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

David Danto

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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

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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

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## Abstract

From Philosophy to Practice:  
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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.



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## 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 surge 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; Pinosof & 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 horizontal 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 horizontal 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 distanced 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 from 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

<u>Context description.</u>		
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.
<u>Interpretation with three perspectives.</u>		
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.
	<u>Contextualized results.</u>	
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: Mhmm. 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 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, 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 multi-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 ResultsSimilarities 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

Table 2 (continued)

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 20<sup>th</sup> 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 Romanyshyn (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.

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## APPENDIXES

## Appendix A

**CLIENT CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

- TITLE:** Toward the Fundamental Constituents of Existential Phenomenological Psychotherapy: A Hermeneutic Analysis of Psychotherapy Process. \*
- 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).

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Participant's Signature

Date

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Researcher's Signature

Date



## Appendix B

**THERAPIST CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

- TITLE:** Toward the Fundamental Constituents of Existential Phenomenological Psychotherapy: A Hermeneutic Analysis of Psychotherapy Process. \*
- 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).

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Participant's Signature

Date

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Researcher's Signature

Date

Appendix C  
Dyad one session transcript

Line #	Therapist Recall	Dyad one session	Client Recall
1		T: How's it going?	
2			
3		C: It's going okay. I've been	
4		in the hospital this week, it	
5		was last week. Umm, (clears	
6		throat)...I'm thinking about	
7		over stimulations. With, um,	
8		and ya know it, I may be	
9		guilty of over intellectualism	
10		and things at times, but it's a	
11		place where I can start to get	
12		into something.	
13			
14		T: Mmhmm.	
15			
16		C: Um, (clears throat), and ya	
17		know that's not the first time	
18		that concept has...come to me,	
19		either from somebody else or	
20		maybe even in my thoughts,	
21		but it's taken on a little more	
22		of me right now. This, ya	
23		know, this hatred for	
24		relation...I want to figure out	
25	R: Okay, pausing the	why it happens. Um, and ya	
26	tape. (*)	know, I've got these physical	
27		symptoms, that a, I'm ninety-	
28	T: Oh man, more	nine percent sure, have a lot to	
29	recording, uh. (Could not	do with my psychological or	
30	hear-cut off), being much	emotional state.	
31	more intellectual here. Uh,		
32	I mean like, showing his		
33	academic chops, so to		
34	speak. It sort of draws out		
35	his insecurity, which I was		
36	really rather surprised		
37	about. Because (+)		
38	undergraduate (+) took a lot		
39	of literature classes, had a		
40	good literary sensibility and		
41	can talk about all kinds of		
42	things. And I think for a		
43	lawyer, there is something		
44	about being a lawyer		
45	sometimes, with some		
46	people that because it is not		
47	a Ph.D., it's a J.D., they		
48	want to feel like they are		
49	really, you know		
50	intellectual. Not that it's a		

51	bad thing, but they kind of		
52	have this academic		
53	inferiority. So, throughout		
54	the session (+), is being a		
55	little bit more academic than		
56	he usually would be.		
57	Although he does think, I		
58	mean he is quite intellectual.		
59	So, that, that's already a		
60	difference that appears from		
61	an ordinary session.		
62			
63	R: And a difference that		
64	appears because...		
65			
66	T: Because of the		
67	presence of the tape.		
68			
69	R: ...because the presence		
70	of the video camera, uh,		
71	yeah.		
72			
73	T: Uh, so that, that part is a		
74	little exaggerated.		
75			
76	R: Where you thinking that		
77	in the session?		
78			
79	T: Yeah, that was striking.		
80			
81	R: Okay.		
82			
83	T: Should we go on?		
84			
85	R: Yeah.		
86		T: Mmhmm.	
87			
88		C: The fact that it's the last	
89		episode that occurred on a day	
90		when I felt good, felt in	
91		control. I was leading my life	
92		during those twenty-four hours	
93		as I want. (Clears throat) It	
94		was all the more puzzling and	
95		disconcerted. So, I'm, I'm,	
96	R: Pausing? (*)	thinking about this and then I	
97		pose looking through the local	
98	T: Umm, (could not hear-	newspaper about four or five	
99	muffled). Yeah it will be	days ago. And I saw an article	
100	fine, it will be fine.	about (Bayowaters? -not sure	
101		of word), and that's what was	
102	R: (Laughs).	prescribed for me, to keep me	
103		from breaking through in this	
104	T: Um, you know the thing	atrial fibrillation (not sure if	
105	about, I have been seeing	spelled correctly). And the	
106	(+) quite a long time. And	beta-blockers suppress	

107	he had been transferred to	epinephrine and nor-	
108	me from another therapist,	epinephrine according to this	
109	who had, who left the area,	article. So, I asked my family	
110	who did very good work.	physician about that, I said, ya	
111	And (+) had done a heck of	know can I physiologically or	
112	a lot of work in therapy, and	biologically, could I be prone	
113	a lot of work also with me.	to (Helusium?) more	
114	Umm, when he talked about	epinephrine, which is	
115	having uh, these problems,	adrenaline.	
116	these atrial fibrillations,		
117	after having a really good	T: Mmhmm.	
118	day that was the, that was		
119	the combination of the	C: For most people, he said	
120	previous session, where we	“Yes, that could be true, or the	
121	recognized, “Hey” he was	converse of the other side”, ya	
122	having good days. And	know the converse, which is	
123	yeah he is going to have	the, you are more sensitive to	
124	these atrial fibrillations, but	or that you have more, more	
125	never in his life has he had	epinephrine, which is the, I	
126	good days like he does have	guess the connector between	
127	at times, give him the place	(could not hear-muffled),	
128	he can turn to, because he is	adrenaline. And he went,	
129	embarking on a whole, uh	“BINGO,” so I thought that	
130	very different sort of	was intriguing. I’m not; I’m	
131	existential project for	by no means willing to think	
132	himself, that is doing what	about this as a purely	
133	he wants to doing his	physiological problem. Or,	
134	profession.	but it gives me a hook to start	
135		getting a perspective on what	
136		I’m up to or maybe what I can	
137		do change.	
138			
139		T: What would be the	
140		immediate analogy that you	
141		can draw?	
142			
143		C: I don’t know.	
144			
145		T: So it, it could be that you	
146		produce more adrenaline.	
147			
148		C: Mmhmm.	
149			
150		T: Or that you’re more	
151		sensitive to it. Where...	
152			
153		C: Yes.	
154			
155		T: ...where have you	
156		experienced yourself, as being	
157		extremely sensitive, in fact	
158		had to be extremely sensitive	
159		in order to survive?	
160			
161		C: Well, it was in my home	
162		when I was a child.	

163			
164			T: With your mom?
165			
166			C: Mmhmm.
167			
168			T: I mean we've talked about
169			that.
170			
171			C: Ya know, given that
172			environment, plus maybe
173			some uh, physiological
174			predisposition of that is over
175			stimulated anyway, might of,
176			umm put me in a position that
177			has made me vulnerable to the
178			anxiety attacks and the
179	R: It's in pause, next		depression that's arriving now,
180	comment. (Laughs). (*)		that I no longer can
181			compensate for. So, (clears
182	T: (Could not hear-muffled).		throat), I haven't put this
183	(+)'s mom was an alcoholic,		altogether yet, I'm sorry.
184	and he's understood himself at		
185	various times as you know, the		
186	adult child of an alcoholic and		
187	has done some of that kind of		
188	work. So that's a whole frame		
189	of reference that he had		
190	developed previous to coming		
191	to see me. Umm, so that's one		
192	way he's been able to		
193	understand his past. Uh, now		
194	he's finding, ya know, I'm		
195	trying to draw in as many		
196	different levels that he can		
197	understand this discovery is		
198	possible. So he can, this being		
199	sensitive uh, o, over		
200	stimulating himself, he can		
201	understand the context he		
202	comes in with physiology.		
203	But, already he understands		
204	physiology and psychology as		
205	being mutually interactive in a		
206	kind of conventional way, but		
207	nonetheless, he doesn't seem		
208	to suffer. Now we move it to		
209	the biographical and the		
210	narrative convention, which is		
211	what he's worked on with me		
212	considerably. And during that		
213	work, we've always looked		
214	into other things, other ways		
215	that he understood it, one of		
216	them was being the adult child		
217	of an alcoholic stuff. So what		
218	I am trying to, to a lead him		
	toward is putting together the,		

<p>219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274</p>	<p>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.</p> <p>R: Oh.</p> <p>T: So I was kind of asking him to look for those things.</p> <p>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.</p> <p>T: (Could not hear-muffled) is excellent piece of work that he</p>	<p>T: Mmhmm.</p> <p>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.</p> <p>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.</p>	
--	---	--	--

275	just did that. (*) Um, and it's	T: Right, and there is a story	
276	the kind of work that you	there...	
277	could do coming out of		
278	Goldwin's emotional	C: Yes.	
279	intelligence type stuff, where		
280	he recognizes physiological	T: ...which we know pretty	
281	functions you know and when	well.	
282	you get all upset and there is a		
283	(could not hear word-muffled)	C: Yes. Umm, (could not	
284	or a hijacking that kind of	hear-muffled), I'm anxious	
285	thing. To be able to read the	because of unpleasant	
286	physiological in terms of the	situations, uh, because I, I fear	
287	behavioral experience. This is	the worst, and they are not just	
288	doing that really well here.	unpleasant, they are blown up	
289	Umm, and I think that was	into the proportion that's,	
290	like, you know for another	that's nightmarish, ya know.	
291	client that would have been		
292	like "Wow" hey. (+) pretty	T: And we know the story	
293	good, he's pretty (could not	there.	
294	hear word-muffled), he figures		
295	stuff out and so then I always,	C: Yes, it's the monster	
296	I see the next job that I have in	hiding inside the file folder, or	
297	a conversation, is to bring in	behind the file cabinet, or	
298	other levels or layers of that.	wherever.	
299	You know, not to um, to do it,		
300	but to get him to do it.	T: Yeah.	
301			
302		C: (Clears throat). So this,	
303		this physiological possibility is	
304		sort of is hoping up my	
305		imagination (could not hear-	
306		muffled) of how this works...	
307			
308		T: Mmhmm.	
309			
310		C: ...both physiologically and	
311		psychologically.	
312			
313		T: Mmhmm.	
314			
315		C: One triggers the other and	
316		they sort of build on each	
317		other (could not hear-	
318		muffled).	
319			
320		T: So the moment that you, ya	
321		know, during the day when	
322		you felt...	
323			
324		C: Mmhmm.	
325			
326		T: or after a day when you...	
327			
328		C: Mmhmm.	
329			
330		T: ...felt very violent...	



<p>331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386</p>	<p>T: I don't know how much he wanted to do with this. (*) I, I really don't know what the</p>	<p>C: Mmhmm.</p> <p>T: ...and things are moving in the direction that you want them to go...</p> <p>C: Mmhmm.</p> <p>T: ...do you find yourself extremely vulnerable?</p> <p>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...</p> <p>T: Mmhmm.</p> <p>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.</p> <p>T: (Could not hear-muffled).</p> <p>C: Yes, (could not hear-muffled), yeah I went home that night, relaxed, took a ride up the road. Enjoyed that.</p> <p>T: Mmhmm.</p> <p>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</p>	<p>R: Pausing</p> <p>C: Your question, um, based on your instructions is that how did the, um, how did the therapy session, ah work to stimulate...the insights that were going on at that particular time of the tape. Is that something you're looking for?</p> <p>R: Sure.</p> <p>C: All right...Well you know, it's hard to hear good on the tape. I think it's probably obvious that I was having some sever physical reactions to-to um, anxiety. And-and [clears throat] the um, the physiological or psychological causes, you know sort of melt into the other, you know, it's hard to delineate which is which but um (+) comments...kept on bringing me back to some of the psychological dynamics that would match up with my physical symptoms and-and things I had learned about them. For example, him-um, reminding me of the -um discussions we have had in the past about my childhood, my mother's alcoholism, my reaction to it, um...and his um, his prompting that-that got me</p>
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<p>387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442</p>	<p>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.</p> <p>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 this 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</p>	<p>predictable, doesn't seem to be anything I can help or stop.</p> <p>T: And where does, and we talked about where...</p> <p>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.</p> <p>T: Mmhmm.</p> <p>C: Which of course I must be thinking (could not hear-muffled) over time.</p> <p>T: So if you kind of step back a little bit and look at when you're in the group, you're also...</p> <p>C: Mmhmm.</p> <p>T: ...the most vulnerable.</p> <p>C: Mmhmm, yes, definitely.</p> <p>T: And the vulnerability that you carry...</p>	<p>thinking about my...my psychological state, um-brought 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. (*)</p>
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<p>443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498</p>	<p>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.</p> <p>R: That's what you were sensitive to?</p> <p>T: Yeah.</p> <p>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.</p>	<p>C: Mmhmm.</p> <p>T: from your family...</p> <p>C: Mmhmm.</p> <p>T: ...it's part of your history.</p> <p>C: Yeah.</p> <p>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?</p> <p>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...</p> <p>T: Which is like a panic attack.</p> <p>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.</p>	
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499		T: Mmhmm.	
500			
501		C: And, and said I don't care	
502		and I'll get done when I can	
503		get done today. And I've been	
504		able to keep my anxiety at	
505		arms length. So I haven't	
506		been, and I, I have not	
507		launched into things one-	
508		hundred percent, ya know	
509		(could not hear-muffled) day.	
510		I stuck myself at times.	
511			
512		T: Mmhmm.	
513			
514		C: Nevertheless, the, the, the	
515		impulses were still there on	
516		both sides, ya know. When I	
517		start getting into my work,	
518		when I start getting into	
519		something, it is ten-tenths.	
520		There, there is no part throttle	
521		to the ya know. It, it, I go at	
522		full speed. And, and ya know,	
523		when I do go full speed, it is,	
524		um, if I do it successfully, it's,	
525		there's a high to it's, it's...	
526			
527		T: Yeah, and that's what your	
528		chasing.	
529			
530		C: ...at least invigorating.	
531		But, but it's, it's, it's, it's	
532		maybe, it's maybe the kind of	
533		high where your, you know,	
534		where your walking a tight	
535		rope or your doing something	
536		that's kind of dare devilish.	
537			
538		T: Mmhmm.	
539			
540		C: Umm, taking, taking on	
541		more...	
542			
543		T: What could be more dare	
544		devilish for you to do that you	
545		want to do?	
546			
547		C: Yes...	
548			
549		T: Publicly...	
550			
551		C: Yes...	
552			
553		T: ...openly. Umm, and you	
554		can ask yourself...	

555			
556			C: Mmhmm.
557			
558			T: ...is it worth the risk?
559			
560			C: Not, not the way I have
561			been creating with following
562			these impulses to, to, to
563			throttle's jammed all the way
564			to the wall, or I'm frozen in
565			my tracks. Umm, the umm,
566			going full speed, in a, there is
567			no such thing as going full
568			speed. Ya know, can you do,
569			go a little faster than what you
570			have done. Can you keep
571			more balls in here? Umm, can
572			you, can you tempt fate and
573			hope that you have a little bit
574			of luck and so nothing, it
575			doesn't affect heart? Because
576			I have gone past that where I
577			couldn't keep all of the balls
578			in the (could not hear-
579			muffled).
580			
581			T: Mmhmm.
582			
583			C: That's devastating, it's
584			devastating, so it's...
585			
586			T: Mmhmm.
587			
588			C: ...so it's that impulse to
589			take on too much and not say
590			no, and keep, and to expect
591			that I should be...
592			
593			T: And uh,...
594			
595			C: ...perfect.
596			
597			T: ...what question do you
598			ask yourself as you do all
599			these things? (Could not hear-
600			muffled).
601			
602			C: Yes, yes...
603			
604			T: I think you have...
605			
606			C: Mmhmm.
607			
608			T: ...another ail metaphor
609			here. Or when you're in the
610			group...

<p>611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666</p>	<p>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</p>	<p>C: Mmhmm.</p> <p>T: ...how do you keep it in the group? I mean...</p> <p>C: Mmhmm.</p> <p>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.</p> <p>C: Yes.</p> <p>T: Um...</p> <p>C: There is a restraint to his style and his approach.</p> <p>T: But he's deep in the group.</p> <p>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.</p>	
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<p>667 668 669 670 671 672 673 674 674 675 676 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722</p>	<p>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 wan 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, 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</p>		<p>C: That's another good          example of (+) starting to          down along the line of music,</p>
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<p>723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778</p>	<p>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 underwhelmed 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</p>		<p>you know, he knows I like music. He knows what I like, what I admire, what I- 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.</p> <p>R: What-, let me just ask you, what did those abstractions do for you?</p> <p>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</p>
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<p>779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834</p>	<p>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 anoth- another, but it's not apart that he can readily get in touch with. So, anyway.</p> <p>R: Sorry, now go ahead. (*)</p> <p>T: Somebody's got to be pretty cool to be able to think that way.</p> <p>R: And by 'cool' you mean?</p>	<p>T: Mmhmm.</p> <p>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...</p> <p>T: Mmhmm.</p> <p>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...</p>	<p>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 very conventional or very very avant garde. Okay. (*)</p>
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<p>835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 889 890 891</p>	<p>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.</p>	<p>T: Mmhmm.</p> <p>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).</p> <p>T: How can you, how can you live your life, your work life...</p> <p>C: Mmhmm.</p> <p>T: ...in a way that's like (could not hear-muffled)? Cause, it, it is ya know, a model here.</p> <p>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,...</p> <p>T: Take, take it just one step removed a little bit, read it more like you would look at your dreams and the way...</p> <p>C: Mmhmm.</p> <p>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...</p> <p>C: Mmhmm.</p> <p>T: ...it meant dealing with the disappointment when you would want something and it would get shut down.</p> <p>C: Mmhmm.</p> <p>T: Think about the stimulation in that way, by expectations and desire.</p>	
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892		C: Mmhmm.	
893			
894			
895		T: So how can you be over	
896		your expectations and desires	
897		in such a way that you can be	
898		in that group...	
899			
900		C: Mmhmm.	
901			
902		T: ...but not be so vulnerable.	
903		You can manage your own	
904		vulnerability. Because ya	
905		know, the thing about the	
906		Stones is they're very	
907		vulnerable. I mean they're,	
908		they're restrained, but they're	
909		opened up so they could	
910		collapse at any moment. I	
911		think of exile as something	
912		that could collapse at any	
913		moment...	
914			
915		C: Mmhmm.	
916			
917		T: ...but they keep it there.	
918			
919	T: Uh, the, umm, I think	C: Mmhmm. Well...I'm	
920	wherever, and wherever I'm at	going to have to manage my	
921	is going to influence now what	stimulation. Uh, and I'm	
922	direction I'm going to go and	going to have to be able to do	
923	what I'm, and I'm in the	that with my imagination.	
924	middle of, uh Neil Young,		
925	"The Biography of Neil	T: Mmhmm.	
926	Young" shaky. (*) Now that's		
927	certainly something that, I	C: Cause that's what takes me	
928	mean it's a very Neil Young	places, that's what takes me	
929	interpretation of the Stones,	to, to the great heights of, to	
930	but it matches the way I've	the great terrors. Umm, so	
931	seen, especially up there on	I'm gonna, I'm gonna, going	
932	mainstream. But, um...	to have to restrain that and	
933		learn to use it, ya know in a	
934	R: I'm sorry?	way that uh, (+) may use his	
935		bass drum pedal or his	
936	T: That's not mainstream, the	cymbals, or his, his beat on the	
937	Stones are.	snare drum.	
938			
939	R: Oh, (could not hear-	T: Mmhmm. Discipline.	
940	muffled).		
941		C: Yes.	
942	T: Yeah, umm, Young in this		
943	biography, Young is, Neil	T: That's a discipline that	
944	Young is really (could not	he's got.	
945	understand word) with you		
946	know staying in the group and	C: Um, because ya know the	
947	keeping it vital in song. The	awareness of the fact, ya know	

<p>948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003</p>	<p>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).</p>	<p>that maybe things get me a little more fired up then they would somebody else. But I also have a mechanism, for getting that that process fired up. I used an act of imagination as a child as a refuge, as a way of uh, my imagination gave me the sensitivity to spot how my mom’s subtle (could not hear-muffled) fly off the handle. I could of sort of see it.</p> <p>T: Mmhmm.</p> <p>C: When they were micron, um, that’s...</p> <p>T: Over stimulation.</p> <p>C: Yes.</p> <p>T: Ver, sensitivity that you developed.</p> <p>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.</p> <p>T: Mmhmm.</p> <p>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.</p> <p>T: Work, channel, and direct.</p> <p>C: Mmhmm.</p> <p>T: Discipline a change.</p> <p>C: Mmhmm.</p> <p>T: Ya know think about instead of control, we control mechanisms...</p> <p>C: Mmhmm.</p>	
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1004		T: ...but we govern...	
1005			
1006		C: Mmhmm.	
1007			
1008		T: ...things that have sort	
1009		of...	
1010			
1011		C: Mmhmm.	
1012			
1013		T: ...a will on their own.	
1014		Umm, in a way Charlie	
1015		Watson governs...	
1016			
1017		C: Mmhmm.	
1018			
1019		T: ...the Rolling Stones. I	
1020		mean you could say, um, the	
1021		key sets a certain ya know	
1022		pace, but Charlie Watson's the	
1023		guy who kind of governs the	
1024		stuff.	
1025			
1026		C: He very often plays on the	
1027		back end of the beat. Ya	
1028		know there's a beat that's	
1029		here. This is your (could not	
1030		hear word), this is your tempo.	
1031		But he, but ya know you, you	
1032		could, um slice that hair pretty	
1033		thin on the front side or the	
1034		backside. And, and you could	
1035		really control the emotion and	
1036	R: Okay. (*)	the energy of the music with	
1037		that. And, and everybody	
1038	T: That was a very heavy	thinks, ya know, pushing	
1039	hand in intervention for me.	would be, a little bit of	
1040	Umm, cause that thing that	pushing the band creates	
1041	chewed up, that governs	energy. But that's not, not	
1042	versus control (could not hear-	necessarily true. It can create	
1043	muffled) his place in the	some anxiety, but a, but it's	
1044	world. But it works really	mostly irritation and abrasion.	
1045	well as a paradigm shift. You	We play on a back end, and	
1046	like we govern horses and we	we're trying to pull back	
1047	drive cars. I mean people will	against where (+) wants to go.	
1048	get caught in looking at	Umm...	
1049	control as covering all ways in		
1050	which we were (could not	T: Mmhmm.	
1051	hear-muffled). Governing is a		
1052	regularly accessible	C: ...that, that, that's some,	
1053	alternative, because if you try	that's, that's might like the	
1054	to control a horse, like you	dissonance of, of, of, of um, of	
1055	drive a car, it doesn't work.	a blues progression or a blues	
1056	Or if you try to govern a car	scale as opposed to a	
1057	rather than control it. So I was	conventional scale.	
1058	trying to through that in there		
1059	to give him a different way to	T: Did you write that?	

1060	look at lots of style. You		
1061	know, so in highlighting, you	C: Yeah.	
1062	know how it is that Charlie		
1063	Watts, Charlie Watts, Watts	T: I mean about managing...	
1064	manages things; it is not by		
1065	controlling, but by governing.	C: Mmhmm.	
1066	(+) is a bit heavy handed.		
1067		T: ...the stimulation. Yeah,	
1068	R: And to turn to Charlie	that's your model. Yeah, your	
1069	Watt, and to turn to Charlie	stimulation is key. You know	
1070	Watts is a metaphor for aaa...	what trouble he can get into.	
1071			
1072	T: A stance that he can take in	C: (Could not hear word),	
1073	relationship to his own life.	thing is that I have conditioned	
1074		myself for forty-five conscious	
1075	R: Right.	years of um, thinking that	
1076		anything in between those two	
1077	T: So his relatedness to his	extremes is sort of plain,	
1078	own life can be a model on	(could not hear-muffled), and	
1079	Charlie Watts' style, style of	bland.	
1080	drumming.		
1081		T: Which is what people...	
1082	R: A style that uh, is	C: Yeah.	
1083	characterized in this sense,		
1084	you're hoping by governing.	T: ...sometimes say about	
1085		Watson's drumming.	
1086	T: Yeah, yeah and it is,	C: Yeah.	
1087	because a drummer's style if it		
1088	tries to control doesn't uhh,	T: But you know differently.	
1089	work when you're playing		
1090	with other people.	C: Yeah, I, I think it's quite	
1091		the same. Umm...	
1092	R: Right.		
1093		T: Mmhmm.	
1094	T: And there, and that you		
1095	know we get into, cause that's	C: the umm...ya know,	
1096	another backdrop that he	nevertheless, I'm you know, I	
1097	brings up later. You know	got a history of thinking that,	
1098	what he went through when he	ya know, unless your totally	
1099	went, last year when he was	cool to the point of being, of	
1100	jamming with some people	doing nothing and just laying	
1101	and did some performances,	back; or in it up to your nose,	
1102	which he hadn't done for	ya know just barely treading	
1103	awhile. So it's an issue that he	water, spending all the energy	
1104	can relate to very concretely.	you possibly can and burn	
1105	How do you be a drummer, he	yourself out, ya know your not	
1106	calls it in a band or an	really living. Ya know it's	
1107	ensemble? So, again it's just	one or the other. Those	
1108	trying to look at the multi, the	extremes are the places I'm	
1109	multiple level of what's going	used to existing in. Both for	
1110	on here in a way that he can	the same reason. (Could not	
1111	draw them together and they	hear-muffled). So...uh it's	
1112	can feed of each other.	helpful to think of this, this	
1113		chemical thing going on in my	
1114	R: Mmhmm.		
1115			

<p>1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153 1154 1155 1156 1157 1158 1159 1160 1161 1162 1163 1164 1165 1166 1167 1168 1169 1170 1171</p>	<p>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.</p>	<p>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...</p> <p>T: Yeah.</p> <p>C: ...and understand (could not hear-muffled).</p> <p>T: So the way your body has responded has fallen in line...</p> <p>C: Mhmm. Yes.</p> <p>T: with your psychological disposition...</p> <p>C: Yeah.</p> <p>T: ...and the two are like this...</p> <p>C: Mhmm.</p> <p>T: ...(makes a sound).</p> <p>C: Mhmm. 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).</p> <p>T: So every time (could not hear-muffled).</p> <p>C: Yeah, that.</p> <p>T: (Could not hear-muffled).</p> <p>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).</p>	
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1172		T: Mmhmm.	
1173			
1174		C: I continue to bike. I mean	
1175		I get on my bicycle...	
1176			
1177		T: That's great.	
1178			
1179		C: ...and, three or four times	
1180		a week and I feel really good.	
1181	R: Here, pausing? (*)	And I do get a pickup	
1182		treatment this high after I am	
1183	T: This is weird. Umm, how	done with that. I push my	
1184	do I think, or what I am doing	heart rate to one hundred-fifty	
1185	is very much affected by the	beats; one hundred-sixty beats	
1186	process of taping and thinking	a minute. I have a little	
1187	you should get certain things,	trouble getting up there with	
1189	you know I want you to get	the beta-blockers. I sort of	
1190	certain things. Umm, I didn't	have to wait, if I want to have	
1191	need to say, "your body falls	a workout that gets me in that	
1192	in line". I mean, in a way it	position, I have to wait until	
1193	was appropriate given the way	it's time for another dose of	
1194	that, that things (could not	beta-blockers before I get into,	
1195	hear-muffled). But that's you	ya know, doing a workout	
1196	know right out of Boss.	then taking it afterwards.	
1197	Umm, and I mentioned that	Umm, ya know, I, ya know I	
1198	serotonin reuptake blockers,	get down there and I don't feel	
1199	that was like uh, I think I was	like I am in any danger of	
1200	just sort of giving him and	being over stimulated. I feel	
1201	maybe again sort of	fairly serene and that's a point	
1202	exaggerated. Umm, say "okay	from which I have been able	
1203	I can say some things about	to...go to that place the next	
1204	what you just said that I	day and (could not hear-	
1205	understand them, and that, that	muffled). This time, I am	
1206	a (could not hear word). You	either going to kill myself,	
1207	know it's not like he's out on a	(could not hear word) upset, or	
1208	limb with this or something.	I, I fear that somebody might	
1209	Yeah, yeah fine, you know	um, be disciplined or outraged	
1210	just like the concept that he	because I didn't get their	
1211	did that. Umm, in the service,	particular project done exactly	
1212	I mean partly I'm doing it just	when they wanted it done.	
1213	because it's filming, but also I		
1214	umm, want him to go further.	T: Mmhmm.	
1215	I want to fill it in solid enough		
1216	that, that he could go further	C: I don't care. I care about	
1217	with it and that's at that point	the client, I care about what	
1218	what he did do. Because he	they need, but I don't care	
1219	started talking about the	about their reaction to what	
1220	biking and that was again, a, a,	they need, what they think	
1221	a good place to go to multiple	they need, or what they think I	
1223	levels. Because the biking is	should do.	
1224	not only something that can be		
1225	understood theologically.	T: Mmhmm. That's a certain	
1226	Umm, and then have a certain	amount of freedom that you	
1227	emotional impact. You know	experience.	
1228	because if he can, if he's		
1229	having atrial fibrillation, but	C: Yes, and, and...	



