CHAPTER SIX: THE PILOT STUDY AND THE FORMULATION OF A METHOD OF EXPLICATION.

6.1. Conducting the pilot study.

6.1.1. Introduction.

It is reiterated that fundamental to undertaking a phenomenological enquiry is the researcher's stance. This was discussed in the previous chapter, and this necessitates comment on the procedure of **bracketing.**

Rahilly (1993) engaged the phenomenological epoch before formulating a research question, so as to not let biases influence the question being asked.

There are various approaches so as not to let biases influence the researchers stance and interpretations. Some researchers, for example Guglietti-Kelly and Westcott (1990) postponed their literature study until after interpretation of their protocols. The literature also reveals that one could provide personal accounts of the phenomenon under investigation so as to aid in the identification of biases.

At this stage of the research, the researcher engaged the **phenomenological epoch** and bracketed presuppositions. This comprised biases obtained from personal accounts of self-disclosure, as well as biases obtained from the extensive literature review pertaining to the topic of therapist self-disclosure.

Due to the fact that the bracketing procedure is a uniquely personal experience, this section will be written in the first person. Significantly influenced by Rahilly (1993) this bracketing is now made explicit.

6.1.2. Engaging the phenomenological epoch.

My original conceptions and formulations of the term therapist self-disclosure have grown, changed, moulded, and expanded profoundly. From one or two fixed and concrete ideas about self-disclosure, immersion into the literature has created an unfolding and evolution of a multi-faceted, multi-dimensional phenomenon that is surrounded and engulfed by many contextual, situational, and processional variables.

Explicating these dimensions has left me bewildered at the prospect of formulating an appropriate and workable **research question**. I have pondered the issue of which **types** of self-disclosure to study, and then how to "direct" the co-researchers towards a "uniform" recollection or description of self-disclosure. This could for instance consist of selecting a type of self-disclosure, such as special events, and then formulating a question in accordance. I am concerned that this would do a disservice to the title of this thesis and the immense possibilities that could otherwise arise.

Upon engaging the phenomenological epoch, as set out by Rahilly (1993: 57) - "A phenomenological researcher must put into abeyance questions and preconceptions regarding the existence and characteristics of objects and attend to what is present of given in awareness" - I have realized that the multifaceted nature as well as all of the constraining variables are presuppositions about the nature of therapist self-disclosure.

I have now bracketed these biases and preconceptions and decided that the co-researchers describe the experiences according to what that they believe constitutes self-disclosure. In this process the relevant and necessary

contextual variables will speak for themselves.

6.1.3. Formulating the research question.

As a result of above-mentioned reflections by the researcher, it was decided that the word "self-disclosure" be retained and implemented as it is without any qualifications or definitions.

Upon formulation of a research question, it was decided to test this question by conducting a **pilot study.** Throughout eight interviews the question gradually moulded until the researcher felt confident that the question was sufficient and appropriate to continue the study to obtain analyzable protocols. This process will now be explained.

The initial question was formulated as follows:
"Could you please describe in as much detail as possible a situation or an incident in which you self-disclosed to a patient. Please speak in everyday language, and try to refrain from interpreting your answer. Try to relate to me in as much detail as possible how you experienced your self-disclosure, and do not stop until you think you have exhausted the question."
OR: in the alternative,
"Could you please describe a situation when you were aware of the possibility of disclosing yourself but refrained from doing so. Please tell me how you experienced your decision and of the ensuing impact that it had on you. Please describe this in as much detail as possible, in everyday language, and refrain from interpreting your answer.

6.1.4. Selection of subjects.

Within phenomenological research it is not the purpose to

meet statistical requirements for making statements about distribution with a group of subjects. Phenomenological researchers use subjects to generate possible themes and relationships that are used in outlining the essential structure of a phenomenon, and the issue of generalizability is therefore not one of population characteristics by the specificity of the general description (Polkinghorne, 1989).

The researcher did however attempt to establish a diverse population of therapists. Names of registered clinical psychologists were obtained from the following sources. One list was obtained from PsySSA (Psychological Society of SA), and another from the " 'Blue Book' of psychologists in private practice". A number of psychologists in close proximity were selected from these lists and approached in writing. The researcher also appealed in writing to a state psychiatric hospital for respondents, and personally requested three psychologists at academic institutions to participate. The chairperson of the Psychoanalytic Association (Johannesburg) was approached telephonically and furnished the researcher with a few contact persons.

