

*Co-constructing The Self: A Phenomenological-dialogal  
Case Study Of A Patient's Journey To Healing*

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## DEDICATION

This work is dedicated to Rachel. I am privileged and humbled to have walked the path to healing with you. I salute your courage and your strength.

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CO-CONSTRUCTING THE SELF: A PHENOMENOLOGICAL-DIALOGAL CASE  
STUDY OF A PATIENT'S JOURNEY TO HEALING

ABSTRACT

The purpose of this study is to explore the value of the psychotherapeutic meeting between the patient and therapist in the healing process of the patient. The argument is that the phenomenological and dialogal approaches provide a solid foundation for grounding the healing process in the **relationship** formed between the therapist and the patient which is a very different stance from the traditional approaches to dealing with psychosis. A six year case study of a psychologically fragmented woman who experienced psychotic episodes from an early age is explored. The growth to a more cohesive sense of self and integration and the lessening of psychotic symptoms is shown to be primarily due to the psychotherapeutic relationship.

The main objective is to argue that profound psychological damage, and even psychosis, may be healed to some degree through a deeply meaningful and containing interpersonal relationship. Whilst the author's belief is that the team approach to healing is valuable and sometimes crucial, this study implies that it is not always necessary to medicate and hospitalise.

This case also highlights how it is possible to work with other theories within the framework of the dialogal approach of 'healing through meeting'. Donald Winnicott's perspective of object relations theory and phenomenology were the base from which the therapist began this psychotherapeutic journey. The question was raised at a relatively early stage as to why this psychotherapy was succeeding in holding this fragmented and depressed woman sufficiently without medication or hospitalisation. This led the therapist into an exploration of the ability therapists have to use themselves within the psychotherapeutic relationship to hold the chaos effectively. More important was the discovery that the psychotherapeutic relationship was providing the foundation from which such severe damage and psychotic behaviour could be healed sufficiently for the patient to live more effectively in her world.

**IN THIS TEXT THE MASCULINE GENDER IS INTENDED TO INDICATE BOTH GENDERS OTHER THAN WHEN SPECIFICALLY DEALING WITH THE PATIENT IN THE STUDY. IT IS ONLY USED FOR EASE OF EDITORIAL STYLE.**

DIE GESAMENTLIK OPBOUING VAN DIE SELF: 'N  
FENOMENOLOGIESE/DIALOGIESE STUDIE VAN 'N PASIËNT SE PAD NA  
GENESING

ABSTRAK

Die doel van hierdie studie is om die waarde van die psigoterapeutiese verhouding tussen pasiënt en terapeut op die pad na genesing van die pasiënt te ondersoek. Die betoog is dat die fenomenologiese en dialogiese benadering 'n soliede basis vorm vir genesing deur die **verhouding** wat tussen die terapeut en die pasiënt ontwikkel wat heeltemal verskil van die tradisionele benaderings wanneer met 'n psigotiese pasiënt gewerk word. Oor 'n tydperk van ses jaar is 'n studie gemaak van 'n sielkundig gefragmenteerde vrou wat van 'n baie vroeë ouderdom, psigotiese episodes ondervind het. Die groei na 'n meer samehangende self, integrasie en die vermindering van psigotiese simptome wat waargeneem is, is bewys van hierdie psigoterapeutiese verhouding.

Die hoofdoel is om aan te dui dat diepgaande psigologiese skade en selfs die psigose kan tot 'n mate genees word deur hierdie baie betekenisvolle en interpersoonlike verhouding. Terwyl die skrywer glo dat 'n spanpoging waardevol en partykeer noodsaaklik is vir genesing, dui hierdie studie aan dat dit nie altyd nodig is vir medikasie en hospitalisasie nie.

Hierdie geval bring die moontlikheid na vore van "genesing deur verhouding" saam met ander teorieë binne die raamwerk van die dialogiese benadering. Donald Winnicott se perspektief van objekt verhoudingsteorie en fenomenologie vorm die basis waarop die terapeut hierdie psigoterapeutiese studie gefundeer het. Die vraag wat in 'n baie vroeë stadium gevra moet word is waarom hierdie psigoterapie geslaag het om hierdie gefragmenteerde en depressiewe vrou genoegsaam aanmekaar te hou sonder medikasie of hospitalisasie. Dit het die terapeut gelei na die ontdekking van die vermoëns wat terapeute het om hulself te gebruik binne die psigoterapeutiese verhouding om die chaos effektief teen te werk. Meer belangrik was die ontdekking dat die psigoterapeutiese verhouding die basis was om hierdie ernstige skade en psigotiese gedrag genoegsaam te genees vir die pasiënt om meer effektief in haar wêreld te leef.