1230	he can still get on the bike,		
1231	and the ways his heart beats to	T: That you like.	
1232	all of this, you know must		
1233	mean that his heart's not all	C: I do like it, it's a little bit	
1234	fucked up. He's not gonna	frightening, but the fright isn't	
1235	keel over, you know the next	even all that immediate. It's,	
1236	second, or at least he can tell	it's so, ya know, maybe I	
1237	him self that. Uhh, as well, I	should be a little afraid of this,	
1238	think that is something that he	but I'm not. I'm just not as	
1239	does in the face of the atrial	disciplined as (could not hear	
1240	fibrillation. You know he	word-muffled). I am willing	
1241	leans on his heart, he makes it	to be as I go along. I, I got to	
1242	go faster. So that, that was	get used to this idea. It's a	
1243	kind of a decisive thing for	new way of living.	
1244	him to do. And I wanted him		
1245	to recognize this decisive, not	T: It's like, ya know, you	
1246	jus this reactive.	know that from...	
1247			
1248	R: Mmhmm.	C: Mmhmm.	
1249			
1250		T: ...uh, your play.	
1251			
1252		C: Mmhmm.	
1253			
1254		T: That if, if you play a new	
1255		style it takes awhile.	
1256			
1257		C: Mmhmm.	
1258			
1259		T: But you know that you	
1260		can. These things can be	
1261		changed...	
1262			
1263		C: Mmhmm.	
1264			
1265		T: ...they can be transformed.	
1266			
1267		C: But you know, the thing is	
1268		last summer at this time, I was	
1269		getting ready. I was	
1270		practicing; I was practicing	
1271		with a pickup band.	
1272			
1273		T: Mmhmm.	
1274			
1275		C: For that jam we ran in to in	
1276		July. And I was thinking this	
1277		is a great opportunity, uh	
1278		here's a chance for me to get	
1279		to know some musicians and	
1280		play with an ensemble again.	
1281		And, and create some	
1282		possibilities for the future, but	
1283		the fact is, um, the experience,	
1284		was-, wasn't pleasurable at all.	
1285		It brought so much anxiety,	

1286		both the anxiety of, of, of not	
1287		being able to perform the way	
1288		I always wanted to, and the	
1289		anxiety of; ya know here's	
1290		something, that's going to be	
1291		great, that I'm going to love	
1292		doing that is going to be a re-	
1293		discovered dream. And they	
1294		were both working overtime to	
1295		make it a fairly miserable	
1296		experience.	
1297			
1298		T: Mmhmm.	
1299			
1300		C: I haven't been able to	
1301		admit that to myself, until just	
1302		about now, that I really didn't	
1303		enjoy it. It, it was difficult.	
1304		Right after that was my first	
1305		trip to the hospital. That's	
1306		when my chest pains really	
1307		started pouring in.	
1308			
1309		T: Uh huh. And we talked	
1310		about, ya know the chest pains	
1311		and even earlier, ya know it's	
1312		a matter of your heart.	
1313			
1314		C: Yeah.	
1315			
1316		T: And that, when you first	
1317		had the panic attacks...	
1318			
1319		C: Mmhmm.	
1320			
1321		T: ...and we relayed them to	
1322		(recorded over part of tape),	
1323		uh, you felt them	
1324		experientially as a life and	
1325		death matter.	
1326			
1327		C: Mmhmm.	
1328			
1329		T: And we came to look at	
1330		what was going on with	
1331		(recorded over part of tape),	
1332		the matter of the heart...	
1333			
1334		C: Mmhmm.	
1335			
1336		T: ...was about life and death	
1337		for you.	
1338			
1339		C: Yeah, these symptoms	
1340		have been congregated in the	
1341		chest and um.	

1342			
1343			T: What about your heart?
1344			
1345			C: ...yeah, the panic attacks
1346	T: We have, oh I don't know		have created chest pains that
1347	a year ago (could not hear-		feel like a heart attack. I know
1348	muffled). (*) I thought that		better now that it's esphogio-
1349	was going pretty well for him.		spasm (?) and bronchio-spasm
1350	Because I took, ah, when he		(?). Um, so I hope, again I
1351	originally came to see me, he		have physiological insight,
1352	was a transfer, it was a matter		physical insight from the
1353	of consolidating the work he		physician that had helped me
1354	had done, and ah, you know		with that. Now, I've gotten
1355	he seemed like he was doing		another one about the...creepy
1356	pretty well. Then all of this		feeling in my chest. This is
1357	other stuff started to open up,		not a pain, ya know...
1358	but umm, I thought he was		
1359	doing well. And he, he comes	T: Right.	
1360	in and goes; "I just got of the		C: ...when this thing goes in
1361	hospital." And he had these		(could not understand word), it
1362	panic attacks, but (could not		doesn't feel painful, it doesn't
1363	hear-muffled), so on. And uh,		hurt, it just feels real weird.
1364	it was like "holy shit" what's		And it just feels...
1365	going on with this guy? And		
1366	of course he, he's really good.		T: And the esphio-,
1367	He does the, the things he		esphiogio...
1368	needs to do to evaluate the uh,		
1369	the physiological side of it.		C: Esphiogio-spasms, is what
1370	Which I always tell people		they are called.
1371	they need to go to their		
1372	primary care physician and		T: Okay, and what's that
1373	(could not hear-muffled) all		about? Physiologically?
1374	that kind of stuff. Which he		Keeping stuff down?
1375	did. Umm, when we got to the		
1376	point where there was, where I		C: Yeah.
1377	felt there was no other way to		
1378	make sense of what happened.		T: Stuff coming up and
1379	Uh, except for the uh, "in your		down?
1380	face" speaking of the		C: Yes, stuff going up.
1381	symptoms. Uh, he		Mmhmm. Yes.
1382	experienced the situation he		
1383	was in as a life and death		T: Stuff welling up. What
1384	situation. (Could not hear-		can you push down, what can
1385	beginning of tape). Umm, and		you keep down.
1386	then he finds out that it's not a		
1387	life and death situation from a		C: Mmhmm.
1388	physiological point of view.		
1389	But, it still feels like a life and		T: Here it is, you just brought
1390	death situation. That really		up something...
1391	opened up the chance to say,		
1392	"well we're going, what's		C: Mmhmm.
1393	going on in your life right		
1394	now? Here is a life or death		T: ...that you had kept
1395	decision. You know that's,		down...
1396	that's how important all this is		
1397	to you." And this has to do;		

1398	he's tying it in to what was		
1399	going on with him playing	C: Mmhmm.	
1400	with that band. But what,		
1401	anymore I take it in the other	T: ...while your experience	
1402	direction cause there wasn't	with playing with those guys.	
1403	enough time. But, it will have		
1404	to do with the relationship you	C: Yeah, yeah. Um, these	
1405	would think. And, what was at	things have congregated in the	
1406	stake, what was at issue in this	chest. Uh, and knowing that	
1407	relation. He was thinking	has kept me from panic	
1408	about reentering the	attacks. It has aide me in	
1409	relationship that he had been	decisions that could keep me	
1410	out of for awhile. And I was	from panic attacks too.	
1411	trying to get him to see that		
1412	the (do not understand word)	T: Sure.	
1413	could be his making himself		
1414	aware. But this was about his	C: But, I, I have pretty intense	
1415	life. And he needed to take it	chest pains a couple of days	
1416	that very seriously. Uh, so	ago, it was on Friday.	
1417	that's what (could not hear-	Um...and, I knew what they	
1418	tape was recorded over). No	were. I had an explanation for	
1419	that was it.	it. Well you know, I've had	
1420		uh, I've had some problems	
1421		lately I can tell from (could	
1422		not hear-muffled), ya know,	
1423		it's, it's up in there. And ya	
1424		know, the thing about chest	
1425		pains, it does get your	
1426		attention. You know that	
1427		Richard Pryor story about	
1428		when he set himself on fire.	
1429		People will get out of your	
1430		way when you're running	
1431		down the street on fire.	
1432			
1433		T: Mmhmm.	
1434			
1435		C: It's, it's when you got	
1436		chest pains, it does get your	
1437		attention, it hurts. And ya	
1438		know, I have a place to go	
1439		when that happens. I just head	
1440		for the bicycle, ya know. The	
1441		idea is, if this doesn't kill me	
1442		then, I'm on my way. So I get	
1443		on and do it, of course I've got	
1444		more confidence in that	
1445		process now, than when I first	
1446		tried to experiment with this.	
1447		Um, you know, I have a track	
1448		record. I know getting on this	
1449		bike (could not hear-muffled),	
1450		spinning for forty-five minutes	
1451		and getting your heart rate up	
1452		above eighty-five beats, or	
1453		eighty-five percent of the	

1454		maximum.	
1455			
1456		T: In, you want...	
1457			
1458		C: Yeah, I do.	
1459			
1460		T: So in response to this pain,	
1461		you do what you like?	
1462			
1463		C: Mmhmm. Yes.	
1464			
1465		T: And it works.	
1466			
1467		C: And you know, it that,	
1468		that's where I'm going to	
1469		concentrate right now is doing	
1470		that. Uh, it's, it's, it's a	
1471		singular thing to do, that it	
1472		doesn't require and ensemble	
1473		or a band. It doesn't require a	
1474		team. I would probably like to	
1475		have those things at some	
1476		point, but this is what I want	
1477		to work with now, because I	
1478		can do it on my own, when I	
1479		want to. Um, I don't want the	
1480		(could not hear-muffled).	
1481			
1482		T: Mmhmm.	
1483			
1484		C: Later, I think I'll expand	
1485		and (could not hear-muffled).	
1486		It will give me the same	
1487		feeling, not just through	
1488		physical exertion and	
1489		exhaustion, but through that	
1490		transcendental experience with	
1491		working with others and being	
1492		in a group with other people,	
1493		and making the, the ensemble	
1494		work.	
1495			
1496		T: Mmhmm.	
1497			
1498		C: That's why I was looking	
1499		for my (could not hear-	
1500		muffled). It was worth; it was	
1501		worth the experience, all of	
1502		the painful effects. It's easier	
1503		for me to sit back now and say	
1504		that's true. This is the first	
1505		time I had to say that. I've	
1506		had a real, um, I haven't been	
1507		able to reconcile. Until right	
1508		now, until this session, talking	
1509		about what came up.	

1510		T: Any...	
1511			
1512		C: Spontaneously.	
1513			
1514		T: ...by listening...	
1515			
1516		C: Mmhmm.	
1517			
1518		T: ...to your pain.	
1519			
1520		C: Mmhmm. I guess the	
1521		chest pain has a way of	
1522		announcing itself.	
1523			
1524		T: Right.	
1525			
1526		C: It gets your attention.	
1527			
1528		T: And if you don't listen to	
1529		it...	
1530			
1531		C: Mmhmm.	
1532			
1533		T: ...it gets worse.	
1534			
1535		C: Yes.	
1536			
1537		T: If you listen to it and try	
1538		and hear (client clears throat)	
1539		what it is telling you...	
1540			
1541		C: Mmhmm.	
1542			
1543		T: (Could not hear-muffled),	
1544		later.	
1545			
1546		C: Mmhmm.	
1547			
1548		T: And you're listening. I'm	
1549		still struck by last time, when	
1550		you said well this, this period	
1551		since you made the decision to	
1552		move where your moving with	
1553		you business...	
1554			
1555		C: Mmhmm.	
1556			
1557		T: ...has been the period that	
1558		you felt the most, the greatest	
1559		number of days where it's	
1560		killing you.	
1561			
1562		C: True.	
1563			
1564		T: And you never had that	
1565			
1566			

1567		before.	
1568			
1569		C: That's true.	
1570			
1571		T: Now, that's, that leaves	
1572		you very vulnerable.	
1573			
1574		C: Mmhmm.	
1575			
1576		T: The uh, atrial fibrillation	
1577		(not sure if spelled correctly)	
1578		tells you about your	
1579		vulnerability. Ya know,	
1580		different than the, the heart	
1581		pain...	
1582			
1583		C: Mmhmm.	
1584			
1585		T: ...you know the anxiety	
1586		related cardiac pain.	
1587		Fibrillation says you know,	
1588		you're outside your comfort	
1589		levels. This is not what...	
1590			
1591		C: Mmhmm.	
1592			
1593		T: ...you're used to.	
1594			
1595		C: Mmhmm.	
1596			
1597		T: But you like it. You're	
1598		afraid of the pain.	
1599			
1600		C: Yes.	
1601			
1602		T: You're afraid of what	
1603		could happen with the	
1604		fibrillation, but you do like it	
1605		when things click.	
1606			
1607		C: Yeah, biking is painful to,	
1608		ya know.	
1609			
1610		T: Yeah.	
1611			
1612		C: It umm...if, if you're	
1613		pushing yourself past that	
1614	T: I want to make a comment.	aerobic threshold, ya know	
1615	(* Umm, you know I think,	what they call (could not hear	
1616	uh, timing is every, I mean	word-muffled). That's, that's	
1617	there are so many things that,	hard.	
1618	yeah I don't how much I say		
1619	that I look at therapy at each	T: Mmhmm.	
1620	one of these junctures. But		
1621	that was a very, very heavy	C: That's painful. Nobody	
1622	end interpretation you know.	can stay; accept for Olympic	

1623	It was just like “bam” this is	athletes, nobody can stay there	
1624	what it is. Umm, and I think	very long. Um, you know,	
1625	that, I don’t know, I’m not as	you get to one lace and it	
1626	hypo-analytical in this, is in	hurts, but you see you’re there.	
1627	this, (could not hear-muffled).	I say I’m only going to do five	
1628	Maybe it’s just (could not	weeks (?), that’s all I have to	
1629	hear-muffled), you can’t ever	do just that. Then I can back	
1630	offer an interpretation until the	off, relax, and drink all of the	
1631	client is just about ready to	water I want to. You get	
1632	make one himself. Otherwise,	(could not hear-muffled), and	
1633	you know, it’s like (could not	go for one-sixty, one-sixty	
1634	hear-muffled), or it can be,	five. Can I do one-seventy?	
1635	you know destructive. Umm,	But you only get to one-sixty	
1636	I was heavy handed that (+) is	eight and you sorta hit a wall.	
1637	to the point where he needs to	That’s a step from it.	
1638	hear really the whole thing put		
1639	together and he’s just about	T: Mmhmm.	
1640	there, that to just to see it		
1641	almost that clearly. Uh, he’s	C: It’s interesting, it’s painful.	
1642	vulnerable here, but he really	It’s painful, your muscles start	
1643	likes it and uh, I don’t want	to hurt, and your legs hurt, and	
1644	him to lose track of how much	your chest is really striving for	
1645	he likes it in the face of how	some air at that point. Um,	
1646	people can be.	there have been times, I’m not	
1647		at the state of conditioning	
1648	R: Hmm.	where (could not hear-	
1649		muffled).	
1650	T: So that’s why I’m so heavy	T: And you’re really present	
1651	handed about that.	when you do that.	
1652			
1653	R: Okay, again involving sort	C: Yes.	
1654	of different sides of the		
1655	experience, uh, or, uh...	T: You’re present to yourself	
1656		and to your life.	
1657	T: Well, I think at all those		
1658	levels all together, what they	C: Yes. Then you get quite a	
1659	say to him is, you know he’s	buzz after that. What are the	
1660	very vulnerable when he does	called endorphins or	
1661	what he likes. You know that	something?	
1662	he likes it when he does what		
1663	he likes. Umm, and there’s	T: Mmhmm. Yeah, that’s an	
1664	lots of reasons why it’s the	endorphin high. Runners have	
1665	appropriate thing to do. All	them.	
1666	these imperatives when you,		
1667	different levels when you	C: Mmhmm. Yeah, I never	
1668	interpret them I think when	got that high (could not hear-	
1669	you listen to them they say it’s	muffled).	
1670	appropriate for him, although		
1671	he’s very vulnerable, it’s, it’s	T: That’s another metaphor	
1672	the thing for him to do.	for where you wanna reach for	
1673		with your work.	
1674	R: Hmm.		
1675		C: Mmhmm.	
1676	T: The backdrop of this is uh,		
1677	you know I think his diagnosis	T: Instead of the extremes,	
1678	is major depression. But, I		



1679	didn't give him that diagnosis.	that fluidity, ya know...	
1680	He's been carrying that		
1681	diagnosis. But, there's	C: Mmhmm.	
1682	depression here as a backdrop.		
1683	Umm, so he, he's not	T: ...clicking along, pushing	
1684	depressed now, but the	it when you have to, but	
1685	depression, and this a rather	knowing that you can't stay	
1686	Jungian way to look at it,	there very long being...	
1687	opened up the opportunity to		
1688	take up the unfinished	C: Mmhmm.	
1689	business. Or a		
1690	phenomenological view, the	T: ...able to back off. It's	
1691	depression pulls you back so	like the body, your body...	
1692	you, a future can appear to you		
1693	surf through your past, like	C: Oh yeah.	
1694	(could not understand word)		
1695	says about the uh, a well	T: ...disciplines you, you	
1696	ordered past conditions the	when you're at that level. See	
1697	possibility for the future. He	if you listen to it...	
1698	is ordering his past as he steps		
1699	out in the future. As he steps	C: So I've been thinking	
1700	out in the future, he has an	about Charlie Watts, maybe I	
1701	advantage point, from which	should start thinking about	
1702	again to order his past as he	being on a bicycle (could not	
1703	comes back and forth that	hear-muffled).	
1704	way.		
1705		T: Mmhmm.	
1706			
1707		C: Cause you know, the most	
1708		(could not hear-muffled), from	
1709		me. I got to do something	
1710		those, I uh, gotta open it up	
1711		and I gotta be at, at uh, one-	
1712		hundred percent of my heart	
1713		rate immediately, which is	
1714		impossible for that.	
1715			
1716		T: Mmhmm.	
1717			
1718		C: Whereas, when I push the	
1719		bike, I, I can get on and say,	
1720		"ya know, I'll I gotta do is get	
1721		on and pedal." I can sit there	
1722		with my arms crossed and	
1723		watch television, if I'm not	
1724		outside. Or, if, if I am in the	
1725		park, all I have to do is enjoy	
1726		the scenery and the sense of	
1727		motion. And when you're	
1728		doing that and you're there,	
1729		then you can say, "okay now,	
1730		push a little harder and see	
1731		what I can do."	
1732			
1733		T: Now what makes that	
1734		possible?	

1735			
1736			C: (Clears throat).
1737			
1738			T: Isn't it that you know how
1739			to ride the bike?
1740			
1741			C: Yeah, it is. And you know
1742			the fact is, there was a time
1743			when (could not understand
1744			word), endeavors brought that
1745			same kind of anxiety to me
1746			when I had and everything
1747			else, which is if I didn't get
1748			out and have the most intense
1749			workout that could possibly be
1750			imagined of immediately, it
1751			wasn't a feeling. But I have
1752			been able to break through that
1753			cycle, no pun intended.
1754			
1755			T: (Laughs).
1756			
1757			C: Ah, with the bike.
1758			
1759			T: Mmhmm.
1760			
1761			C: Umm, I can, I can um, I
1762			can, I can approach it and say,
1763			"all you gotta do is sit on it.
1764			Alright you're sitting on it,
1765			now what are you going to do?
1766			Why don't you start your
1767			stopwatch and heart monitor
1768			and see what, ya know, just go
1769			with one-fifty and I'll start by
1770			going up to one-fifty." Cause,
1771			this I feel is my warm-up
1772			place.
1773			
1774			T: You know a lot about
1775			cycling.
1776			
1777			C: Mmhmm.
1778			
1779			T: And that allows you to say,
1800			"well I can just sit on it and so
1801			on...".
1802			
1803			C: Mmhmm.
1804			
1805			T: Don't you know a lot about
1806			the law? I mean as far as
1807			opening that folder, you know
1808			what you're doing.
1809			
1810			C: I well, I do. I don't...I

1811		don't know why I'm	
1812		practicing, which is ya know,	
1813		which is the whole deal. The	
1814		intellectual challenge of what I	
1815		do has always been a draw for	
1816		me. But if I was not bringing,	
1817		if I was not exceeding the	
1818		capacities of my intellect, my	
1819		case if it wasn't on ya know,	
1820		the edge all the time, I didn't	
1821		know how else to practice. I	
1822		didn't know how to just sit	
1823		there and say, "I don't have to	
1824		solve all the problems in this	
1825		file now, I don't have to try	
1826		this case ya know, half hours	
1827		time, I can sit down with this	
1828		and um just get one thing	
1829		done." I'm more content, not	
1830		because I have the freedom to	
1831		close it up without having to	
1832		do more for the rest of the day.	
1833		People call about it or know	
1834		more about it, hmm, maybe	
1835		I'll take a call, maybe I won't,	
1836		maybe (could not hear-	
1837		muffled) when I get to it.	
1838		(Could not hear-muffled),	
1839		ranting and raving you learn.	
1840		But I think I know when to get	
1841		it done (could not hear-	
1842		muffled).	
1843			
1844		T: (Could not hear-muffled).	
1845		Mhmm.	
1846			
1847		C: I got a ticket with this.	
1848		Being day in and day out, it's	
1849		still brand new.	
1850			
1851		T: Well, uh, it's getting more	
1852		familiar.	
1853			
1854		C: Yeah it is.	
1855			
1856		T: The last six months it's	
1857		become more familiar.	
1859			
1860		C: With that, that little	
1861		newspaper article about (could	
1862		not hear-muffled). That, that	
1863		focus, the problem it	
1864		processed for me, someone	
1865		brought it into uh, seeing that I	
1866		could understand. I was	
1867		backpacking one time, west of	

<p>1868 1869 1870 1871 1872 1873 1874 1875 1876 1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923</p>	<p>T: Ah, the session should have been over before he brought up what he ori-, what he began the session with. (*)</p>	<p>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...</p> <p>T: (Laughs).</p> <p>C: (Could not hear-therapist laughing), it's a little dense.</p> <p>T: Mmhmm.</p> <p>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.</p> <p>T: Yeah, I think that is a great analogy.</p>	<p>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?</p> <p>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</p>
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1924	You know, but he could, the	C: Mmhmm.	felt that I could control what
1925	newspaper article about the		was happening to any degree
1926	epinephrine. So umm...		at all that I was either, and
1927			going to fail miserably or be
1928	R: Mhmm.	T: So this, what you're doing	overwhelmed by the prospect
1929		in your practice, in your work	of success, you know, which
1930	T: ...umm, brought things	life right now, is not all that	was very um, neither of which
1931	together for me. The end of	unfamiliar.	was a very rewarding, ah-end,
1932	the session we opened up what	C: Umm...	yeah, prospect, yeah. So, um
1933	had been brought together. It		at that I was beginning to
1934	made no sense to add more	T: ...I know that there is a	make an emotional connection
1935	dimensions. Uh, and you	sense, in which it is very	between the abstract concept
1936	know time wise, it would have	unfamiliar; it's absolutely	of-of you know, finding
1937	been, could have shut it off	brand new...	alternatives to those extremes,
1938	right then. I didn't want to do	C: Yeah, yeah.	something between them.
1939	it too abruptly. Um, that he		And, the um, the actual
1940	came up with, I mean this	T: ...and it, it gives you heart	application of it emotionally,
1941	whole stuff that he brought up	palpitations.	being able to feel um, what
1942	there, that maybe we'll go	C: Mmhmm.	um, what that would be
1943	back to, he can see this		like...Um...it was, sort of like
1944	panorama when he's nowhere	T: But, on the other hand it is	where my-my intellect and my
1945	near, but when he's in	something that is very similar	emotional perceptions caught
1946	Pennsylvania, where he lives,	to what you've done with	up with each other. I always
1947	his home, the trees are right in	hiking, biking,...	thought you could experience
1948	front of his face. He can't see	C: Mmhmm.	things two ways, you might
1949	the forest for the trees in the		understand something in the
1950	home place, but in the other	T: ...and drumming.	intellectual sense but you have
1951	place, you know. Umm, so	C: Yeah, I've had an	no feeling for what you really
1952	that would have been a	appreciation for it...in other	understand. On the same
1953	horrible way to go, you know	places.	token, if you're just
1954	what's home and what's away.	T: You've done it in other	experiencing the emotions of-
1955	What's home is you know, is	places.	of a an event, but didn't
1956	baggage from his mother; uh	C: Mmhmm.	understand the intellectual side
1957	how he practices law at (Could		of what was happening, you
1958	not understand word). The	T: As much as you've	didn't understand it either
1959	way he practices law would be	appreciated it, you've been	when those levels of
1960	more like when he's in Mount	able to do it. Nobody does it	understanding met one
1961	Rainer than when he's in	perfectly.	another. You know, were at
1962	Pennsylvania, you know.	C: Mmhmm.	the same place, then you
1963	That, that could have really,		understood. So I think that's
1964	that could have been a whole	T: But, you've been able to	what I think was going on
1965	other session.	do it.	there.
1966		C: Mmhmm.	R: Is that, would be the
1967	R: Mmhmm.		example of the mountain...
1968		T: And I think there is	C: Yeah, the example of the
1969	T: But it's too late. It, it was	nothing to say that you can't	mountain, the musical
1970	time to close it up.	do it in your work life. But,	examples- that we used, the
1971		what the fuck. Ya know it's	athletic examples, the biking
1972	R: Mmhmm.		examples, where you can-
1973			where I can make a choice and
1974			still have an intense
1975			experience. But the thing on
1976			the mountain...you know, I
1977			was caught up in the idea that
1978			
1979			

1980		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.	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? (*)
1981			
1982			
1983			
1984			
1985			
1986			
1987		C: Mmhmm.	
1988			
1989		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.	
1990			
1991			
1992			
1993			
1994			
1995			
1996			
1997		C: Mmhmm.	
1998			
1999		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...	
2000			
2001			
2002			
2003			
2004			
2005		C: Mmhmm.	
2006			
2007		T: ...childish thing (could not hear-muffled).	
2008			
2009			
2010		C: I am making some choices.	
2011			
2012		T: Mmhmm.	
2013			
2014			
2015	R: Pausing? (*)		
2016			
2017	T: Pausing. Umm, (pause in tape), the notion of adulthood that he grew up into, is one which, to become an adult is not to have choices. You're suppose to do this, this, and this. So, you know, it would help, it made growing up very hard. It meant you had to lose your choices and some freedom, and not do what you want to do. So it's been a backdrop for much of the time in therapy. And uh, that's why it came up (could not hear-muffled), in things coming together with what he read about the epinephrine and opening that up, it's really	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).	
2018			
2019			
2020			
2021			
2022			
2023			
2024		T: Mmhmm. You could have them instead of them having you.	
2025			
2026			
2027			
2028			
2029		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	
2030			
2031			
2032			
2033			
2034			
2035			

2036	against the, it's really about	familiar with. Because you	
2037	being able to make choices.	know last year at this time I	
2038	To recognize options, and to	was having and slowly	
2039	make choices. And so, we're	building myself up to a panic	
2040	bringing it, bringing it into the	attack. It was a little later	
2041	context of his, of what stands	year, (could not hear-talking	
2042	in the way of his doing that.	softly), month down the road.	
2043	You know, a very deep level,		
2044	and that is adults don't make	T: But, you're listening, and	
2045	choices.	you are.	
2046			
2047	R: Mmhmm.	C: Mmhmm.	
2048			
2049	T: Uh, but nonetheless, he's		
2050	learning how to make choices		
2051	and become a different kind of		
2052	adult.		
2053			
2054	R: Mmhmm.		
2055		T: I think that you are at a	
2056	T: Pausing it. (*) Just, uh	very different place than you	
2057	curious and when you talk, he	were last year.	
2059	says you know, things		
2060	churning and so on. We're all	C: I would hope so. But, I,	
2061	issued, umm, (could not hear	you know, I don't want to be	
2062	word) literature and you know	vulnerable to these um,	
2063	the boss (?) takes up about	physiological, um, events that	
2064	organ choice. When you are	debilitate me. They are	
2065	looking at physiological	debilitating and I can't, I can't	
2066	symptoms, "you know why is	sustain yourself from any	
2067	it this physiological process or	place but a hospital. (Could	
2068	this organ rather than	not hear-talking softly).	
2069	another?"		
2070		T: Mmhmm. Well you are	
2071	R: Mmhmm.	vulnerable to them.	
2072			
2073	T: With somatoform	C: But, we're all vulnerable to	
2074	disorders. And the churning,	something.	
2075	one would think, you know		
2076	where's the next place this is	T: Mmhmm.	
2077	going to come up, but what it		
2078	seems should be stuck when	C: Something physical.	
2079	you get the guy's (could not		
2080	hear word).	T: Mmhmm.	
2081			
2082	R: Mmhmm.	C: Umm, (clears throat), plot	
2083		your foot the wrong way on	
2084	T: And it could very well be	the football field and (could	
2085	understand, all of his life and	not hear-talking softly).	
2086	some of his symptoms could,		
2087	you could say, "well, this guy	T: Huh.	
2088	should have ulcers". You		
2089	know, stuffs eating away at	C: And, and, uh...	
2090	him you know, and he's		
2091	worrying you know.	T: So maybe it's a case of not	
2092		being vulnerable...	