The response obtained was positive with **twenty five** willing candidates. The nature of the research population can briefly be described in the following way. Most of the respondents are in private practice with some of them conducting sessions at various hospitals. Two of the respondents lecture at universities and have part-time practices. Three of the respondents work at state psychiatric hospitals. Amongst those in private practice, three are members of the Psychoanalytic Association.

Eight of the respondents were selected for the **pilot study.** The therapists who responded most swiftly and those who were immediately available for interviewing comprised the pilot

study.

6.1.5. The data-generating situation.

The experience of disclosing oneself emerges in a concrete, lived context. It is an interpersonal encounter between therapist and patient. For this reason it was considered appropriate to gather information within the **interpersonal context** as well. As mentioned in the previous chapter there is the added advantage of being able to interrogate or enquire into a response, or to ask clarifying questions.

Within the phenomenological context, du Toit (1991: 92) has defined the interview as follows: ".. the first person's relating or description of his/her experience in the phenomenal context. It is a first hand revelation by a person of his experience in response to a question formulated by the researcher".

Denne and Thompson (1991) have formulated the interviewer's tasks and these include: bracketing presuppositions throughout each interview; motivating trust and desire to give full and authentic descriptions by explaining the nonevaluative phenomenological nature of the study; assuring volunteers that they would be known only in pseudonym, by reflective listening; encouraging volunteers to take control of choosing the relevant and important aspects of their experience. Rahilly's (1993) procedure of asking the research question, and intervening only if the co-researchers begin to philosophize about- or interpret their answer was followed.

The requirements as set out by Stones (1986: 120) were heeded and these included the following: it was ensured that the co-researchers were relaxed, the interview was conducted in an

informal non-directive manner, leading questions were avoided as far as possible so as to not influence the co-researcher, and feedback was obtained afterwards about the experience of the interviews.

6.1.6. Feedback from co-researchers and researcher observations during the pilot study.

Each therapist was asked about the impact of the question and to what extent the question assisted them to reach their experience of self-disclosure. The researcher also weighed the quality of the responses in terms of the research question.

After the first two interviews, it was clearly evident that the research question was too long. This was validated by the first two respondents who said that too much was being asked at once and that they couldn't specifically remember what was required from them. Upon reception of this feedback it was decided to eliminate the second part of the question, namely, the part pertaining to an instance of non self-disclosure. This was integrated into the first part of the question in the following way: *".....describe an incident in which you self-disclosed or in which you felt that you wanted to self-disclose but refrained from doing..."*

One of the respondents stated that he was at sea and that he had needed more structure. This prompted the researcher to examine the management of the interview and this will be discussed in a later section.

Apart from the feedback from co-researchers, the researcher experienced a personal growing dissatisfaction concerning the **quality** of descriptions. The co-researchers were failing to deliver incidents. They engaged mainly in philosophical

arguments pertaining to self-disclosure. They positioned themselves in terms of their theoretical beliefs pertaining to self-disclosure and their theoretical orientation towards conducting psychotherapy.

It was decided that this could be overcome by better **management** of the interview as well as a better **research question.**

The researcher thought to modify the research question in the following way. Firstly to emphasize the **confidentiality** of the interview and of clinical material. Secondly to emphasize that should they **describe an incident**, and thirdly to mention that the aim of the research is to grasp the therapist's essential experience and not to weigh the **therapeutic appropriateness** of their disclosures. Fourthly, it was deemed appropriate to **join** with the co-researcher by speaking of "all therapists" and by introducing and allowing the research question to "unfold" more naturally.

The researcher also realized that interview management was crucial, and that continual encouragement and probing for incidents would be necessary.

6.1.7. Re-appraisal of the research question.

After the first eight interviews, the researcher felt confident to formulate the final question which was worded in the following way:

*"This study is about therapist self-disclosure in **individual and adult** psychotherapy. You know, all therapists are sooner or later confronted with the possibility of self-disclosing to a patient. Some therapists would do so, while others, for some reason would refrain. I'm really interested in **your***

experience of this.
For this study, I need specific incidents. I have conducted a pilot study, and found that the therapists were inclined to speak in very general terms, but I would really like to hear about specific incidents.