**IN HIERDIE DOKUMENT VERWYS DIE MANLIKE GESLAG NA BEIDE GESLAGTE BEHALWE WAAR DAAR SPESIFIEK NA DIE PASIENT IN HIERDIE STUDIE VERWYS WORD. DIT WORD SLEGS GEBRUIK VIR 'N GEMAKLIKE SKRYFSTYL.**

## ORIENTATION, AIM AND METHOD

The aim of psychotherapy, in any form, is the healing of the patient in order that he may function more adequately in the world in which he lives, works and plays. Most psychotherapeutic studies have investigated how a particular psychological theory or aspect thereof is of value in assisting personality growth or changing the behaviour of the patient. This study explores how the psychotherapeutic relationship can provide a framework for the healing of the patient. It is based on the philosophical principles of phenomenology and dialogal therapy. These views focus on how man lives and interacts in his world rather than being a preconceived set of theoretical beliefs. There is a vast quantity of philosophical and theoretical literature available on dialogue and dialogal therapy. However, there is little literature on the application and concrete experience of how the dialogal principles function in practice. This thesis aims to provide some substantial examples to fill this gap and argues that dialogal therapy is a viable way to work with disturbed patients.

A case study of a psychologically fragmented woman with little sense of a cohesive self who has experienced psychotic episodes since childhood is examined. The thesis aims to indicate how even psychosis may be healed to varying degrees when the patient is simply met and heard in a climate of respect and trust. It emphasises that the therapist does not always have to provide rational and logical explanations for certain behaviour, beliefs and thoughts but can simply allow the experience to reign free and speak for itself. Much of the information obtained about fragmented and deeply disturbed people has come from studies on schizophrenia. Unfortunately, many of these patients are unable to provide much useful information on their own experiences and perceptions of the world and their psychotherapy. The patient in this case, Rachel, is sufficiently stable and articulate to have been able to gain insight and clearly describe her psychotic episodes, psychotherapeutic experience and growth. This provides valuable information for theorists and clinicians working in the field with severely disturbed patients.

Generally, psychotic symptomatology has been treated by medication and/or hospitalisation and the person's experiences have been firmly placed in the context of an abnormal reality. The person is usually required to recognise and understand this sickness in order to regain mental health. This attitude results in a negation of the person's sense of experiencing and sense of self. The negation often comes from all the people involved within the patient's world, including the family, community, society and mental health professionals. Being labelled sick and abnormal increases the sense of isolation and encourages withdrawal and an entrenchment of pathological patterns of behaviour. A history of the traditional and current views of the approach towards psychosis is provided in chapter one.

If one is exploring the hypothesis that psychopathology may be healed within the psychotherapeutic relationship, it is necessary to explore the different facets (variables) that make up that relationship. The qualities of the patient, the therapist and the situation all contribute to the relationship formed between the therapist and patient. The combination of these factors results in the unique creation of a relationship which is

greater than, and different from, the initial, individual facets. These variables are explored in chapters two, three, four and five.

The author and therapist in this case is a clinical psychologist trained in the psychodynamic approach. When psychotherapy began with this patient, I had not heard of dialogal therapy. I was working from the phenomenological premise that man lives in the world and Winnicott's approach and certain aspects of the object relations theory's views of fragmentation made good sense of the patient's world for me. After eighteen months of psychotherapy, the question arose as to why, despite an initial presentation of severe depression and psychosis, I had not referred the patient to a medical practitioner or psychiatrist for medication and/or hospitalisation. It seemed as if respecting and sharing her experiences had provided a safe space for the beginning of an integration of the self. It was felt that the relationship established between the patient and therapist was providing a strong holding environment in which exploration, discovery and integration were occurring - and that medication was not a necessary route. Subsequently, I learned about dialogal therapy during the doctoral course at the University of Pretoria, South Africa. This further enlightened me as to how the psychotherapeutic relationship provided a solid foundation for healing.