2093	R: Mmhmm.	C: Mmhmm.	
2094			
2095	T: Because the things that,	T: ...but how you take up	
2096	stress related illnesses	your vulnerability.	
2097	primarily you know you look		
2098	at things like heart problems,	C: Mmhmm.	
2099	the number one correlation,		
2100	but also stomach problems.	T: And isn't that what the,	
2101		you know the newspaper	
2102	R: Mmhmm.	article helped you kind of	
2103		imagine.	
2104	T: And this guy doesn't have	C: Mmhmm.	
2105	stomach problems, you know,		
2106	they've stayed in the chest and	T: How do you take up this	
2107	the heart. Umm, and I think	vulnerability...	
2108	that's pretty talented, it's not a	C: Mmhmm.	
2109	matter of um, this guy being		
2110	able to digest things, uh to	T: ...for being sensitive?	
2111	incorporate things like it's a	C: Mmhmm.	
2112	matter of what's at the heart of		
2113	who he is, his own heart.	T: And how do you not	
2114	Umm, and that I think it's just,	protect yourself from it but,	
2115	it's pretty curious when you	how do you take it up?	
2116	listen to it. (Could not hear-		
2117	muffled), this is interesting.	C: Mmhmm. What is the,	
2118		what is the psychological	
2119	R: Mmhmm.	science of over stimulation	
2120		(could not hear-talking softly).	
2121	T: You know, it's like, here's	I've seen that a million times.	
2122	a good example of a way to	I mean, cause this, this is um;	
2123	understand organ choice.	this is really trying to look at	
2124		this. This idea that you could	
2125	R: Mmhmm.	be over stimulated umm, is	
2126		interesting. Kind of fresh and	
2127	T: Okay.	new, so, you know there is a	
2128		part of me the, parts may be	
2129		over stimulated. Things are,	
2130		things are there, they have a	
2131		stimulus. It's, it's what it is,	
2132		you know how can be more	
2133		tense for as opposed to	
2134		somebody else? I realize it	
2135		can...	
2136			
2137		T: Well and...	
2138			
2139		C: ...get in touch with that	
2140		emotionally is...	
2141			
2142		T: ...you gave a good	
2143		example of how you were with	
2144		your mother.	
2145			
2146			
2147			
2148			



2149			
2150		C: Mmhmm.	
2151			
2152		T: I mean other people would	
2153		see their mom doing things	
2154		and they were not sensitive to	
2155		it.	
2156			
2157		C: Mmhmm.	
2158			
2159		T: In the very acute way that	
2160		you were.	
2161			
2162		C: Mmhmm.	
2163			
2164		T: Because in being sensitive	
2165		you recognized the different	
2166		directions it could go.	
2167			
2168		C: Mmhmm.	
2169			
2170		T: They were like signs.	
2170			
2172		C: Mmhmm.	
2173			
2174		T: So, that I think is a good	
2175		analogy, or a good example	
2176		really. Not an analogy, but an	
2177		example of being overly	
2178		sensitive. And it served a	
2179		purpose for you. You know, a	
2180		survival warning...	
2181			
2182		C: Mmhmm.	
2183			
2184		T: ...in many ways. So I	
2185		think you, you know have a	
2186		way to understand this,	
2187		connecting it to psychological	
2188		stuff about hyperactivity. I	
2189		mean there's a whole lot of	
2190		stuff out there.	
2191			
2192		C: Mmhmm.	
2193			
2194		T: I mean, yeah it's out there.	
2195		But, I don't know if it could	
2196		be all that useful. I think that	
2197		you found a very good way to	
2198		imagine it for yourself. If it's	
2199		your own story, it's concrete	
2200		for you. And it is, it's about	
2201		imagining it. In the face of	
2202		experiencing this bodily this	
2203		stress, you've turned to	
2204		imagining it.	

2205			
2206			C: Mmhmm.
2207			
2208			T: You need to find a meaning
2209			into it. You're listening to it.
2210			You're helping; you're
2211			allowing it to speak to you in a
2212			way that you better understand
2213			yourself. And look at the
2214			payoff.
2215			
2216			C: Mmhmm.
2217			
2218			T: You get to understand
2219			what happened when you were
2220			playing with that ensemble.
2221			
2222			C: Mmhmm. Even before
2223			that, I think the depression I
2224			got, that I plummeted into a
2225			year ago in February, umm,
2226			that, that was a kinda defense
2227			mechanism against being a
2228			(could not hear-talking softly),
2229			I think. It, it uh, because the
2230			prospect of being so intensely
2231			hopefully, was something that
2232			I though I couldn't stand. I
2233			became hopeless. I became
2234			bleak and colorless
2235			because...the ecstasy that my
2236			imagination thought that I was
2237			suppose to be grasping was
2238			more than I can bear. It, it, it
2239			was dangerous to me.
2240			
2241			T: Mmhmm.
2242			
2243			C: It was dangerous. (Could
2244			not hear-talking softly).
2245			
2246			T: Yeah, I think that's a really
2247			good way to imagine.
2248			
2249			C: Mmhmm.
2250			
2251			T: And, simultaneously what
2252			did the depression provide an
2253			opportunity for, to go back to
2254			a lot of unfinished business
2255			from your childhood.
2256			
2257			C: Mmhmm.
2258			
2259			T: And be able to deal with
2260			some of those issues. So you

2261		couldn't move ahead until you	
2262		dealt with these things uh that	
2263		are blatant to you.	
2264			
2265		C: Mhmm.	
2266			
2267		T: And your story. It kills	
2268		both.	
2269			
2270		C: Yeah, I've been depressed	
2271		before at different times in my	
2272		life. Profoundly so that it	
2273		really didn't beat me to the	
2274		ground the way this one did.	
2275			
2276		T: This one motivated you.	
2278			
2279		C: Yeah, like the only reason	
2280		I didn't, I wasn't thinking of	
2281		suicide is (could not hear-	
2282		muffled) because I couldn't	
2283		convince myself of things,	
2284		that, my state of mind or spirit	
2285		was going to be better once I	
2286		was dead. But I figure on this	
2287		side, I at least had a shot of	
2288		making the um, new to it	
2289		(could not hear-talking softly).	
2290			
2291		T: So you felt empowered?	
2292			
2293	R: Okay. (*)	C: Umm, I felt uh...	
2294			
2295	T: There are so many things	T: You had a shot.	
2296	that you know this session		
2297	have ended awhile ago, just	C: ...desperate.	
2298	time wise. I try to do forty-five		
2299	minutes, umm instead of and	T: Yeah, but...	
2300	not (could not hear-talking		
2301	softly). Uh, be careful	C: I thought that my	
2302	throwing up all this good stuff.	desperation on this side could	
2303	And you almost hit it, the	be channeled into a way of	
2304	client's bringing up suicide, or	dealing with it. Once I had	
2305	his parents (could not hear-	surrendered to suicide, there	
2306	muffled), at the end of a	was no going back. I wasn't	
2307	(could not hear word) session.	going to have umm, the tools	
2308	You can't just end the session,	available to get myself out.	
2309	you got to keep going. Umm,		
2310	that, that's, people always do	T: So ironically you're	
2311	that, they save the heavy shit	depression connected you with	
2312	for the end. You know, it's	a sense of agency...	
2313	not too much that it's in the		
2314	past tense, but um, you know	C: Mhmm.	
2315	it had to be heard and given		
2316	it's place no matter whether,	T: ...that you hadn't been	
2317	you know we're out of time or	able to tend previously.	

<p>2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373</p>	<p>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.</p>	<p>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.</p> <p>T: So now, you get to make your choices. Yeah, and as much, as many problems as it may cause your heart...</p> <p>C: Mmhmm.</p> <p>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.</p> <p>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.</p> <p>T: So you're not god?</p> <p>C: Hmm?</p> <p>T: So you're not god? From the world. You're not god?</p>	
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<p>2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429</p>	<p>T: It got on here. (*) I mean the, the reference to where (could not hear-muffled) and that kind of other imagination. What I kept saying here that you know, this guy is throwing up lobs all of the place partly because it's uh it's being dropped you know. But I think that kind of illustrates</p>	<p>C: No, I'm not god. I'm not immortal. I guess...</p> <p>T: Only for a limited time that says.</p> <p>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.</p> <p>T: Maybe that would be the reason.</p> <p>C: Mmhmm.</p> <p>T: Because it's now or never.</p> <p>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 theses 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).</p> <p>T: Umm, (clears throat), come back in two weeks.</p> <p>C: Two.</p>	<p>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?</p> <p>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.</p> <p>R: It's emotional for you now you mean?</p> <p>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</p>
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<p>2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485</p>	<p>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).</p> <p>R: Okay let me ask you now, is there anything about the session that you want to add? (*-at the end of the tape).</p> <p>T: Uhh, nah. I mean I said a lot, umm, no.</p> <p>R: Okay...</p> <p>T: Anything that you want to ask?</p> <p>R: Yeah, one question is umm, how was this process for you?</p> <p>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.</p> <p>R: Okay. Thank you very much.</p>	<p>T: That would be uh, Monday July the first.</p> <p>C: Yeah, that'll work July first.</p> <p>T: That's good. And I have either four or five open.</p> <p>C: Let's take five.</p>	<p>having choices in terms that I could understand, and I could start to apply in my own life. H-how I could make those choices... Those analogies there, like music, talking about going full throttle or-or not. Hiking on the mountain, all those things. (* )</p> <p>R: And, ah, finally I just want to ask ah, is there...how-how this works for you? How this experience went?</p> <p>C: It's okay, um, I liked it. Ah, it's always been difficult for me to ...listen to myself as-as recorded. Um, but at the same time I liked it because um, it, actually to back in the session this way and-and going over it again...about participating in it, you know, is-is um, helpful, it's very interesting. It's like reading a book the second time, you know, reading a novel the second time, um, because you already know... where it's going, you pick up-pick up some of the nuances in the book that you might not of gotten the first time you're reading it because you're paying so much attention to the plot or-or certain characters, there's some other things there for you the second time around...Okay.</p> <p>R: Thank you very much.</p> <p>C: You're welcome.</p>
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2486 2487	T: You're welcome.		
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Appendix D  
Dyad two session transcript

Line #	Therapist Recall	Dyad two session	Client Recall
1		T: Voila... Cheers	
2			
3		C: Cheers.	
4			
5		T: So, how goes	
6		things? What would ,	
7		what would you like	
8		today?	
9			
10		C: Well... With in, just	
11		need to be again, with	
12		this main journey, of	
13		the um-	
14			
15		T: mm hmm	
16			
17		C: [sigh] the past	
18		morning that we had	
19		talked about,	
20			
21		T: Sure.	
22			
23		C: And we continue	
24		into the main saga,	
25		which is mainly very	
26		good.	
27			
28		T: I'm glad to hear	
29		that yeah. So you're	
30		not, you're not what	
31		you call in the trauma	
32		zone with this stuff	
33	T: Um, very simple	now?	
34	thing there is I hear a		
35	shift in her tonality.	C: No, not at all, there	
36	Slighting hearing, uh,	have been some times	
37	there's a vibrational	of remembering which	
38	sense of a slight shift	um...	
39	saying, 'No it's not a		
40	trauma zone.' But I hear	T: hmm	
41	a kind of vibrational, a		
42	shift in feeling. And	C: ...which do hurt.	
43	that's the place at		
44	which, uh, I say, 'and	T: You can feel	
45	your feeling it.' I'm	it... You can feel it	



46	wanting to enter into the	very-	
47	resonance with her.		
48	That's all. The presence	C: Yeah, stiff feel the	
49	in the immediate	hurt. But I'm definitely	
50	moment and I want my	not reliving. It's not	
51	words to capture what	the traumas that I'm	
52	put me in the moment.	not reliving,	
53	(*)	remembering, and not	
54		reliving, not not	
55		flashback.	
56			
57		T: Not flashbacks, but	
58		really remembering.	
59			
60		C: Just remembering,	
61		and that's the-	
62	R: Pausing.		
63		T: But your mood gets	
64	T: Um, one of the things	you...	
65	that I'm very aware of is		
66	that, um, she presented	C: And I think	
67	the possibility of a	it's...yeah, I think it's	
68	project for the day. Uh.	more the moving,	
69	I'm remembering I	being moved by my	
70	moved, I um, want a	own experience, and	
71	language, want a better	um, in a kinder way	
72	language for it. So I	that I think I've ever	
73	offered, 'well would you	been.	
74	like that to become our		R: Ok, you're pausing
75	focus?' Which is to me	T: Yeah.	the tape.
76	one of the primary		
77	things I've always	C: So I think, it just	C: It just struck me; we
78	asked, well always is an	feels important to	were working on uh,
79	exaggeration, but my	review what is	keeping things at a
80	intention is to offer her a	important, and then to	distance and how
81	choice. And she says,	deepen- or find ...	important that has
82	'Well I don't know		been. I think if you, I
83	whether I want to do	T: what wri- yeah	heard myself, um, let
84	that or not. We'll see.'		him know that I wasn't
85	So she's already, uh,	C: ...even searching	in the trauma zone
86	accepting the idea 'let's	for some language	because we'd been
87	see what comes up' as I	about all this...	working with
88	continue rather than		something that was
89	'let's make a project'	T: Yeah...ok...yeah	trauma, back in my
90	and so on and I say 'Oh	ok. Why why don't	childhood. I'm not
91	ok.'	you speak a little bit	feeling (inaudible)
92	My intention was to	about what you what	right back in there, and
93	offer the choice, she uh,	how it how it appears	um, you cant see it
94	doesn't know for sure.	to you when it...is that	since this is an audio
95	And so my guess is that		

96	will probably unfold,	what you want to do	not a video but I (+) It
97	but nonetheless its very	today, do you want to	touches me how he is
98	important in my	do a little work on	in tuned. He saw me
99	understanding as I offer	that... on the	kind of doing the work
100	her choice is that she	remembering and	that we have learned
101	has the choice. And	getting some more	and that he has taught
102	though I don't press it,	language about that...	me could just see me
103	but accede to her choice,	and so on?	doing it. You know I
104	99% of the time it could		was in touch with, and
105	happen sometimes and	C: Well I don't know	telling him that I've
106	she'll say, 'oh I don't	that I have to do too	been remembering, not
107	want to go into that' and	much of the	in a traumatic way, not
108	I'd say 'well maybe we	remembering we'll see.	in a flashback where
109	don't have to right this		I'm living it, but
110	second, however, we're	T: Ok, ok.	remembering. Um, but
111	going to have to go into		even with that you
112	that one of these times.'	C: I'll just mention that	know, uh, how to keep
113	But normally it would	its there.	it at a safe enough, ok
114	be uh, favoring her		enough distance so that
115	freedom, favoring her	T: It's there ok. Yeah.	I can do the work and
116	choice, and very		yet not be (breathes in
117	characteristic of my	C: Its that or just	sharply) uh you know,
118	work. Ok. (*)	dwelling with what...	back in there. So, that's
119			what was setting kind
120	T: Um. (pause) My	T: Yeah keep it it	of the stage for this
121	impression is she's	it...that's very good.	session and just felt
122	talking about 'I ought to	Keep it at a little bit of	real important. So just
123	be keeping it more a t a	a distance, that's right.	kind of wanted to say
124	distance' you know.		something about that.
125	And uh 'sometimes it	C: Yeah...yeah the	
126	moves closer and it	remembering still	R: Ok. Yeah. Good.
127	should not' -I'm going	getting a close but	Good. (*)
128	to exaggerate the way	again its I always	
129	I'm hearing it, but I'm	um...I'm clear that its	
130	hearing her taking	remembering now and	
131	pictures of herself. A	it hasn't been horrible.	
132	good way to do it would		
133	be to have a distance to	T: You...you...you...	
134	see if (inaudible) can no	It's ok to to let it have	
135	longer be lawless about	a range of closeness	
136	it and so on and so on.	and then to remember	
137	And I'm sort of thinking	- oh no...this is past	
138	well, you've got a range	this is this is...I can put	
139	already. Let it have a	this at a distance too.	
140	range. And then (*) it	Sure, sure...ok.	
141	comes really close to		
142	letting yourself know		
143	it's in the past., even		
144	though your feeling it		

145	pretty strongly. Put		
146	some distance, you have		
147	some... again its, I'm		
148	inviting her in to the		
149	realm of freedom, which		
150	is distinct from this		
151	experience takes you		
152	over on the one side,		
153	and on the other side		
154	you ought to be bla bla		
155	bla, you ought to be		
156	handling it this way and		
157	that way. So that's what		
158	I'm responding to is that		
159	sense that I ought to be a		
160	certain way. And I'm		
161	inviting her into the		
162	range of her freedom		
163	and the exercises of		
164	freedom, which is if it		
165	gets too intense that you		
166	can find distance and uh		
167	we specifically in the		
168	therapeutic works, we		
169	worked on her getting		
170	distance. If you think in		
171	terms of her history,		
172	she's a person who has		
173	gotten lost in deep, dark		
174	horrible feelings and		
175	helpless and		
176	overwhelmed. So for her		
177	to have that practice of		
178	distancing and closeness		
179	of range is for me her		
180	freedom. That's what		
181	I'm really working on.		
182	I'm very sensitive to her		
183	laying restrictions on		
184	herself...		
185			
186	R: Um-hmm.		
187			
188	T: You know, of		
189	various kinds. Ok.		
190			
191	T: (laughs) It's all right		
192	I was just sort of		
193	thinking.		

194			
195	R: You were saying-		
196	when were you saying		
197	that?		
198			
199	T: (Inaudible) Take your		
200	time.		
201			
202	R: Ok.		
203			
204	T: Um. I'm trying to		
205	think. She told me this		
206	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.	Hmmm...take your	
213	But it's not really a	time.	
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		

242	stricture, and then when		
243	I say something about		
244	letting it go, she pauses		
245	and, and (inaudible) and		
246	I realize ok, you can		
247	take ten minutes, five		
248	minutes, whatever, take		
249	your time. No pressure		
250	here, no have-to. That's		
251	what I'm doing here.		
252	Ok? (*)		
253			
254	T: Um, the thing that	..to allow	R: Pausing the tape.
255	was saying that to me	yourself...that's	
256	was um, you're here	good...to allow	
257	with me. (Inaudible)	yourself to remember	C: As you can hear (+)
258	And what I'm	you're here with me	with me that we would
259	responding to do is	and now you will	be, that this was a tape
260	something that's	review. I can see you	for you and so you
261	become very	kind of reviewing in	were kind of present in
262	characteristic of her.	your mind's eye and	the room. So I just
263	And I guess I was	your feelings – ah yeah	recognize it right here.
264	wanting to underline it	this has been going	Um, and that just felt
265	there in that moment.	on...you're here with	real important you
266	Which is, um, keeping	me it's the...that's the	know, (+) with the
267	sort of the thinking that	past that's coming to	experience there in the
268	love in her interior flow	tell you whatever	moment, that my work
269	of feeling and get	whatever whatever you	is really important and
270	detached in some way	need to learn from it,	we were doing this and
271	from the here and now,	you know. Whatever	how to just be with
272	get lost in the past, get	still you're learning	that. And how that
273	lost in interior feelings,	from it. Whether	blended into the
274	and things like that. And	there's some further	healing work, because
275	I really was just, uh, I	healing further kind of	I'm dealing with
276	really wanted to say,	further putting it in the	something in the past
277	um, you're here with	past.	and the trauma and I
278	me. And that, I didn't		haven't spoken it all
279	say it that way, but and	C: Right. I feel that	these years of my life.
280	that's how you can	that's just that will	And there's all this
281	know that the past is	progress on its own...	silence around it. So
282	past and the present's		what felt a little bit
283	present, and so on and	T: Mhmm...mhmm.	awkward, and I don't
284	so on. And I did it in a		you know I don't even
285	kind of semi-clumsy	C:... the the reminders	know how much I felt
286	way and that	are good and I'm fairly	it or thought about it, I
287	(inaudible). But uh, the	good not doing that on	certainly agreed to do
288	you're here with me was	my own...getting in	this. And um, but then
289	to me the touchstone of	the past from this point	just in the moment,
290	that particular	into the remembering	yesterday at the session

<p>291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339</p>	<p>intervention. And had to with that sense I get that she can kind of half closes her eyes, and goes inside herself, which is fine. And she'll sit with that, and often she'll start to tear. And for me there's (*) always an instant question of how long is good to taste that and when does she need to come out again and say something and remake herself more present. Um, and that's historically very important, literally opening my eyes and looking around the room in the past and seeing what's in the deep, dark doomed world. Uh, I used to say to her things like um, 'Open your eyes and just look around the room. Look at the things.' Somewhat come out of this interior horror trance and be, and you can almost see her, 'Oh God. What's this?' in those days. Now it's not so much, it's all been moderated a lot. There's been a lot of shifting and changing in her. Um, and yet I seek that, that awareness with her that somehow that encouragement that 'you're here with me, you're in this room, on the fourth floor, air- conditioned, the sun is shining outside'. I don't, uh, very occasionally now I say all that. But in</p>	<p>in there...</p> <p>T: Mhmm.</p> <p>C: ...even the mourning...I'm not stuck in the mourning it just feels good...it feels like yeah its..uh..</p>	<p>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.</p> <p>R: Right.</p> <p>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.</p> <p>R: So it was both</p>
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340	this case it was just, the		wanting, sort of seeing
341	signal was, you're here		a benefit in maybe
342	with me and the past is		letting somebody
343	past and that's ok. You		trusted and in on
344	can feel it or not feel it,		what's going on-
345	whatever. OK. That's		
346	all.		
347			
348	R: Um-hmm.	T: Ok. Ok. Do you feel	C: Yeah. First being
349		any awkwardness	moved by (+) and (+)
350	T: Ok. That's a lot.	about the fact that	we know again the
351	(laughs) Um, I have	you're gonna have to	permission, How is this
352	noticed um, the way she	talk with (+) about this	for you, you know (+)
353	spoke and so on. It was	or or is is that not very	is going to hear this
354	almost like she wasn't	important to you? I'm	and him recognizing
355	going to say um, father	just curious about it.	that I was somehow
356	with his proper name,		different. And then you
357	which she has used with	C: Uh... I guess I'm	know very quickly like
358	me. Um, he's dead but	feeling that a little bit.	Oh yeah I am feeling a
359	that doesn't make a		little hesitant and oh
360	difference, she's still	T: I was thinking so. I	yeah how important it
361	being reticent about	thought...I feel you a	is to speak. So I
362	naming it. But father	little hmmm... a little	certainly wasn't like
363	um, (+) um, I have the	hesitant to dive in or	Oh shut off the tape, I
364	memory him laying	something like that and	need to protect. Cause I
365	declothed beside me, ya.	I'm not that not how	knew the choices were
366	She wasn't , and we can	I'm used to you doing	there and I could pull
367	see then with some	that I'm used to you	out of this at any time.
368	regularity remembering	just going ahead and I	It immediately felt,
369	bits and pieces of things	can feel a little self-	pretty quickly felt, like
370	that happened and how	consciousness on	a benefit that someone
371	her vagina felt and how,	you're part.	else would hear what I
372	you know a lot of, she		was speaking. This
373	was thinking in a lot of	C: I felt important	isn't something that
374	detail. And it was rather	about this particular	you would take to the
375	clear that all of the	journey to be able to	media or to the legal
376	sudden she was being	say and not hold	arena; it's more in the
377	reticent. And um, I	back...	human and healing
378	thought well, ok, first of		arena. And it's very,
379	all, that's what's	T: Right...right.	very hard to speak it.
380	happening, we should		So your here on sacred
381	talk about it. It's	C: ...and whether its	and um, entrusted
382	present, so let's talk	you or (+) or to even	space (begins to cry).
383	about it. And presently,	be pondering saying	
384	then as it went on she	something (inaudible)	R: And this is hard for
385	suggested at first, but it		you to talk about now.
386	was already on my	T: Yes...yes.	
387	mind, was the fact that		C: (More composed)
388	how the whole point of	C: ...for it to be very	There's some pain to it.
			This isn't brand new.
			(+) and I have been