I need to ask all of the therapists the same question, so I would like to ask you the following: Could you please tell me in as much detail as possible about a situation in which you became aware of the possibility of disclosing to a patient. Whether you disclosed or not, I would really like to hear about your experience of this. What happened to you? What did you experience?

Please remember that the aim of this study is not to address the therapeutic appropriateness of your disclosure, and that strict confidentiality is maintained. Could you please try to speak in everyday language and try not to interpret your answer. Take as long as you like, and don't stop until you feel that you have exhausted your awareness of self-disclosure"

This question was implemented with the remaining seventeen respondents. The nature of these descriptions will be discussed in the following chapter with the method of analysis. The method of explication was placed in the following chapter as it could only be formulated after thorough consideration of the nature of the protocols. In this sense it comprises an integral part of the results.

6.2. Method of explication.

6.2.1. Introduction.

The method of explication of descriptions will be unveiled in

this chapter, as the method selected and formulated for explication unfolds from the nature of the descriptions obtained. Due to the uniqueness and complexity of these descriptions, it was not a viable option to simply superimpose an established method.

Although the analysis of these protocols leans on Giorgi (1985), Hannusch (1985) and von Eckarstberg (1986) and rests within the Duquesne tradition of phenomenological research, Thorpe (1989) has succinctly stated the reasons for modification of pre-established methodology. He conducted a doctoral study on the psychotherapist's experience of identifying, containing, and processing the patient's projective identifications. He defined projective identification as a highly complex, theoretically descriptive term used to describe a wide variety of felt experiences under specific circumstances. Due to this complexity, he felt that the methodology must be modified from phenomenological studies of the more commonly understood and clear-cut experiences, such as anxiety (Fischer, 1974), happiness (Parker, 1986), and guilt (Brooke, 1983) cited in Thorpe (ibid).

At this stage one could now review the unique properties of this study that require unique and novel methodological procedures.

6.2.2. The nature of obtained descriptions.

Upon completion of the pilot study, seventeen therapists remained. The nature of their protocols can be described in the following way. In varying degrees, all of the therapists gave a basic **general** and **theoretical discussion** about their beliefs about self-disclosure and their therapeutic participation. Any incidents described were embedded in this

discussion. The therapists varied vastly in terms of the nature, extent, and content of the incidents, and in terms of their theoretical frameworks.

Three of the interviewees failed to provide any incidental clinical material in spite of many appeals from the researcher. Four of the interviewees provided processional and richly detailed incidents with extensive positioning arguments complementing the incident. The remaining interviewees employed mostly exemplary incidents in varying degrees. In these cases, the general and theoretical discussions were primary, the incidents being meagre and illustrative.

Most of the exemplary incidents are innocuous with little or no processional or contextual content and are therefore deemed inappropriate for detailed phenomenological analysis.

6.2.3. Selection of protocols for phenomenological analysis.

This was an evolving process, and demanded a continual revision of protocols. This process evolved in the following way. The researcher started with one protocol considered to be wealthy in terms of analyzable data. This protocol presented with two meticulously described incidents as well as complex theoretical positioning arguments. Upon revision of additional protocols, the importance of positioning when describing the experience of self-disclosure, became increasingly evident.

The researcher then decided to select protocols that were: Firstly, rich in terms of incidents that contained a wealth of analyzable data pertaining to processional and contextual variables; secondly, the protocols that were rich in terms of the therapist's positioning in terms of therapeutic

participation and, or beliefs about self-disclosure.

Apart from this the researcher attempted to select a sample of protocols that would account for various levels of therapist experience, different theoretical orientations, and different types of patient. Each protocol was weighed firstly in terms of incidents and positioning, and secondly in terms of the additional criteria as explained above. After this process, four protocols remained that were deemed potentially analyzable.

6.2.4. Formulating the analytic procedures.

The nature of the protocols determines the method of analysis. To understand the method, one must grasp the unusual nature of these protocols.

6.2.4.1. Nature of selected protocols.

The complexity of these descriptions is problematic in terms of the following:

Firstly, in terms of their **length.**

Secondly, as indicated above, in terms of the intermingling of positioning and incidental statements.

Thirdly, in terms of the overlapping and simultaneous discussion of more than one incident at a time. The co-existence of incidents that will be evident in the protocols selected for analysis, takes on the following forms:

* during the description, the therapist illustrates an incident where he or she received or witnessed a self-disclosure.

