of likes that and goes with it. And uh, it’s a way of uh, in a metaphorical and narrative way, sort of Yeah this is great. You’re strong now, you’ve been through the horribleness and wonderfulness and speak up and (inaudible) in all kinds of ways. And then um, we’re talking about the car. Her strength in getting the car and her directness in dealing with this guy, and her trepidation and then moving towards being able to do it clearly and directly and saying well no this is the way it is, and so on and so on. And managing to get a decent and working it out and going with her mother and her mother (inaudible) her not being there but also her mother with her fist, that’s her mother, who has a history where she stood up against a bad employer years ago, and told him off and didn’t get – you know. So even going to take this car for a test drive (+) I’ll be out on this road, the test will be in the next two days.

T: Right.

C: I’m trusting that you did a good job and if you didn’t you can come back and get this car.

T: Right.

C: And it just felt -- and it was all, you know, kind of playful but direct, and um, it just felt like we both made it, my mom and I, we made a very good deal and I got more for my car than I -- I didn’t know if I’d get anything --

T: Um-hum.

C: -- so, anyway, it just feels good.

T: Well, good for you. Well, what’d you get?

C: Oh, the rugged outdoorsy type, a Subaru Outback wagon.

T: Wow. Wow.

C: The new me.

T: Subaru Outback, wow, that’s pretty good.

R: Pausing the tape.

C: This is too much fun. (laughs) Um, it just feels like so much of an experience of how um as I listen to the tape how therapy, healing your life, healing my life, then just makes life so much more rich and um. So it’s a story again which could seem like a sideline, a car story comes in the midst of healing of a wound story. And how, again the blending of the themes of being strong, being clear, knowing your yes’s and your no’s, and the sensuality and the loving it and the loving the color and um, how it all works together and
there’s a history of kind of that she’s peering into and so on, a lot of metaphorical business about strength and so on, with the car. And um at a certain moment I speak of uh, a marine commercial, which is a hyperbolic exaggeration of things, and um announce the (inaudible) you know to be a hero and so on. And so um, it’s a just… I’m wanting to be saying, in the midst of all this celebration, I’m wanting also to be saying well you know you’re not going to be bouncing on the mountain with your (+). And yet there is that image of freedom and this car has an air conditioner and it’s going to work fine. It’s not going to break now. The old car was really getting to the edge of its possibilities. So there is a heroic vision and we can smile at it and see not to exaggerate and so on and so on. Its um, I think attitudinally, its part of the lets celebrate strength and not put it in one place. Uh, Lets um not make pictures that we believe too much. Uh, let’s be open to the multidimensionality and multi-variety of life. And even in this playful moment, I’m sort of um, speaking to the multiple features of existence that she’s living. Both C: Yeah, they’re known for their rugged --
T: Um-hum. Um-hum.
C: -- outdoorsy, get you through any kind of terrain.
T: Wow. Don’t go --
C: That --
T: Don’t go driving across (laughs) the mountains like they always show --
C: Me and momma.
C: Yes, I love it. It’s me, yeah, right.
T: (laughs)
C: One of those. (Laughs)
T: (Laughs)
C: So, yes, I got it. And it’s beautiful.
T: So there’s a very -- you know, the Marine commercial.
C: (Laughs)
T: The guy’s hanging from a cliff edge, the most recent one I’ve seen, the guy hanging from a cliff edge and um…just the beauty of therapy and how worthwhile it is to invest cause it’s hard work. I’m just, again the contrast, it is very hard work. Um, hearing and experience it yesterday as I have always, and as I listen to this um, experiencing how hard the work is and how light-hearted and how rich and then and how then its all connected. That as the work that I do just flows into life so as I strengthen then I am stronger in my caregiver search and stronger and more enjoying my car search and it’s all blending together. This is too much fun. (laughs) Thank you very much! I’m turning into a ham (laughs). We will tape every session from now on and go over it. (continues to laugh)
R: (laughing).
C: The re-experiencing it is wonderful. Sure. (Inaudible) Crying buckets into paper towels. (laughs continuously) And you’re not paying me for this. (*)
celebrating the heroism and she’s participating. She too is laughing at the heroic images of you know, trampling across… becoming the outdoors person which is not part of her experience any more than it is part of my experience. (+) is an urban professional woman for God’s sake she’s not about to go mountain climbing and stuff like that. So there’s this kind of um, I don’t know what to call that, but it’s a playful, appreciating and uh, some irony, some humor around certain kinds of exaggerated, ideal images and stuff like that. So there’s this kind of um, I don’t know what to call that, but it’s a playful, appreciating and uh, some irony, some humor around certain kinds of exaggerated, ideal images and stuff like that. Anyway that’s what I was going to say about that. A little bit of humor in sections. (*)

T: Um, very simply that theme of you don’t have to, no strictures, no got to, must, be strong, be heroic, be valuable, etc. Um to me as a therapist and a thinker about human life too, it’s a very important feature for this particular person, she’s a very conscientious, careful, full of care, caretaker, and has been for others. She was a patient advocate at one time, which is a job, which you probably didn’t know the existence of which I didn’t either.

almost falls off.

C: (Laughs)

T: I think, not me. (Laughs) And then he gets to the top, this Marine, and there’s a “You made it, you’re a hero” and then shows him in a Marine outfit, it’s like, I’m not climbing that mountain. (Laughs)

C: (Laughs)

T: I (Inaudible). (Laughs) But you on the other hand are a heroine in your Subaru Outback.

C: (Laughs) Look out world. Even that just felt very -- also, there was a strength thing in there, which was there, but you know, it wasn’t the -- and it felt like I, you know, I just needed to worry anymore, this is what I wanted, I was very clear --

T: Yeah, yeah, I remember you saying it, you said --

C: -- told him what we wanted and he got it, okay. And you know, the rest we’ll see. But so far the test drive is - -

T: Is -- is going well,
Since it sort of came into existence it sort of went out of existence, the corporate structures and so on, whether it was profitable or not. They literally had patient’s advocates in hospitals, which was a special position where someone would come and represent the patient to the positions of the administration or whoever, would advocate for the patients. Now they quit (inaudible) but that was their job. (Laughs) It went out of existence, its called uh customer satisfaction personnel or something like that. She said she was strong in that position. She was uh, she worked for a job where she went to rape victims, recent rape victims, and counseled and supported them, and provided support for them and their families and stuff. So this is her work, this is what she’s done in her life. She’s worked in a hospice agency, you know. And so the whole business of working hard and being conscientious and trying and for her the whole business, kind of a overloading also was part of it. But just take it easy, just relax. You don’t have to do anything. You can let yourself be supported and cared for. Um, I yeah.

C: -- testing out. Then, so that’s just starts to feel sensuous too, like this just feels very good to my mother’s body and to mine.

T: Um-hum. Um-hum.

C: And you know, feel every bump, it’s a very -- it does, goes over that rough terrain of city driving, we’ve been everywhere in the city. And it’s a joy, the color of it, and --

T: Yeah.

C: So I said -- because I said color didn’t matter. And then ultimately it did, you know --

T: Of course color matters, yes.

C: -- this beautiful sapphire blue.

T: Oh, nice. Nice.

C: It has shimmer to it in the sunlight.

T: Um-hum.

C: So, I’ve been having all kinds of fun. Hum. I love when --

T: Good. Good lord. That’s a lot of work you’ve done work, the work, the work, and then were talking, talking, talking, and you know this is the slowing down of it all. And taking it in and I’m just taking it in again of how beautiful that is, to have the all of that and be able to count on that. And along with that you know the attending, you know you’re tired and not to keep going, to have a resting time and um… For me again I hear (+) kind of the meditative level, his voice is very important and leads to kind of that meditative space where Slow down you know is good even from the excitement. So whether its, um, cause you know the session can go either way, can be in the midst of just intense pain or, for me in this particular session, its already blending and you know, kind of in a place of excitement with it all and the car and even there with kind of a slowing down and taking it in and um, so that is present in this last little segment. And I also um, was moved then and am moved now, and forever will be moved. (+) talking and reminding me of other places of healing and
| 3573 | believe that among the group of people I worked with, there’s some people I work with that are just bloody nasty, never cared about anyone in their life) but many of the people I’ve worked with over the years, have been helpers. And to them, their not having to help, their not having to do anything – and that, that expecting support is a very important part of their coming to liberation. And that is certainly true for this person. And so I’m, when I’m announcing that, since I get enthusiastic and sort of like Oh my God let’s take it five more steps. You know, that the sensation I’ve had with that, she’s rich, she’s metaphorical, she will work hard for you if you’re not careful. Uh, I’ve come to this (*) place saying let’s just take it easy. I don’t know if she’s one of the people I’ve learned that from, too. Which this is just a place that you just kind of be quiet, (breaths deeply) Just be together. And so this is that kind of transitional moment. Yeah. |
| 3574 | today already here. |
| 3575 | C: Time for a nap. |
| 3576 | T: Yeah. I was thinking to myself, because you were talking about being tired, too. You must be just sit together for a while. Hum. |
| 3577 | C: And be tired. And rest. |
| 3578 | T: And be tired, sure, rest. You know, we’ve done that in the past where you just come in and just rested. You know, that’s a -- that’s a thing to do. Just to rest, take it easy. Because that’s part of healing too. You don’t have to do anything. Just relax. And be taken care of. Hum. Yeah. |
| 3579 | And enjoy the beautiful colors. It’s good you’re sitting close. (long pause) |
| 3580 | then that deepens it and widens it and gives me such hope for the healing, um, and those basics. He’s reminding me of a time when I had a sleep disorder and how I learned that the bed could be comforting and holding, and um, so the many places and its just one reminder of all the places I’ve healed. So I then feel like yes anything is possible. I may not quite, be quite done with the remembrances or the mourning about what happened for me as a child with the priest hurting me, but the healing will be as wonderful as the other healings, and the great hope of that, and um, and the resting and the beauty in between. So, that’s what was happening right then. (*) |
| 3581 | R: Pausing the tape. (*) |
| 3582 | C: And this is, yeah this is just that quiet presence and how that is just important (+) you know cause words are very important. I’m a very wordy person, into language, poetry as is (+) with speaking and words and that’s what therapy is about. But it’s also about just, um, presence and were just having that quiet |
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healing of a person um, and very often when a person is kind of in transition, and struggling with a new picture, I will use the marker point that the healing, the past healing and past um, tendencies, um where they’ve gone beyond things, and one of them (inaudible) was not able to rest and sleep comfortably. She wasn’t comfortable enough in certain types of beds. The bed has to, the (*) covers have to embrace you with existentiality to uh going to bed quietly and resting easily. Which most of us don’t have to contend with most of the time. But there are many people who… where the bed is not comfortable and the room is not a haven and the bedroom is not a haven and so on and so on. So what I’ll do is talk with the person who is in a transitional space and so on. And of course here I’m inviting her to rest. I’m reminding her that she learned how to rest, and she learned how to (inaudible) in the bed. And that that’s part of the learning that she’s had, which was an important transition. I still remember when she came in some years ago, and it was a celebrating saying oh my God, I can sleep now, and I don’t

How important that is to times of just being nurtured, and resting and caring for yourself, and being cared for, how really important that’s been in – in your healing and in your learning that. And so remember when you learned that the bed and the covers would be comforting all night and relaxing. And then sleep became a delicious thing. I still time, in each other’s presence. So that’s like basking in the sun or the light and just that, that being, so there’s the doing of the work, the doing and it is hard work, to do healing, to do therapy and there is the just being and the resting space. So this quietness on the tape is that, that’s what I was experiencing then.