<p>389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437</p>	<p>this is to come out of Goddamn silence. (chuckles) Which has been a trick in her life, has been a very 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</p>	<p>different than the silence.</p> <p>T: To get it- yes, you know that silence that was such a curse for so many years... There's something, 'cause I- I, I was noticing, I wasn't saying anything either, and I was partly ... with your hesitance to be specific, I was- I was being hesitant also, and I thought, "Oh, okay, yeah, it's good to speak". You know, tell- tell (+) you know. That's part of what's happening publicly now.</p> <p>C: mmmm</p> <p>T: You know, that people are just coming out and saying. "God damnit [Thump]. I was molested, I was, you know, done in, you know. And that ah, that affected me, and it hurt me, and wounded me, and it wasn't okay. And that's something that ah, is- is sort of in the public eye. Of course it gets ah, it becomes a media event. Unfortunately. But then that's...</p> <p>C: Yes, and I hate that part.</p> <p>T: That part about it.</p> <p>C: That part in mind and...</p>	<p>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.</p> <p>R: Should we go on?</p> <p>C: (sniffs) Alright. Go on. (*)</p> <p>R: Pausing the tape?</p> <p>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)</p> <p>R: Well why don't we, why don't we stop this tape and-</p> <p>C: Ok so I also wanted</p>
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<p>438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486</p>	<p>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.</p> <p>R: Pausing.</p> <p>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</p>	<p>T: You know, it's best to want to on national television and, becoming a victim child, uhmmm, a victim object.</p> <p>C: No, I mean because the way they're doing it, um...</p> <p>T: Yeah.</p> <p>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...</p> <p>T: They tend to do something. The bishops are talking about priests, sexual abuse in minors, and pedophilics and so on and so on. It goes on and on and on.</p> <p>C: hmm.</p> <p>T: And it will for.. some time now. Figure</p>	<p>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...</p> <p>R: Uh-huh. (* )</p> <p>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</p>
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<p>487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 525 522 523 524 525 526 527 528 529 530 535 532 533 534 535</p>	<p>into the language'. 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</p>	<p>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.</p> <p>R: Now in the session then, he was in this kind of uh advocacy (+).</p> <p>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</p>
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<p>536 537 538 539 540 545 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584</p>	<p>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,</p>		<p>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.</p> <p>R: Um-hmm. And breaking whatever silence you felt comfortable.</p> <p>C: Right.</p> <p>R: Do you want to say anything else for now?</p> <p>C: No I think, let's go on.</p>
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<p>585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 616 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633</p>	<p>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.</p> <p>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. And look at the world, look at all the people who have been talking about it, and now the bloody church has to deal with it and they don't know what the hell to do with it. And uh, they've been complicit in it, and she's acted pretty pissed off at</p>	<p>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...</p> <p>C: [sigh]</p> <p>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,</p> <p>C: mmhmm</p>	
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<p>634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 450 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682</p>	<p>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</p>	<p>T: It's not my experience. I didn't go through it. Makes the world of difference.</p>	<p>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</p>
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<p>683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731</p>	<p>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?</p> <p>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</p>	<p>What's the emotion with that? That you- I see you kind of looking again. Addressing it again. It is sadness, anger, outrage?...</p> <p>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.</p> <p>T: mhmm, mhmm.</p> <p>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</p>	<p>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</p>
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732	remembering it, what	that.	yes, that what I'm
733	she remembered is an		remembering will be
734	idealistic vacation spot,	T: Yeah.	witnessed in
735	wonderful vacation spot.		compassion and care.
736	And this monstrous	C: You know, like I	That's all I wanted to
737	event, where she's	particularly need to be	say. (*)
738	invited down to a play	with the remembering,	
739	area in a building and	you know-	
740	then the uh, priest,		
741	there's a merry-go-	T: Okay	
742	round type thing. The		
743	priest begins to hold her	C: It's about being	
744	and pushes her around	silenced. That's where	
745	the merry-go-round and	I am, and we have	
746	telling her this is alright	done the speaking, and	
747	and taking her clothes of	being with the	
748	and neatly folding them	specifics, um, and the	R: Pausing the tape?
749	and...	remembering hasn't	
450		been real specific, it's	C: Another wonderful
751	R: Nightmarish.	just more the feeling of	moment um, (+) um,
752		"Ugh "	him recognizing the
753	T: Nightmare, yes. And		theme of it, cause I'm
754	then wonderful vacation	T: "Ugh "	talking about the
755	spot and that, eww, and		contrast, the pain for
756	this contrast is very	C: That it happened,	me, the contrast
757	powerful. So she's	umm,	between the wonderful
758	speaking to the feelings		world. I'm a child on
759	she gets of that	T: Umhmm	vacation in a beautiful
760	hell/heaven world. This		spot, with beautiful
761	world is heavenly and	C: And again, it's in	people, I thought for
762	then they blow people	contrast with the	the most part, and then
763	up, its like that kind of	memory itself, because	this horrible thing
764	contrast. This world is a	the memory is- is, um,	happens, (inaudible)
765	beautiful world with	couched in that	vacation of all things.
766	flowers blooming,	beautiful	And then the memory,
767	dancing in the gardens,	vacation...spot, and	this is giving you the
768	and this guy comes	that's just part of the	context; the memory
769	along and takes me	vacation, and the	has also come at a
770	down and does this	goodness of life	wonderful time in my
771	terrible stuff to me. This	and...Umm, the trauma	life. Um, and in this
772	trusted person who's	rushing in and ruining	place of care-giving for
773	supposed to be benign	that. Um...it ah-	my mother, very
774	and all this stuff, does	they're still with that	different than other
775	this terrible stuff to me	contrast, because its	work that I've done,
776	and leaves me wrecked.	come at this time when	but there's been a lot of
777	And wondering when	I'm feeling good	beauty and I've just
778	the hell is the next		been feeling very good
779	horrible event going to	T: Umhmm	about my own body,
780	happen. And that my		and health and I've

781	body is left with a	C: And it's a	done a lot of healing
782	certain permanent	wonderful world	about my body. And in
783	stricture, a permanent		the midst of that comes
784	kind of like (inaudible)	T: Umhmm	this memory, kind of
785	which fills up again and		the same thing you
786	again and I have no idea	C: And it's a	know, a wonderful
787	about. So when she's	wonderful body that	world and ooh.
788	speaking all that it's like	I'm in, [laugh], a	Somewhere in the
789	all I can say is I just, I'm	wonderful body that	springtime, it was
790	moved. It's like uh, I	other people are in	Easter time, when all
791	don't know if I'm		this was in the media,
792	amplifying it or she's	T: umhmmm, mhmm	this memory comes
793	amplifying it, who's		and the contrast. But
794	where with it. And she	C: Men are in, that	anyway, he was
795	specifically expresses it	women are in, and that	recognizing that theme
796	this my being a	contrast [slaps object	and I just heard his
797	witness's input, this my	with hand] you know	words. This is really
798	being there in some	[sniffing] just	neat to be able to hear
799	way. And that makes	something about that	and play over. I heard
800	perfect sense to me. Im	[sniffle]	him say how he heard
801	going with that,		me say that from the
802	knowing that if I can be	T: That's a huge	very beginning. His
803	there, if you can be	contrast...yeah	attentiveness to what's
804	there, if she could it her		important and the
805	mother or whoever to be	C:...Take this [spoken	theme of it so then it
806	there, that then the	through tears] I'm just	can be recognized and
807	concentrated nightmares	angry because I'm	deepen and lead to the
808	become a specific event		healing. But again that
809	that was horrible in the	T: Umhmm	um, hearing the theme
810	world and terrible and		and he heard it from
811	stuff like that. In that	C: tired [sniffles and	the very beginning is
812	sense, I'm very happy to	deep breaths] and I'm	what he just said.
813	hear her speaking of the	tired of ahh...[deep	
814	horror. Cause I know	breaths]. I'm angry and	R: Did that strike you
815	when she says it, it has	I'm tired I guess that's	in the session; did you
816	all these very concrete	what it is, and ah, and	notice that in the
817	elements, she (*)	joyful and- and it's just	session?
818	doesn't have to speak it		
819	necessarily all, but she's		C: I don't know that I
820	really remembering this		really, and again it just
821	beautiful things and the		is so, I'm so there. I
822	wonderful happy stuff		don't know that I
823	and then yuck, you		caught quite that. I just
824	know, the awful		thought it very striking
825	nightmarish stuff. So		now that he said, 'oh
826	that's what's going on		you've been saying
827	there and I'm very		that from the very
828	moved by that whole		beginning.' Yeah as an
829	thing so.		intellectual thing it's



<p>830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878</p>	<p>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</p>	<p>that- that contrast piece has been a big part of it.</p> <p>T: You said that from the very beginning-</p> <p>C: Yeah.</p> <p>T: When you first started telling about-</p> <p>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.</p> <p>T: umhmm, umhmm</p> <p>C: My life feels very full and good, my body feels really good. And I had just been having a lot of fun, and,</p> <p>T: umhmm, umhmm</p> <p>C: The great feelings, and wonderful world feelings continue, and then,</p> <p>T: And then this ah, "Ughh " that comes in sometimes, that's a huge contrast, it's ugly-</p> <p>C: Right, and it never takes away joy or the gratitude, and- ah it's just that it's painful.</p>	<p>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. (*)</p>
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879	is that and then there's	T: Yeah	
880	your mother, and then		
881	there's your friends, and	C: And, ahh,	
882	then there's coming to		
883	see me and then there's	T: And of course, you	
884	flowers in the garden.	now I'm sort of	
885	But I think literally	thinking, [mumbling],	
886	that's what I'm thinking.	you talk about being	
887	We did a lot of stuff on	tired, I'm thinking,	
888	this and you know we	you've been struggling	
889	wanted to move through	with the, it sounds like	
890	tears seventeen more	you've got some of the	
891	times, we could it, you	, "Okay, I'll take care	
892	know. Tell me about	of your mother now" it	
893	your loneliness, and tell	seems good-	
894	me about your sadness,		
895	and tell me about how	C: and abundance	
896	about how bad you feel	[laughter]	
897	that he wrecked the		
898	possibility of thinking	T: [Knocking] I knock	
898	about men as appetizing	on wood when I saw	
899	back then. We could just	stuff like that.	
900	celebrate how miserable		
901	things are forever, and I	C: Ahh, I have so	
902	want to do that, but I	much good care.	
903	wan to do both. So, I'm	[laughter]	
904	impressed then by what		
905	she moves towards,	T: Do you?	
906	when she moves		
907	towards that region of	C: and then continue,	
908	her life. She saying God	I'm always like oh, you	
909	I'm speaking out more	know, even being,	
910	fully and more strong	wanting to have my	
911	and I think that is partly	eyes wide open, 'cause	
912	a consequence of the	--	
913	work we've been doing.		
914	So I'm feeling very,	T: Sure.	
915	tickled. It's like oh, I'm		
916	talking out, I'm not	C: -- the whole thing,	
917	taking crap, I'm	of all of this, whether	
918	insisting on what's good	it's my caregiving life	
919	for my mother, and	and some of it, limit, or	
920	what's good for me and	healing this wound	
921	what's needful here with	about the hurt by	
922	all these damn agencies	father (+). It's the	
923	and stuff and it's...until	being seem to be about,	
924	you go through this, I've	seeing clearly and	
925	been on the sidelines	speaking and standing	
926	two or three times with	firm, and being strong.	

<p>927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975</p>	<p>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, 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</p>	<p>As well as being joyful and a good buddy. But, I --</p> <p>T: Um-hum.</p> <p>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.</p> <p>T: Um-hum. Um- hum.</p>	
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976	I'm thinking, eh, she		
977	likes the strength,		
978	maybe too much. It's		
979	part of the (inaudible) of		
980	our work together		
981	Ambiguity there, um,		
982	let's see still can		
983	appreciate... But one of		
984	the things too...she used		
985	to absolutely despise		
986	this chicken-shit girl		
987	who didn't speak up and		
988	who was, you know,		
989	bad, (laughs) spiritless,		
990	mindless. I mean the		
991	language gets like...		
992	You have a child this		
993	big who's scared to		
994	death by very scary		
995	things. What you need		
996	to criticize her for the		
997	being scared. Common		
998	as hell by the way, but		
999	uh that's what she's said		
1000	in the past. Ok, that's		
1001	plenty for that part.		
1002			
1003		C: The nurses, the	
1004		nurses aids, they're not	
1005		valued, there's a	
1006		shortage, what to do,	
1007		what to do? And then,	
1008		you know, my	
1009		schedule is such that	
1010		it's not, you know a lot	
1011		of -- you know, it has	
1012		to -- just looking for	
1013		that --	
1014			
1015		T: Yes, it is. Sure.	
1016			
1017		C: -- (Inaudible) and	
1018		however it works, I've	
1019		just been standing very	
1020		firm and very clear that	
1021		I want the best. And,	
1022		you know, not to be	
1023		magical, I will be very	
1024		real, and I still, you	

1025		know, watching right	
1026		now like, huh, this is	
1027		the woman's third time	
1028		to our home. The first	
1029		time without me there,	
1030		so she's very new (+) -	
1031		- and to me they -- I	
1032		just feel like they're	
1033		the best they're the	
1034		brightest spirits --	
1035			
1036		T: Wow.	
1037			
1038		C: -- in the whole	
1039		wide world --	
1040			
1041		T: Um-hum.	
1042			
1043		C: They've been doing	
1044		caregiving forever,	
1045		from childhood, and	R: I'm going to pause
1046		yet that's a bad thing	the tape and ask you
1047		because it could be,	what's going on in this
1048		you know, you're	conversation for you?
1049		burdened or you can't	
1050		see any other vision.	C: Right now?
1051		They're bright and	
1052		they're going with it	R: In -- no in the, in
1053		and feel choiceful, and	this discussion of the
1054		have --	uh, care workers and
1055			the schedules and your
1056		T: Hum.	enjoyment of them and
1057			your abilities, there's
1058		C: -- and have come	some discussion of that
1059		into a lot of experience,	going on in the session
1060		so they're very --	and I'm wondering
1061			what at that time,
1062		T: Wow.	what's going on for
1063			you, as you're talking
1064		C: -- very experienced.	about that in the
1065		So, again, the moving	session?
1066		of my mother and care	
1067		for her body (+)	C: Uh, feeling very uh,
1068	T: Um-hmm. Um.	-- can't be with me --	happy, relieved, and
1069	Were talking about her		energized. I can hear it
1070	life and the things she	T: Right.	in my voice and I'm
1071	likes to do, and the		feeling it um.
1072	people who've come	C: -- the day -- she's	
1073	into her life who are	the one that works full	R: Uh-huh.

1074	wonderful and helpful.	time in a nursing home,	
1075	And were talking about	and (+) -- you know	C: Cause this has been
1076	a good world. She's	the --	quite a journey. I can't
1077	talking about a good		care for my mother
1078	world. And I'm just	T: I think, sure.	alone and I need to hire
1079	listening, supporting and		people. I don't have
1080	so on. And um, she's	C: -- evenings, so to	five sisters, or a circle
1081	talking about the Jewish	come evenings, or she	of family. So I am the
1082	community referral	has days off --	primary one and so
1083	service. And she		finding people to trust,
1084	recently had an	T: Um-hum.	you know? I'm sure
1085	experience with an		childcare is like that,
1086	agency that's a national	C: She's just been	and eldercare has its
1087	agency that has	wonderful, so she was	own unique... and um,
1088	advertising everywhere	there. So, I feel again,	the person that I've had
1089	and that has supervisors	this abundance. She	for over a year left to
1090	and so on that	was there Monday, (+)	take a full-time job in a
1091	momentarily she was	was there Tuesday, but	hospital. So I've been
1092	entrusted a short while	I spent a lot of time	searching and I'm
1093	with them. Until she	with her, so I didn't	feeling the joy of
1094	found out they really	have a lot of free	finding two people,
1095	wanted to do the easy	space, but then she's	one for the main part of
1096	stuff, make a lot of	there today, and she is	my schedule and the
1097	money and not bother	really the best. She's	other woman who can
1098	with the people that	mature. She's my age.	come part time as
1099	much. (laughs) So all		needed, or evening
1100	this bureaucratic, were	T: Neat.	time when I do social
1101	caring, we do things		things. So I'm
1102	well, professionally and	C: And then she	rejoicing at finding um,
1103	so on, it's uh, bull shit.	claims it's a perfect fit.	the two good women to
1104	We had talked about	You know, as opposed	join me in caring for
1105	that. But, she's just	to other people, well,	my mother. (laughs)
1106	talking about that now.	but I want more. She	
1107	It's the Jewish	wants part-time, she --	R: Right. Ok.
1108	community center,	I don't know how	
1109	referral service, they	(Inaudible) the rest of	C: Um, so that's going
1110	charge \$100, they give	her life is, but she says	on and once again just
1111	you service for a year	--	you know um, (+) the
1112	and they'll refer you to		details, cause you
1113	people, and you work	T: Gotten (Inaudible).	know, who knows
1114	out what you can with		what you go through
1115	the people That's it. But	C: -- she has benefits	and (+) what we've
1116	they screen them, check	and insurance, and her	been through. And him
1117	their criminal records	children are teens, so	again joining the two
1118	and stuff like that, but	they're fine. Her	things because its also
1119	that's it. And she's	mother is fine. So	part of the tired. And I
1120	apparently found	she's not overburdened	haven't had a lot free
1121	someone who's really	by other chaos in her	time and there's a real
1122	good. And I just went	life.	stress in the searching

1123	along with that, talking	T: Um-hum.	process. And I'm
1124	with her about that, and		talking here about how
1125	celebrating where it's	C: She doesn't have a	I'm doing, how I'm
1126	good. Um, for me it's	car, but she's fine with	doing it differently and
1127	part of um, the world of,	traveling, she's	standing firm. Um, and
1128	that expanded world I	absolutely punctual.	so I feel that the two
1129	was talking about,		things are starting to
1130	where life is not about	T: Wow.	blend, you know um,
1131	facing the trauma and		the strength that's
1132	working your way	C: Three times -- and	coming from dealing
1133	through and meanwhile	so --	with the wound from
1134	life is on pause. Life is	T: Where does she	the past, and how then
1135	about for a couple hours	come from?	I also, everything gets
1136	you face the trauma and		connected. So I'm also
1137	then you go out and	C: She comes from (+)	feeling firm and strong
1138	have a beer and so on	-- yes, but she loves	in this other life
1139	and so on. And that's	him and claims she's	circumstance of care-
1140	what life's about and	going to, you know --	giving and... I don't
1141	um, this is a way of		know that I said this
1142	expressing that and she	T: That's part of her --	anywhere in the
1143	understands that. I don't		session, but I'm feeling
1144	mean intellectually	C: Yes. And so, this is	it now that I'm
1145	primarily, but at a level	the gift of it, she has	reviewing I, the beauty
1146	she says let me tell you	come through -- this is	of, of things coming
1147	how my life is going, let	something very	full circle. From my
1148	me tell you how this is.	different -- (+)	body having been
1149	And she understands	-- you know, again, a	wounded I am now um,
1150	that I asked and that I	private contract, she	such a good protector
1151	want to hear about it. I	came through the	of my mother's body. I
1152	don't want to just hear	agency, but she -- it's	didn't want anyone
1153	about misery from her	past a year, she's the	coming here to care for
1154	past and her being	one --	her who does not have
1155	abused and how the	T: Right.	healing hands. You
1156	nasty priest folded the		know, no hands touch
1157	clothes carefully so	C: -- she's the one, so	my mother's body.
1158	there wouldn't be much	it just feels good to -- I	And so I'm rejoicing at
1159	and there wouldn't be	think I had to learn, the	the two healing
1160	any semen that got on	agencies really can't	presences coming to
1161	them and stuff like that,	help me, or protect me	join me. I'm just
1162	which is you know	during transition times,	feeling the beauty of
1163	(inaudible) instead of at	or, you know, protect	that, cause again the
1164	least the at the horror	about it being the right	contrast. I know some
1165	movie you can almost	person --	of each. I know what
1166	see the pervert putting	T: Um-hum.	its like to be a healer
1167	the clothes in a neat pile		and have healing hands
1168	somewhere as he's		myself and I know
1169	about to wash them,		what its like to have
1170	perverse exhibitionist.		healing hands upon
1171	But that's not life.		me, and not to have

1172	That's a piece that's to	C: -- or helped during	violent hands upon me.
1173	be addressed, and then	big -- I'm on my own.	And then how that just,
1174	there's, Oh, there's this	Get that clear.	the goodness of that is
1175	woman and uh, that we		how that is a part of
1176	can celebrate her good	T: Okay.	me. I know, and the
1177	fortune in finding good		more I know the firmer
1178	people and finding a	C: That -- (+) through	I stand with my yes's
1179	good agency. That	the Jewish Family and	and my no's. So,
1180	there's a world where	Children Services.	people appear at the
1181	people actually do come		door and touch my
1182	through and who have	T: Ahh.	mother, a clear no. Or
1183	nice hands and beautiful		just even in the
1184	hands that are healing	C: And they just do it	interview process over
1185	and will touch you and	totally differently. I	the, trying to find
1186	it's like oh ok. This is	need to call -- (+) they,	through agencies or
1187	that alternative world.	you know, like help	through the network or
1188	And I want to underline	first and bureaucracy	the yes, no, no. And
1189	that world just as much	later. You know,	some people just can't
1190	as that awful world of	'cause they -- they're	deal with that. They
1191	suffering and pain and	bureaucracy's this big,	expect any warm body
1192	(inaudible). So that's	but again, after that	to do and um... here I
1193	what I'm sort of doing	agency with mucho	hear myself saying I'm
1194	here, we can talk about	bureaucracy that I was	going for the best. So I
1195	this or however long	taken by --	just saw the different
1196	because it's just as		themes emerging. And
1197	important uh it is part of	T: Yeah, I know.	they seem like two
1198	that contact world. This		different (laughs)
1199	is part of, were talking	C: -- very briefly, ahh,	stories, my childhood
1200	to high heaven, nirvana,	and how helpful that	story and my present
1201	perfect world where	was not. You know, I	story now, of my work
1202	people, some people	didn't really need that	and caring for my
1203	actually care for other	nurse in my home, two,	mother, but how they
1204	people, actually have	three times, and it all	are very much blended.
1205	healing hands and	ended up not being	But at that moment I'm
1206	actually are beautiful	helpful.	rejoicing in that
1207	people, and there are		conversation and
1208	bastards and sociopaths	T: That's right.	feeling the goodness.
1209	and bombers that		
1210	coexist. That's the	C: The woman from	R: Ok. (*)
1211	world. Ok. (*)	the Jewish Family	
1212		Services listened very	
1213		carefully on the phone,	
1214		and you know, said,	
1215		well, here's the	
1216		paperwork, and I don't	
1217		know what it means, is	
1218		this anything legal that	
1219		you sign, or what it is,	
1220		and \$600 fee. And	



1221		that's for the year.	
1222		And --	
1223			
1224		T: Um-hum. Um-	
1225		hum.	
1226			
1227		C: -- working with it,	
1228		they may not need	
1229		anymore, this person --	
1230		and she said, you	
1231		know, but I won't wait	
1232		for that, I will continue	
1233		-- I will start right now	
1234		to think of who would	
1235		work for you.	
1236			
1237		T: Would be -- would	
1238		be suitable.	
1239			
1240		C: So the papers still	
1241		haven't come, even	
1242		though I did check	
1243		with her, she had the	
1244		wrong address or	
1245		something, (laughs) no	
1246		papers or, you know,	
1247		you know, requests for	
1248		fee have come through	
1249		the mail, and you	
1250		know, the help has	
1251		arrived. So, like what	
1252		a beautiful turnaround,	
1253		and healing of that	
1254		whole experience.	
1255			
1256		T: Um-hum. Um	
1257		hum.	
1258			
1259		C: And I missed (+)	
1260		Jewish Family Service	
1261		(+) missed her call, and	
1262		this message that she	
1263		has someone who is	
1264		perfect, and I thought,	
1265		perfect, yeah right.	
1266			
1267		T: (Laughs)	
1268			
1269		C: She's just doing	

1270		this, you know, my	
1271		doubtful cynical self,	
1272		just doing this to kind	
1273		of make the match, you	
1274		know, set up the match	
1275		so that her work is	
1276		over. But you know,	
1277		she described this	
1278		woman as perfect.	
1279			
1280		T: Um-hum.	
1281			
1282		C: She gave me her	
1283		name, you know, so I	
1284		called her (+) my	
1285		consult through every	
1286		detail, so how does she	
1287		sound, oh, bad, you	
1288		know (laughs), so I	
1289		was at a good space but	
1290		boy, she sounds bad.	
1291		But now we're	
1292		interviewing. But --	
1293		both on the phone and	
1294		person she sounds	
1295		wonderful, she looks	
1296		wonderful. It's	
1297		working through that	
1298		cultural piece which is	
1299		hard (+) like me,	
1300		sounds like you and	
1301		me. (Laughs)	
1302			
1303		T: (Laughs)	
1304			
1305		C: What is this about,	
1306		you know?	
1307			
1308		T: Right complexion,	
1309		right ethnic	
1310		background --	
1311			
1312		C: And so -- yeah. So	
1313		here comes (+) this	
1314		wonderful ethnic	
1315		mixture, she's part	
1316		Native American, part	
1317		Italian, part --	
1318			

1319		T: Oh, my goodness.	
1320			
1321		C: -- American --	
1322			
1323		T: Oh, really? Yeah.	
1324			
1325		C: -- that's -- she looks	
1326		nothing like me.	
1327			
1328		T: Yeah. Yeah.	
1329			
1330		C: (Laughs) And I	
1331		probably (Inaudible)	
1332		vive la difference. You	
1333		-- she is, I've been	
1334		saying this to (+), I	
1335		want -- I want a Mrs.	
1336		Winkler, a Corina-	
1337		Corina, and a Mrs.	
1338		Doubtfire all rolled	
1339		into one.	
1340			
1341		T: (Laughs) That's all.	
1342			
1343		C: (Laughs) and I	
1344		think she has some of	
1345		this quality.	
1346			
1347		T: That's wonderful.	
1348		Yeah, good.	
1349			
1350		C: Um, she is just	
1351		there, she's like an	
1352		angel.	
1353			
1354		T: Hum.	
1355			
1356		C: You know, keeping	
1357		my eyes wide open, I	
1358		have my opinion, you	
1359		know --	
1360			
1361		T: Um-hum, you don't	
1362		want to be -- I -- just	
1363		silly about it, but --	
1364			
1365		C: Yeah. That --	
1366		again, the Jewish	
1367		agency does the	

1368		background checks and	
1369		all that. And they	
1370		mean whatever they	
1371		mean.	
1372			
1373		T: Sure.	
1374			
1375		C: And she came with	
1376		a resume, and a	
1377		wonderful letter of	
1378		reference, and from a	
1379		daughter, and again,	
1380		the daughter works at	
1381		the Children's Institute,	
1382		so that tells me	
1383		something, you know, I	
1384		mean, just the language	
1385		of it, about her	
1386		compassion, about her	
1387		work ethic, and	
1388		punctuality (laughs),	
1389		things like that that all	
1390		matter, and just every	
1391		little -- every little	
1392		thing that I've been	
1393		thinking matters to me,	
1394		it's just like right there.	
1395			
1396		T: Right there.	
1397			
1398		C: And then I watched	
1399		her, she just spent the	
1400		day yesterday, and the	
1401		time just flew because	
1402		we were like soul	
1403		sisters, we couldn't	
1404		stop talking. And it's	
1405		like, whoa. And then	
1406		caring for my mother	
1407		in between, and she	
1408		would just take the	
1409		lead and it was okay.	
1410		Other people it would	
1411		be like (inhaling).	
1412		There was just no --	
1413			
1414		T: Um-hum, um-hum.	
1415			
1416		C: -- cringing. She has	