* while describing one incident the therapist describes another incident with another patient.
* while describing one incident, the therapist describes another incident with the same patient.

The method for explication will now be structured and explained. The fact that the nature of these descriptions has been clarified will assist in understanding the modifications and detailed analytic procedures that complement and enhance Giorgi's (1985) method.

6.2.5. Scientific explication of protocols.

6.2.5.1. Delineation of segments to be analyzed.

Due to the length of the protocols, segments will be demarcated for analysis. This will be done in the following way. **Incidents** will comprise the nuclei of the descriptions. An incident will thus be taken in its entirety with its positioning. In other words, one would have a segment consisting of an incident and its embeddedness in positioning arguments.

Should the positioning continue beyond a certain point, and it is evident that the positioning is unrelated to the incident described the analysis will be discontinued. Should the positioning continue and be related to the incident yet deliver "diminishing returns" a term borrowed from Kvale (1993: 165), then the analysis will be discontinued.

It will be seen that some of the respondents provided two or more incidents. If both incidents are rich and processional, they will both be analyzed.

6.2.5.2. Detailed method of explication.

Phase one: transcribing - The audiotaped interviews will be transcribed verbatim. The researcher will be writing and listening at the same time, which will enhance and attribute meaning to the written statements. During the transcribing the researcher will begin to obtain an **intuitive feel of the whole.**

Phase two: reading and re-reading the protocols - Giorgi (1985) described this as the first step wherein the researcher re-reads the protocol to obtain a holistic grasp of the data. In this instance, this will flow from the transcribing process and in the re-reading the researcher will be able to recall with clarity the co-researchers voice, accents, and non-verbal gestures. This will enhance the holistic grasping of the data and add the **lived, interpersonal dimension** of the interview method of obtaining data.

Phase three: de-lineation of naturally occurring meaning units - Upon repeated revision of the protocol, each time a transition in meaning occurs, the researcher implements a numbering process to distinguish the unit from a previous one. These will be referred to NMU's (naturally occurring meaning units)

Phase four: re-articulation of naturally occurring meaning units - With re-articulation of these meaning units a departure from previous studies is made. This is due to the fact that the respondents were **clinical psychologists.** Although they were requested to speak in everyday language, they failed to disentangle themselves from implementing psychological terminology.

If the co-researchers are lay people, one departs from everyday language and then moves towards psychological languaging. With this particular study, one departs from psychological language. To move beyond this to reveal the hidden and essential meanings, the researcher will move from the psychological language to the phenomenological perspective. The meaning units are thus all articulated in the third person from the phenomenological perspective.

Bracketing is essential with this step as the researcher has to continually hold in abeyance her own pre-conceptions pertaining to certain terminologies.

Giorgi's (1985: 1992) concept of **free imaginative variation** will assist the researcher in exploring implicit meanings.

Phase five: formulating central themes - during this phase of the explication, the most radical departure from Giorgi's (1985) method becomes evident.

The complexity of these protocols delivers the potential hazard of losing meaningful data and premature reduction. To account for the diversity, wealth, and complexity of these protocols, the following method has been devised in the formulation of central themes.

To account for the interwovenness of general or positioning statements with incidental statements, and upon formulation of the central theme, each meaning unit will first be considered in terms of the **nature** of the statements made by the therapist.

Due to the complexity of this phase, a diagrammatic summary (figure 1) presenting the procession of analysis, is submitted on the following page.