The theoretical base for understanding the fragmentation is based on Donald Winnicott's views of object relations theory. The Winnicottian view of the True and False Self is a useful concept as it aptly describes the unintegrated sense of self in deeply pathologised states. It has provided a solid framework for understanding the patient in this study. However, the movement from fragmentation and despair to a sense of a cohesive self will be explored primarily from the phenomenological and dialogal perspectives. These viewpoints provide a deeper understanding of the value and meaning of the symptoms as well as how the 'healing through meeting' (Buber, 1958) occurs. It also shifts the focus from techniques to shedding light on the patient as a unique individual in his own world.

The phenomenological approach views the patient's perceptions and reality as constituting a reality that needs to be understood on its own terms and does not attempt to make it fit the categories of any specific school of thought. Phenomenology stresses the need to recognise and respect the validity and value of the experience for the patient. The patient's experience is reality for him because that is how the event is perceived and lived by the patient. The emphasis is on how the patient has changed, and with him his world, even though the world of the so-called normal person has not. Moss (1989) states that man is never separate from the world and partly shapes and is shaped by the world. Man and the world together create the individual's personal world of experiences. Due to this constant interaction, the relationship between the self and objects, the self and the body, and the self and the world is explored to understand the unique world of each person. How the subjective interpretation of objective, shared reality affects these relationships is of prime importance and, likewise, the meaning this has for the patient. This perception, interpretation and experiencing is always contextualised in the patient's world. The aim is to explore the patient in his world as a whole unit and not presume that the patient can be understood without referring to the meaning his world has for him. These views are explored in depth in chapters six and seven.

During the First World War the Jewish philosopher, Martin Buber, became aware of the breakdown of relationships and connections between people which resulted in the dehumanisation, objectification, alienation and isolation of man. He believes that this was further exacerbated by modern technology which ignores relationships between people and focuses on material gains and achievement. Buber states that this led to a split between man and his world, man and others as well as within the psyche itself. His belief that this split can only be healed through a healthy relationship with another human being, led to the development of the dialogal therapy approach.

Dialogal means relational. The core of the dialogal therapy approach is that of viewing the patient as a whole human being in a world of relationships. Pathology and psychosis are viewed as a disturbance of man's entire existence. The therapist explores the entire context as well as the dialectics existing between the major dimensions of the patient's whole world. Buber (1958) believes that the underlying basis of all psychopathology is the absence of confirmation and states that man is never sick alone but always in relationship. Pathological behaviour and psychosis protect the most vulnerable part of the self so it is critical to explore the symptoms and their meaning for the patient.

Dialogal psychotherapy is thus an approach where psychotherapy is centred on the meeting between the therapist and patient/ family as the key to the healing mode. The stress is on meeting the patient in his world of reality and respecting his experiences which confirms the patient and encourages the integration of the self. The patient's psychological damage is healed in the psychotherapeutic relationship. This approach is explored in chapter eight.

The case study (chapter nine) provides an example of how the psychotherapeutic relationship forms a solid foundation for the healing through meeting. It highlights the patient's journey from fragmentation and internal chaos to a sense of being a separate, unique and whole human being. It also provides the reader with a sense of what the patient's experiences in the world were like for her on a daily basis. The meaning of these experiences for her highlights the value of focusing on the patient's understanding of her world.

The psychotherapeutic journey is followed by a theoretical discussion of the relevant issues. As stated, one of the primary aims of this study is to show that, in some cases, even psychosis may be reduced and growth attained by providing a healing environment and understanding the patient's experiences within the context of his own world. Chapter ten is dedicated to exploring the patient's psychotic experiences and the meaning and use they had for her survival in her world.

Chapter eleven explores the general growth and integration that occurred within the patient. It deals with the major themes that have been dominant and relevant in her life and psychotherapy. This exploration is based on the phenomenological and dialogal approaches as the significance of these principles is clearly highlighted in her journey to healing. Her path to integration, a more cohesive sense of self and the beginning of relating to the world in a healthy manner are the major foci.



Having explored the healing through meeting throughout her case study and the following chapters, the conclusions (chapter twelve) highlight which of the variables of the patient, therapist, situation and psychotherapeutic relationship have had value in this specific case. Further variables, which have received little attention in the past, are discussed in order to broaden the understanding of the qualities necessary to form a sound and healthy relationship between the patient and therapist. This therapist's specific characteristics and contribution are also explored to discover what qualities promoted the healing to be effective in this particular instance. Although the focus is on a specific case study, the goal of this work is to highlight and emphasise a powerful way of working with people in general. It is hoped that the stress on specific characteristics and the highlighting of previously under-rated factors will provide valuable information for both learning therapists as well as those already experienced within the field. A healthy debate on these issues can only further increase understanding and knowledge of the factors which contribute to the healing of patients.