R: Pausing the tape.

C: This really is very powerful to re-experience and remember what I was experiencing, and this kind of resting space. Again, I think the image of how beautiful that is, all kinds of images of like a work of art. Like how you um, how a session comes together, and I also just have a - cause I’m in this body sense of having you know, the image of um, a cool down after a workout and I’m also with how therapy is work! And how very hard I worked yesterday and um, (+) this cool down, and that doesn’t quite capture because its just too beautiful to put into context that its more like the aerobics image, um, more of the yoga image. Often to do a yoga session you do the work and you
I remember it too.

(long pause)

T: Just rest, take it easy. Unless there’s something else you want to say.

C: I think just (Inaudible) it’s just...
naturally can, can wonder how it is when that release happens. Then she talks about how yeah well my leg hasn’t been spasming anymore. That old tricky sort of leg came back a little bit, leg spasms and then she’s talking about yoga… that’s been helpful. And I speak in terms of uh, yoga as a tradition of pairing of the (inaudible) and bodily attunement and so on. So that I’m aware of how, and I just do it I don’t think about it, how she’s shaping everything as it were towards that narrative, that story, that movement towards um, that expanded world where there’s self-care, where there’s gentleness, where there’s nurturance. And this is part of that whole contrast world, that world of goodness and so on and that world in which you can accept care and you can also do it yourself in a tradition which knows a lot about how to do it. Which is caring, which is healing, and which is attunement and which is appreciation and gentleness and… I’m just aware as I’m speaking there that there’s an unfolding of a way of appreciating and understanding the world, which is good, because even the hard work has been hard, but even the exciting part, you know, just to slow down. T: Um-hum.

C: And let the goodness seep in. T: Um-hum. C: Quietly. T: Yeah. C: In, so, you know. T: Let it sink in. Sure. C: I haven’t had any more muscle spasms at all. T: Oh, terrific. C: Worked it out in (Inaudible). T: Um-hum. I just think it’s concrete. The armory, the stiffening of the body and stuff. What happens when you let go of it, do a little yoga stretching and stuff while you’re letting go of this old coming and armory and stuff. It’s amazing stuff.

C: It really is, because there it was again, because I’ve had those feelings before and I used to be very spastic
supportive of this movement that she’s making. And that I do it, to me it’s just a spontaneous part of my orientation, as someone who’s always oriented towards healing, expanding, facing, looking at, appreciating, caring for oneself and so on. And its just I’m, its just interesting to me how slightly detailed that is. So even the yoga becomes a place where one can talk to the transition that she’s making without necessarily being absolutely pointed. But, I’m very pointed when I talk about the rigidity and the release of the rigidity, the tension and the release of the tension, and then when she talks about the yoga, how that’s a discipline and tradition which knows about that sort of feeling and such. So anyway, that’s all.

T: Yeah.

C: And this was my nerve, but it again, going back to -- to the spasms and clear and you know, finding again that different body. That deepening of relaxing and of -- and just reminding -- remembering the good -- good ways to do it, I guess, just feel the leg stretches are just --

T: Um, sure. They’ve been -- they’ve been working this for a few thousand years, they’ve been working on how to be attuned to your body in a healthy good way. So, they know how to -- how to stretch without straining. How to be lovingly oriented and gently oriented, and bring health and wholeness to your body.

T: I was thinking the same thing.

R: I just asked if she was lying down.

T: That’s all right, that’s all right. Yeah, uh, no. She’s sitting beside me and very much (inaudible). Her head is on my chest and I have my arm around her, and she’s just resting.
uh, that’s mostly what’s happening here, in this uh, silent period. Um, not much movement, um not much…you know there’s a little bit of adjustment, cause no one can stay absolutely still. Just her resting her head on my chest mostly not all the time, but mostly that’s what’s happening here. That’s all. To me that’s part of um, for me the resting, supporting, caring…it’s concretized in that way.

Yeah. (*)

T: I mean its funny, like asking that question about It’s a Wonderful World by Louis Armstrong, its… I’m still playing with the contrast world. And knowing that, as she’s resting with me, being held gently by me, and the colors of the room she commented on earlier, and it’s a nice day and it’s a wonderful world. That part of the whole world of contrast, she’s learning to appreciate in a much more concrete and sensual and bodily way now. So that’s all. (*)

C: Louie Armstrong.

(long pause)

T: Who’s the guy who sings “What a Wonderful” that’s Louie Armstrong?

C: Louie Armstrong.

R: Pausing.

C: Wow. I’m expressing here I’m just in touch with my um, my own belief, I’m talking about a belief, and speaking your body’s story, and um, I just really believe by speaking the story that I did about the abuse in my past then my body doesn’t have to create another kind of wound. Cause I’ve had that experience before you know, cause I’m talking here about a cousin who’s going through a difficulty with bleeding and she’s going the surgical route and how I would too. You know, not to ignore what is present in our world, but that I already did that in the past with (+) history. That I had bleeding problem and I went off to the physician’s of the world, but I really
| 3866 | made a point and told me that (+) names are important. |
| 3867 | T: Yes, they are. I always feel bad that some names I have trouble getting -- I know a couple of (+) and I never which to go with. |
| 3868 | C: Hum. It’s like my mother knew, because I -- also besides my own tiredness with that sorting in this process, I just felt -- I was in tears, saw what my mother had to go through. You know, because it’s like show-and-tell, you know, how she does this and that. And she -- |
| 3869 | T: Oh, yeah, yeah, yeah. |
| 3870 | C: -- met this cast of characters who came through the home, you know, and um -- as I was explaining, you know, that yet another person was coming (+) Saturday, and in trying to be as positive as I could when I was feeling yeah, right, she’s perfect (making a noise) (+) if they just send three people at a time I’m going to interview and all (+) |
| 3871 | T: (Laughs) |
| 3872 | C: I thought it was believe it was through our work, so I’m talking about that belief. I no longer have, the same condition existed in my body as my cousin’s and that it was a fibroid tumor of the uterus. She continues to bleed and she’s going the surgical route and um, way back when, by talking to me, therapy is talking my body’s story, as in being my body, my soul, my mind, in speaking the story. It can’t work totally forever. Eventually we will have a body condition that you know, we are finite beings. But I just, how I believe that and um that’s just kind of coming out now in this restful space, and ah the richness I could comment forever. Cause I’m also hearing (+) and as I’m preparing to leave, reenter my world and how he holds my work world, which right now is the care-giving world and how he did that in the past in my other professions um, the beauty of someone caring about those details, you know and how that story unfolds. So kind of all of that is present there, that story and reentering my care-giving world and him caring about that |
(+) and everyone looked at me and said, she’ll be the one. And then my mother was waiting for her in essence, and as sometimes and often happens, she got tired and took a nap, and I feel like she takes things in in her nap times (+) each other. And then my mother woke up and we went in to meet my mother, and they met each other, I think more beautifully, again, watching the two of them interact was just something. And my mother looked at her and said, “we will take care of each other.” Oh, man, that mutuality --

T: Wow.

C: -- you know my mother gets that, you know, because I know she still has feelings about needing 24-hour care and never being alone. But she knows it’s mutual and (+) people take care of each other, and they just started talking, and it was real conversation, not this made-up or talking down to an elder. And so I left them in there at the kitchen table going at it, and it’s like, okay. So...

and um, that led into something about my belief and uh, my belief in his healing work that has come through this. That’s the hope and the continuing journey that as things come up that as painful as it is its worth it to um, to work the pain of it in, the work of it in. (*)
T: This is terrific. A wonderful story. I mean, I just don’t know what to say, I’m like wow, lucky you, lucky your mother, lucky (+). Hum.

Terrific.

C: Sorry. Hum.

T: Because that’s very unusual. That’s a real giftedness, just to kind of -- I know if your mother is part of that (+)

C: Yes, because I can always talk it over with my mother, what did she think, and my mother just was very firm and she is the one. There was just a twinkle in her eye, you know, we’re together, and so, what a wonderful world.

T: Hum.

C: She really believes in healing like I do, because some people just -- just don’t. And there is that belief, you know, when you look at the question part of it, I just always think of the woman touching the robe and believe, and if you don’t -- and I just do --

T: Um-hum.

C: -- I always believe and a lot of that has through and then the future piece, you know um, (+) your day and uh, taking it in again today, um, talking about me writing, the possibility of writing, and just makes it again just underlines how he hears it, that he finds it important, fascinating, and you know, universal, to be shared. Other people, maybe not the universe, but other people, there’s certainly a core of people that could be, um, that could benefit and it just says all of that to me when he says hmm, hints about writing this story. And then of course we got goofy again about (laughs) other books that are about caring. (laughs) “Who cares? Who dies? Who does?” (laughs) And that’s where we got off onto the whole thing about that but um, I didn’t want to lose that piece about um, him suggesting that I write and all that that means. (*)
come through our work. I’ve been thinking about that again (+) belief and she talks that talk in some ways, but then, her main belief is going to this surgeon. And I would -- I would too. It’s not to ignore that route, but you know, I believe in this route, both hands on and -- and -- and speaking your body’s story and way beyond. But a surgeon and -- can provide, and (+) we haven’t talked at length, but she just has that same -- same belief.