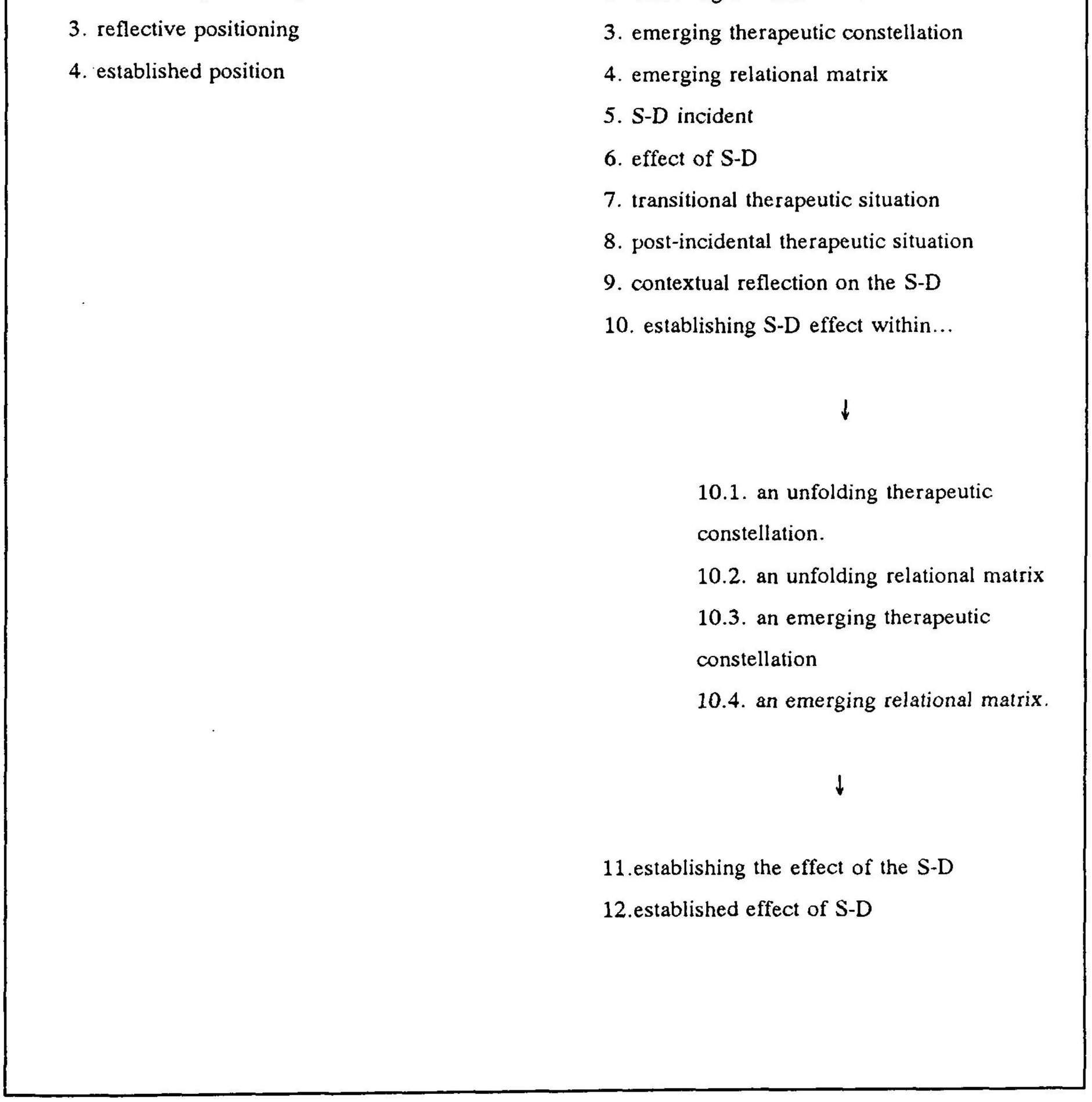

Figure 1: A diagrammatic summary of the processional flow of positional and situational terms within the central themes.

At this point a distinction is made between what will be termed **"positional statements"** and what will be termed **"incidental statements".**

Positional statements refer to statements that do not directly pertain to an incident. These are two-fold. Firstly, there are the positioning statements that refer to the therapist's therapeutic participation, and secondly there are the positioning statements that refer to the therapist's beliefs about self-disclosure.

Incidental statements are those that pertain directly to an incident.

Before formulating the central theme, either a "P" or an "I" will be placed in brackets. Immediately then one can see whether the central theme pertains to an **incident** or whether it refers to the therapist's **positioning.**

Unfortunately, there are many types of incident and they often overlap as discussed above. For this a further distinction has to be made. If the therapist is discussing an incident, and this incident is the primary concern, just the "I" will be placed in brackets before formulating the central theme. The other incidents need to be accounted for in the following way.

If the therapist is discussing an incident where he or she **observed** an incident or where he or she **received** a self-disclosure, one will speak of a **"witnessing incident".** Before formulating the central theme **"WI"** will be inserted in brackets.