Another aim of this work is to indicate how searching for definitive answers is not the goal and how one should make an attempt to understand the uniqueness of the individual within the context of human beings in general. Hycner (1991) states that it is "not the therapist's theoretical orientation that is as crucial in the healing process as is the wholeness and availability of the self of the therapist" (p. 15). The genuineness of human meeting provides the core for the healing which means the therapist must leave the security of knowledge and theory and enter the patient's world. This stresses the importance of meeting each patient as a unique and valuable human being.

Overall then, the aim is to indicate that the provision of a sound, accepting, confirming psychotherapeutic relationship can be sufficient to heal psychological damage even at very deep levels.

#### RESEARCH METHOD:

In the field of psychotherapy, quantitative measures are frequently ineffective in gaining a deeper understanding of the concepts involved. Quantitative, statistical methods may be too restrictive and are, therefore, in certain instances, of little value to the researcher. Kruger (1988) states that research is a cautious inquiry involving critical and exhaustive investigation but not necessarily experimentation. It is extremely difficult to scientifically measure and prove that a particular school of thought or philosophy is better than another. To attempt to do so involves objectifying the person which is the antithesis of what this study is about. This does not mean that quantitative studies are not of value or always reduce the people involved to objects to be studied. However, this thesis sets out to explore the human qualities involved in healing through meeting. It would thus be inappropriate to reduce the patient and her experiences to definable and measurable, scientific entities. The therapist gains an understanding of the patient's experiences by entering the patient's world and experience and not by making inferences on the basis of abstract principles. There is a back-and-forth movement between the search for the constituents that make up the whole and a precise description of the facts of the person's existence. Thus, a qualitative research method is necessary in this case which can explore the unique experiences of the patient.

Case studies describe psychological phenomena and highlight their value with more

depth and meaning than a quantitative method could. Since Freud, the case study has been regarded as a legitimate method for advancing theoretical and therapeutic understanding. Bromley (1986) maintains that the case study plays a key role in the development of theory. The researcher aims to open up the essential qualities of the case being studied which includes making assumptions about constructs and the relationships between them. Any principles or assumptions gained from one case study can be tested against further case studies.

As the current case is an individual case study, a combination of the Case Study Research Method (CSR) and the Duquesne Phenomenological Research Method (DPRM) was deemed to be the best method (Edwards, 1991). The CSR focuses on a single case which is examined in depth. The DPRM is based on the work of Giorgi who states that phenomenological research begins with information about the direct experience of the individual. Attempts are then made to describe the experiences and meaning they have for that person in order to understand the central themes of the phenomena in question. This method usually involves interviewing several subjects. Edwards (1991) reports on the major differences that Giorgi mentions between DPRM and other methods of analysing data. In DPRM the focus is on the events experienced in everyday life. Following phenomenology principles, researchers aim to provide an accurate description of the phenomenon as it is lived and perceived by the subject. Information on the key concepts and themes is obtained from the case study or interview rather than from the theory. The research goal is to highlight the relationships between the various aspects of the subject's experiences by dialoguing with the subject and/or his description of the events. Good phenomenological research provides a sound data base for the development and testing of theory.

The focus in the current study is on a single case study that explores the phenomena as the DPRM does. The study may be defined as a descriptive-dialogic case study where the emphasis is on fully describing the phenomena as well as embodying general principles of existing theory (Edwards, 1991). The case study has been written up from the comprehensive notes taken during the six year period of psychotherapy. The patient was requested, during her psychotherapy, to write a description of her psychotic episodes so that the researcher might have a deeper understanding of how she perceived and experienced these events as well as the meaning the experiences had for her (Appendix A). During the course of psychotherapy, her permission was gained to write the thesis on her life and her experiences of psychotherapy. Over the next two years she was requested to write of her experiences, both positive and negative, in psychotherapy (Appendix B) and a few interviews were conducted in order to clarify certain aspects of her experiencing and understanding. The patient also provided the researcher with some of the religious writings she had completed in the years before psychotherapy. From these it is possible to glean further knowledge of how she viewed life and what it meant for her. In November, 1999, she wrote a brief description of what she believed she had gained in psychotherapy. Armed with the above information, it was possible to explore the general themes in relation to the phenomenological and dialogal therapy approaches. The patient's specific experience of psychotherapy provides substantiation and argument for the healing through meeting hypothesis.