T: So you discover another kindred spirit, and so does your mother. Remember you talked a while back about writing this up in some way?

C: You know, now that I bought the car --

T: I’m just thinking --

C: -- I have to buy a word processor or --

T: Um-hum. Um-hum.

C: One consumer event at a time.

T: That’s a big consumer --

C: Not that I need to
T: I’d like to comment on her not so much on in her looking for care, what she discovers is there are professionals everywhere and they’re all scared of being (inaudible). (laughs) And they’re all afraid to do certain things, because well that opens that if you have to do hands on stuff then that means you know your liability increases. And all in our life you have to keep running into this weirdness, you know, in the professional world, and the fear, people living out of fear. And um, it’s a perfect metaphor for her experiences, living fearfully. And also its part of the world of fear. People are afraid to be helpful. They are afraid to participate. The -- the most recent scare of people uh, literally (inaudible) well we can’t survive this kind of scare, because uh…her mother doesn’t have to be lifted, her mother needs some body support. But then that’s sort of like, well there was a person that came wait for that --

T: -- no, no.

C: -- (Inaudible) too.

T: Yeah. Yeah, I think it’s going to be --

C: Yeah. The different stories I want to capture, because this is another chapter.

T: Well, I was just -- it was funny, I was imagining, just the description of almost the levels of care, you know, the different forms of care, there’s just routine care, ordinary care. Who was it that -- who cares? Or is that this title of the book? There’s Who Dies --

C: Who Dies, who cares?

T: Who cares.

C: Who really gives a damn. (Laughs)

T: Yeah. You know, what I mean, but there’s a book about that --

C: (Laughs) who wrote this book?

T: -- a caretaker or something like that, that you mentioned to me one time.
and did an evaluation, said oh we can do it. But then it turns out that… All these little bureaucratic rules and stuff like that. And there’s this world of fear, where you can’t work, you can’t operate, you can’t go ahead. And then there’s a world of generosity and she says well I’ve got to give my money to this Jewish family outfit. And they just check people out and then connect people, and they don’t bother you. You know? And it’s simple, it’s clear. Then you get a person that comes and uh, there’s not all this (inaudible). There is a very interesting way in which they helped her. And her response to it is I’m just tired of these chicken shits, these… Supposed to be social services of a church. And then she basically says well we can’t do things anymore like we used to be able to do them in the old days, because of managed care, and health needs and (inaudible). She says I have malpractice insurance; you know and then go ahead. Which is kind of what I do. I have 2 million dollar malpractice. So you know, I do whatever is needed to be… She’s sneaked into a world which is,
| 4160 | metaphorically is her world. And her question is can I stand scared people; can I stand myscared person? It’s all, its all part of the same narrative. That’s, that’s just all I wanted to comment on. (*) | C: And there’s the Jewish faith, Association, they’ve got it. You know, they do the work and make the referral, and they’re not scared. And ... |
| 4169 |  | T: I’m sure they have their malpractice insurance in place. |
| 4172 |  | C: No, I don’t think -- that’s probably contrary. You know, there’s -- there’s no agent, there’s no bureaucracy, they just do the -- |
| 4181 |  | T: They just do the referrals. |
| 4190 |  | C: Oh, yeah. They’re off the book in that way. But again, I’m not looking for that -- |
| 4191 |  | T: Sure. Sure. |
| 4192 |  | C: -- stuff of insurance and -- |
| 4193 |  | T: That was the -- it’s so fascinating that you had that moment and impression. I mean, this -- there was that -- |
| 4194 |  | C: Corporate world. |
| 4195 |  | T: -- that corporate world that looked so good. |
| 4196 |  | C: Yes, they would have all of that -- |
| 4197 |  | T: (Inaudible) |
| 4198 |  | R: Could you say a little more about how the goodness of the world is for me? |
| 4199 |  | C: Um, as I’ve remembered this very, very hard violence that happened, this hard thing, this violence that Him enjoying and savoring the good stories, cause I do, I try to collect both, you know want to be clear about the horror stories of the world, be it my own world, my younger world, the present world, terrorist world, the healthcare world, the bureau- to see clearly um, but also be a collector of the stories of beauty. And I hear (+) those um, and my caregiver stories right here and underlining that part of the contrast too because I’ve been telling him how you know, I feel that choice point, and what world um...is the world like this or is it like this? You know having gone through the experience that I did as a child uh, kind of redeciding and deciding over and over that the goodness of the world is for me so um... I feel like (+) and underlining and inviting into the world of goodness for myself. |
C: Bonded and insured, and --

T: Yeah.

C: They whip you through every transition, and if your mother’s in the hospital, right -- you know, I think of the people that came, it’s like oh, and I just -- and I did feel some anger at them, just this niche they’re trying to create, get in there because they have the corporate research that they advertise everywhere.

T: Um-hum. Um-hum.

C: And they get in there with people like they did with me and then they carefully sort out the safest, neatest job, that’s not elder care. Elder care is not always that safe, or neat, and it can get worse. And you know --

T: Ah-ah.

C: -- and so then they’re going to pull out. And they did do that again, that nurse’s presence was -- and they have their workers so trained, what exact - - and you have to write down the exact task happened, um, I just have some sense of how and then I decided you know, that this, this was for me like a curse, like I deserved it. And how that stayed even as I grew and healed and became a healer, you know, was not certainly lost in that experience, but part of me, and at different times I may have believed it more than others, that somehow that world was for me, that world of violence, you know how a child takes that in. That I was somehow responsible or that I didn’t stop it or I don’t know how I lived that, but there was some sort of voice message left in there that that world was for me, and that the other world wasn’t, you know, um, enough of the beauty. And again its been a story of resilience, I didn’t take that in fully. And I’ve had a very good life with some very strong limits about my body; the goodness of the body world was not for me totally. I made body decisions, you know, to close down, to numb out, and to not enter the world of sensuality fully, the world of men, touched upon it but have not
that you do in a very bureaucratic way, again, watching. And just some of the stories that she told me, you know, of going in and visiting, because they continue to -- again, I’m so glad, I don’t need somebody (Inaudible) to visit. They told the story about a woman who declined and she was actually dying and their help (Inaudible) was in there, maybe two of them or something, I mean it was in -- they were doing this in the context of a care home, and they found that they were somewhat lifting her, even carrying her. Now, again, you have to be very careful about that. On the other hand, it can be a beautiful thing, and that’s what happens at the end of life, and there are ways to do it, at any level and at any body weight, can lift and transfer people safely.

T: Um-hum.

C: I wasn’t allowed to teach that. Not allowed to teach that and cover for that. But even my mom’s tiny body weight of 110 pounds, and all very bureaucratic, just ridiculous. So…

entered fully. So that decision and the opening up and is this goodness of the world really for me? Can I really enter? It’s like new territory. So…

R: Sure. That’s it. (*)
T: Yep.

C: Umm.

T: Yep. There’s reality and there’s bureaucracy, (Laughs), and they don’t have much to do with each other. You had a couple of (+)

C: Yeah, that feels like abundance, you know, because it -- because we both have a lot of flexibility like, again, it could change (+) there are days if I, you know, decide I have an extra something to do, or extra energy, or we need to switch a day (+) a lot of energy that she has. She has this wonderful community of support, they just really care. I’d like to even just visit her neighborhood. There’s several people there from the Virgin Islands, and they just have their own community, their own circle of care, so that to her -- she has one child at home, but she has no problem getting child care, she never has to hire a babysitter, they’re just there for each other.

T: Whew.

C: Because she was in the midst of a -- of a birth of one of their
circle, her sister-in-law, her brother was having a baby on Monday, and she touched my heart because she still came to my house, you know. Because at first she said, oh, no I have to be there. And then just again, feel that memory of all the people who come only when it’s convenient to them.

T: Um-hum.

C: (Inaudible) their life. They’re not going to take the -- and if you give me something, you know, and I said, well, sure I want to be with my brother and sister-in-law and see the new baby, but I can go in the evening, you know.

T: Um-hum.

C: If I can help you during the day --

T: Sure.

C: So she did that. You know. And again, she told me how she loves my mother and me, and what we’re about. She said, because in the Virgin Islands where she comes from, she said there are no nursing homes.
| 4405 | T: There’s a whole horizon physicians and people she’s found gradually over time. After having terrible examples of carelessness, and uh terribleness and her mother got bedsores in the hospital if she wasn’t careful about it. All this history of lousy treatment and then there’s a history of really compassionate, excellent treatment and excellent care. And so the contrast world is part of her existence as she seeks care for her mother and care for herself. And um, so there’s that… that isn’t just this particular occasion, but this has been part of her life adventure. And part of her life- there’s even been a dentist who she was going to and her mother was going to, who was a brutal shit of a guy. And then there’s the discovery of a dental person who’s much more caring. And then it goes on. I meant he narrative of the contrasting world between what is good professional, good
| 4406 | T: Um-hum. Um-hum.
| 4407 | C: And it’s not necessarily the best thing. There’s a place for them, but again, you know they do the village thing. And it’s that spirit that she was talking about. You don’t consider that easily, and then she works in a nursing home here to bring her --
| 4408 | T: Um-hum.
| 4409 | C: -- her good spirit to people there.
| 4410 | T: She brings her village with her.
| 4411 | C: Yeah. And I’m sure she does very good care. People like you said (Inaudible) and then she has this extra energy. So… but I feel like I have abundance. And the timing is right too because (Phone ringing) heading into more clinical work and she won’t be --
| 4412 | T: Well, that’s neat. I’m really happy. I’m always very happy to hear you speak of people it’s kind of -- that half of the contrast, which is so important, which is where things are, like healers,
| 4454 | caring um, has been as compassionate and caring, and take you and your mother in in good ways. Then you know, (Inaudible) about this, take care of each other. |
| 4455 | she’s been dedicated for | C: Okay. I’ve got to go pick up my daughter soon. So... |
| 4456 | the past two three years | |
| 4457 | now, longer than that | |
| 4458 | but where she literally is no longer working, she simply takes care of her mother. There’s this history of where there is care and where there is not care. Her own dedication to where there is care and where there is not care, her work as a patient representative in the past and so on. Well and then um, for the rape victims that she worked for counseling and the helping and finding resources and so on. This is her kind of passion and her dedication. And probably rooted partly in the fact that she was abused, you know, in various ways as a child. And took the choice of being concerned with seeing first that others are taken care of only later did she get to herself, as has lately been on e of the issues. | |
| 4459 | R: Um-hmm. | |
| 4460 | T: You take good care. Saturday is still good for you? | |
| 4461 | C: Good. | |
| 4462 | T: Okay. Good. | |
| 4463 | C: And I have caregivers galore. | |
| 4464 | T: You have caregivers galore, coming out of your ears, huh? | |
| 4465 | C: That’s my glasses, don’t take -- | |
| 4466 | T: Oh, oh, the wrong glasses. | |
| 4467 | C: These are mine. | |
| 4468 | T: Yeah, yeah, they are. Sorry. Picked up the wrong glasses. | |
| 4469 | C: (laughs) | |
| 4470 | T: I couldn’t see too well with them either, I noticed. Okay. Take your -- your consent form, and take good care. I’ll see you Saturday then. | |
existential issues around caring for others and not caring enough for themselves. And so there’s a whole set of issues around that. And to me contextually that probably is important for understanding the way I’m working with her. Although, the specifics are in the tape and in my comments already. But that’s the only thing I have to add. (*)

R: Great. And uh, how was doing this research for you?