1417		tons of experience. So	
1418		-- and that's what I was	
1419		looking for. So when	
1420		she blew my mother --	
1421			
1422		T: She already has that	
1423		--	
1424			
1425		C: -- she has the --	
1426			
1427		T: -- fragility and that	
1428		nice touch. Um-hum.	
1429			
1430		C: -- so we didn't have	
1431		to -- and so she is	
1432		beyond, you know,	
1433		what (+) the gifts and	
1434		the (+) because she	
1435		does it, I mean, and she	
1436		has exquisitely -- I'm	
1437		going to cry. She has	
1438		exquisitely beautiful	
1439		hands.	
1440			
1441		T: Um-hum. Um-hum.	
1442			
1443		C: They are just	
1444		gorgeous. I mean, in	
1445		the physical sense, and	
1446		in the --	
1447			
1448		T: Um --	
1449			
1450		C: -- I love her touch,	
1451		we've hugged, we've	
1452		been hugging --	
1453			
1454		T: Um-hum. Um-	
1455		hum.	
1456			
1457		C: She's just -- she's a	
1458		healer.	
1459			
1460		T: Wonderful. Oh,	
1461		that's --	
1462			
1463		C: So, beyond being a	
1464		competent care -- she	
1465		has a healing presence,	

1466		so I hope she's with us	
1467		forever. And she's	
1468		there today, so -- and	
1469		then there's just no	
1470		edges between us and	
1471		nothing --	
1472			
1473		T: I'm -- I'm just	
1474		thinking of what a --	
1475		what a beautiful -- you	
1476		were talking about	
1477		contrast, and I'm sort	
1478		of thinking, well this is	
1479		wonderful.	
1480			
1481		C: Yes.	
1482			
1483		T: This is the world of	
1484		beauty, and kindness,	
1485		and goodness, and	
1486		healing and all that.	
1487		And it's a gift that just	
1488		helps.	
1489			
1490		C: Yes. And it's just	
1491		again, staying clear and	
1492		-- and -- and this is	
1493		connected to my	
1494		healing of the wound	
1495		self, because, you	
1496		know, I think two of	
1497		the big things from this	
1498		-- this particular	
1499		journey, one is -- has	
1500		been about being kind	
1501		towards myself, back	
1502		then and now.	
1503			
1504		T: Um-hum. Um-	
1505		hum.	
1506			
1507		C: You know, because	
1508		never before, as I told	
1509		you, I always, in	
1510		looking at other past	
1511		dark places in my life,	
1512		and abused places of	
1513		my younger self, I	
1514		would be borrowing	

1515		your kindness. You	
1516		know, I was always --	
1517			
1518		T: Yeah.	
1519			
1520		C: -- ugh --	
1521			
1522		T: Yeah. Yeah. That's	
1523		terrible --	
1524			
1525		C: Hate myself , or --	
1526	T: Um, what's striking		
1527	to me as I'm listening to	T: -- what's the matter?	
1528	this is I'm just chiming	Why am I so -- why is	
1529	in. She's doing the kind	there such chicken shit	
1530	of unfolding of what's	and --	
1531	happened to her. And		
1532	the various ways in	C: Yeah.	
1533	which she's coming to a		
1534	different place, a	T: -- the (Inaudible)	
1535	different self-	and so -- yeah, yeah, I	
1536	appreciation, I was very	remember that.	
1537	struck by it. At the time		
1538	I was very struck by it.	C: I hated it. My	
1539	Because without being	scared --	
1540	explicitly conscious of		
1541	it, there's a world of	T: You used to do that.	
1542	difference between		
1543	when she's borrowing	C: I hated my scared	
1544	my good will for her as	(Inaudible) self, and so	
1545	opposed to having good	that feels very	
1546	will for herself. And	different. So that's a	
1547	she's saying that there's	big huge thing. And	
1548	been some shifts there.	another huge thing is	
1549	She's um, caring at kind	this deepens my joy in	
1550	of a desperation, both in	my body, it just feels	
1551	relationships to me and	like -- (Inhales-	
1552	to a whole bunch of	exhales) it was part of	
1553	other things, which she	getting, you know,	
1554	finds diminished now,	whatever.	
1555	that never really		
1556	diminished. She feels	T: So, you're --	
1557	her body is somehow		
1558	different and relief that	R: Yeah.	
1559	she can take pleasure in		
1560	her body. And I don't	C: (Inaudible) and then	
1561	know if she, I don't	it's the other part --	
1562	remember if she talked		
1563	about this time	T: Yes. Yes.	

1564	especially, uh I think		
1565	there she might have	C: -- that feels	
1566	had some reticence,	connected to this, is	
1567	understandably. She's	um, that the caregiver	
1568	become in the past six	journey is a -- I feel	
1569	or seven months, nearly	like this is the healing	
1570	a year now, she's started	of the desperate self.	
1571	looking at men as just	It's just lived on and	
1572	yummy critters and	on. And neither you or	
1573	that's very new for her.	I could quite get to that	
1574	She was attracted to a	--	
1575	few men along the way		
1576	but this is different. This	R: That's right.	
1577	is kind of like liking the		
1578	way a man's body is and	C: So puzzled, you	
1579	the way a man moves,	know, and	
1580	and so on and just really	discouraged.	
1581	mmm, that looks nice, I		
1582	like that, I'd like one of	T: Why am I still	
1583	those, (laughs) and that	desperate?	
1584	kind of thing, which is		
1585	completely a kind of a	C: It did. Tons of	
1586	new thing. Part of the	healing.	
1587	stepping into a new way		
1588	of being in her body	T: Did all that healing	
1589	already. And that,	work and why -- off	
1590	interestingly enough, I	camera --	
1591	don't know if you		
1592	wanted to do a case	C: Desperado self,	
1593	study, that came before	lived and reined.	
1594	the opening up of the		
1595	trauma thing. And now	T: Yeah. That's fine.	
1596	with the opening up of		
1597	the trauma thing and	C: And you know,	
1598	whatever that released,	between you and I it	
1599	she's even more in her	reined, and I hated that.	
1600	body. Cause when she		
1601	first admitted the man	T: Um-hum. Um-hum.	
1602	thing and such she		
1603	thought oh this is a	C: And, (inaudible)	
1604	terrible problem. Oh my	viscous cycles, I'd be	
1605	God. On top of	mad at you, and I'd be	
1606	everything else, men	mad at myself for	
1607	look yummy isn't this	being mad at you and	
1608	terrible? We dealt with	disparate with you.	
1609	that, I dealt with that in	And then --	
1610	a very different way. I		
1611	said oh congratulations,	T: Um-hum.	
1612	great, I'm glad to hear		
			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 (+)



1613	it, it's not a problem.	C: And then it was part	and myself kind of do
1614	It's just the way life is;	of the desperation that	the bringing both of the
1615	if you're open to reality	I would feel this in	life stories together
1616	it's the way life is. Uh,	other things. including	again, the theme of the
1617	well it was a little more	this search. And this	contrast world and the
1618	than that, but that was	time there was no	world of the caregiver
1619	my basic attitude. But	desperation, like, okay,	in the present search as
1620	she's laying out her	because it's taken a	symbolic of the world
1621	changes, and speaking	very long time.	of goodness and
1622	out and losing that		kindness. Then I hear
1623	underlying sense of	T: Yes.	blending too again into
1624	anxiety, desperation.		(+) witness uh, holder
1625	There's a different	R: It's --	of the themes with me,
1626	feeling towards (+)		just being so there in
1627	different um, feeling	C: It's almost a month	the present moment,
1628	towards the world	since (+) is gone.	you know listening to
1629	there's even... I was		all these details that uh,
1630	without a caretaker for a	T: It's fine. It's fine.	to me are wonderful
1631	month and I remember		and can hear and
1632	being totally flipped out	C: And I feel --	always experience they
1633	when there was any		are wonderful to him
1634	interference with it and	T: I feel the mood	too, and him
1635	it was hard but I wasn't	difference. I feel it, as	recognizing um, my
1636	you know desperate and	you've been talking	healed self there as I'm
1637	so on. And so she's	about this I -- I	very sensuous, you
1638	celebrating her access to	couldn't put it so well	know noticing the body
1639	new possibilities, to new	as you did, you see.	and loving the
1640	ways of being, more	There's that element of	experience of meeting
1641	relaxed ways of being.	kind of an underlying	a new person. Anyway,
1642	And I'm just moved by	desperation, with a	the blending of the two
1643	this. Oh this is	certain kind of body	things of as I heal from
1644	wonderful, I'm glad to	tension, a readiness to	the past wound of
1645	hear it. And to me its	go under kind of a	being hurt by the priest
1646	interesting how its part	tense body, which you	and my awakened body
1647	of her even her	were just living	that just notices and
1648	appreciating (+) has that	chronically, which had	rejoices and um...
1649	kind of rich open	to do with (+), really,	Anyway that's what's
1650	quality. And on the one	and that trauma --	going on there (laughs)
1651	hand I just say well tell		Good work. And it's
1652	me about that quality of	C: It was really --	kind of nice the next
1653	being able to be		day to look at it again.
1654	appreciative of people.	T: -- and that sort of --	And I'm very moved
1655	It just has an element of	the body rigidity that	that it's very good.
1656	the sensuous, a touch of	you sort of developed	
1657	body, which is	and the --	
1658	refreshing for her and		R: Um, do you feel that
1659	it's refreshing for me to	C: That's why I want	you are having
1660	hear it. I almost want to	to remain speaking	different insights about
1661	go look at (+) and	about it, because I even	it now than you did in
			the session?

1662	myself you know.	did think about, well	
1663	Beautiful hands, healing	we won't talk about	C: I think I was, I think
1664	possibilities, maybe I	that today since (+) is	I was appreciating right
1665	could date her. (laughs)	here --	there and then, and also
1666	But you know what I		you know
1667	mean, it's like oh that	T: Since (+)'s here,	reappreciating now.
1668	sounds really nice. So	yeah.	But you know, cause I
1669	I'm going along with		felt for a moment, and
1670	this and just enjoying it	C: And I think no --	it's fine and everything
1671	and celebrating it and	we really, you know --	works unto the good in
1672	affirming it. And to me		a therapy session, you
1673	its still part of an	T: That's right.	can just go off into,
1674	unfolding of that		could seem like its a
1675	narrative, that contrast	C: Missed one time	whole other topic. I'm
1676	where the world is a	with you because of --	talking about this past
1677	wonderful place. She	even the reason --	trauma wound and oh
1678	likes that Louis		I'm going to be talking
1679	Armstrong song, What a	T: Because of -- that's	about the details of
1680	wonderful world. I don't	right.	finding a caregiver.
1681	know if you know that		And how in that place
1682	song, but she refers to it	C: That's okay, I	though, its all sacred
1683	occasionally. And that's	wasn't desperate, but I	and it all does blend
1684	one of the things she	was still feeling this is	together. So that's
1685	means when she talks	my main healing work.	happened for me
1686	about it's a wonderful		certainly over and
1687	world. She's referring to	T: Um-hum. Um-	over...
1688	the song by Louis	hum.	
1689	Armstrong. But that's		R: The common
1690	just sort of the way I	C: And that it feels	theme...
1691	was hit and impressed as	important.	
1692	she was going on and		C: Yeah the common
1693	my sense of what I'm	T: Sure.	theme, you know cause
1694	doing is I'm		I thought there for a
1695	underlining, affirming,	C: To not to be afraid	moment oh here we go,
1696	going along with, saying	to say, to not be locked	off into talking about
1697	uh-huh, having fun with	in silence.	caregivers. And I can
1698	it. But that's basically		get lost in the details of
1699	all I need to do. (*)	T: Hum.	that, you know call five
1700			agencies, and how (+)
1701		C: And that --	and myself, you know
1702			keeping the focus. We
1703		T: That's (Inaudible)	didn't get lost in
1704		needs -- and it's real	details, but really we
1705		concrete. You're	were with the heart of
1706		talking about hugging,	it. And even (+)
1707		the body, beautiful	transition that he talked
1708		hands -- I don't know.	about. No wonder
1709		Your -- your --	you're tired and that
1710			my tired relates to that.

<p>1711 1712 1713 1714 1715 1716 1717 1718 1719 1720 1721 1722 1723 1724 1725 1726 1727 1728 1729 1730 1731 1732 1733 1734 1735 1736 1737 1738 1739 1740 1741 1742 1743 1744 1745 1746 1747 1748 1749 1750 1751 1752 1753 1754 1755 1756 1757 1758 1759</p>	<p>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</p>	<p>C: It's the only body --</p> <p>T: -- your sensual appreciation --</p> <p>C: Yes.</p> <p>T: -- of bodies, yours and others, has just been kind of like going whoosh, you know.</p> <p>C: Yes, because it couldn't have been there with men, as you know, starting out as a --</p> <p>T: Oh, yeah, yeah, yeah.</p> <p>C: -- terrible problem. But then it's also there with women, my -- my own body.</p> <p>T: Um-hum.</p> <p>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 --</p> <p>T: Is already intimate.</p> <p>C: Is intimate.</p> <p>T: Yeah. Yeah.</p> <p>C: And you know I love both (+) and (+) bodies. They're just beautiful women.</p>	<p>But then the other themes of standing firm, and the goodness of the world and that contrast and my sense of sensuality, so yeah I think I was feeling it then...and um, just taking it in a little further and just enjoying it again now.</p> <p>R: Thank you. (*)</p>
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1760	those groups you don't	T: Um-hum. Um-	
1761	ask the baby or the	hum.	
1762	person you doing it to	C: And (+) is, in	
1763	whether they want it.	particular has these	
1764	You don't pay any	beautiful hands.	
1765	attention to that. We're	They're just -- and	
1766	always doing that	when she started, and	
1767	regardless. So she's had	she, you know, gets	
1768	these types of	using her body	
1769	experiences with the	(Inaudible) and it feels	
1770	world side. And then	all okay. Because you	
1771	there's the side which is	know, you've got other	
1772	her attitudinally, the	women in and it's	
1773	attitude difference. And	don't kiss my mother.	
1774	she even addresses	T: Yeah, please.	
1775	earlier, she said	C: And don't kiss me,	
1776	something about, um,	and don't touch me,	
1777	getting with these	and don't touch	
1778	differences of person,	anything. (Laughs)	
1779	which is she's	T: (Laughs) right.	
1780	(inaudible), white, and	Yeah.	
1781	social worker training,	C: Don't do anything	
1782	and educated and has	unless I tell you, and	
1783	thought about that and	call me every second.	
1784	so on. And somebody	(Laughs).	
1785	comes in there just from	T: (Laughs).	
1786	a different class,	C: And there's (+),	
1787	different group and so	you know, it felt really	
1788	on, how do you... you	fine --	
1789	can be as liberal as you	T: Yeah. Yeah.	
1790	want but its still the	C: -- her touch is so	
1791	question that if for	healing and sacred	
1792	God's sakes they show	around my mother.	
1793	up on time. Their	T: Um-hum. Um-	
1794	Mexican they don't	hum.	
1795	believe in time, what do	C: There I am,	
1796	you do with that? But	somehow -- the story I	
1797	she's still addressing	was telling her, Dr. (+)	
1798	and in a very spirited		
1799	way, she's addressing a		
1800	shift in her towards a		
1801	more bodily, sensual,		
1802	joyful appreciation.		
1803	Again I was just very		
1804	impressed when I was		
1805	with her. I sort of think		
1806	whew, nice to hear this		
1807	stuff. Yeah, that's all.		
1808	(*)		

1809		story about how his	
1810		touch is sacred.	
1811			
1812		T: Um-hum. Um-	
1813		hum.	
1814			
1815		C: That's probably	
1816		before I saw her -- and	
1817		there he is, and there I	
1818		am crying, it's like (+),	
1819		you just like Dr. (+), I	
1820		watch you touch my	
1821		mother, it's just like,	
1822		ah. And then watching	
1823		my mother's body	
1824		relax. There's an	
1825		intimate --	
1826			
1827		T: The kisses.	
1828			
1829		C: -- space.	
1830			
1831		T: That's right.	
1832		That's right. Has -- the	
1833		touch has to be just so.	
1834			
1835		C: But we learned	
1836		that, you know,	
1837		especially during the	
1838		times under way, my	
1839		mom might be tired,	
1840		and that move from the	
1841		chair to the bed, we	
1842		just -- and I searched	
1843		(+)	
1844			
1845		T: Right.	
1846			
1847		C: -- the student. And	
1848		we've just decided that	
1849		really the safest way, if	
1850		a person's comfortable,	
1851		is to use what we call	
1852		the hug method, to lift	
1853		my mother and hug	
1854		her, because if she's	
1855		tired and want to get	
1856		into bed, to use the	
1857		walker, she has her	

1858		body strength.	
1859			
1860		T: Right. Right.	
1861			
1862		C: She can stand, I	
1863		want her to stand. I	
1864		want her to walk.	
1865			
1866		T: Sure it --	
1867			
1868		C: Because there's	
1869		another dilemma,	
1870		people will look at her,	
1871		we were at a restaurant	
1872		recently and (+) he was	
1873		the owner, he was a big	
1874		strong Italian man, he's	
1875		a paramedic. So, I	
1876		know how to -- and he	
1877		looks at my mother and	
1878		he lifts her up bodily,	
1879		and scares her and me	
1880		half to death (+) and I	
1881		want her to use her	
1882		body --	
1883			
1884		T: Yeah. Yeah. Yeah.	
1885			
1886		C: I don't want her	
1887		to be frightened. But	
1888		in that (Inaudible) ,	
1889		because of lifting her,	
1890		but the -- the hug	
1891	T: I was thinking oh	method, you know, did	
1892	I'm just appreciating it.	instead of, the walker -	
1893	I am. I mean I'm just	-	
1894	appreciating this finally	T: Um-hum. Um-	
1895	differentiated, tactile	hum.	
1896	sense of the different		
1897	touches. The hug	C: -- is just too	
1898	method of moving her	awkward.	
1899	mother, the kind of		
1900	touch that is intrusive,	T: Um-hum. Um-	
1901	again the various kinds	hum.	
1902	of touch that she's now		
1903	attuned to. It's in her	C: And yet it's very	
1904	description, she's not	intimate. If you're not	
1905	even conscious that this	comfortable, and I'm --	
1906	is a shift. She's just	you know, I feel	

1907	talking well you know	uncomfortable. You	
1908	this woman has these	know, it has to be that	
1909	wonderful hands, and	healing person.	
1910	you should see the way		
1911	she moves her and this	T: Um-hum.	
1912	and that and the hug		
1913	method and so on and so	C: It's an intimate	
1914	on (+) He was kind of	zone, and just to watch	
1915	this big guy who lifts	(+) mother's body --	
1916	her up and says no, no,		
1917	no and cuddles my	T: Relax, and --	
1918	mother. No, no she can		
1919	walk; don't do that. So	C: -- and face, because	
1920	there's all this fine	I was there watching.	
1921	differentiation about a	And just again the --	
1922	world of touch, and		
1923	she's just telling me	T: Whew.	
1924	about. I'm very struck		
1925	by it and I'm struck by	C: -- again, it's 'cause	
1926	in that world of contrast,	those small things, but	
1927	and in the realization	that they're huge. So,	
1928	what I tried to say to her	I'm here sitting with	
1929	was oh my God, you're	you knowing that my	
1930	opening up to this world	mom is in her presence	
1931	in a fine, clear and	and it feels very	
1932	differentiated way and	different.	
1933	you weren't able to do		
1934	that before because you	T: I can see you --	
1935	were too bodily rigid		
1936	yourself, bodily tense	C: No, just really,	
1937	yourself to be able to do	getting it all connected,	
1938	that. What's funny is	you know the --	
1939	I'm kind of in a natural,		
1940	halfway in the natural	T: I'm -- I'm -- I'm	
1941	(inaudible). I'm just	really -- I'm -- I'm	
1942	making a remark about	really so -- I'm so	
1943	this and so on and so on.	taken by your worried	
1944	And my client, then she	contrast. Because the	
1945	says, Oh I hadn't	funny thing I'm doing	
1946	realized, oh yeah that's	as you're talking, is I	
1947	right this is a kind of a	really am seeing a	
1948	new awareness, a	contrast between kinds	
1949	heightened awareness.	of touch. The	
1950	And so my remark	terribleness of the	
1951	Turns out to be, which	touch of (+) for that	
1952	it's partly intended, I'm	little girl.	
1953	always underlining		
1954	something in the hope	C: Yes.	
1955	that it will blossom a bit		

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,	compassion, and	
1965	yeah. But it turns out no	intimacy, appropriate	
1966	it's like, it helped her	intimacy of this kind of	
1967	appreciate this nuance	touch that you're	
1968	presence and so on	talking about here --	
1969	which I shifted for her.		
1970	And it's really	C: Wow, yeah, I've	
1971	interesting for me to	been coming --	
1972	realize I've (inaudible)		
1973	and then her response is	T: Whew.	
1974	such and then I		
1975	elaborate a little more	C: -- in tune with it	
1976	and she's sort of Oooh,	now, in a whole --	
1977	a little note of		
1978	discovery. What I'm	T: Whoof --	
1979	saying actually does		
1980	enhance the thing a bit	C: -- different way.	
1981	in a way that... As I		
1982	listened I think I had a	T: It will -- of course	
1983	repeat of the experience.	you can tune it in now,	
1984	I sort of thought Oh	because as -- as long as	
1985	isn't that terrific? She's	intimate touch still had	
1986	never quite talked like	that outer eeh-oh,	
1987	that before and not	loathing, you -- that	
1988	realizing that just, I	more differentiated	
1989	thought I was just	sense of -- of sort of	
1990	saying oh isn't that nice	casual touch, intimate	
1991	you're appreciating all	touch, intrusive touch	
1992	that. But it ends up	and so on, the really --	
1993	being more than that.	to -- to have a feeling	
1994	It's a marker between	of the play of that in	
1995	us, and for her and for	the world, you know,	
1996	me. And another marker	there was too much	
1997	of boy, I've moved into	tension surrounding the	
1998	a new world. That's it.	traumatic experience,	
1999	That's interesting.	yeah, for a long time.	
2000		So you're getting more	
2001	R: Hmm.	and more, finely	
2002		attuned and sensitized.	
2003	T: Yeah. Go ahead. (*)	And so -- because what	
2004		one does in trauma,	



2005		you know, I mean,	
2006		you're a therapist too,	
2007		you know, you've been	
2008		doing this work too, in	
2009		trauma we numb	
2010		ourselves, or	
2011		distantiate ourselves,	
2012		or dissociate -- we do	
2013		something to make the	
2014		intolerable, tolerable.	
2015		But the cost is we lose	
2016		attunement.	
2017			
2018		C: And the -- it feels	
2019		like whole new	
2020		territory --	
2021			
2022		T: Yeah.	
2023			
2024		C: It takes me to tears	
2025		a little bit too.	
2026			
2027		T: Sure. Sure.	
2028			
2029		C: Just because it's --	
2030		it's still strange.	
2031			
2032		T: Yeah.	
2033			
2034		C: I think, kind of --	
2035		even as we're talking	
2036		about this, I feel like --	
2037		like standing back	
2038		looking at myself,	
2039		whoa --	
2040			
2041		T: Whoa.	
2042			
2043		C: -- I have been	
2044		living just even these	
2045		past -- in a very	
2046		sensuous world.	
2047			
2048		T: That's right.	
2049			
2050		C: And who would	
2051		think, you know --	
2052			
2053		T: (Inaudible) that's	

2054		right.	
2055			
2056		C: -- here I am. I	
2057		mean (+) touch it (+)	
2058		millions of rays and (+)	
2059			R: Pausing the tape.
2060		T: Um-hum. Um-	
2061		hum.	C: (breathes in) I was
2062			very moved by um, I
2063		C: And then watching	don't know what I
2064		her, you know, again, it	wanted to say, but I
2065		all felt okay. She was	was just so moved I
2066		playing with my	needed to stop for a
2067		mother's hair, and I	moment. I do
2068		thought, oh, how	remember this and I
2069		beautiful. And my	was very touched at the
2070		mother gets on her bed,	time (+) he felt his own
2071		and she's also a hair	eyes becoming moist
2072		stylist, so --	and um, at the pain and
2073			the beauty of all of
2074		T: That's right, you	this, um in that contrast
2075		told me that.	world I heard myself
2076			say (sniffs and breathes
2077		C: -- I think -- she's a	deeply). (Inaudible)
2078		hair stylist, and	Having some glimpse
2079		anyway, all of this	of what could have
2080		sensuous feeling about,	been. (takes a moment
2081		you know, touching,	to keep from crying)
2082		and bodies, and --	And anyway (+) me
2083			there and feeling with
2084		T: Hum.	his whole heart and
2085			some of his own tears,
2086		C: -- I think that's	what the pain of, the
2087		probably why, again, I	pain of that was like.
2088		just live it. So, I'm in	(sniffs) To rejoice in
2089		the moment. I'm not	bodies, to rejoice in the
2090		with the pain at all.	world and yet to know
2091		It's just been more my	the pain of um, and to
2092		-- it's more the	be feeling, vividly
2093		nighttime moments	feeling that little girl's
2094		which are hard,	pain. And just the
2095		because I sit down, and	contrast of that and the
2096		I relax, because I've	(speaking through
2097		had my day, it's all	tears) mourning that
2098		beautiful, and I'm in	comes from what
2099		this sensuous good	might have been.
2100		body world. So there's	
1001		still a little bit though, I	R: The loss.
2102		think in the contrast	

2103		where I -- contrast	C: Right the loss. You
2104		feelings come up at the	now realize and even
2105		end of the day, or in	though I've thought
2106		my more quiet	this is a wonderful life,
2107		moments. I guess it is,	just there is still the
2108		just like, oh, what	knowledge of what
2109		could have been? Or a	might have been. There
2110		bit of just the -- there's	is the loss. Um, I
2111		a little shakiness and	recognize that I made
2112		just about the newness	life decisions, I made
2113		of this.	body decisions, uh,
2114			when that happened,
2115		T: Um-hum. Yeah, I	when I was violated by
2116		--	that priest and I made
2117			body decisions that are
2118		C: Even though it's	now kind of, I'm
2119		beautiful, it's just --	undoing, which is
2120			wonderful but um...
2121		T: I was going to say	The contrast of the
2122		something to you about	beautiful world and
2123		some of the tears,	um, the violent world
2124		because I -- I feel	and um... (pause)
2125		slightly a movement	
2126		towards a little	R: Should we go back?
2127		moistness in my own	You sure?
2128		eyes as you're talking,	
2129		and it's not a grief	C: Yeah, yeah. (*)
2130		response only, in me,	
2131		I'm guessing in you	
2132		too. I think that when	
2133		we're moved by	
2134		beauty, by	
2135		wonderfulness, by	
2136		preciousness, by	
2137		marvelousness, and	
2138		things like that, I -- I --	
2139		I find I'm moved to	
2140		tears then too, often.	
2141		By the beauty of a	
2142		certain kind of pain,	
2143		it's so wonderful, I just	
2144		-- I fill up. I well over.	
2145		I don't weep, typically,	
2146		but it's like I -- I have a	
2147		tremendous response to	
2148		it. And as you	
2149		described --	
2150			
2151		C: It's like looking at	