Should the therapist refer to another incident while discussing the primary incident, the "I" will be retained and

then another distinction will be utilized. These will be referred to as **"exemplary incidents"**. Before formulation of the central theme **"EI"** will be placed in brackets with a further distinction. Upon revision of the original protocol it must be decided by the researcher whether the incident reflects something about the **relationship** within the primary incident, thus **"(EI-R)"**, or whether the incident reflects or illuminates something about the therapist's participation or **positioning**, thus **"(EI-P)"**.

To avoid cumbersome procedure, the researcher could make an additional distinction. Should the exemplary incident primarily and fundamentally contribute to the understanding of the unfolding relationship, prior to the actual self-disclosure, then the researcher will avoid the EI-R term and integrate this into the appropriate situational term. Upon definition of situational terms in the next section, this will become clearer.

Ultimately, the purpose of these distinctions is to make the protocols more manageable. Upon revision of the central themes, one will thus immediately be able to ascertain whether the theme pertains to an **incident**, an **exemplary incident**, a **witnessing incident** or the **therapist's positioning**.

Once this level of analysis has taken place, another distinction will be made. This will now be explained.

Firstly for positioning statements:
A (P) will be followed by a **positional term** which will be tabulated in the next phase. After the positional term has been stated a brief descriptive phrase or **informative key phrase** will be implemented. This will also appear in the next phase, to be described next. The nucleus of the central

theme will then follow where appropriate, and will qualify or clarify the informative phrase. To attain clarity, the following example can be cited.

(phase three - meaning unit) **I think as a young inexperienced therapist, there were times when I was tempted and did do some self-disclosure, but I've learnt over the years to trust in the wisdom of the old therapists who said: "Don't do that"**

(phase four - re-articulated meaning unit) There has been a shift in the therapist's positioning in terms of using self-disclosure. When she was younger and had not yet possessed accumulated practical knowledge, self-disclosure would present itself as an enticement to which she would at times succumb. With accumulating experience over time the therapist is prone to relying more on the knowledge of experienced therapists who advocate that one not self-disclose.

(phase five - central theme) (P) = this is a positional statement

therapist's reflective positioning: = this is the positional term.

shift, use of S-D = this is the informative phrase.

The central theme will thus be formulated in the following way:

(P) therapist's reflective positioning:

shift, use of S-D - there has been a shift in the therapist's positioning in terms of the use of self-disclosure. She leans more heavily on the advice of experienced therapist's to refrain from disclosing.

(Note, S-D is an abbreviation for the word self-disclosure. This is the only word that will be abbreviated and is done so due to the frequency of its use and to make situational terms less cumbersome)

The positional terms and the informative key phrase

(underlined) will appear in the next phase.

Upon revision of the protocols it will become evident that there are many different positioning statements. One therapist could, for instance, describe a position that reflects her assuredness about a particular issue. Another therapist could reflect on past experiences to formulate a specific position. These nuances have to be accounted for and the different types of positioning can be loosely grouped and categorized so as to assist with systematization of data. The following positional terms will briefly be defined.

Positional terms:

1. **original positioning** - this refers to the therapist's immediate response within the research situation.

2. **reflective positioning** - this is where the therapist reflects upon his experience, or shifts in terms of his participation or stance or use of self-disclosure that might have taken place.

3. **contextual positioning** - this is where the researcher "thinks aloud" within the research context, and formulates certain ideas. This concept is closely linked with reflective positioning.

4. **established position** - this is where the therapist presents with a clearly established position regarding self-disclosure, for example "I have found that self-disclosure burdens a patient" This is more definite than a reflective statement.

Upon analysis of the incidents, after the (I), a **situational term** will be employed. This is deemed appropriate terminology as the self-disclosure lies embedded within a

process and situation. These terms will account for the therapeutic process. The situational terms will comprise the headings in the index. Each situational terms will be followed by a **relational phrase.** Each disclosure occurs within a relationship, and this will reflect the relational embeddedness. Each relational term which will also appear in the following phase (still to be described and explained), will be followed by the descriptive and qualifying nucleus of the central theme.