T: Well, doing the research for me there’s a funny thing in doing the research which is I always feel like I’m doing the research, on the one hand. So I’m explicit, my way of being explicit with her about what are the dynamics and what’s important in the healing, are my way of doing ongoing research. This is like an expansion of that. It’s like another level of reflection of that. Which I think is also true for (+) that at least the little bit that she said about the research was that she found it a further expansion of her own reflection of thinking in therapeutic work as well. So its like, I think it just contributes, in
helpful way, it seems to me. That's what she told me. And she also told me it was very hard work for her. The research too was very hard work. It was therapeutic and it was hard work. It was like oh ok, now I have to comment on and think about and listen to again what I’ve been going through and review it again. And I already knew it would be helpful and I knew it would be hard work for her. Because its hard work. It’s a transforming from abuse, from the world of abuse, and constrictions and narrowness. And its all very wonderful to say now I’m open, and yet the openness is always in the context of what happened, what was terrible. And that, that’s pretty new right now. That’s pretty much a couple of months. And the new body is this new level of the body. Although there’s a history where she got to the place where she could lie down and sleep comfortably. But that tells you something. She already has, she’s done for some years ago now. And there again, it’s a new body again. And her yoga is different and so on. So how do you get familiar with what’s not familiar? Well, take
some time. It’s stressful. It’s difficult. And so in that sense the research was also stressful, but, and also therapeutic. From what she said that my impression. And you’re a nice listener, and you’re a compassionate presence, you know a caring, compassionate presence. So, and somewhat permissive in you’re openness and so on. As a researcher your that and you might be interested for yourself in knowing that there are many people who have found that the research process, is for many people is often the most therapeutic process of all. Because the researcher invites a level of reflection which the person doesn’t typically do. Now I think (+) uh the research, because its coming at this time, is inviting that extra layer of reflection. But that she and I together do that layer of reflection anyway. That’s probably a little less strange to us from already doing a kind of research reflection as I go along. And I think she is too.

R: Hm.

T: Nonetheless, since it comes at this transitional period, I think that for both of us
it’s kind of really interesting. I’m looking forward very much to your dissertation. And in fact I want you to get me a copy of the whole bloody thing, including the appendices. I want to have the…you’ll have this…

R: Transcript.

T: -transcript. This will be the, basically the transcript will be the interview plus the commentary I understand. So I’m very interested, and I’ll be very interested in what the devil you end up doing with it.

R: So will I.

T: I’m not on your committee formally. I won’t be uh, participating in the data analysis part. We won’t be consulting regularly and stuff like that. And to me it’s kind of interesting. Well how will you unfold the meaning? And what, you know, since every, human research is about everything or can be, and so what the hell are you going to do with that? Cause it’s a lot. It’s a lot of stuff. Yeah. And the final question will be how are you going to focus it in such a way so that it can be illuminating? And part
of I’m convinced that part of what your doing in this research is you’re asking the question, well what the hell is that? And how can I learn about what is feeling therapeutic helpful, and so on? And how can I assimilate that for myself in my work? I’m sure that’s what you’re doing.

R: Sure.

T: And I think that’s a really good use for a dissertation. The only difficulty with that being that it can be kind of like… (laughs) yeah it can make it, it can make a dissertation almost too big.

R: Yeah.

T: To the degree that it’s autobiographically biographically stimulating and interesting, that’s motivating and then its also like (whistles). It’s a lot. There’s a lot involved in it. And I hope your um, therapists are, were interesting all. And I hope that your um, unfolding of it will be interesting for you. I know it will be interesting for me ultimately. Just the data, so you know. Ok.
Appendix E

Context Description (Steps 1, 2, and 3)

Step 1. Context of the researcher

I, the researcher, am a 33 year old, male doctoral candidate at a university in the northeastern United States. I have been interested in defining what is meant by existential psychotherapy since I was an undergraduate student. While an undergraduate, my formal study focused on traditional quantitative psychology. My feeling was that much of present day psychology identified existential approaches as antiquated and pseudoscientific. I was frustrated by these criticisms of an approach that resonated for me. Therefore my interest in existential psychology began with the overly ambitious notion that I would devise a way to defend this clinical approach.

Given my interests, I pursued graduate training at a program known for its existential-phenomenological orientation. At graduate school my research training has included courses on conversation analysis, hermeneutics, and other qualitative methods. Despite my commitment to existential psychology, I have continued to wrestle with integrating qualitative research methodology with my more natural scientific undergraduate education.

My tendency is to believe that rigor can be imposed upon research by adherence to an explicit method. I feel that this tendency is tempered by my awareness that regardless of how I choose to view the data it is the reflexive act, or calling my perceptions into question, that lends rigor to the findings. Therefore a difficult part of this project has been reflecting on my own perspective regarding my findings.
Throughout the several years that it took to complete this project, the scope of the research has grown progressively narrower. Originally I intended to create a handbook of existential psychotherapy, then the focus became defining existential therapy, then defining existential-phenomenological therapy in practice, and presently the study attempts to articulate the praxis of existential-phenomenological philosophy in two psychotherapy sessions. Despite this narrowing of focus, my underlying attitude about the research remains that by clarifying what existential therapy is, I can participate in its demystification and preservation.

**Step 2 - Context of the Therapy Encounter**

**Dyad One Session**

The first therapist was a white male licensed psychologist in his early forties. He was also a professor of existential and phenomenological philosophy, Jungian and postmodern psychology. The therapist was ambivalent about defining his therapeutic orientation as existential and/or phenomenological. When initially approached regarding participation in this research, he told me he did not think he was an existential therapist but I argued that his philosophy could not be entirely separate from his actions. He hesitantly agreed to participate.

Because the therapist was a white male, liberal-arts-university educated in the United States (like the researcher), his intentions were situated in the context of, and were understood in light of liberal, dominant western culture in the latter part of the twentieth century. In addition he drew from existential and phenomenological philosophy, Jungian and postmodern psychology. Several times during recall, he mentioned scholars who contributed to his conceptualization of the client: Goleman (TR278), Kierkegaard...
(TR672), Jung (TR1686), Medard Boss (TR2063), and Van den Berg (TR2430) were mentioned specifically. The therapist appeared to integrate his influences somewhat seamlessly in-session, deciding what to do in the moment as opposed to planning what he would do. For example, during recall the therapist indicated: “I really don’t know what the heck I’m going to do in a session before it happens, and I don’t worry about it anymore.” (TR385).

The client was a white male in his early forties employed as a lawyer in a midsized city in the northeastern United States. Therefore it can be said that the client was a relatively well-educated, relatively financially successful citizen who shared at least in part the cultural and historical context of the therapist. In terms of the session dialogue, in the broadest strokes they had grounds to understand each other.

The therapist and client met once a week at the therapist’s private practice in a suburb of the city. The two sat in armchairs in the therapist’s office. The chairs faced each other at a shallow angle about three feet apart. According to the therapist, the client was transferred to him when his previous therapist left the area. The two had met for six months prior to this session. The session lasted for fifty-five minutes. The therapist indicated that ordinarily sessions lasted forty-five minutes, however in this case the client spoke gravely about his life and the therapist felt he should give that material a chance to be heard (TR2295-TR2325).

During recall, the therapist made several comments to provide a context for the session dialogue. The client had been experiencing physical pain in his chest in the form of atrial fibrillations following ‘good’ days at work. The client sought medical advice but no physical cause for his pain was found. The client turned to psychological services to
find an answer for this unpleasant bodily sensation. Most recently, the client was examined at the same hospital where his father passed away due to cardiac complications. The therapist indicated that the client was embarking on an existential project for himself regarding career decisions (TR96-TR134).

Dyad Two Session

The second therapist was a white male licensed psychologist in his mid-sixties. He was also a professor of existential and phenomenological psychology. The therapist defined his therapeutic orientation as existential and phenomenological. He received his clinical training from a program affiliated with humanistic psychotherapy in the United States. Because of the time, place, and cultural influences on the therapy session, the therapist’s intentions as explicated were understood in light of liberal, dominant western culture in the latter part of the twentieth century, existential and phenomenological philosophy and psychology.

While the therapist did not specifically mention his influences in the session or in recall, his language appeared grounded in the tradition of existential and phenomenological psychology. For example he made use of the phrases: “stepping into a new way of being in her body” (TR1587); “celebrating her access to new possibilities… to new ways of being” (TR1638); “co-participating in that experience” (TR2188); “multi-dimensionality and multi-affectivity and meanings that are present in the experience” (TR2214). The therapist appeared to integrate his influences somewhat seamlessly in-session, deciding what to do in the moment as opposed to planning what he would do prior to the session.
The client was a white female who was approximately fifty years old, employed as a social worker in a midsized city in the northeastern United States. Therefore it can be said that the client was a relatively well-educated, relatively financially successful citizen who shared at least in part the cultural and historical context of the therapist. In terms of the session dialogue, in the broadest strokes they had grounds to understand each other.