In any research the questions of generalizability, reliability and validity arise. Although

the specifics of experiencing are unique to each individual, it is possible to extract general themes which are applicable to and useful in understanding other peoples' experiences. Kvale (1996) states that the postmodern approach to generalizability results in an emphasis on the heterogeneity and contextuality of knowledge with a shift from generalization to contextualisation. Kvale writes that analytical generalization involves "a reasoned judgment about the extent to which the findings from one study can be used as a guide to what might occur in another situation" (p. 233).

"Reliability pertains to the consistency of the research findings" (Kvale, 1996, p. 235). In some ways the only reliable information that can be gained about the phenomena is from the person who is experiencing the events.

Validity involves ascertaining the truth and correctness of the phenomena being studied. Kvale (1996) believes this involves the credibility of the researcher as well as the methods used. To ensure valid results the researcher must adopt a critical outlook on the analysis of the subject matter studied. Glaser and Strauss (Kvale, 1996) state that validation is not some final verification but consists of continual checks on the credibility, plausibility and trustworthiness of the findings. This involves analysing the potential bias that may occur in qualitative observation and interpretation.

In this case, information was clarified in discussion with the patient to ensure that the understanding of her experiences was correct. Discussion in psychotherapy sessions around issues and interpretation also guaranteed that the validity of statements was addressed. By asking the patient to write specifically about her psychotic episodes, experiences in psychotherapy and the growth she believes she has attained, the attempt was made to ensure that the meaning of her experiences was clearly illustrated. Thus, the description and understanding of the meaning of the events for her was not simply the researcher's interpretation. The process and interventions made were queried and the therapist's mistakes are also discussed.

A common criticism of interviews and case studies is that the findings are not reliable and valid because the information supplied by the subject may be false. As the phenomenological and dialogal therapy approach is that the importance of an event is how it is experienced, perceived, felt and interpreted by the subject, this objection is not relevant. The truth is how the subject perceives and lives it and not whether this can be concretely and objectively proved as fact. Kvale (1996) points out that validity is not only an issue of method as pursuing the validation of methodology raises theoretical questions about the nature of the phenomena being investigated. House (Kvale, 1996) emphasises that research does not primarily predict events but presents material in such a way that readers can see new relationships between phenomena and answer new but relevant questions. Cronbach (Kvale, 1996) maintains that interpretation should remain open and unsettled in order to invite sensible discussion. Kvale supports this with his belief that, if there is too much focus on validation, it can be counter-productive. "Rather than let the product, the knowledge claim, speak for itself, validation can involve a legitimization mania that may further a corrosion of validity -the more one validates, the greater the need for further validation" (p. 252). He advocates that the research findings should be convincing and powerful enough to provide their own validation. If the research procedures are clear and the results evident, the

conclusions of a study will carry their own weight and be credible. *Journal of the American Academy of Religion*, 57(4), 777-797.

A brief explanation of phenomenological and dialogal research methods is necessary for a clear understanding of what was involved in this study. Polkinghorne (1989) states that phenomenological research is descriptive and qualitative. He agrees with Husserl's belief that knowledge is grounded in human experience. Husserl's view of phenomenological reduction means suspending any or all reality judgements concerning the patient's description in order to concentrate on the meaning of the experience for the patient. The focus is on how the experience is lived by the patient. Husserl states that one does not question the world as it actually is but the specific world which is valid for the person as it appears to him (Jaspers, 1963).

Phenomenological and dialogal research describe the structure of the experience rather than the characteristics of the person who has the experience. The aim is to understand the experience by asking the question "what?" rather than the question "why?". Phenomenology and dialogal therapy make the critical distinction between what the patient perceives as his own reality and what may exist for most others as reality. Descriptive findings shed light on actual human functioning in the context of certain real life situations and can provide empirical evidence. The aim is not to prove in a scientific sense that the dialogal therapy approach is more effective than some alternative, but to demonstrate how this approach works in practice and how one can justify its use clinically and philosophically in the healing of the patient.