To attain clarity the following example can be cited.
(MU) **It was over several therapy sessions where I began to think, that's remarkable, I've had a similar experience, and it built up for a very long time, when I was actually sitting there thinking, I'm stunned, this is my very own life story being repeated to me.**
(re-articulated meaning unit) Over several therapy contacts the therapist became increasingly observant of the similarity of experiences. Over an extensive period of time, the therapist's experience of this similarity progressed and amplified to a point where she felt overwhelmed and closed-in by the re-counting and reliving of her previous experience in the immediate therapeutic encounter.
(I) = implies that this is an incidental statement
unfolding therapeutic constellation for S-D: = this is the situational term, that give clarity on the processional variables.
<u>shared life contexts</u> = relational phrase

Thus the formulated central theme will appear as such:
(I) unfolding therapeutic constellation for S-D:
<u>shared life-contexts</u> - similarity of life contexts amplified to a point where therapist was privately perturbed.

To assist systematization and categorization of incidental statements, the following situational terms will be defined:

Situational terms:

1. **unfolding therapeutic constellation for S-D:** This refers to biographical or demographic statements that introduce the therapeutic context for S-D. Within this broader therapeutic context, the possibility of S-D starts becoming evident. This does not include an interactive dimension and could refer to only one of the co-constitutors.
Example:
(re-articulated meaning unit) The therapist recalls a young female patient who has been in therapy with her for a long time. She is twenty three years old with disordered personality traits. The therapist experiences her as being miserable and dependent in the therapy.

2. **unfolding relational matrix** - this is the same as above except in this case a strong interactive dimension is clearly evident. The possibility of S-D comes to awareness but is not yet imminent.
Example:
(re-articulated meaning unit) The relationship has been strengthened by the management of moments of impending danger. The patient constantly attempts to transgress the therapeutic boundaries by seeking more personal involvement from the therapist. These needs have been explicated within the therapeutic frame.

3. **emerging therapeutic constellation for S-D** - the broader therapeutic context in which the disclosure is about to take place is specifically understood as the context within which the self-disclosure lies embedded. This does not include the interactive dimension and the disclosure is imminent.
Example:

(re-articulated M.U.) The therapist dreamt about the patient. The dream conveyed the pre-reflective, unacknowledged, and implicit dimensions of the therapeutic encounter.

4. **emerging relational matrix -** The interactive dimension is on the foreground and the disclosure is imminent.
Example:
(re-articulated M.U.) The therapist dreamt about the patient and during the following therapeutic contact, the patient presented as resentful and aloof. She revealed to the therapist that she had dreamt about her and described the dream.

5. **S-D incident** - This is the moment of the disclosure and includes how it is conveyed as well as the actual content.
Example:
(re-articulated M.U.) The therapist shared his adolescent past in an attempt to generalize and minimize the extent of the patient's injury.

6. **effect of S-D** - This is a clearly perceptible impact as formulated by the therapist.
Example:
(re-articulated M.U.) The therapist was conscious of feeling that she had abandoned her pre-established working role. The awareness was indwelling causing the therapist to frequently muse over her disclosure.

7. **transitional therapeutic situation:** This is probably unique to one protocol. This is for instance when there might have been an implicit self-disclosure, which was later followed by an explicit self-disclosure which might confirm the implicit disclosure. To assist with clarity an example could be described instead of taking it from a re-articulated meaning unit as with the other examples.

Example:
It will be evidenced with the one specific protocol, that the therapist "teared-up". The patient noticed this, and the therapist let him remain engaged in the immediate experiential flow. This remaining engaged represents the "transitional therapeutic situation". At a later stage the therapist explicates (acknowledges her reaction) which comprises the verbal self-disclosure and asks the patient what effect her tearfulness had on him.

8. **post-incidental therapeutic situation -** this specifically includes the therapeutic alliance subsequent to the disclosure. This is a more general statement compared with the previous where the effect is clearly described. This implies that the therapeutic working data or the interactive dimensions are described.
Example:
(re-articulated M.U.) The self-disclosure constituted a therapeutic process which elicited further therapeutic enquiry about the definitive natures of therapeutic- and normal relationships. The patient was confused as to why his spontaneous gestures were not appropriate within the therapeutic relationship.

9. **contextual reflection on the S-D** - This is where within the interview situation, the therapist reflects upon the disclosure, or becomes aware of facets of the disclosure not previously recognized. This would for instance include a retrospective glance.
Example:
(re-articulated M.U.) The therapist senses that the patient was not immediately angered by his disclosure and that it had provided food for thought. Upon deliberation the therapist acknowledges that the disclosure was ill-timed.