The two appeared to share a very comfortable discourse. For example, the client used terms and phrases that appeared to be more commonly used by existential and phenomenological psychologists. For example: “…just holding my experience” (CR2465), “…I am in this space of appreciating bodies” (CR2781), “…part of the whole context” (CR2784), “…it’s very concrete…” (CR2897), “…working with this piece cause its so multi-faceted; there’s a body piece and a contrast piece…” (CR2956), “…and speaking your body’s story…” (CR3839), “…we are finite beings…” (CR3888), “…I did as a child uh, kind of re-deciding and deciding over and over…” (CR4189), “…underlining that part of my world…” (CR4159). It appeared to me, perhaps partly because of this shared language and partly because of the apparent comfort of the in-session interaction, that therapist and client shared a strong bond.

According to the therapist, the client was referred to him by her physician about three years ago. Since that time, they have met twice a week at the therapist’s home-based private practice in the city’s downtown area. The session I recorded lasted for an hour and forty minutes. The therapist indicated that the typical length for his sessions ranged from an hour to an hour and fifteen minutes.
For the most part the setting for this session appeared unremarkable. The therapist sat in an armchair and the client sat on a couch in the therapist’s den. The chairs faced each other almost directly about three feet apart. However, two aspects of the therapy environment did stand out to me. In my experience it is less common for therapists to conduct therapy at home. Additionally, in my experience, the session lasted longer than many individual therapy sessions. Presumably both of these apparent anomalies were grounded in the therapist’s approach and were common elements of other sessions as well. In this sense the session was congruent with the therapist’s style.

During recall sessions, both therapist and client made several comments to provide a context for the session dialogue. The session dealt with the client remembering and finding a language for childhood trauma. The therapist indicated for example at TR490:

“She needed a language for it. And the language is uh, I was abused and this is obviously a guy who wasn’t mature enough to have real women in his life so he picked a seven-year-old child and he did it deliberately and maliciously, he was an asshole and he had no conscience about it. And he justified it and did all these damn things and that’s what happened.”

In addition to working on the trauma, the client and therapist addressed challenges and accomplishments in the client’s daily life. For example the client stated at CR1076:

“I can’t care for my mother alone and I need to hire people… So I’ve been searching and feeling the joy of finding two people, one for the main part of my schedule and the other woman who can come part time as needed, or evening time when I do social things.”

The session should therefore be understood within the context of a client turning to a therapist to help her find a language for childhood trauma, to be a witness to her suffering, validate her feelings, to facilitate and co-construct the re-writing of her
narrative, and discuss challenges and accomplishments in her daily life (TR490, CR1076).

**Step 3 - Context of the Research Procedure**

**Dyad One Session**

In addition to the context of the therapy encounter, the session must be understood in light of the context of the research procedure because both client and therapist were aware that the session was being observed as data for a study. During recall the therapist paused the tape on several occasions, not to make comments about his intentions but to say something about the effect of the research context. The following are several examples:

In the segment TR25-TR85, the therapist indicated that he thought the client was presenting as more intellectual than usual. The therapist felt that this was because of the presence of the video camera, and the client’s sense that lawyers are less intellectual than Ph.D.s. The therapist interpreted the client’s behavior as self-consciously wanting to appear more intellectual on tape. Similarly, in the segment TR244-TR264, the therapist pointed out the client’s utterance at 242 in which the client stated: “I didn’t bother preparing for this.” The therapist felt that he said this “partially for the cameras” because he did not want to appear that he could not understand something obvious. In other words, the therapist felt that the client was making a bit of a justification based on his self-consciousness before the camera. Lastly, during the recall segment TR1181-1212, the therapist indicated that in session he did not need to say: “Your body falls in line” to the client. The therapist stated that he said this because it is straight out of Boss (an existential analyst) and that he felt that I, the researcher should “…get certain things.”
The therapist went on to recall that while he also wanted the client to go further, he exaggerated somewhat because of the filming. Therefore the session must be viewed in light of the therapist trying to demonstrate existential psychotherapy to an audience.

**Dyad Two Session**

The context for this session also included the research procedure because both client and therapist were aware that the session was being recorded as data for use in this study. Unfortunately due to the quality of the recording, it was difficult to hear segments of the conversation despite the fact that the client specifically stated she wanted to be clear. Additionally some significant elements of the session were probably lost due to the lack of video recording. Prior to the beginning of the session the client, therapist and myself met for brief introductions. The client reported that this introduction helped her to disclose more fully because she felt she was communicating with a person, not a ‘researcher’.

The recording of the therapy session was not entirely unobtrusive. Several comments were made regarding the presence of the tape-recorder that suggested the session might have been somewhat different from sessions that were not audio taped. Both therapist and client made comments during therapy and in the recall session regarding the influence of the tape-recorder. Both therapist and client indicated that the recall task was beneficial for them. The following were comments made in session and in recall by the participants regarding the collection of data:

348
T: OK. OK. Do you feel any awkwardness about the fact that you’re gonna have to talk with (researcher) about this or or is it not very important to you?

TR381
It’s present so let’s talk about it.
CR356
Oh yeah I am feeling a little hesitant and oh yeah how important it is to speak. So I certainly wasn’t like Oh shut off the tape.

TR420
She proposed that ‘oh I need to be able to talk’ and things that included she know you. You weren’t the researcher, you were a person.

CR417 (In regards to listening to taped session)
I’m feeling a little distracted by it. I can’t hear my voice well enough. Can you hear it? Will you be able to transcribe this even? That’s really, it’s quite um, something, you know? I usually don’t listen to tapes of myself and I’m not that clear and I want to be clear. I don’t know how I’m sounding now (laughs).

2484
T: -thrashing about. That was pretty – for (researcher) we need a video (laughing) to get the – to get the sort of whole feeling of –

C: (spoken into tape recorder) If you could see me now (laughing).

CR2407
We started talking to you anyway there saying (laughs) that this might have been good to have the video because of (therapist) um and again the goodness of him being with the all of me you know.

The data collection was therefore a theme discussed several times in the session and in the recall session. The client was initially hesitant to speak while being recorded but she also wanted to be heard. By speaking with me for a while prior to the session, the client felt it was easier for her to speak with the tape recorder present. I became less of a stranger through our brief meeting. During the recall session, the client had a difficult time hearing her own voice on tape and became concerned about the volume of her own voice despite thinking to herself that she wanted to be clear. The quality of the audiotape of the in-session dialogue was poor and some recall comments may have been lost accordingly.
Appendix F

Interpretation with Three Perspectives (Steps 4, 5, and 6)

Step 4 - Intentions

Dyad One Session

What do the therapist’s recall comments reveal about his in-session intentions?

Each numbered paragraph indicates a point at which the therapist paused the video for comment.

In some cases a numbered paragraph contains a new point within the same reflection. At these points, the paragraph begins with: “cont’d” because it is a point made within the same paused segment.

Therapist Recall is indicated by: “TR”. In-session utterances are indicated by line number only. Therefore TR225 refers to line 225 of the therapist’s reflection while line 226 refers to that line of the session dialogue.

Each numbered paragraph will begin with an excerpted statement that the researcher feels is the reason for the pausing of the tape. This statement will be preceded by a line number referencing the beginning of the quote in the transcript. This will be followed by the in session utterances to which the therapist is referring and/or the researcher’s rationale for how he arrived at the therapist’s intention. Following this reference, there will be the clearly stated intention(s) based on the researchers understanding of the therapist’s recall and in-session reference(s) (bold). At times the therapist will indicate that he noticed something during the recall that he was unaware of during the session. No in-session intention can be derived from something that the therapist was not aware of in the session. For these occurrences, the intention will be indicated as though it were present during the session however it will appear in italics not in bold.

1. TR193: …I’m trying to draw in as many different levels that he can understand this discovery is possible.

In the session the therapist was presenting the notion that the client can see himself in different ways. At line 155 the therapist stated: “…where have you experienced yourself, as being extremely sensitive, in fact had to be extremely sensitive in order to survive?”

**Therapist’s intention was to get the client to view himself as different during different times and situations.**

2. cont’d TR199: …he can understand the context he comes in with physiology. But, already he understands physiology and psychology as being mutually interactive in a conventional way.
The therapist indicated during recall that his experience of the client was that the client was aware of different contexts in a conventional way meaning he does not see himself as bearer of the contexts but merely as effected by contexts. At TR207 for example, the therapist indicated: “Now we move it to the biographical and the narrative convention, which is what he’s worked on with me considerably.”

**Therapist’s intention was to get the client to see himself as context-bearing or world-disclosive.**

3. cont’d TR216: So what I’m trying to, to lead him toward is putting together the, the mult, the , the many different levels of understandings as possible…

In session the therapist also wanted to direct the client toward synthesizing these divergent self-understandings.

**Therapist’s intention was to direct client to synthesize his divergent self-understandings.**

4. cont’d TR224: So by telling him “Bingo”, I was alerting him to ya know, I saw him making connections, and so that kind of ya know, intervention there set the tone for what we did next.

The therapist wanted to let the client know that he was seen making connections, and intervened in a way to encourage the client to continue making connections. Therapist also states at TR237: “So I was kind of asking him to look for those things.”

**Therapist’s intention was to be seen by the client as witnessing his connection making.**

**Therapist’s intention was to encourage the client to make connections.**

5. TR294: He figures stuff out and so then I always, I see the next job that I have in a conversation is to bring in other levels or layers of that. You know, not um to do it but to get him to do it.

In the session at line 270 the client stated that he feels afraid of pleasure. In recall the therapist indicated that this was excellent work (TR274: “excellent piece of work”). As a person engaged in conversation, the therapist feels that he should bring other levels or layers to the client’s work. However the therapist did not want to do this himself to get the client to do this.

**Therapist’s intention was to facilitate the client’s bringing of new levels or layers of understanding to the client’s own awareness.**

6. TR394: I keep setting him up by describing his experiences by being in the world.
I was asking him to bring to there his identity and way of experiencing things as, as a drummer.

In recall, the therapist referenced Heideggerian existentialism (being in the world) to describe how he tried to present the client with a very situated and concrete reflection on his experiences and challenge the client to see his own identity in that situated light.

**Therapist’s intention was to get the client to see his identity as concrete and situated.**

7. TR463: …I should have, I mean could have said there is that you know, this, when he’s in the group that he’s the most vulnerable.