2152		a beautiful work of art, the beauty --	
2153			
2154			
2155		T: Yes. Yes.	
2156			
2157		C: Because I've moved above levels.	
2158			
2159		T: Yeah.	
2160			
2161		C: And my tears are all (Inaudible) you know, fascinating --	
2162			
2163		T: Sure, of course,	
2164			
2165		C: -- there's still some sadness, there are some hot tears in there and anger --	
2166			
2167		T: Um-hum.	
2168			
2169		C: -- and right now, that's not what I (Inaudible) it is also just years of the beauty, like looking at --	
2170			
2171		T: And then toward the end of the day, when you're so -- you're more by yourself --	
2172			
2173		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.	
2174		T: Yes.	
2175		C: The connections.	
2176		T: Yes. Yes. Yeah.	
2177			
2178	T: It's moving me to		R: Pausing the tape.
2179	hear it, again. The		
2180	contrast of, the mixture		C: I'm just um, there's so much to say but um, I think what just is so healing for me was allowing me to be with my feelings, be present, um (+) is allowing himself to resonate, not just with me but whatever is within his own, his own self. Um, so that
2181	of experience. And as		
2182	she comprehended		
2183	today, she's alone. And		
2184	I'm struck by how when		
2185	you're a lone and you're		
2186	no longer busy, and uh,		
2187	I sort of find myself		
2188	almost co- participating		
2189	in that experience,		
2190	adding oh you're		
2191	lonely? You and then		
2192	she's talking about hot		
2193	tears as well as, and I'm		
2194	talking about the tears of		
2195	appreciation, the welling		
2196	up of beauty and		
2197	wonderfulness. And she		
2198	says yeah that's		
2199	certainly part of it and		
2200	there's the anger part		

<p>2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249</p>	<p>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,</p>	<p>C: That I now feel are possible.</p> <p>T: I could have been --</p> <p>C: And I feel great hope, you know? I have a lot of living to do, and just even in the connections that I now have and how and how they deepened, but it's the mourning.</p> <p>T: Yeah.</p> <p>C: And a little bit -- and then there's little compared to the original remembering. A little bit of the remembering that just feels like a crushing feeling --</p> <p>T: Um-hum. Um-hum.</p> <p>C: But again, just still feel -- just how much he hurt me.</p> <p>T: I was almost --</p> <p>C: It hurts just to look at some things, it would be like --</p> <p>T: Yeah. Yeah. I was almost -- I was almost -- in a certain way I was done away with for a time. That certain whole region of who I be, was just cast into shadow and awfulness --</p>	<p>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. (*)</p>
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2250	that's a world where this	C: Yes.
2251	is good this is bad, this	
2252	mustn't be, this must be.	T: -- and so on. It was
2253	This is a world where all	like a --
2254	things kind of coexist	
2255	equally. (Inaudible) Yes	C: This is like a -- in
2256	she's been traumatized,	talking about the
2257	yes she's opening to her	decision, you know,
2258	body, yes it's new and	this is like your body
2259	unfamiliar and strange	deciding something
2260	and weird, yes it's	different in a world --
2261	wonderful, yes it's	
2262	scary, yes there's	T: Yeah.
2263	memories that still make	
2264	you shake a little bit,	C: -- a world like this
2265	and it's all kind of like	and a world like this,
2266	so co-resonating in a	and what that means --
2267	way that's expanding	
2268	her. It's impressive; I'm	T: Yes.
2269	impressed with her	
2270	really. That's what's	C: -- inside my body.
2271	more striking to me,	
2272	really. (*)	T: Um-hum. Yes.
2273		
2274	T: Again it's perfectly,	Um. And that -- the
2275	it seems very clear to	terribleness of that, it --
2276	me in the way she's	it -- it's so funny.
2277	expressing herself and	Hum. I think the more
2278	I'm expressing myself.	you experience the
2279	That funny sort of	beauty and the
2280	contrast, that funny sort	wonderfulness of the
2281	of intensification that	beautiful body of the --
2282	occurs simultaneously	the sensual delight, of
2283	on both side, it makes	pleasure, of joy, the
2284	complete existential	more awful in a certain
2285	sense to me. Like oh ok,	funny way, the more
2286	as uh, the trauma of	awful that trauma, that
2287	abuse, I don't know if	kind of delivery over
2288	you know this, it's a	into a terrible world in
2289	very interesting that I	which the body is of
2290	observed many years	vulnerability and
2291	ago, and I think I read it	danger and wrongness,
2292	somewhere too, way	and incestuousness,
2293	back, that the trauma of	and you know,
2294	abuse often occurs when	violence and abuse,
2295	the child visits a nice	you know.
2296	household where people	
2297	are treating everybody	C: This (Inaudible) of
2298	decently.	-- you know, the

2299		walking it in, yeah, there's just still --	
2300	R: Hm.		
2301			
2302	T: But before that	T: Yeah.	
2303	moment, there is no		
2304	abuse. There's just life	C: -- it just hurts, and I	
2305	the way it is, as hard as	think --	
2306	it is, as terrible as it is.		
2307	A drunk and scary father	T: Yeah. And the --	
2308	that throws you against		
2309	the wall, an impotent	C: -- time -- time will -	
2310	wining mother; that's		
2311	just the world. And then	T: Um-hum. Um-	
2312	one day you go and you	hum.	
2313	spend a night with a		
2314	family, and they're	C: -- help even it out.	
2315	decent to you. Nicer to	But then it just didn't.	
2316	you than you've ever	As the beauty comes so	
2317	experienced. And	does the realization and	
2318	suddenly there's the	because I'm not	
2319	trauma. I'm thinking	numbing or --	
2320	this is an elaboration,		
2321	there's nothing without	T: Yeah, that's right.	
2322	contrast. And this is a		
2323	kind of very concrete	C: -- there's no way	
2324	existential elaboration of	out of it.	
2325	that. And I'm		
2326	elaborating it a lot, and	T: Yeah. It's --	
2327	she's living it a lot I		
2328	think and elaborating it	C: And it -- and	
2329	also. And somehow	there's only way out of	
2330	we're pretty much in	it because it's all so	
2331	constant. I elaborate it in	informing me, there's	
2332	ways she doesn't and	something about being	
2333	she elaborates it in ways	clear, standing firm	
2334	I don't. But there's a	and knowing my yeses	
2335	kind of um, she talks	and my nos.	
2336	about having been numb		
2337	previously, so she	T: And your nos.	
2338	couldn't experience	Yeah. What's good,	
2339	these things. And the	and what's bad, what's	
2340	numbness made it	terrible, what's awful,	
2341	possible, she couldn't	and what's wonderful.	
2342	experience the horror,	You really have those	
2343	but yet she couldn't	differentiated, and	
2344	experience the beauty.	what's just okay.	
2345	That's her metaphor,	Medium, you know,	
2346	and mine is the, the	have that whole bloody	
2347	metaphor of, it includes	range.	

<p>2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396</p>	<p>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</p>	<p>C: Um-hum.</p> <p>T: Not to be stuck with one or the other, but to have the whole range there, so that I can be indignant, horrified, and upset, and disturbed, and take the standing against things that are destructive, and abusive and terrible and so on. And so that that little girl who was terrified, who you used to criticize, you now can sort of use that barometer, how terrified she was and how hurt she was to inform your stand. It's like, that's right, dammit, that points to how absolutely awful what happened was. And the beauty of what you're experiencing also points to the same thing, which is how there was a very precious possible world that was damaged. Whew. It's a lot to process. I don't know. It's --</p> <p>C: It is a lot.</p>	
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<p>2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445</p>	<p>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</p>		<p>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-</p> <p>R: Uh-huh.</p> <p>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</p>
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2446	nice, and good and		whatever, to feel both,
2447	helpful. They're not all		um... at this point. The
2448	idiots. But so, how to		joy of beauty, essential
2449	sort of be there with		whole, how,
2450	both worlds. She seems		awakening of my body
2451	to me to be doing that in		and to feel how hurt I
2452	a way that's so		was and to still feel
2453	poignant, so precise, so		that at some level. And
2454	central, so concrete. But		that at times its just is
2455	um, it's very impressive		maddening and I was
2456	to me, and also it speaks		almost thrashing about
2457	to a general way of		there in, in (+) office.
2458	experiencing life. How		(laughs) So I said at
2459	the darkness and the		one point, (+) if you
2460	light coexist in a solved		could see me now
2461	way. Anyway, that's		(laughs) you'd have to
2462	what I was thinking,		see that. But he's right
2463	listening to her and		that it is so bodily and
2464	listening to me. Good		um, his underlining of
2465	God, all this is going on.		the themes and just
2466	You sort of stepped in a		holding my experience
2467	pretty high point. If you		so deeply. And I of
2468	would have come four		course can feel how
2469	months ago, I don't		he's holding the
2470	know what you would		themes only from this
2471	have found, before she		particular. But um, of
2472	went into this phase.		other life themes and
2473			other life stories that I
2474	T: I know this is a	T: I mean they can --	brought to healing
2475	transitional kind of	it feels so (Inaudible) --	cause if you heard (+).
2476	moment. Um she said		Be coming to kindness
2477	early on she's tired. And	C: It is, it's so vile.	about the little girl and
2478	she's just got (inaudible)		I can recognize now
2479	so she's been feeling	T: And then I see you	how horrible this was
2480	more lows than she has	sort of --	that then that helps me
2481	before. It's tiring. It's		to be kind because I've
2482	hard work. To be sort of	C: Oh, oh --	not appreciated. You
2483	semi-constantly vigilant		know when I've looked
2484	and caring for her	T: -- thrashing about.	at other life stories
2485	mother and all that stuff.	That was pretty -- for	from my past I'd often
2486	Meanwhile she's been	(+) we need a video	you know, not be
2487	going through a kind of	(Laughing) to get the --	happy. I was the scared
2488	a revelation saying a	to get the sort of whole	kid, just as I'm not
2489	self-revelation of trauma	feeling of --	happy hearing my
2490	and past history and		voice sounds a little
2491	forming into a world	C: If you could see me	too quiet or scared on
2492	that's not altogether	now. (Laughing)	this tape. I want to be
2493	familiar. So at this		strong, I want to be
2494	moment I'm just kind of	T: It's like, to get the	loud, um, and how to

<p>2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543</p>	<p>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</p>	<p>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 --</p>	<p>have compassion and realize why in the world I wasn't. And this is why so, (+) bring it and bringing to light um, helps me to deepen with that, feel his understanding, he's like oh ok. (*)</p>
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<p>2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592</p>	<p>review that we've been doing. Its like I want to sort of announce; I don't want it to keep sliding away. Like well lets get to the next layer, and lets do some more remembering, and lets 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</p>	<p>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 --</p> <p>C: There's no stopping it.</p> <p>T: Yeah. It's like --</p> <p>C: (Laughing)</p> <p>T: The genie has been uncorked. (Laughing)</p> <p>C: (Laughing)</p> <p>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 --</p>	
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<p>2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641</p>	<p>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.</p> <p>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!</p>	<p>that got partially corked up.</p> <p>C: Right.</p> <p>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.</p> <p>C: A lot of dancing.</p> <p>T: (Laughing) Um- hum.</p> <p>C: And some yoga.</p> <p>T: Ah-ha, oh, you've been doing some yoga?</p> <p>C: Yeah, and it's been very beautifully symbolic of reminding</p>	
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2642	You've done yoga in the	me of something --	
2643	past. You're having		
2644	these body changes, its	T: Right.	
2645	time to do yoga, for		
2646	God's sakes, again."	C: -- I already know,	
2647	And I said I don't know	or just kind of -- just	
2648	why the hell I'm	reminding me of the	
2649	showing you some	nurturing times, you	
2650	primitive stretching	know, just that very	
2651	things, Mr. Know	basic thing, reminding	
2652	Nothing, showing you	me to eat or drink, or	
2653	some primitive	that's something I	
2654	stretching things. But	already know how to	
2655	I've got a yoga tape that	do --	
2656	I haven't even looked at		
2657	because I'm still stuck	T: Oh, sure.	
2658	on AM Yoga (laughs),		
2659	which is very, very	C: -- and they know	
2660	simple. Really slow	about yoga, but just the	
2661	beginners and you're	-- all the beauty of that,	
2662	more advanced and stuff	and --	
2663	like that so why don't		
2664	we take a look at this	T: Is it --	
2665	yoga tape? I showed her		
2666	a little bit and we talked	C: -- and then the tape	
2667	about stretching. You	that you --	
2668	know, you're having		
2669	cramps, but yeah it has	T: Um-hum.	
2670	to do with tension, and		
2671	you're standing	C: -- lent to me --	
2672	differently and so on		
2673	and so on, and	T: Yeah.	
2674	psychological eh... But		
2675	you know, address it	C: -- has just been --	
2676	bodily and so on. So		R: Ok. Pausing the
2677	she, as part of her self-	T: Is it a nice tape?	tape.
2678	awareness, she's	That particular tape, I	
2679	gradually, she looked at	have never seen.	C: (laughing) All that
2680	the tape and liked it and		beauty and laughter
2681	doing yoga. And I just	C: You will never get	and wow-ness is a
2682	wanted to comment on	it back. (Laughing) --	wonderful experience
2683	that, I didn't know if		for me in that moment
2684	that was clear from the	T: Oh. Oh, I haven't -	of (+) to me um, and
2685	first one...	- no, but I haven't --	he's done that over and
2686			over. If I'm tired we
2687	R: Ok.	C: I promise.	rest um, he'd
2688			recognized before we
2689	T: And again its part of,	T: -- even looked at it	started into the thing
2690	you see, for me its part	yet. I --	about yoga and the

2691	of my practice, and I		laughing about that this
2692	don't want to say mine,	C: So you'll never	is hard work and not to
2693	I really mean of an	miss it.	push. Cause you can
2694	existential practice, this		get so into the work
2695	kind of practice, that the	T: I'm still -- I'm still	out. I can push and
2696	inclusion of body	stuck on the morning	want to keep doing it,
2697	exercise, the (*)	yoga.	or he can push and his
2698	inclusion of my		attentiveness to that.
2699	experience of my body,		Um, and to me as a
2700	the inclusion of relief		whole person, you
2701	that can be brought		know, it would be the
2702	about through massage,		kind of the of do I need
2703	in the past I've sent her		to stop, do I need to
2704	for chiropractic help.		rest, do I need to
2705	Um, I've proposed		drink? And not only
2706	massage to her, I've		there in the moment
2707	occasionally done some		but him reminding me
2708	uh, massage, you know		about that and this
2709	(inaudible) you know if		particular story about
2710	her neck is spasming or		the yoga is along those
2711	something like that. In		lines and you hear me
2712	the past, I can say let me		saying that. It's
2713	just see if I can do		reminding me of what I
2714	something for that, and		already know. I know
2715	the laying on of hands,		it's important to eat,
2716	the bodily laying on of		drink. But yet we all
2717	hands is part of the		need that attentiveness
2718	work. That fear of		when we're not feeling
2719	bodily being is both		well, when were
2720	addressed in speech and		suffering a bit over
2721	in action and so on, is		something. So if
2722	just part of the work, is		somebody say, its like
2723	part of my		when you bring
2724	understanding of what		casseroles to people
2725	I'm about in the work.		when their having a
2726			hard time, you know a
2727	R: Um-hmm.		death in the family or
2728			whatever, so that (+).
2729	T: Ok. That's all.		Um, its kind of like
2730			reminding me of
2731		C: I'm into the power	something I already
2732		yoga.	know, just like I know
2733			how to eat and drink.
2734		T: Yeah. Yeah. (+)	This experience of
2735		oh, well.	remembering the
2736			trauma for a bit I was
2737		C: (Laughing)	actually feeling spasms
2738			in my body. You know
2739		T: Nice to see (+)	um, I think it was

2740			something of that
2741		C: Out of control. It's	contrast feeling open
2742		beautiful and --	and like this in body,
2743			and like dancing and
2744		T: He's gorgeous.	also feeling like
2745			cringing and curling up
2746		C: -- he's -- he's	and never uncurling
2747		gorgeous.	again. And then I
2748			would find myself in
2749		T: Yeah.	sleep especially
2750			waking up with spasms
2751		C: And -- and he's	everywhere, in the
2752		doing these yoga	neck and upper body
2753		postures by the ocean.	spasms and chest and
2754		It's very lovely.	then a lot in the legs
2755			(+) me what I already
2756	T: (laughs) I'm just,	T: Oh, yeah, yeah,	know. To stretch and I
2757	I'm just enjoying the	yeah.	had been a student of
2758	hilarity of she came into		yoga, and know this,
2759	her this sexual	C: You know, 'cause I	but you know him
2760	awareness maybe 6 to 8	don't think I have any	reminding me to care
2761	months ago, something	yoga -- no, I've never	for myself in that way
2762	like that, and uh this	had. I've had yoga on	and to do something I
2763	highly physical, sensual	audiotape.	already know how to
2764	sexual kind of		do. And then we were
2765	awareness of men. And	T: Um-hum.	just having fun with it
2766	then I give her, she's		because everything is
2767	having cramps in her	C: And all of my yoga	connected to this yoga
2768	legs, and without quite	teachers were all	tape. This beautiful
2769	thinking about it, I give	women.	male body in this tiny
2770	her a tape, a yoga tape,		swimsuit, its unlike
2771	with (+), this gorgeous	T: Hum.	any other yoga tape
2772	Asian man, I don't		ever. I always think of
2773	know if you know (+),	C: And he sure had a	yoga as more like loose
2774	but he's just, well he's	beautiful body, and of	cotton clothes, real
2775	got a yoga body for	course he's just doing	loose and nothing
2776	God's sakes. I mean uh	it in this little swimsuit	binding. No clothes
2777	he's been doing it	--	hardly (laughing).
2778	forever and so he's slim		
2779	and graceful and moves	T: Yeah.	R: (laughs)
2780	perfectly. It's		
2781	humiliating to do yoga	C: -- by the ocean --	C: And here I am in
2782	with a tape of his, and		this space of
2783	for me you know its like	T: Yeah, yeah.	appreciating bodies
2784	ahh, I can hardly move		and part of the whole
2785	at all. (laughs) And	C: -- and so it's it's	context but you know
2786	she's of course among	very nice. And just the	as I remember this I
2787	other things,	stretching and the	was in this space of
2788	enormously	reminding so it does	just really being



2789	appreciating, Whoa look	help even though --	awakened to the beauty
2790	at this man, his body		of men's bodies in
2791	and she talks about the	T: Um-hum.	particular. I'm
2792	woman she had yoga		appreciating bodies,
2793	before with and it's a	C: -- it's a little	but you know feeling
2794	whole different	unnerving --	really the aliveness that
2795	experience now.		I feel in the presence of
2796	Anyway I just thought it	T: Um-hum, um-hum.	a male body and so that
2797	was very, very funny as		all of that blends as this
2798	a kind of a witnessing	C: It may be I need	yoga tape (+). There it
2799	to...	nuns doing yoga.	is. And it is a very
2800		(Laughs)	beautiful and sensuous
2801	R: Uh-huh.		tape of yoga by the
2802		T: (Laughs)	ocean. So (laughs)
2803	T: ...to her liberation		that's what that was all
2804	and as a witnessing to	C: But the whole point	about. But as far as the
2805	her freedom to talk, you	is to --	what really I think is
2806	know how she's really		part of the deep healing
2807	turned on by, she	T: That's oxymoronic	is that attentiveness.
2808	doesn't use that kind of	to me. It isn't but	All of those levels and
2809	language but she's	somehow -- (+)	even those very basics
2810	really like this is a	(laughs)	of eating, sleeping,
2811	gorgeous guy and stuff		stretching,
2812	like that and I'm just	C: And it's very	symbolically you know
2813	enjoying it. And this is	beautiful, and a	offering a casserole
2814	after we talked about	reminder to change	when somebody is in
2815	well now lets take it	something that I know,	great distress, offering
2816	easy. I said let's take it	and to return to it, and	a blanket if somebody
2817	easy. So it's a funny	then to return to it in a	is freezing, somebody
2818	thing, we talked about	whole new way --	feeling tight to say oh
2819	let's take it easy and the		stretch. Yes. So that
2820	next thing is she's	T: Um-hum, um-hum.	was a wonderful
2821	talking about, it's just as		moment and it's a
2822	important, it her opening	C: -- it's the different	wonderful world of
2823	to a world of sensuality	body doing yoga now.	contrast. (laughs) I'm
2824	and sexuality, and even		going to keep talking
2825	her opening to a new	T: That's right. That's	forever I'm getting into
2826	way of being in her	right. You're -- you're	this microphone.
2827	body as she does that	a different body doing	(laughs) My own silent
2828	yoga now in a new way.	yoga. That's right.	self, my loud voice.
2829	It's just so funny, its	That's true (+).	(Laughing) (*)
2830	like, its ok let's do		
2831	something different. In	C: (Laughs) never to	
2832	one way we do	be found again.	
2833	something different and	(Laughs)	
2834	in another way, well but		
2835	it's the same light that	T: I can just see you	
2836	unfolding. So anyway I	on the beach now.	
2837	just find it very	Yeah. Hum.	

2838	entertaining and		
2839	enjoyable to listen to.	C: Hum. So, I've	
2840	And I did at the time;	been having lots of fun	
2841	you can hear it. We're	since last week.	
2842	laughing together and		
2843	carrying on like little	T: Well, I'm so glad.	R: Pausing the tape.
2844	people at a party. Yeah		
2845	very nice. (*)	C: Doing yoga.	C: Uh, I'm just
2846			recognizing how um,
2847	T: I'm just noticing for	T: I'm so glad, that's -	how profoundly
2848	the first time, I don't	- that was -- that -- it's	important and how
2849	know what was going	been an important	healing it is to me
2850	on exactly at the time,	piece of your life	when um, (+) very
2851	again I'm reviewing, re-	adventure. Running	strongly, cause you
2852	underlining once again.	into this priestly abuse	know we can get
2853	And I just noticed, I	stuff, and somehow	talking as you hear
2854	hadn't noticed it before,	addressing it directly,	about everything and it
2855	but I'm putting it as a	and then liberating,	is all connected but
2856	past accomplishment	uncorking a certain	that he will come with
2857	now. Well that's	kind of tightness that	the direct words. You
2858	interesting, just	got in there, and letting	know of he says
2859	happened that you (*)	it loose...	priestly abuse; cause
2860	faced that experience		you know it still feels
2861	and then you felt		hard to say it. I will
2862	liberated and now		talk about the wound
2863	you're opening even		or talk about the
2864	more- you know sort of		journey and um, just
2865	like it's a way of		noticing (+) say that
2866	narrating. Which has		this is something that
2867	um, in terms of a		can be said and should
2868	temporal ecstasis, you		be said and his voice is
2869	know, past, present,		also loudly saying it.
2870	future. It's a way of not		How true right now to
2871	even conscious of doing		hear it again, um, as I
2872	it, as I'm sitting, I'm		do remember hearing
2873	listening, and I'm		him say it yesterday.
2874	thinking, 'oh yeah		So that even when we
2875	you've already		return to lightness or
2876	accomplished it and		other themes, you
2877	(inaudible) and how		know um, he's
2878	wonderful that is'.		standing clear about
2879	That's all.		what were dealing with
2880			and that helps me to be
2881		...that's been quite	with the experience.
2882		something. Hum. It's	(sighs) (*)
2883		-- it's so funny. It's so	
2884		funny. It's --	R: Pausing the tape.
2885			
2886		C: And I really, really	C: Uh, that just feels

2887		just feel that that's	um again another very,
2888		(Inaudible) is gone.	very important thing
2889		And what a feeling that	that whatever I brought
2890		is. Because she lived -	(+) that its, I'm not
2891		- lived and reined, I	seen as having a
2892		keep using that term,	disorder, um, that it is
2893		but I guess it was a rein	about what is my
2894		over me in a sense it	experience. Yeah, he's
2895		felt so uncontrollable.	talking about it being
2896		And part of me that	that as we did this
2897		I've disowned, you	again, it's very
2898		know, she --	concrete and were
2899			talking here about um,
2900		T: It's so fascinating	as far as whatever was
2901		to me that that -- that --	presenting it, were
2902		that -- that that	talking about my
2903		desperation, that kind	feeling of desperation
2904		of vibratory tension	and that's what were
2905		that you lived for so	talking about here. And
2906		long, it was rooted so	that could be seen as a
2907		concretely, and certain	disorder by other
2908		experiences, certain	people, an anxiety
2909		very particular	disorder, I had a kind
2910		experiences, and that	of a desperateness that
2911		as you faced and	I feel. I talking here in
2912		moved through it, you	the tape about that
2913		literally have that	feeling leaving me and
2914		experience of, oh, my	so he's helping me to
2915		God, where has Ms.	appreciate the all of
2916		Desperate gone?	that, like that I in the
2917		That's not that you	healing of this and
2918		never ever, ever, ever	being able to say and
2919		will have any	release and heal and
2920		experience of	however this lived in
2921		desperation at all, but	my body, then that
2922		you know that there's	desperate self... And I
2923		something over --	also hear him give me
2924			permission you know
2925		C: Um-hum.	cause it's almost like
2926			talking about another
2927		T: -- there's something	self. I distanced from
2928		done.	that part of me, hated
2929			that part of me that was
2930		C: Something is done.	desperate. Um, him
2931			allowing me to keep
2932		T: Something is done.	whatever I need of that.
2933		And that, that's	I heard him say that
2934		impressive. Because in	'you know there will
2935		a certain funny way --	be times when you will

2936		because I know	feel desperate'. But
2937		sometimes I think of	that real intense part of
2938		myself, and I think	me that felt confusing
2939		well, I'm just wired a	for so long, again him
2940		certain way, you know,	recognizing it, him not-
2941		when I'm dealing with	um the fact that we
2942		tension or anxiety.	could heal this was
2943		And then sometimes	because he just never
2944		later I discover that's	looked at anything like
2945		not quite right. This is	that as a disorder,
2946		a function of a --	anxiety disorder,
2947			personality disorder,
2948		C: Yeah, there's a	whatever. But you
2949		wire -- that wire's	know, the ah, what is
2950		connected --	the meaning of this?
2951			What is your
2952		T: Connected to	experience of past,
2953		certain things that	present, you know how
2954		happened.	do we take it into the
2955			future? I just feel all of
2956		C: -- you know you	that as were working
2957		disconnected it.	with this piece cause
2958			its so multi-faceted;
2959		T: Yeah.	there's a body piece
2960			and a contrast piece
2961		C: Yes.	and this is the
2962			desperate piece. That is
2963		T: Yeah. And that	an important part of
2964		some of the	this work. I feel myself
2965		experiences -- because	becoming um, less
2966		as long as I say it's just	desperate. And I've
2967		wired, it's like I -- it's	been feeling that over
2968		like I've become like	the years. But um,
2969		the psychiatrist who	there was a part in here
2970		says it's a brain	where (+) that he or I
2971		disorder. You know,	could just never get to
2972		it's like --	and that felt so
2973			troubling. I'd get
2974		C: Brain?	better, better, better,
2975			heal this, that, every
2976		T: -- then -- then	other thing,. You
2977		there's nothing to do	know, I'm totally
2978		and there's no place to	quantumly healed. And
2979		go with it, but to	I could collapse in to
2980		discover that a certain	places of being
2981		habitual tension --	desperate. It (*) would
2982			come out with him and
2983		C: Yeah, it's because	in the world. So I have
2984		I, you know, I was	all this history with (+)