Phenomenological description can never be exact. If one interprets more, one understands less so it is important to remain true to the facts as they are happening or have happened. Interpretation can be contaminated due to the therapist's own worldview and ideological views, so verifying interpretation within the hermeneutic principles allows us to remain "within the locus of the text" (Corin & Lauzon, 1994). The aim is to understand and find the deeper meaning underlying the story. To achieve this in a phenomenological and dialogal way, one must examine the patient's interpersonal sphere, network of social relationships, significant others, social support links, the sense of integration into family life and the relationship to social norms. Corin and Lauzon state that there is usually damage in all these areas. In other words, the therapist is required to explore how the individual negotiates or arranges relationships within his world. For example, the use of religious ideas to rearticulate the personal history can provide greater coherence in the patient's present life. It can provide a supportive environment and resolve past family problems on a symbolic stage.

Many proponents of the dialogal therapy approach see the dialogue as critical for understanding the patient's reality. It is thus far more a process than a procedurally oriented approach. Strasser stresses the importance of relating to the other in dialogue and not losing sight of this when exploring and evaluating (Halling & Leifer, 1991). "The ethical ideal is the absolute respect for the other person" (Halling, Kunz & Rowe, 1994, p. 117). The experience must be the central focus but it is important to contextualise this within the patient's world. One allows the phenomenon to come alive and speak for itself so that interpretations are grounded in the data. If the interpretation fits with multiple aspects of the patient's life, then it is a valid and valuable interpretation. Halling and Leifer stress the need to be faithful to the data and the lived experience and to see

beyond to what is implicit rather than readily observed. Thus, one makes the phenomenon a partner in the dialogue.

It is critical to make the phenomenon a partner in the dialogue as the patient's descriptions of his experiences are the only entry we have into the patient's world. Jaspers (1963) believes that the psychotic's self-descriptions are unique but reliable and through them man has discovered many of the basic concepts of psychotic experience and meaning.

The above explanation provides a clear rationale as to the reasoning behind why a single case study was deemed to be the most satisfactory method for this dissertation.

primarily due to the psychotherapeutic relationship. An example of the relationship and current views of the mentally ill and psychosis is provided in the following section.

## ATTITUDES AND APPROACHES TO THE MENTALLY ILL IN THE MIDDLE AGES AND THE RENAISSANCE

Psychosis has been a part of human existence since the beginning of time. However, attitudes and approaches to psychosis have changed over time. In the Middle Ages, the mentally ill were often viewed as possessed or punished by God. In the Renaissance, there was a shift towards a more humanistic and medical approach to the mentally ill.

The Middle Ages (c. 500-1500) were a period of significant change in the treatment of the mentally ill. The Church played a central role in the care of the mentally ill, often housing them in monasteries or hospitals.

The Renaissance (c. 1400-1600) was a period of great intellectual and cultural change. The mentally ill were viewed as individuals with unique experiences and needs, rather than as possessed or punished by God.

The Middle Ages

The truth of Christ's sacrifice has been revealed, and the world is now a better place. There are varying reports of how the mentally ill were treated in the Middle Ages in Western Europe. Eibenberger (1974) states that, "the mentally ill were often viewed as possessed but there is little information as to whether the guardians of these institutions were monks."

There are some descriptions indicating that the mentally ill were treated with "mercy and charity," being ridiculed but also being allowed to be taken to the streets to beg for alms.

From the thirteenth to fifteenth centuries, the insane were housed in monasteries, hospitals, and almshouses.

Some luxurious hospitals were built, and some monasteries were converted into hospitals, creating better facilities and laws for the treatment of the insane. However, the majority of other mental institutions, where people were chained to the walls and left alone, were highlighted that society was still uncertain as to how to treat those who were different from social norms.

The Middle Ages

The Middle Ages

The Renaissance

The Renaissance began in Italy in the fourteenth century but only spread to the rest of Western Europe in the sixteenth to seventeenth centuries. Dubois (1972) and the Encyclopaedia (1963 - 1976) refers to this period as the time when there was a "rebirth" of the world and of man.

The great Swiss historian, Jakob Burckhardt, characterized the Renaissance as nothing less than the birth of modern humanity and concepts, "after a long period of decay."

The contrasts displayed in the Middle Ages were also seen during this period. It was a time of great suffering for the mentally ill and non-conformists. For example, slavery was re-established and witch hunts increased.