In session the therapist asked the client about feelings of vulnerability (340: “Do you find yourself extremely vulnerable?”) The client answered in the affirmative. At line 429 the therapist asked the client if he felt the most vulnerable in group. The therapist would have preferred to say this in a way that brought more dimensions to bear on the client’s experience (TR478: “…the most effective interventions, again the ones that brings the most dimensions to bear and kind of opened it up.”)

**Therapist’s intention was to bring more dimensions to bear upon, or open up the client’s experience.**

8. TR646: …when he said “what the fuck.”

In recall the therapist referred to the client’s utterance (496: “what the fuck”) which the therapist indicated came from an earlier conversation in which the therapist used this phrase to convey his view that understanding leads to possibilities that in turn lead to a decision. This decision then causes anxiety (TR663-TR673). Therefore the in session use of “what the fuck?” means: “you are capable of making decisions. If you are unhappy doing this, then why are you doing it?” (TR690-TR728).

**Therapist’s intention was to get the client to examine his motives.**

**Therapist’s intention was to get the client to take responsibility for his decisions.**

**Therapist’s intention was to get the client to take up his experience the way that he wants to.**

9. cont’d TR737: When I asked him if it was worth the risk and he said: “Well not the way I am doing it.”

At TR742 the therapist stated: “he needs to learn how to do it better or find a different way to do it. That’s what allows us to move and me to go to Charlie Watts.

**Therapist’s intention was to get the client to find a better way to make decisions.**
10. cont’d TR749: just trying to establish some kind of therapeutic alliance common ground.

The therapist described in recall how he and the client came to discuss their shared interest in drummers. While the intention of strengthening an alliance was not overt in the present session, the therapist alluded to developing the alliance earlier in their meetings (TR747: “…one of the things early on…”).

Therapist’s intention was to foster a therapeutic alliance.

11. TR778: So different figures and the Stones can almost be different parts of him

The therapist continued in recall to discuss Keith Richards (TR788) in addition to the earlier discussion of Charlie Watts. Both figures that therapist and client were familiar with and both taken as examples representing different aspects of the client.

Therapist’s intention was to use analogies to get the client to see different aspects of himself.

12. TR849: I’m trying to more and more get him to integrate that sensibility (TR842 artistic sensibility) with what he does with work.

In the session the client and therapist were discussing musicians as analogies of situated behavior (822 for example). In recall the therapist commented that as a lawyer the client does not typically need to think in this appreciative, sensitive, imaginative sensibility (836). The therapist was at TR849 was indicating that part of his therapeutic intent was to help the client to integrate this artistic sensibility into his daily work.

Therapist’s intention was to get the client to integrate sensitivity into his professional work.

Therapist’s intention was to get the client to integrate appreciation into his professional work.

Therapist’s intention was to get the client to integrate imagination into his professional work.


The therapist continued from the above point indicating that this integration of artistic sensibility should also occur with his relationships, the issue that the client came to therapy to discuss.

Therapist’s intention was to get the client to integrate sensitivity into his relationships.
Therapist’s intention was to get the client to integrate appreciation into his relationships.

Therapist’s intention was to get the client to integrate imagination into his relationships.

14. TR972: …when you’re not just serving your own purpose.

In recall the therapist was describing that even though he would have liked to discuss certain aspects of music he did not because to do so would have been serving his own purpose and he feels that he was there to serve the client.

Therapist’s intention was to serve the client and not just serve his own purpose.

15. TR1038: That was a very heavy handed intervention for me…that governs versus control…A stance that he can take in relation to his own life.

At line 1013 the therapist and client discussed Charlie Watts. The therapist indicated that this drummer does not control the drums but governs them. At TR1046 the therapist explained that people govern a horse but control a car for example. Presumably the difference being that the horse has a will to be guided but the car is an object to be controlled. The therapist, in session, was using the analogy of Watts’ drumming as governance as an intervention to help the client see that in the ways he takes up his life (TR1121) he can have more of a governing and less of a controlling stance.

Therapist’s intention was to help the client decentralize the notion of control from his understanding of himself.

Therapist’s intention was to help the client see himself as governing as opposed to controlling.

16. TR1243: And I wanted him to recognize this decisive, not just the reactive.

At line 1179 the client was talking about pushing his heart while exercising The therapist commented that he was trying to get the client to see that his atrial fibrillations were resulting from decisions and they were not merely occurring to him for no reason.

Therapist’s intention was to point out the client decides what happens to himself and does not merely react.

17. TR1410: …trying to get him to see that the atrial fibrillations could be his making himself aware.

In session the client was talking about a life or death situation, which the therapist understood to be critical in a way other than strictly physiological. The therapist wanted
the client to see the gravity of his own decisions; that his body was making him aware of the importance of current events in his life.

**Therapist’s intention was to get the client to see that his own body was telling him something.**

18. TR1643: I don’t want him to lose track of how much he likes it in the face of how people can be.

In the session the therapist was offering what he considered to be a heavy-handed interpretation (TR1621). The therapist felt that his interpretation was almost too far ahead of the client in the sense of being difficult for the client to relate to it. However the therapist felt strongly that he wanted to point out to the client the conflicting state of wanting to push himself past his threshold while that is also outside his comfort zone (1585).

**Therapist’s intention was to point out the client’s conflicting desires.**

19. TR1937: …could have shut it off right then. I didn’t want to do it too abruptly.

While the therapist indicated at line TR1920 that it was time to end the session at line 1857. However the therapist did not want to end the session too abruptly.

**Therapist’s intention was to not end the session abruptly.**

20. TR2298: I try to so forty-five minutes…

The therapist was explaining that the session went over the time that he typically prefers.

**Therapist’s intention was to end session at 45 minutes.**

21. cont’d TR2308: You can’t just end the session, you got to keep going.

The therapist explained, when a client brings up a ‘heavy’ topic at the end of the session for example suicide (2281) the therapist needs to attend to it, participate in it, and should not just end the session abruptly.

**Therapist’s intention was to acknowledge and participate in the client’s heavy disclosure.**

**Dyad Two Session**

What do the therapist’s recall comments reveal about his in-session intentions?

Each numbered paragraph indicates a point at which the therapist paused the video for comment.
In some cases a numbered paragraph contains a new point within the same reflection. At these points, the paragraph begins with: “cont’d” because it is a point made within the same paused segment.

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1. TR45: I’m wanting to enter into the resonance with her.

In the session the client spoke of remembering a traumatic event. The therapist perceived a shift in how the client was feeling when she spoke of this. The therapist stated at 44: “You can feel it…you can feel it very…” In saying this, the therapist intended to empathize or enter into and participate with the client’s feeling.

**Therapist’s intention was to enter into the feeling that the client was resonating.**

2. TR81: ...but my intention is to offer her a choice.

In session at line 95, the therapist states: “…is that what you want to do today, do you want to do a little work on that…” The therapist was asking the client what she wanted to work on during the session and in so doing was offering the client the choice of topic to pursue.

**Therapist’s intention was to offer the client the choice of what to pursue in the session.**

3. cont’d TR113: …But normally it would be uh, favoring her freedom, favoring her choice and very characteristic of my work.

In session, most of the time, the therapist indicated that his responses to the client favor the client’s freedom and choice. The therapist indicated earlier in recall (TR108) that sometimes the client may not want to go discuss a particular topic and sometimes he will
indicate that the topic will need to be addressed eventually however ordinarily his intention is to let the client have the freedom to choose the topic in the session.

**Therapist’s intention was to favor the client’s freedom and choice.**

4. TR160: And I’m inviting her into the range of her freedom, and the exercises of freedom, which is if it gets too intense that you can find distance and uh we specifically in the therapeutic works, we worked on her getting distance.

In session the therapist wanted the client to have the freedom to explore her experiences. However some of these experiences were traumatic. The therapist was concerned about the effects of the client revisiting these experiences and therefore wanted to help the client put some distance between herself and the experience at times when the experience became too intense.

**Therapist’s intention was to support the client’s freedom but provide for her the ability to gain distance from experiences that are too intense if needed.**

5. TR229: I say take your time. Uh, give her that time and space there.

In the session at line 212 the therapist stated: Hmmm…take your time.

**Therapist’s intention was to give the client time and space in the session.**

6. TR287: But uh, the you’re here with me was the touchstone of that particular intervention.

In recall, the therapist indicated that his intention was to remind the client that she was in the therapy setting with the therapist and draw her attention to the physical environment (TR333). The therapist apparently, at that moment, intended to draw the clients attention to the here and now of her experience. This is evident at line 258 of the session: “…you’re here with me…”

**Therapist’s intention was to make the client aware of the here and now of her experience.**

7. TR381: It’s present so lets talk about it.

In session the therapist asked the client if she felt awkward about having to later talk with the researcher about the session (348). The client answered in the affirmative. Therefore the therapist felt this should be talked about.

**Therapist’s intention was to acknowledge the implicit tension that was in the room.**

8. TR390: Goddamn silence.
In session (392-409) the therapist was talking about the curse of silence that the client has had to suffer. He stated: “Oh, okay, yeah, it’s good to speak.” He added that this is “part of what is happening publicly now”.

**Therapist’s intention was to get the client to speak of traumatic events that had been kept silent.**

**Therapist’s intention was to get the client see that others are publicly speaking of silenced traumas.**

9. TR640: And so to sort of open it up.

In session at 626 the therapist stated: “It’s hard to kind of look at it. It’s hard to ah…speak.” Therapist wanted to open up for discussion the experience of having difficulty speaking of trauma.

**Therapist’s intention was to open up the experience of having difficulty speaking of trauma.**

10. cont’d TR654: I’m always wanting for us to be keeping to what’s real.

In recall the therapist added to his previous point that the feelings of the client regarding what had happened to her are real.

**Therapist’s intention was to keep to what is real.**

11. TR796: …this is my being a witness’s input, this is my being there in some way.

In session from 706-817, the client was doing much of the talking with the therapist mostly responding with “mhmm.” In recall, the therapist called attention to this indicating that this was his witnessing of the client.

**Therapist’s intention was to witness or be there with the client.**

12. TR868: …want momentarily to contextualize. So what’s going on in that part of your life? To sort of speak of her whole life.

In session the client spoke of wonderful feelings (863). The therapist then stated at 868: “And then this ah, Ughh that comes in sometimes, that’s a huge contrast, its ugly-“.