2985		going somewhere else	um, and then he would
2986		and being -- the	disappoint me and I
2987		anxiety disorder --	would be some
2988			desperate person as if
2989		T: That's right. Yeah,	all of that history, the
2990		yeah.	goodness, hadn't
2991			happened. And I'm
2992		C: -- you know,	feeling that as I heal
2993		whatever --	this, that desperate part
2994			of me is being healed.
2995		T: You have anxiety	So I'm just feeling the
2996		disorder and you need	beauty of how that
2997		some medication to	happens in this healing
2998		straighten your brain	process of that part of
2999		out and straighten your	me was always
3000		nervous system out,	accepted (+) when I
3001		and so on. And that's -	hated her, (laughs)
3002		- might even be	hated that part of me,
3003		helpful, who knows,	was somehow accepted
3004		but it's a funny thing --	and now he's helping
3005			me to appreciate and
3006		C: Yeah, it might be	therefore heal even
3007		helpful, but it's	further, um, what that
3008		certainly not as	was about. So...
3009		healing.	
3010			R: Pausing the tape.
3011		T: Um-hum.	
3012			C: This is getting so
3013		C: This feels like,	good I can't stop
3014		again, something is	commenting. But I
3015		done, something is	think we just both
3016		over --	recognize the
3017			difference between you
3018		T: That's impressive.	know helping a
3019			symptom and healing.
3020		C: -- is changed. And	And I think, again, our
3021		then the experience	work is about healing,
3022		here with you feels so	just elaborating on
3023		different because I'm	what I had already said
3024		not -- I can't -- you	about not being seen as
3025		know, desperate to	a disorder, to go
3026		somehow have as	another (*) route,
3027		borrowing upon, even	another kind of
3028		as I lived and I grew	counseling therapy, or
3029		through all of the	the medical model, I
3030		different levels of	might have felt greatly
3031		healing, there's that	relieved. Diagnose me
3032		piece that remained	as a disorder, there's
3033		where I was still	some relief that oh ok

3034		borrowing and needing	other people have this,
3035		the desperate --	it's been categorized.
3036			And here's some
3037		T: Yeah.	medicine, like oh yes
3038			hand it over, I feel
3039		C: -- needing --	mish better that way.
3040			(laughs) Vibrating
3041		T: Yeah.	desperation is
3042			improved, but then the
3043		C: -- and then to not	healing work may or
3044		have that, I mean, I still	may, it could but it
3045		want --	may not ever happen.
3046			Just realizing the
3047		T: Sure. Sure.	beauty of that, that's
3048			all, just contained in
3049		C: -- your --	those few lines there.
3050			
3051		T: Sure.	
3052			
3053		C: -- your witnessing -	
3054			
3055		T: Um-hum. Um-	
3056		hum.	
3057			
3058		C: -- your care from	
3059		me. You're --	
3060			
3061		T: Um-hum.	
3062			
3063		C: -- seeing me in a	
3064		positive light through	
3065		hard experiences, or	
3066		good, or what -- but	
3067		it's not the same. I just	
3068		-- I'm not borrowing,	
3069		and it's more like --	
3070			
3071		T: It's -- it's -- it's --	
3072		it's even hard to get	
3073		words and mind around	
3074		it because I --	
3075			
3076		C: I think that's what I	
3077		was talking about when	
3078		I said I needed to	
3079		search for language, I	
3080		don't know how to talk	
3081		about this.	
3082			

3083		T: Yeah. Hum. I -- I -	
3084		- I understand very	
3085		well what it means to	
3086		be borrowing the	
3087		strength of another, or	
3088		borrowing the	
3089		positivity of another,	
3090		borrowing the energy	
3091		of -- you know, that --	
3092		that sort of idea makes	
3093		perfect, uh-huh,	
3094		theoretical sense, but	
3095		just experientially it	
3096		makes perfect sense to	
3097		me, you know,	
3098		something has	
3099		excitement, and then	
3100		you enter into that	
3101		excitement somebody	
3102		as sort of a positive,	
3103		loving spirit, and you	
3104		kind of like (Inaudible)	
3105		a little, and becoming	
3106		more loving yourself.	
3107		Ah, so I know that	
3108		experience. And I also	
3109		know the difference	
3110		between the borrowing	
3111		experience and then the	
3112		other where it's just	
3113		coming, flowing from	
3114		me. And that's the	
3115		kind of description that	
3116		I hear you speaking to.	
3117		And again, I -- I don't	
3118		know how much more	
3119		one can -- you know,	
3120		sure more can be said	
3121		about it, but it's -- it's	
3122		very -- there's	
3123		something very clear	
3124		about the difference. If	
3125		you're not borrowing it	
3126		anymore, you have it.	
3127		And the question of	
3128		where you got it and	
3129		how you got it and so	
3130		on, well, you got it all	
3131		sorts of places, but the	

3132		fact Is now it's yours.	
3133		You have it. And so	
3134		you don't have to be --	
3135		you remember	
3136		Mandala's thing?	
3137			
3138		C: What's that --	
3139			
3140		T: Mandala's	
3141		Presidential address?	
3142		Didn't you ever --	
3143			
3144		C: Oh, I wasn't --	
3145			
3146		T: I'm sorry, I --	
3147			
3148		C: -- picturing	
3149		Mandala.	
3150			
3151		T: Yeah. Sorry, I was	
3152		thinking of his	
3153		President -- you're	R: Pausing the tape.
3154		familiar with it, where	
3155		he says --	C: Uh, this is so
3156			wonderful. Um, I think
3157		C: Dream like me.	I was experiencing as I
3158			always do (+) listens so
3159		T: -- he says	deeply and then we
3160		something like, give up	you know, do the thing
3161		being that desperate	of reflecting back, but
3162		self, that impoverished	then take it you know
3163		-- I'm making it up	to, to the world of
3164		now, but I know it's	almost spirit or poetry.
3165		very close to his spirit.	Here he takes it to um,
3166		Enter into how	Mandela's address, but
3167		wonderful you are and	you know it is that
3168		how powerful and	poetic, that speech that
3169		glorious. We are too	makes it even bigger
3170		afraid of our strength	than what I'm already
3171		and of our	feeling, as a way of
3172		wonderfulness. He	strengthening, cause
3173		seemed to -- in his	I'm talking about
3174		Presidential address as	losing that desperate
3175		a -- and then you don't	self. I'm talking about
3176		know this particular	my past healing here
3177		piece.	where um, I think I
3178			mentioned this where I
3179		C: No. Not well	would look at myself
3180		enough. (Laughs)	as a child, and look at



3181		Perfect.	myself as a younger
3182			self but as a child, or a
3183		T: It's just -- it's just --	younger adult woman,
3184			um, not really liking
3185		C: I love that.	what I would see. So
3186			you know, it's hard and
3187		T: No, but it's kind of	I was scared and I'm
3188		perfect for this kind of	not liking those
3189		transitional experience	qualities and um, that
3190		you're having which is	in this particular
3191		-- which is it's one	healing, I've healed
3192		thing to say, well, you	that, you know I've,
3193		know (+) and I can	I'm looking at myself
3194		count on him and I can	more kindly and its
3195		be nourished and	what were talking
3196		nurtured by him, and	about here isn't just --
3197		that's okay, and then	in the past when I
3198		it's a very different	would do healing
3199		thing to discover, wait	work, I would be
3200		a minute, I'm -- I'm a	borrowing (+) you
3201		wellspring. I too am a	know I would now feel
3202		(+) my mother's part of	kindly towards myself
3203		it, and my history is	because he would. So
3204		part of it, and being a	he's kind of like doing
3205		patient advocate is part	I guess, I just feel like
3206		-- you know, and	that...here comes the
3207		having been abused is	train... (pause)
3208		part of it too. But all	Anyway, maybe I lost
3209		of it, but that I'm a	my train of thought,
3210		wellspring, I have it.	my train of thought
3211		I'm strong. You were	(laughs) with the train.
3212		talking about being	Um, I was
3213		strong and standing	experiencing in the
3214		your own ground and	session and feeling it
3215		things like that, and I	now, his hearing and
3216		was thinking, what	taking it even deeper
3217		does that little scared	and wider, um,
3218		one imagine or think if	underlining,
3219		she hears you talk like	underlining um, and
3220		that. (Laughs)	making important the
3221			growth and what's
3222		C: That's why I love	happening for me and
3223		the line from the	in this sense it the
3224		Mandala's address	losing the desperate
3225		about don't be afraid of	self, and the self that
3226		your own strength.	clung to him
3227		And I do feel that --	desperately because I
3228			didn't have the
3229		T: Right.	kindness for myself. So

3230			as long as I felt the
3231		C: -- and it's like --	trauma inside, there
3232		and I've always had,	was that desperation of
3233		you know, the patient	being alone, or that
3234		advocate part of me	nobody would love me,
3235		had it for other people -	help me and (+) as I
3236			healed this particular
3237		T: That's right.	um, memory, its also
3238			including this, my own
3239		C: -- and I'm still --	kindness. So, I'm kind
3240		this hasn't been, you	of with the experience
3241		know, nearly the kind	of um, of having that
3242		of time like with	and then the beauty of
3243		systems, things around	uh (+) making it
3244		my mother, but just	poetic, uh universal,
3245		more the -- the	you know wellspring.
3246		caregiver things and	It's just a very, very
3247		dealing with it, I just	beautiful and moving
3248		felt very strong. You	thing. Oh yes! (laughs)
3249		know, calling them and	
3250		saying you've wasted	R: Ready?
3251		my time and I want my	
3252		money back and (+) --	C: Sure. (*)
3253			
3254		T: (Inaudible)	
3255			
3256		C: -- okay.	
3257			
3258		T: Yeah.	
3259			
3260		C: Ahh. So, I just felt	
3261		this wonderful energy	
3262		and extravagant --	
3263			
3264		T: Wow.	
3265			
3266		C: I even got a new	
3267		car since last --	
3268			
3269		T: Oh, for God's	
3270		sakes, what'd you get?	
3271			
3272		C: And I did it with a	
3273		lot of strength.	
3274			
3275		T: What'd you get?	
3276			
3277		C: And my own style,	
3278		because I felt like a	

3279		consumer illiterate.	
3280		And again, a little bit	
3281		scared and it's --	
3282			
3283		T: I tend to feel like a	
3284		consumer illiterate too,	
3285		I know that feeling.	
3286			
3287		C: And do I need a	
3288		man and (Inaudible)	
3289		my brother.	
3290		(Inaudible) my brother,	
3291		and my side, and my	
3292		brother introduced me	
3293		to this man who does	
3294		the thing of looking for	
3295		used cars --	
3296			
3297		T: Yeah.	
3298			
3299		C: -- for you. So he	
3300		was in there --	
3301			
3302		T: Huh.	
3303			
3304		C: -- but I just really	
3305		felt like, you know, I	
3306		can do the -- and just	
3307		went with a real, that	
3308		kind of strength and	
3309		conviction, like if this	
3310		doesn't work I will	
3311		return, or you will	
3312		return and pick this car	
3313		up because it --	
3314			
3315		T: Yeah.	
3316			
3317		C: -- this thing of going	
3318		with my mother, she	
3319		was -- it's like	
3320		symbolic for her, it's	
3321		our car, symbolic of	
3322		inviting her into your	
3323		life, and on the road.	
3324		And she really got that,	
3325		and she was	
3326		committed. You know,	
3327		because the things she	

3328		wants to do she does,	
3329		and other things, you	
3330		know --	
3331			
3332		T: Yeah, she won't.	
3333		Right.	
3334			
3335		C: Certain, feeling	
3336		close, and oh, let's get	
3337		-- oh go get it without	
3338		me, you know, she	
3339		can't be bothered with	
3340		that.	
3341			
3342		T: Um-hum.	
3343			
3344		C: She saves her	
3345		energy for what fits.	
3346		This she was bound	
3347		and determined. So,	
3348		Thursday it was like	
3349		raining all day and the	
3350		car was finally there	
3351		that we were supposed	
3352		to go see, she's no	
3353		(Inaudible) I think	
3354		(makes a noise) I see it.	
3355		So we went, we see it	
3356		in the dark, in the rain,	
3357		and the rain did not	
3358		hold her back. And	
3359		you know, she felt like	
3360		she was part of the	
3361		dealing, you know, in	
3362		her own loving way --	
3363			
3364		T: Um-hum.	
3365			
3366		C: -- she met these two	
3367		me, of course, with	
3368	T: (Inaudible) Um,	love and with her fist,	
3369	(pause) There's a kind	you know, and	
3370	of celebration of	reminding me of that	
3371	strength that's involved	strength that I just felt	
3372	here and um, in the	very strong, and I (+)	
3373	celebration of strength I	didn't need to do tons	
3374	introduced Mandela's	of -- it was like my	
3375	uh, thing. Which to me,	own strength, and (+)	
3376	um, she's familiar with	and I thought, I'm not	

3377	it, and um, there's a	even going to take this	
3378	whole thing she's going	car for a test drive (+)	
3379	through which she's	I'll be out on this road,	
3380	talked about which is	the test will be in the	
3381	this is unfamiliar to me.	next two days.	
3382	This new strength, this	T: Right.	
3383	new resilience, this new		
3384	openness is unfamiliar	C: I'm trusting that you	
3385	to me, and um... by the	did a good job and if	
3386	certain moment I'm	you didn't you can	
3387	reminded of Mandela	come back and get this	
3388	and I kind of share that	car.	
3389	with her. She kind of		
3390	likes that and goes with	T: Right.	
3391	it. And uh, it's a way of		
3392	uh, in a metaphorical	C: And it just felt --	
3393	and narrative way, sort	and it was all, you	
3394	of Yeah this is great.	know, kind of playful	
3395	You're strong now,	but direct, and um, it	
3396	you've been through the	just felt like we both	
3397	horribleness and	made it, my mom and	
3398	wonderfulness and	I, we made a very good	R: Pausing the tape.
3399	speak up and (inaudible)	deal and I got more for	
3400	in all kinds of ways.	my car than I -- I didn't	C: This is too much
3401	And then um, we're	know if I'd get	fun. (laughs) Um, it
3402	talking about the car.	anything --	just feels like so much
3403	Her strength in getting	T: Um-hum.	of an experience of
3404	the car and her		how um as I listen to
3405	directness in dealing	C: -- so, anyway, it just	the tape how therapy,
3406	with this guy, and her	feels good.	healing your life,
3407	trepidation and then	T: Well, good for you.	healing my life, then
3408	moving towards being	Well, what'd you get?	just makes life so much
3409	able to do it clearly and		more rich and um. So
3410	directly and saying well	C: Oh, the rugged	it's a story again which
3411	no this is the way it is,	outdoorsy type, a	could seem like a
3412	and so on and so on.	Subaru Outback	sideline, a car story
3413	And managing to get a	wagon.	comes in the midst of
3414	decent and working it	T: Wow. Wow.	healing of a wound
3415	out and going with her		story. And how, again
3416	mother and her mother	C: The new me.	the blending of the
3417	(inaudible) her not being		themes of being strong,
3418	there but also her	T: Subaru Outback,	being clear, knowing
3419	mother with her fist,	wow, that's pretty	your yes's and your
3420	that's her mother, who	good.	no's, and the sensuality
3421	has a history where she		and the loving it and
3422	stood up against a bad		the loving the color
3423	employer years ago, and		and um, how it all
3424	told him off and didn't		works together and
3425	get -- you know. So		

3426	there's a history of kind	C: Yeah, they're	um...just the beauty of
3427	of that she's peering into	known for their rugged	therapy and how
3428	and so on, a lot of	--	worthwhile it is to
3429	metaphorical business		invest cause it's hard
3430	about strength and so	T: Um-hum. Um-	work. I'm just, again
3431	on, with the car. And	hum.	the contrast, it is very
3432	um at a certain moment		hard work. Um,
3433	I speak of uh, a marine	C: -- outdoorsy, get	hearing and experience
3434	commercial, which is a	you through any kind	it yesterday as I have
3435	hyperbolic exaggeration	of terrain.	always, and as I listen
3436	of things, and um		to this um,
3437	announce the (inaudible)	T: Wow. Don't go --	experiencing how hard
3438	you know to be a hero		the work is and how
3439	and so on. And so um,	C: That --	light-hearted and how
3440	it's a just... I'm wanting		rich and then and how
3441	to be saying, in the	T: Don't go driving	then its all connected.
3442	midst of all this	across (laughs) the	That as the work that I
3443	celebration, I'm wanting	mountains like they	do just flows into life
3444	also to be saying well	always show --	so as I strengthen then
3445	you know you're not		I am stronger in my
3446	going to be bouncing on	C: Me and momma.	caregiver search and
3447	the mountain with your		stronger and more
3448	(+). And yet there is that	T: Yeah. Boom,	enjoying my car search
3449	image of freedom and	boom, boom.	and it's all blending
3450	this car has an air		together. This is too
3451	conditioner and it's	C: Yes, I love it. It's	much fun. (laughs)
3452	going to work fine. It's	me, yeah, right.	Thank you very much!
3453	not going to break now.		I'm turning into a ham
3454	The old car was really	T: (Laughs)	(laughs). We will tape
3455	getting to the edge of its		every session from
3456	possibilities. So there is	C: One of those.	now on and go over it.
3457	a heroic vision and we	(Laughs)	(continues to laugh)
3458	can smile at it and see		
3459	not to exaggerate and so	T: (Laughs)	R: (laughing).
3460	on and so on. Its um, I		
3461	think attitudinally, its	C: So, yes, I got it.	C: The re-experiencing
3462	part of the lets celebrate	And it's beautiful.	it is wonderful. Sure.
3463	strength and not put it in		(Inaudible) Crying
3464	one place. Uh, Lets um	T: So there's a very --	buckets into paper
3465	not make pictures that	you know, the Marine	towels. (laughs
3466	we believe too much.	commercial.	continuously) And
3467	Uh, let's be open to the		you're not paying me
3468	multidimensionality and	C: (Laughs)	for this. (*)
3469	multi-variety of life.		
3470	And even in this playful	T: The guy's hanging	
3471	moment, I'm sort of um,	from a cliff edge, the	
3472	speaking to the multiple	most recent one I've	
3473	features of existence	seen, the guy hanging	
3474	that she's living. Both	from a cliff edge and	

3475	celebrating the heroism	almost falls off.	
3476	and she's participating.		
3477	She too is laughing at	C: (Laughs)	
3478	the heroic images of you		
3479	know, tramping	T: I think, not me.	
3480	across... becoming the	(Laughs) And then he	
3481	outdoors person which	gets to the top, this	
3482	is not part of her	Marine, and there's a	
3483	experience any more	"You made it, you're a	
3484	than it is part of my	hero" and then shows	
3485	experience. (+) is an	him in a Marine outfit,	
3486	urban professional	it's like, I'm not	
3487	woman for God's sake	climbing that	
3488	she's not about to go	mountain. (Laughs)	
3489	mountain climbing and		
3490	stuff like that. So	C: (Laughs)	
3491	there's this kind of um, I		
3492	don't know what to call	T: I (Inaudible).	
3493	that, but it's a playful,	(Laughs) But you on	
3494	appreciating and uh,	the other hand are a	
3495	some irony, some humor	heroine in your Subaru	
3496	around certain kinds of	Outback.	
3497	exaggerated, ideal		
3498	images and stuff like	C: (Laughs) Look out	
3499	that. Anyway that's	world. Even that just	R: Pausing the tape.
3500	what I was going to say	felt very -- also, there	
3501	about that. A little bit of	was a strength thing in	C: (Sighs) What I'm
3502	humor in sections. (*)	there, which was there,	experiencing there
3503			again is just the, it's all
3504	T: Um, very simply that	but you know, it wasn't	so sensuous, but the
3505	theme of you don't have	the -- and it felt like I,	sensuousness in the
3506	to, no strictures, no got	you know, I just	aesthetic sense. There's
3507	to, must, be strong, be	needed to worry	just the, an aesthetic
3508	heroic, be valuable, etc.	anymore, this is what I	beauty to a session
3509	Um to me as a therapist	wanted, I was very	with (+) that having a,
3510	and a thinker about	clear --	you know, beginning, a
3511	human life too, it's a		middle, and um then
3512	very important feature	T: Yeah, yeah, I	coming to the end. And
3513	for this particular	remember you saying	you know, just kind of
3514	person, she's a very	it, you said --	the aesthetics of that,
3515	conscientious, careful,		um are a kind of a
3516	full of care, caretaker,	C: -- told him what we	beauty of coming in
3517	and has been for others.	wanted and he got it,	being greeted and
3518	She was a patient	okay. And you know,	welcomed, you know
3519	advocate at one time,	the rest we'll see. But	the hospitality. What
3520	which is a job, which	so far the test drive is -	do you want? What can
3521	you probably didn't	-	I offer? The hospitality
3522	know the existence of		in the healing sense
3523	which I didn't either.	T: Is -- is going well,	and um, and then the

3524	Since it sort of came	yeah.	work, the work, the
3525	into existence it sort of		work, and then were
3526	went out of existence,	C: -- testing out.	talking, talking,
3527	the corporate structures	Then, so that's just	talking, and you know
3528	and so on, whether it	starts to feel sensuous	this is the slowing
3529	was profitable or not.	too, like this just feels	down of it all. And
3530	They literally had	very good to my	taking it in and I'm just
3531	patient's advocates in	mother's body and to	taking it in again of
3532	hospitals, which was a	mine.	how beautiful that is, to
3533	special position where		have the all of that and
3534	someone would come	T: Um-hum. Um-	be able to count on
3535	and represent the patient	hum.	that. And along with
3536	to the positions of the	C: And you know, feel	that you know the
3537	administration or	every bump, it's a very	attending, you know
3538	whoever, would	-- it does, goes over	you're tired and not to
3539	advocate for the	that rough terrain of	keep going, to have a
3540	patients. Now they quit	city driving, we've	resting time and um...
3541	(inaudible) but that was	been everywhere in the	For me again I hear (+)
3542	their job. (Laughs) It	city. And it's a joy, the	kind of the meditative
3543	went out of existence,	color of it, and --	level, his voice is very
3544	its called uh customer		important and leads to
3545	satisfaction personnel or	T: Yeah.	kind of that meditative
3546	something like that. She		space where Slow
3547	said she was strong in	C: So I said -- because	down you know is
3548	that position. She was	I said color didn't	good even from the
3549	uh, she worked for a job	matter. And then	excitement. So whether
3550	where she went to rape	ultimately it did, you	its, um, cause you
3551	victims, recent rape	know --	know the session can
3552	victims, and counseled		go either way, can be
3553	and supported them, and	T: Of course color	in the midst of just
3554	provided support for	matters, yes.	intense pain or, for me
3555	them and their families		in this particular
3556	and stuff. So this is her	C: -- this beautiful	session, its already
3557	work, this is what she's	sapphire blue.	blending and you
3558	done in her life. She's		know, kind of in a
3559	worked in a hospice	T: Oh, nice. Nice.	place of excitement
3560	agency, you know. And		with it all and the car
3561	so the whole business of	C: It has shimmer to it	and even there with
3562	working hard and being	in the sunlight.	kind of a slowing down
3563	conscientious and trying		and taking it in and
3564	and for her the whole	T: Um-hum.	um, so that is present
3565	business, kind of a		in this last little
3566	overloading also was	C: So, I've been	segment. And I also
3567	part of it. But just take it	having all kinds of fun.	um, was moved then
3568	easy, just relax. You		and am moved now,
3569	don't have to do	T: Good. Good lord.	and forever will be
3570	anything. You can let	Hum. I love when --	moved. (+) talking and
3571	yourself be supported	hum. That's a lot of	reminding me of other
3572	and cared for. Um, I	work you've done	places of healing and



<p>3573 3574 3575 3576 3577 3578 3579 3580 3581 3582 3583 3584 3585 3586 3587 3588 3589 3590 3591 3592 3593 3594 3595 3596 3597 3598 3599 3600 3601 3602 3603 3604 3605 3606 3607 3608 3609 3610 3611 3612 3613 3614 3615 3616 3617 3618 3619 3620 3621</p>	<p>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.</p> <p>T: I'm aware this is something I do regularly to people, but I've done it with her a lot. The marker point in the</p>	<p>today already here.</p> <p>C: Time for a nap.</p> <p>T: Yeah. I was thinking to myself, because you were talking about being tired, too. You must be tired. Why don't we just sit together for a while. Hum.</p> <p>C: And be tired. And rest.</p> <p>T: And be tired, sure, rest. You know, we've done that in the past where you just come in sometimes, lay down 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.</p> <p>And enjoy the beautiful colors. It's good you're sitting close.</p> <p>(long pause)</p>	<p>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. (*)</p> <p>R: Pausing the tape. (*)</p> <p>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</p>
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<p>3622 3623 3624 3625 3626 3627 3628 3629 3630 3631 3632 3633 3634 3635 3636 3637 3638 3639 3640 3641 3642 3643 3644 3645 3646 3647 3648 3649 3650 3651 3652 3653 3654 3655 3656 3657 3658 3659 3660 3661 3662 3663 3664 3665 3666 3667 3668 3669 3670</p>	<p>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</p>	<p>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</p>	<p>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.</p> <p>R: Pausing the tape.</p> <p>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</p>
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<p>3671 3672 3673 3674 3675 3676 3677 3678 3679 3680 3681 3682 3683 3684 3685 3686 3687 3688 3689 3690 3691 3692 3693 3694 3695 3696 3697 3698 3699 3700 3701 3702 3703 3704 3705 3706 3707 3708 3709 3710 3711 3712 3713 3714 3715 3716 3717 3718 3719</p>	<p>wake up with nightmares, and I don't have night (inaudible) and so on and so on. Um, I mean she had that her dead grandmother would come and visit her, and say terrible things to her, almost in a hallucinatory way. And I said she was depressed (laughs). She was depressed. So I'm reminding her of that history of learning to relax and taking care of and so on, and how important that has been for her. As a way of deepening and sort of expanding on that, on that history of not always having to take the load. 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.</p> <p>T: I'm just aware again of the way in which there's a sense of narrative, the sense of story. And how she's resting, taking it easy, kind of simulating, absorbing what she's been through. And I am talking with her a little bit about... I'm talking to her a little bit about how the body kind of</p>	<p>...remember that.</p> <p>C: I remember it too.</p> <p>(long pause)</p> <p>T: Just rest, take it easy. Unless there's something else you want to say.</p> <p>C: I think just (Inaudible) it's just</p>	<p>begin, you know, that aesthetic quality of like, you begin with relaxation, you do the workout and you end with relaxation. Just to hear the power in this more quieting down, restful and saying if there is anything more to say. (+) more meditative in mind. I heard him say sinking in, its time to um, sink it in I think that's what I was doing. Just allowing of the themes to settle in, let the goodness sink in. I really have, I'm almost in tears right now just feeling very moved with the sacredness of the space, like there I was on holy ground and then to let it sink in and then I take it with me as I leave um, and (* ) this is kind of a preparation for that, you know. The sinking in and centering so that I walk out strong and firm and taking the goodness of this sacred ground with me. So, that's my experience right there.</p>
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3720	naturally can, can	good, because even the	
3721	(inaudible) and how	hard work has been	
3722	wonderful it is when	hard, but even the	
3723	that release happens.	exciting part, you	
3724	Then she talks about	know, just to slow	
3725	how yeah well my leg	down.	
3726	hasn't been spasming		
3727	anymore. That old tricky	T: Um-hum.	
3728	sort of leg came back a		
3729	little bit, leg spasms and	C: And let the	
3730	then she's talking about	goodness seep in.	
3731	yoga... that's been		
3732	helpful. And I speak in	T: Um-hum.	
3733	terms of uh, yoga as a		
3734	tradition of pairing of	C: Quietly.	
3735	the (inaudible) and		
3736	bodily attunement and	T: Yeah.	
3737	so on. So that I'm aware		
3738	of how, and I just do it I	C: In, so, you know.	
3739	don't think about it, how		
3740	she's shaping everything	T: Let it sink in. Sure.	
3741	as it were towards that		
3742	narrative, that story, that	C: I haven't had any	
3743	movement towards um,	more muscle spasms at	
3744	that expanded world	all.	
3745	where there's self-care,		
3746	where there's	T: Oh, terrific.	
3747	gentleness, where		
3748	there's nurturance. And	C: Worked it out in	
3749	this is part of that whole	(Inaudible).	
3750	contrast world, that		
3751	world of goodness and	T: Um-hum. I just	
3752	so on and that world in	think it's concrete.	
3753	which you can accept	The armory, the	
3754	care and you can also do	stiffening of the body	
3755	it yourself in a tradition	and stuff. What	
3756	which knows a lot about	happens when you let	
3757	how to do it. Which is	go of it, do a little yoga	
3758	caring, which is healing,	stretching and stuff	
3759	and which is attunement	while you're letting go	
3760	and which is	of this old coming and	
3761	appreciation and	armory and stuff. It's	
3762	gentleness and...I'm	amazing stuff.	
3763	just aware as I'm		
3764	speaking there that	C: It really is, because	
3765	there's an unfolding of a	there it was again,	
3766	way of appreciating and	because I've had those	
3767	understanding the	feelings before and I	
3768	world, which is	used to be very spastic	