**Therapist’s intention was to contextualize different contrasting aspects of the client’s life.**

13. cont’d TR899: We could just celebrate how miserable things are forever, and I want to do that, but I want to do both.
The therapist continued from the above point indicating that he does not want to just acknowledge wonderfulness or terribleness but to celebrate both.

**Therapist’s intention was attend to both positive and negative aspects of the client’s life.**

14. TR1078: And I’m just listening, supporting and so on.

The therapist recalled the section of the session at 1078 in which he said relatively little.

**Therapist’s intention was to listen to and support the client.**

15. TR1693: What I’m doing is I’m underlining, affirming, going along with, saying uh-huh, having fun with it.

In session, the therapist was going along with the client stating: “That’s right” (1673), “Um-hum. Um-hum.” (1687), “Sure.” (1693).

**Therapist’s intention was to affirm what the client was saying.**

**Therapist’s intention was to have fun with the client.**

16. TR1952: I’m always underlining something in the hope that it will blossom a bit further...

In session client was describing an intense experience and therapist responded: “Whew.” (1923).

**Therapist’s intention was to evoke the client’s further exploration of her experience.**

17. TR2227: We’re co-enhancing an experience there, which has some tears in it, and the tears are multidimensional.

In session client and therapist were discussing the multi-sidedness of the client’s experience. From speaking about beauty and wonderfulness (2118) to mourning the loss of what could have been (2206).

**Therapist’s intention was to be a co-participant in enhancing the multidimensionality of the client’s experience.**

18. TR2331: I elaborate it in ways she doesn’t.

In session, client spoke of knowing difference between her yeses and her not (2334). Therapist elaborated: “Yeah. What’s good, and what’s bad, what’s terrible, what’s awful, and what’s wonderful.” (2338)
Therapist’s intention was to elaborate client’s experience in ways she does not.

19. TR2545: It’s like I want to sort of announce; I don’t want it to keep sliding away. Like well let’s get to the next layer, and let’s do some more remembering, and let’s do some more connecting of that.

In session at 2553 the therapist stated: “…and we can kind of accelerate it a bit and talk about it a bit, and that’s a good thing. And at the same time, not to push it- to let it flow....” Earlier on recall (TR2520) the therapist specified some of these layers: body, mind, social relationships, appreciation and sensuality.

Therapist’s intention was to call attention to different layers of the client’s life.

20. TR2575: I’m kind of announcing a world in which again it’s a world in which you don’t have to, and nothing has to be.

In session the therapist used the metaphor of a genie whooshing out of the bottle to convey the freeing of the client in this world where things can be allowed to flow (2575).

Therapist’s intention was to use metaphor to announce a world where nothing has to be.

21. TR2690: …for me its part of my practice, and I don’t want to say mine, I really mean of an existential practice, this kind of practice, that the inclusion of body exercise, the inclusion of the experience of my body...That fear of bodily being is both addressed in speech and in action and so on, is just part of the work…

In session the therapist and client were discussing a yoga tape lent to the client by the therapist (2659).

Therapist’s intention was to address the client’s bodily experience in speech and in action.

22. TR2855: …but I’m putting it as a past accomplishment now.

In session therapist stated: “I’m so glad, that’s – that was – that – it’s been an important piece of your life adventure.” (2847)

Therapist’s intention was to put client’s experience in temporal context.

23. TR3373: …in the celebration of strength I introduced Mandela’s uh, thing. Which to me, um she’s familiar with it…

The therapist brought up Mandela’s presidential address at 3135. The therapist indicated in recall at TR3208 that: “…it’s a way of uh, in a metaphorical and narrative way, sort of
yeah this is great. You’re strong now, you’ve been through the horribleness and
wonderfulness and speak up and (inaudible) in all kinds of ways.”

**Therapist’s intention was to celebrate the client’s strength using a metaphor that she was familiar with.**

24. TR3504: …that theme of you don’t have to, no stricures, no got to…

In session, client was telling therapist about a new rugged vehicle that she purchased (3413). Client and therapist were speaking jokingly about the adventures in her future with this vehicle. However as the therapist indicated in recall at 3464: “Uh, let’s um not make pictures that we believe to much.” Therefore at 3600 the therapist states: “You don’t have to do anything.”

**Therapist’s intention was to make thematic to the client that there is no need to constrict oneself with one’s rigid preconception of the future.**

25. TR3646: But there are many people who…where the bed is not comfortable.

In session therapist and client were talking about relaxing (3577). The therapist stated at 3631: “And so remember when you learned that the bed and the covers would be comforting all night and relaxing.” Additionally, therapist stated in recall: “I’m inviting her to rest. I’m reminding her that she learned how to (inaudible) in the bed.

**Therapist’s intention was to remind client that she can do that which her strictures have prohibited in the past.**

26. TR3694: There’s also metaphors operating here, sleep, taking it easy, relaxing, learning not to have to cope all the time but to sort of be able to close down, relax, be supported, be embraced by the world, and so on. That’s what I’m working there. Yeah.

In session the therapist was speaking to the client about the pleasure of sleep. For example he stated at 3636: “And then sleep became a delicious thing.”

**Therapist’s intention was to use the metaphor of sleep and rest to remind client to relax in life.**

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Step 5 - Understandings

Dyad One Session

What do the client’s recall comments reveal about his understandings?

Each numbered paragraph indicates a point at which the client paused the video for comment.
In some cases a numbered paragraph contains a new point within the same reflection. At these points, the paragraph begins with: “cont’d” because it is a point made within the same paused segment.

Client Recall is indicated by: “CR”. In-session utterances are indicated by line number only. Therefore CR225 refers to line 225 of the client’s reflection while line 226 refers to that line of the session dialogue.

Each numbered paragraph begins with an excerpted statement that the researcher feels is the reason for the pausing of the tape. This statement is preceded by a line number that references the beginning of the quote in the transcript. This will be followed by the in session utterances to which the client is referring and/or the researcher’s rationale for how he arrived at the client’s understanding. Following this reference, there will be the clearly stated understandings based on the researchers understanding of the client’s recall and in-session reference(s) (bold). Because it does not matter whether the client understood something in session or afterward, all understandings are treated equally in terms of this analysis.

1. CR369: ...the physiological or psychological causes, you know, sort of melt into each other…

...comments…kept bringing me back to some of the psychological dynamics that would match up with my physical symptoms and-and things I learned about them (CR374-380).

**Client understood that there is a relationship between his physical and psychological dynamics.**

2. cont’d CR424: …getting me to a place where I could think about it in psychological term also.

In recall the client added to his earlier point about the relationship between the physical and psychological dynamics. He indicated that the therapist helped him get to a place where he could think about physical symptoms in a psychological way.

**Client understood that he could think about the physical in psychological terms.**

3. CR724: He knows what I like, what I admire, what I ah, um, you know, I’m drawn to.

In session the client was talking about his admiration for different bands (797). However, apparently the therapist knew of the client’s interest in music because the therapist brought up the topic of drumming at line 619, before the client spoke about music. The client noticed the therapist’s knowledge of him.

**Client understood therapist to know what client likes, admires and is drawn to.**
In recall the client indicated that the therapist got him to make pop music analogies about his experiences of things in his life that either terrify or please him. In session the client was speaking of various experiences in which he did not have a conscious experience of anxiety and panic. Because these terrifying and pleasing events lacked this experience of anxiety, the client in recall referred to them as abstractions. Therefore, in recall the client appears to be saying that the music analogies helped him gain a reference point for understanding his experiences in a non-abstract or concrete way.

Client understood his anxiety evoking experiences less abstractly.

The client described in recall how he saw events in terms of extremes that were unpleasant or threatening. The musical analogy helped the client see that those two extremes are not the only choices; there is something in the middle too.

Client understood he could have a different approach to experiences in his life.

Client understood he could make other choices.

In the session the client was beginning to make a connection between doing things as he wanted for example: biking, backpacking, playing music on the one hand and dealing with anxiety evoking situations in his professional life on the other. Client indicated in recall that in his professional life he felt that he did not have choices or control. However he pushed himself similarly in recreation when he felt he did have choice and control. For example, he stated at CR1977: “I was caught up in the idea that the intensity of the experience was only going to come if I got to the campsite on time or if I, you know, covered so many miles.”
Client understood that he chose to get caught up in the intensity of his experience in different areas of his life.

8. CR2406: …that abstract concept of choice ah…has some, has some emotional kick to it as a result of the session…means something, you know.

In recall the client apparently felt emotional about his difficulty making choices. For example at CR2426 he stated: “I should be able to make choices, you know, what does that mean for me?”

Client understood that he has difficulty making choices.

Client understood that his difficulty making choices has important implications for him.

9. cont’d CR2428: This session put the concept of having choices in terms that I could understand, and I could start to apply in my own life.

The client indicated in recall that while these choices were once just abstractions (CR2417), at present they were palpable and internalized (2421).

Client understood that he has the capacity to make and feel choices.

Dyad Two Session

What do the client’s recall comments reveal about her understandings?

Each numbered paragraph indicates a point at which the client paused the video for comment.

In some cases a numbered paragraph contains a new point within the same reflection. At these points, the paragraph begins with: “cont’d” because it is a point made within the same paused segment.

Client Recall is indicated by: “CR”. In-session utterances are indicated by line number only. Therefore CR225 refers to line 225 of the client’s reflection while line 226 refers to that line of the session dialogue.

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understood something in session or afterward, all understandings are treated equally in terms of this analysis.

1. CR80: ...keeping things at a distance and how important that has been…

In session therapist stated at 122: “Keep it at a little bit of a distance, that’s right.

**Client understood importance of keeping certain things at a distance.**

2. CR260: …so you were kind of present in the room. So I just recognize it right there.

In session the therapist comment on the clients apparent hesitance (348). The client acknowledged that this had to do with the presence of the researcher.

**Client understood that she was hesitant to speak in the session.**

3. cont’d CR275: I’m dealing with something in the past and the trauma and I haven’t spoken it all these years of my life.

In session at 295 the client stated: “…even the mourning…I’m not stuck in the mourning, it just feels good…”

**Client understood that it is good to speak of previously unspoken trauma.**

4. cont’d CR295: …breaking the silence, letting one more person in on it.

In session client and therapist were discussing the benefits of speaking that which had been held in silence (373).

**Client understood it is good to speak of her trauma to others.**

5. cont’d CR362: Cause I knew the choices were there and I could pull out of this at any time.

In session the client was speaking of the scheduled meeting with the researcher after the session (348).

**Client understood she had choices.**

**Client understood she was free to not participate in the research.**

6. CR446: But this time has also been a time of finding kindness for myself about that.
The client described in recall how she wants to feel compassionate and kind towards herself (462). In session the client was talking about having been silenced in the past. However now, she wants to make herself heard and speak loudly.

**Client understood she wants to feel compassionate and kind toward herself**

**Client understood that speaking of her experience is part of being kind to herself.**

7. cont’d CR477: …is witnessing and I can feel his advocacy for me.

In session therapist was speaking of how people are coming out publicly to speak of trauma (392).

**Client understood therapist was witnessing her disclosure.**

**Client understood that therapist was advocating for her.**

8. CR528: That if I wanted to be quiet or not tell him anymore or not tell you.

In recall the client indicated that she knew breaking the silence was part of healing (541) but she also indicated that she felt she should only break whatever silence felt comfortable (546)

**Client understood that breaking the silence is part of healing.**

**Client understood she should only break whatever silence she felt comfortable.**

9. CR693: Um, just really seeing me and the all of me. He can see through my body language even before I speak sometimes.

In the session the therapist inquired about the client’s feeling at a particular moment (699) presumably because he was experiencing an empathic connection with her. He stated: “What’s the emotion with that? That you- I see you kind of looking again. Addressing it again. It is sadness, anger, outrage?”

**Client understood that therapist sees all of her.**

10. CR793: …contrast. But anyway, he was recognizing that theme and I just heard his words.

In session at 802 the therapist indicated: “That’s a huge contrast…yeah.”

**Client understood that therapist recognizes her contrasting experiences.**

11 cont’d CR802: His attentiveness to what’s important to me.
The client elaborated the previous point by indicating that she feels the therapist attends to what is important and this leads to her healing.

**Client understood that therapist attends to important themes.**

12. CR1128: …I feel that the two things are starting to blend…I also, everything gets connected

The client indicated in recall that she was making connections between her wounded body from the past and currently being a good protector. Healing hands versus violent hands (CR1147).

**Client understood that there are connections between different aspects of her experience.**

13. CR2070: …he felt his own eyes becoming moist.

The client indicated in recall that she noticed in the session that the therapist was moved emotionally. She went on to indicate at CR2083: “…me there and feeling with his whole heart and some of his own tears, what the pain of, the pain of that was like.

**Client understood therapist was emotionally moved by her pain.**

14. cont’d CR2110: Um, I recognize that I made life decisions, I made body decisions, uh, when that happened, when I was violated by that priest…

In session at 2092 the client stated: “-it’s more the nighttime moments which are hard, because I sit down, and I relax, because I’ve had my day…”

**Client understood that she has made life and body decisions when the trauma occurred.**

15. CR2416: …the goodness of him being with all of me, you know. The speech and body and soul…

The client indicated in recall that she appreciated the therapist attending to her different aspects. In session at 2474 the client was thrashing about and laughing. The therapist indicated at 2494: “It’s like tog et the full sense of the-the kind of multiple bodily expression there.”

**Client understood a relation between her speech, body and soul.**

16. CR2492: I want to be strong, I want to be loud, um, and how to have compassion and realize why in the world I wasn’t.
In session at 2500 client stated: “Again, and with that comes, you know, this wonderful sense of how I’ve healed, and how I continue to heal-” Therefore in recall, the client was elaborating upon what healing means to her

**Client understood that she wants to be strong, loud and compassionate.**

17. CR2686: If I’m tired we rest um, he’d recognized before we started into the thing about yoga…Cause you can get so into the work out. I can push and want to keep doing it, or he can push and his attentiveness to that.

In session at 2557, therapist stated: “And at the same time, not to push it, to let it flow, because it’s flowing. It’s flowing. Let it-“

**Client understood that if she is tired both her and therapist rest.**

18. cont’d CR2729: Um, its kind of like reminding me of something I already know....

The client indicated in recall that the therapist was reminding her to take care of herself (CR2760) which she already knows how to do

**Client understood therapist was reminding her of what she already knows.**

**Client understood to take care of herself.**

19. CR2781: And here I am in this space of appreciating bodies...

In session therapist and client were discussing a yoga tape and the body of the yoga instructor (2744).

**Client understood she appreciates bodies.**

20. CR2861: …I will talk about the wound or talk about the journey

In session client spoke of doing yoga (2845). Therapist replied that yoga had been an important piece of her life adventure (2849).

**Client understood that she is on a journey.**

21. CR2962: That is an important part of this work. I feel myself um, less desperate.

In session at 2915, therapist asks: “…where has Ms. Desperate gone?” The client and therapist agree that she has changed: “Something is done.” (2930).

**Client understood herself to be less desperate.**
22. CR3014: But I think we just both recognize the difference between you know helping a symptom and healing.

In session, therapist was talking about the misuse of medication in treatment. At 3006, client stated: “Yeah, it might be helpful, but it’s certainly not healing.”

**Client understood a difference between treating a symptom and healing.**

23. CR3441: …then it’s all connected. That as the work that I do just flows into life so as I strengthen then I am stronger in my caregiver search and stronger and more enjoying my car search and it’s all blending together.

In session client was telling therapist about her car search and purchase of a rugged vehicle (3413).

**Client understood that she is stronger.**

**Client understood that all facets her therapeutic work blend together.**

24. CR3586: So I then feel like yes anything is possible.

In session therapist was telling client that she did not have to do anything, that she could just relax and be taken care of (3599).

**Client understood that anything is possible.**

25. CR3834: I’m talking about a belief and speaking your body’s story.

In session client spoke of experiencing her body at 3772: “And this was my nerve, but it again, going back to – to the spasms and clear and you know, finding again that different body.

**Client understood she speaks her body’s story.**

26. CR3856: You know, not to ignore what is present in our world…

In session client and therapist were discussing bodily experiences and the importance of remembering and being oriented toward one’s body (3751).

**Client understood not to ignore what is present in her world.**

27. CR3888: …you know, we are finite beings.

In session client was talking about her older mother, for whom she found a care-giver (3878).

**Client understood she is a finite being.**
28. CR3954: I think therapy is also like the writing of your life’s story and that then you have some power too, like what’s the next chapter?

In session at 3964 therapist stated: “This is terrific. A wonderful story.” At 4040 therapist stated: “Remember you talked a while back about writing this up in some way?”

**Client understood therapy as the writing of her life’s story.**

29. CR4181: … I’ve been telling him how you know, I feel that choice point.

In recall client elaborated at 4194 that she can feel that the therapist is underlining and inviting her into a world of goodness for herself.

**Client understood she could feel choice points.**

**Client understood therapist inviting her into a world of goodness for herself.**

30. CR4229: That I was somehow responsible or that I didn’t stop it...

In session client was talking about speaking her bodies story and her therapeutic work regarding the traumatic experience (4011).

**Client understood she was not responsible for the traumatizing event.**

31. CR4249: I made body decisions, you know, to close down, to numb out, and to not enter the world of sensuality fully....

In recall at 4243 the client stated: “And I’ve had a very good life with some very strong limits about my body; the goodness of the body world was not for me totally.”

**Client understood she made body decisions.**

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**Step 6 - Observations**

**Dyad One Session**

To me the session looked typical of an insight-oriented psychotherapy encounter. For example, the session occurred at the therapist’s office, both client and therapist were seated several feet from each other, the client spoke of his concerns and the therapist responded with empathy and concern. I noticed that the client brought specific concerns to the session. Specifically, he seemed to be trying to make sense of his pain that had no
apparent physical cause. I saw the client and therapist working together to look for meanings of events and experiences in the client’s life.

I noticed that the therapist frequently asked open-ended questions (How’s it going? (1)), closed ended questions (Do you find yourself extremely vulnerable? (340)), reiterated the client’s utterances (Which is like a panic attack. (483)), and offered suggestions on how to view his experience (Take, take it just one step removed a little bit, read it more like you would look at your dreams…(864)).

It appeared to me that the majority of the utterances in the session came from the client. It also appeared that much of the time the therapist’s utterances involved reframing the client’s utterance in terms of the existential or structural meaning that the therapist felt was indicated. For example: I guess the chest pain has a way of announcing itself… If you listen to it and try to hear what it is telling you…(1521).

I noticed that the therapist was attuned to metaphor in the sense that the metaphor leads one to the level of existential meaning and therefore toward reality as opposed to away from it. For example, at 1019 the therapist uses the metaphor of the act of good drumming to suggest to the client (who also plays drums) a way of being that does not control the environment but both works with and directs the situation (governing as opposed to controlling). The metaphor appeared to present the client with a concrete example of a way he could approach situations differently.

Dyad Two Session

I saw a session that in my experience was unlike psychodynamic, cognitive-behavioral or other therapies commonly in practice in the present day. The therapist’s stance, to me, appeared supportive, nurturing, empathic and reflective. In this sense I
was reminded of humanistic psychotherapies like that of Carl Rogers. However, the therapist did more than empathic reflection. The therapist made suggestions, asked specific closed-ended questions and referred to tenets of existential philosophy. He appeared transparent in the humanistic sense of not having an analysis that was hidden from the client.

For the most part, the therapist appeared to address what the client said at face value and enhance, emphasize, or address the feeling that appeared implicit in the utterance. The therapist appeared to have a holistic approach addressing body, thoughts and feelings. The therapist appeared to participate with the client in how she was feeling: speaking softly and slowly when the client was hesitant, joking and laughing when the client appeared happy, and resting with the client when she was tired.

I noticed that the client brought specific concerns to the session. Specifically, she addressed a past traumatic experience and the effects of that trauma upon her view of herself: physically and emotionally. I saw the client and therapist co-participate in expanding and differentiating the client’s narrative. It appeared to me that the client and therapist spoke about equally.

I felt that the client used terms and phrases that to me seemed more commonly used by existential and phenomenological psychologists. For example: …I am in this space of appreciating bodies (2781), …part of the whole context (2784), …working with this piece cause its so multi-faceted; there’s a body piece and a contrast piece…(2956), …and speaking your body’s story…(3839), …we are finite beings…(3888), …underlining that part of my world…(4159). It appeared to me that perhaps partly
because of this shared language and partly because of the apparent comfort of the in-
session interaction that therapist and client shared a strong bond.