<p>3769 3770 3770 3771 3772 3773 3774 3775 3776 3777 3778 3779 3780 3781 3782 3783 3784 3785 3786 3787 3788 3789 3790 3791 3792 3793 3794 3795 3796 3797 3798 3799 3800 3801 3802 3803 3804 3805 3806 3807 3808 3809 3810 3811 3812 3813 3814 3815 3816</p>	<p>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. (* )</p> <p>T: I was thinking the same thing.</p> <p>R: I just asked if she was lying down.</p> <p>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. And</p>	<p>and spasming --</p> <p>T: Yeah.</p> <p>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 --</p> <p>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.</p> <p>(long pause)</p>	
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3866		made a point and told me that (+) names are important.	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.
3867			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.
3868			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.
3869			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.
3870		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.	So kind of all of that is present there, that story and reentering my care-giving world and him caring about that
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3878		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 --	
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3892		T: Oh, yeah, yeah, yeah.	
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3895		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 (+)	
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3912		T: (Laughs)	
3913			
3914		C: I thought it was	

<p>3915 3916 3917 3918 3919 3920 3921 3922 3923 3924 3925 3926 3927 3928 3929 3930 3931 3932 3933 3934 3935 3936 3937 3938 3939 3940 3941 3942 3943 3944 3945 3946 3947 3948 3949 3950 3951 3952 3953 3954 3955 3956 3957 3958 3959 3960 3961 3962 3963</p>		<p>(+) 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 --</p> <p>T: Wow.</p> <p>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...</p>	<p>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. (*)</p> <p>R: Pausing.</p> <p>C: Um, before we got into some details here but, I don't want to lose what was really important there, cause I remember feeling it so strongly yesterday. (+) says something about writing to me and whether I ever do or not I don't know um, but for me that is like again, saying how important. 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? How's the-describe the experience that you've gone through, are going</p>
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3964		T: This is terrific. A	through and then the
3965		wonderful story. I	future piece, you know
3966		mean, I just don't	um, (+) your day and
3967		know what to say, I'm	uh, taking it in again
3968		like wow, lucky you,	today, um, talking
3969		lucky your mother,	about me writing, the
3970		lucky (+). Hum.	possibility of writing,
3971		Terrific.	and just makes it again
3972			just underlines how he
3973		C: Sorry. Hum.	hears it, that he finds it
3974			important, fascinating,
3975		T: Because that's very	and you know,
3976		unusual. That's a real	universal, to be shared.
3977		giftedness, just to kind	Other people, maybe
3978		of -- I know if your	not the universe, but
3979		mother is part of that	other people, there's
3980		(+)	certainly a core of
3981			people that could be,
3982		C: Yes, because I can	um, that could benefit
3983		always talk it over with	and it just says all of
3984		my mother, what did	that to me when he
3985		she think, and my	says hmm, hints about
3986		mother just was very	writing this story. And
3987		firm and she is the one.	then of course we got
3988		There was just a	goofy again about
3989		twinkle in her eye, you	(laughs) other books
3990		know, we're together,	that are about caring.
3991		and so, what a	(laughs) "Who cares?"
3992		wonderful world.	Who dies? Who does?"
3993			(laughs) And that's
3994		T: Hum.	where we got off onto
3995			the whole thing about
3996		C: She really believes	that but um, I didn't
3997		in healing like I do,	want to lose that piece
3998		because some people	about um, him
3999		just -- just don't. And	suggesting that I write
4000		there is that belief, you	and all that that means.
4001		know, when you look	(*)
4002		at the question part of	
4003		it, I just always think	
4004		of the woman touching	
4005		the robe and believe,	
4006		and if you don't -- and	
4007		I just do --	
4008			
4009		T: Um-hum.	
4010			
4011		C: -- I always believe	
4012		and a lot of that has	

4013		come through our	
4014		work. I've been	
4015		thinking about that	
4016		again (+) belief and she	
4017		talks that talk in some	
4018		ways, but then, her	
4019		main belief is going to	
4020		this surgeon. And I	
4021		would -- I would too.	
4022		It's not to ignore that	
4023		route, but you know, I	
4024		believe in this route,	
4025		both hands on and --	
4026		and -- and speaking	
4027		your body's story and	
4028		way beyond. But a	
4029		surgeon and -- can	
4030		provide, and (+) we	
4031		haven't talked at	
4032		length, but she just has	
4033		that same -- same	
4034		belief.	
4035			
4036		T: So you discover	
4037		another kindred spirit,	
4038		and so does your	
4039		mother. Remember	
4040		you talked a while	
4041		back about writing this	
4042		up in some way?	
4043			
4044		C: You know, now	
4045		that I bought the car --	
4046			
4047		T: I'm just thinking --	
4048			
4049		C: -- I have to buy a	
4050		word processor or --	
4051			
4052		T: Um-hum. Um-	
4053		hum.	
4054			
4055		C: One consumer	
4056		event at a time.	
4057			
4058		T: That's a big	
4059		consumer --	
4060			
4061		C: Not that I need to	

4062		wait for that --	
4063			
4064		T: -- no, no.	
4065			
4066		C: -- (Inaudible) too.	
4067			
4068		T: Yeah. Yeah, I	
4069		think it's going to be --	
4070			
4071	T: I'd like to comment	C: Yeah. The	
4072	on her not so much on -	different stories I want	
4073	in her looking for care,	to capture, because this	
4074	what she discovers is	is another chapter.	
4075	there are professionals		
4076	everywhere and they're	T: Well, I was just -- it	
4077	all scared of being	was funny, I was	
4078	(inaudible). (laughs)	imagining, just the	
4079	And they're all afraid to	description of almost	
4080	do certain things,	the levels of care, you	
4081	because well that opens	know, the different	
4082	that if you have to do	forms of care, there's	
4083	hands on stuff then that	just routine care,	
4084	means you know your	ordinary care. Who	
4085	liability increases. And	was it that -- who	
4086	all in our life you have	cares? Or is that this	
4087	to keep running into this	title of the book?	
4088	weirdness, you know, in	There's Who Dies --	
4089	the professional world,		
4090	and the fear, people	C: Who Dies, who	
4091	living out of fear. And	cares?	
4092	um, it's a perfect		
4093	metaphor for her	T: Who cares.	
4094	experiences, living		
4095	fearfully. And also its	C: Who really gives a	
4096	part of the world of fear.	damn. (Laughs)	
4097	People are afraid to be		
4098	helpful. They are afraid	T: Yeah. You know,	
4099	to participate. The --the	what I mean, but	
4100	most recent scare of	there's a book about	
4101	people uh, literally	that --	
4102	(inaudible) well we cant		
4103	survive this kind of	C: (Laughs) who	
4104	scare, because uh...her	wrote this book?	
4105	mother doesn't have to		
4106	be lifted, her mother	T: -- a caretaker or	
4107	needs some body	something like that,	
4108	support. But then that's	that you mentioned to	
4109	sort of like, well there	me one time.	
4110	was a person that came		

4111	and did an evaluation,	C: How Can I Help?	
4112	said oh we can do it. But		
4113	then it turns out that...	T: How Can I Help?	
4114	All these little	That's right. That's the	
4115	bureaucratic rules and	one. Yeah. Who	
4116	stuff like that. And	cares?	
4117	there's this world of		
4118	fear, where you can't	C: Who cares? Who -	
4119	work, you can't operate,	- who cares?	
4120	you can't go ahead. And		
4121	then there's a world of	T: Well, what's funny	
4122	generosity and she says	about it is that --	
4123	well I've got to give my		
4124	money to this Jewish	C: Who really does	
4125	family outfit. And they	care? I mean, really --	
4126	just check people out		
4127	and then connect people,	T: Who does?	
4128	and they don't bother		
4129	you. You know? And its	C: -- at this time in the	
4130	simple, its clear. Then	care -- in the caregiver	
4131	you get a person that	journey, like who	
4132	comes and uh, there's	cares? You call the	
4133	not all this (inaudible).	church, do they care?	
4134	There is a very	They're too scared to	
4135	interesting way in which	care.	
4136	they helped her. And her		
4137	response to it is I'm just	T: And where does	
4138	tired of these chicken	that lead to?	
4139	shits, these... Supposed		
4140	to be social services of a	C: From now on my	
4141	church. And then she	money goes to the	
4142	basically says well we	Jewish Association.	
4143	cant do things anymore	The Catholic Charities	
4144	like we used to be able	are not doing this. The	
4145	to do them in the old	Catholic churches are	
4146	days, because of	too scared. You know,	
4147	managed care, and	how I get about scared	
4148	health needs and	people.	
4149	(inaudible). She says I		
4150	have malpractice	T: Whew.	
4151	insurance; you know		
4152	and then go ahead.	C: This is scary. I	
4153	Which is kind of what I	mean, this is -- you	
4154	do. I have 2 million	know, stand firm, my	
4155	dollar malpractice. So	sisters and do it.	
4156	you know, I do	(Laughs)	
4157	whatever is needed to		
4158	be... She's sneaked into	T: Yep. Yep.	
4159	a world which is,		C: Ah, just feeling at the end again (+) theme and the contrast and the, the beauty and underlining that part of

4160	metaphorically is her	C: And there's the	my world.
4161	world. And her question	Jewish faith,	Him enjoying and
4162	is can I stand scared	Association, they've	savoring the good
4163	people; can I stand	got it. You know, they	stories, cause I do, I try
4164	myself when I was a	do the work and make	to collect both, you
4165	scared person? It's all,	the referral, and they're	know want to be clear
4166	its all part of the same	not scared. And ...	about the horror stories
4167	narrative. That's, that's	T: I'm sure they have	of the world, be it my
4168	just all I wanted to	their malpractice	own world, my
4169	comment on. (*)	insurance in place.	younger world, the
4170			present world,
4171			terroristic world, the
4172		C: No, I don't think --	healthcare world, the
4173		that's probably	bureau- to see clearly
4174		contrary. You know,	um, but also be a
4175		there's -- there's no	collector of the stories
4176		agent, there's no	of beauty. And I hear
4177		bureaucracy, they just	(+) those um, and my
4178		do the --	caregiver stories right
4179			here and underlining
4180		T: They just do the	that part of the contrast
4181		referrals.	too because I've been
4182			telling him how you
4183		C: Oh, yeah. They're	know, I feel that choice
4184		off the book in that	point, and what world
4185		way. But again, I'm	um... is the world like
4186		not looking for that --	this or is it like this?
4187			You know having gone
4188		T: Sure. Sure.	through the experience
4189			that I did as a child uh,
4190		C: -- stuff of insurance	kind of redeciding and
4191		and --	deciding over and over
4192			that the goodness of
4193		T: That was the -- it's	the world is for me so
4194		so fascinating that you	um... I feel like (+)
4195		had that moment and	and underlining and
4196		impression. I mean,	inviting into the world
4197		this -- there was that --	of goodness for myself.
4198			
4199		C: Corporate world.	R: Could you say a
4200			little more about how
4201		T: -- that corporate	the goodness of the
4202		world that looked so	world is for me?
4203		good.	
4204			C: Um, as I've
4205		C: Yes, they would	remembered this very,
4206		have all of that --	very hard violence that
4207			happened, this hard
4208		T: (Inaudible)	thing, this violence that

4209			happened, um, I just
4210		C: Bonded and	have some sense of
4211		insured, and --	how and then I decided
4212			you know, that this,
4213		T: Yeah.	this was for me like a
4214			curse, like I deserved
4215		C: They whip you	it. And how that stayed
4216		through every	even as I grew and
4217		transition, and if your	healed and became a
4218		mother's in the	healer, you know, was
4219		hospital, right -- you	not certainly lost in
4220		know, I think of the	that experience, but
4221		people that came, it's	part of me, and at
4222		like oh, and I just --	different times I may
4223		and I did feel some	have believed it more
4224		anger at them, just this	than others, that
4225		niche they're trying to	somehow that world
4226		create, get in there	was for me, that world
4227		because they have the	of violence, you know
4228		corporate research that	how a child takes that
4229		they advertise	in. That I was
4230		everywhere.	somehow responsible
4231			or that I didn't stop it
4232		T: Um-hum. Um-	or I don't know how I
4233		hum.	lived that, but there
4234			was some sort of voice
4235		C: And they get in	message left in there
4236		there with people like	that that world was for
4237		they did with me and	me, and that the other
4238		then they carefully sort	world wasn't, you
4239		out the safest, neatest	know, um, enough of
4240		job, that's not elder	the beauty. And again
4241		care. Elder care is not	its been a story of
4242		always that safe, or	resilience, I didn't take
4243		neat, and it can get	that in fully. And I've
4244		worse. And you know	had a very good life
4245		--	with some very strong
4246			limits about my body;
4247		T: Ah-ah.	the goodness of the
4248			body world was not for
4249		C: -- and so then	me totally. I made
4250		they're going to pull	body decisions, you
4251		out. And they did do	know, to close down,
4252		that again, that nurse's	to numb out, and to not
4253		presence was -- and	enter the world of
4254		they have their workers	sensuality fully, the
4255		so trained, what exact -	world of sexuality, the
4256		- and you have to write	world of men, touched
4257		down the exact task	upon it but have not

<p>4258 4259 4260 4261 4262 4263 4264 4265 4266 4267 4268 4269 4270 4271 4272 4273 4274 4275 4276 4277 4278 4279 4280 4281 4282 4283 4284 4285 4286 4287 4288 4289 4290 4291 4292 4293 4294 4295 4296 4297 4298 4299 4300 4301 4302 4303 4304 4305 4306</p>		<p>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.</p> <p>T: Um-hum.</p> <p>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...</p>	<p>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...</p> <p>R: Sure. That's it. (*)</p>
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4307		T: Yep.	
4308			
4309		C: Umm.	
4310			
4311		T: Yep. There's	
4312		reality and there's	
4313		bureaucracy, (Laughs),	
4314		and they don't have	
4315		much to do with each	
4316		other. You had a	
4317		couple of (+)	
4318			
4319		C: Yeah, that feels like	
4320		abundance, you know,	
4321		because it -- because	
4322		we both have a lot of	
4323		flexibility like, again, it	
4324		could change (+) there	
4325		are days if I, you know,	
4326		decide I have an extra	
4327		something to do, or	
4328		extra energy, or we	
4329		need to switch a day	
4330		(+) a lot of energy that	
4331		she has. She has this	
4332		wonderful community	
4333		of support, they just	
4334		really care. I'd like to	
4335		even just visit her	
4336		neighborhood. There's	
4337		several people there	
4338		from the Virgin	
4339		Islands, and they just	
4340		have their own	
4341		community, their own	
4342		circle of care, so that to	
4343		her -- she has one child	
4344		at home, but she has no	
4345		problem getting child	
4346		care, she never has to	
4347		hire a babysitter,	
4348		they're just there for	
4349		each other.	
4350			
4351		T: Whew.	
4352			
4353		C: Because she was in	
4354		the midst of a -- of a	
4355		birth of one of their	



4356		circle, her sister-in-	
4357		law, her brother was	
4358		having a baby on	
4359		Monday, and she	
4360		touched my heart	
4361		because she still came	
4362		to my house, you	
4363		know. Because at first	
4364		she said, oh, no I have	
4365		to be there. And then	
4366		just again, feel that	
4367		memory of all the	
4368		people who come only	
4369		when it's convenient to	
4370		them.	
4371			
4372		T: Um-hum.	
4373			
4374		C: (Inaudible) their	
4375		life. They're not going	
4376		to take the -- and if you	
4377		give me something,	
4378		you know, and I said,	
4379		well, sure I want to be	
4380		with my brother and	
4381		sister-in-law and see	
4382		the new baby, but I can	
4383		go in the evening, you	
4384		know.	
4385			
4386		T: Um-hum.	
4387			
4388		C: If I can help you	
4389		during the day --	
4390			
4391		T: Sure.	
4392			
4393		C: So she did that.	
4394		You know. And again,	
4395		she told me how she	
4396		loves my mother and	
4397		me, and what we're	
4398		about. She said,	
4399		because in the Virgin	
4400		Islands where she	
4401		comes from, she said	
4402		there are no nursing	
4403		homes.	
4404			

<p>4405 4406 4407 4408 4409 4410 4411 4412 4413 4414 4415 4416 4417 4418 4419 4420 4421 4422 4423 4424 4425 4426 4427 4428 4429 4430 4431 4432 4433 4434 4435 4436 4437 4438 4439 4440 4441 4442 4443 4444 4445 4446 4447 4448 4449 4450 4451 4452 4453</p>	<p>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</p>	<p>T: Um-hum. Um-hum.</p> <p>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 --</p> <p>T: Um-hum.</p> <p>C: -- her good spirit to people there.</p> <p>T: She brings her village with her.</p> <p>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 --</p> <p>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, and</p>	
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4454	caring um, has been as	compassionate and	
4455	she's been dedicated for	caring, and take you	
4456	the past two three years	and your mother in in	
4457	now, longer than that	good ways. Then you	
4458	but where she literally is	know, (Inaudible)	
4459	no longer working, she	about this, take care of	
4460	simply takes care of her	each other.	
4461	mother. There's this		
4462	history of where there is	C: Okay. I've got to	
4463	care and where there is	go pick up my	
4464	not care. Her own	daughter soon. So...	
4465	dedication to where		
4466	there is care and where	T: You take good care.	
4467	there is not care, her	Saturday is still good	
4468	work as a patient	for you?	
4469	representative in the		
4470	past and so on. Well and	C: Good.	
4471	then um, for the rape		
4472	victims that she worked	T: Okay. Good.	
4473	for counseling and the		
4474	helping and finding	C: And I have	
4475	resources and so on.	caregivers galore.	
4476	This is her kind of		
4477	passion and her	T: You have	
4478	dedication. And	caregivers galore,	
4479	probably rooted partly	coming out of your	
4480	in the fact that she was	ears, huh?	
4481	abused, you know, in		
4482	various ways as a child.	C: That's my glasses,	
4483	And took the choice of	don't take --	
4484	being concerned with		
4485	seeing first that others	T: Oh, oh, the wrong	
4486	are taken care of only	glasses.	
4487	later did she get to		
4488	herself, as has lately	C: These are mine.	
4489	been on e of the issues.		
4490		T: Yeah, yeah, they	
4491	R: Um-hmm.	are. Sorry. Picked up	
4492		the wrong glasses.	
4493	T: So I... and then I		
4494	think that kind of	C: (Laughs)	
4495	contact is important, in		
4496	understanding in a way	T: I couldn't see too	
4497	in even my approach to	well with them either, I	
4498	her. Which has to do	noticed. Okay. Take	
4499	with this is one of those	your -- your consent	
4500	people who are the	form, and take good	
4501	caretakers of the world,	care. I'll see you	
4502	and they have specific	Saturday then.	

4503	existential issues around	C: Okay.	
4504	caring for others and not		
4505	caring enough for	T: Right. Same time?	
4506	themselves. And so		
4507	there's a whole set of	C: If that's good for	
4508	issues around that. And	you.	
4509	to me contextually that	T: Yes, that's fine for	
4510	probably is important	me.	
4511	for understanding the	C: Okay. Thanks for	
4512	way I'm working with	coming. Bye-bye.	
4513	her. Although, the	T: Take care. Okay.	
4514	specifics are in the tape	Fini.	
4515	and in my comments		
4516	already. But that's the		
4517	only thing I have to add.		
4518	(*)		
4519			
4520	R: Great. And uh, how		
4525	was doing this research		
4522	for you?		
4523			
4524	T: Well, doing the		
4525	research for me there's a		
4526	funny thing in doing the		
4527	research which is I		
4528	always feel like I'm		
4529	doing the research, on		
4530	the one hand. So I'm		
4535	explicit, my way of		
4532	being explicit with her		
4533	about what are the		
4534	dynamics and what's		
4535	important in the healing,		
4536	are my way of doing		
4537	ongoing research. This		
4538	is like an expansion of		
4539	that. It's like another		
4540	level of reflection of		
4545	that. Which I think is		
4542	also true for (+) that at		
4543	least the little bit that		
4544	she said about the		
4545	research was that she		
4546	found it a further		
4547	expansion of her own		
4548	reflection of thinking in		
4549	therapeutic work as		
4550	well. So its like, I think		
4551	it just contributes, in		

4552	helpful way, it seems to		
4553	me. That's what she told		
4554	me. And she also told		
4555	me it was very hard		
4556	work for her. The		
4557	research too was very		
4558	hard work. It was		
4559	therapeutic and it was		
4560	hard work. It was like		
4561	oh ok, now I have to		
4562	comment on and think		
4563	about and listen to again		
4564	what I've been going		
4565	through and review it		
4566	again. And I already		
4567	knew it would be		
4568	helpful and I knew it		
4569	would be hard work for		
4570	her. Because its hard		
4571	work. It's a		
4572	transforming from		
4573	abuse, from the world of		
4574	abuse, and constrictions		
4575	and narrowness. And its		
4576	all very wonderful to		
4577	say now I'm open, and		
4578	yet the openness is		
4579	always in the context of		
4580	what happened, what		
4581	was terrible. And that,		
4582	that's pretty new right		
4583	now. That's pretty much		
4584	a couple of months. And		
4585	the new body is this new		
4586	level of the body.		
4587	Although there's a		
4588	history where she got to		
4589	the place where she		
4590	could lie down and sleep		
4591	comfortably. But that		
4592	tells you something. She		
4593	already has, she's done		
4594	for some years ago now.		
4595	And there again, it's a		
4596	new body again. And		
4597	her yoga is different and		
4598	so on. So how do you		
4599	get familiar with what's		
4600	not familiar? Well, take		

<p>4601 4602 4603 4604 4605 4606 4607 4608 4609 4610 4616 4612 4613 4614 4615 4616 4617 4618 4619 4620 4621 4622 4623 4624 4625 4626 4627 4628 4629 4630 4631 4632 4633 4634 4635 4636 4637 4638 4639 4640 4641 4642 4643 4644 4645 4646 4647 4648 4649</p>	<p>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.</p> <p>R: Hm.</p> <p>T: Nonetheless, since it comes at this transitional period, I think that for both of us</p>		
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4650	it's kind of really		
4651	interesting. I'm looking		
4652	forward very much to		
4653	your dissertation. And in		
4654	fact I want you to get		
4655	me a copy of the whole		
4656	bloody thing, including		
4657	the appendices. I want		
4658	to have the...you'll have		
4659	this...		
4660			
4661	R: Transcript.		
4662			
4663	T: -transcript. This will		
4664	be the, basically the		
4665	transcript will be the		
4666	interview plus the		
4667	commentary I		
4668	understand. So I'm very		
4669	interested, and I'll be		
4670	very interested in what		
4671	the devil you end up		
4672	doing with it.		
4673			
4674	R: So will I.		
4675			
4676	T: I'm not on your		
4677	committee formally. I		
4678	wont be uh,		
4679	participating in the data		
4680	analysis part. We wont		
4681	be consulting regularly		
4682	and stuff like that. And		
4683	to me it's kind of		
4684	interesting. Well how		
4685	will you unfold the		
4686	meaning? And what,		
4687	you know, since every,		
4688	human research is about		
4689	everything or can be,		
4690	and so what the hell are		
4691	you going to do with		
4692	that? Cause it's a lot.		
4693	It's a lot of stuff. Yeah.		
4694	And the final question		
4695	will be how are you		
4696	going to focus it in such		
4697	a way so that it can be		
4698	illuminating? And part		

4699	of I'm convinced that		
4700	part of what your doing		
4701	in this research is you're		
4702	asking the question, well		
4703	what the hell is that?		
4704	And how can I learn		
4705	about what is feeling		
4706	therapeutic helpful, and		
4707	so on? And how can I		
4708	assimilate that for		
4709	myself in my work? I'm		
4710	sure that's what you're		
4711	doing.		
4712			
4713	R: Sure.		
4714			
4715	T: And I think that's a		
4716	really good use for a		
4717	dissertation. The only		
4718	difficulty with that		
4719	being that it can be kind		
4720	of like... (laughs) yeah		
4721	it can make it, it can		
4722	make a dissertation		
4723	almost too big.		
4724			
4725	R: Yeah.		
4726			
4727	T: To the degree that it's		
4728	autobiographically		
4729	biographically		
4730	stimulating and		
4731	interesting, that's		
4732	motivating and then its		
4733	also like (whistles). It's		
4734	a lot. There's a lot		
4735	involved in it. And I		
4736	hope your um, therapists		
4737	are, were interesting all.		
4738	And I hope that your		
4739	um, unfolding of it will		
4740	be interesting for you. I		
4741	know it will be		
4742	interesting for me		
4743	ultimately. Just the data,		
4744	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.**

13. cont'd TR856: ...relationship issues.

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 s 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.

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. 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 “mhhh.” 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: Its like I want to sort of announce; I don't want it to keep sliding away. Like well lets 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 strictures, 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.**

### 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.**

- 4, cont'd CR727: ...he got me you know starting to make analogies...

In recall the client indicated that the therapist got him to make pop music analogies (728) about his experiences of things in his life that either terrify or please him (745).

**Client understood analogies about experiences of things in his life.**

5. cont'd CR733: ...it ah gave me a point of reference for...ah understanding ah some of the abstractions we were talking about in the session.

In session the client was speaking of various experiences in which he did not have a conscious experience of anxiety and panic (493). Because these terrifying and pleasing events lacked this experience of anxiety, the client in recall referred to them as abstractions (736). 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.**

6. cont'd CR760: ...in this case the musical analogy gave me a sense of how I could approach it.

The client described in recall how he saw events in terms of extremes that were unpleasant or threatening (CR 769). The musical analogy helped the client see that those two extremes are not the only choices; there is something in the middle too (CR799).

**Client understood he could have a different approach to experiences in his life.**

**Client understood he could make other choices.**

7. CR1906: ...I was beginning to make a connection between um...things that I've done the way I wanted to in the past...

In the session the client was beginning to make a connection between doing things as he wanted for example: biking, backpacking, playing music (CR1911) on the one hand and dealing with anxiety evoking situations in his professional life on the other (CR1915). Client indicated in recall that in his professional life he felt that he did not have choices or control (1922). 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 may miles...".

**Client understood a connection between his approach to recreation and his approach to work.**

**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.**

**Client understood that the researcher was present in the room.**

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.**

### 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.