10. **establishing S-D effect within ...** This is where the effect of the S-D becomes explicated. This could constitute an incident and the effect could start becoming manifest in any one of the following:

10.1 an **unfolding therapeutic constellation**

10.2 an **emerging therapeutic constellation**

10.3 an **unfolding relational matrix**

10.4 an **emerging relational matrix**

The above definitions are retained but in this case this is the unfolding and the emerging of the **effect** of the disclosure.

Example:

(re-articulated M.U.) Within the moment of the disclosure the therapist was oblivious of its impact. The patient did not disengage from her passionate anger. There was no observable subsiding of her pervasive anger and fury, and the therapist paralleled this with the disclosure as having had no effect.

11. **establishing the effect of the S-D.** This refers to the moment or the incident in which the effect is explicated.
Example: (this re-articulated meaning unit follows the previous one. It should now also be clearer why the previous MU constituted an establishment within an unfolding therapeutic context).
The patient upon reflection of her emotional experiencing at the time of the disclosure reveals that she was so self-absorbed that no disclosure would have elicited any empathy from her.

12. **established effect of S-D.** This is where after establishing the effect of the S-D, the therapist either confirms or summarizes the effect.
Example: (MU) **She could kind of see that there are other people in their own way, whether it's been a physical accident or not, are, have things that they hide, have**

skeletons in their closet, whatever... these things that they're not comfortable with and I think at that time she could relate to it, and in fact we did speak about it again and then she was able to kind of see that in her therapist as well.
(re-articulated meaning unit) The patient could understand that there are other people who prefer to conceal aspects of themselves. She could relate to this and upon further discussion she could relate to this in her therapist as well. (Note: If the situational term is not clear, one should refer to the original protocol to gain clarity on the processional character of the incident as this is often lost when one considers an isolated meaning unit)

It will become evident that 9, 10, and 11 represent steps where there is a therapeutic progression or procession towards establishing the effect. This establishment thus forms an incident of its own.

Phase six: presentation of narrative tableaux - although different in composition, this idea was borrowed from Hannusch (1985). In this phase, the narration is arranged, organized, and structured implementing the **positional terms** with their **informative phrases**, and the **situational terms** (also pertaining to WI and EI) with their **relational phrases.**

This narrative tableaux is thus implemented as organizing structure. An example could illustrate the implementation.

therapist's established position (this is the positional term)
burdening effect on patient, 3 (this is the informative phrase, and number three is the meaning unit from which the central theme was formulated.

Phase seven: describing the experience of therapist self-disclosure: authoring a binding text.

Within this phase, the researcher needs to move beyond the concrete specifics and by means of juxtaposing the tableaux seek intersubjective and validating structures fundamental to the experience of therapist self-disclosure.

The researcher will adopt a presentation that is similar to Wertz's (1985). He analyzed complex protocols on the experience of being criminally victimized, and his format will be borrowed and modified to best suit the unique nature of this study. The results will be presented in the form of a "binding text", that moves from broad integrative structures, to detailed validating structures and experiences. This is a complicated process, and the researcher will reflect on the methodological process after presenting the binding text. This reflection will illuminate the demands placed on the researcher as well as the unique management of these demands. This then comprises a retrospective view and appraisal of the methodology.

6.2.6. Bibliography.

Denne, J.M. and Thompson, N.L. (1991). The experience of transition to purpose and meaning in life. *Journal of Phenomenological Psychology, 22*(2), 109-133.

Du Toit, M.K. (1991). *A phenomenological explication of the human mid-life experience.* Unpublished doctoral thesis, University of Zululand.

Giorgi, A. (1985). *Phenomenology and psychological research. Pittsburgh: Duquesne University Press.*

Giorgi, A. (1992). An exploratory phenomenological

psychological approach to the experience of the moral sense. *Journal of Phenomenological Psychology, 23*(1), 50-86.

Guglietti-Kelly, I. and Westcott, M.R. (1990). She's just shy: A phenomenological study of shyness. *Journal of Phenomenological Psychology, 21*(2), 150-164.

Hannusch, M.J. (1985). The methodology of phenomenological psychobiography: The case of Richard Wright's Black Boy revisited. *Journal of Phenomenological Psychology, 16*(1), 39-68.

Kvale, S. (1993). Ten standard objections to qualitative research interviews. *Journal of Phenomenological Psychology, 25*(2), 147-173.

Polkinghorne, D.E. (1989). Phenomenological research methods. In R.S. Valle and S. Halling (Eds.), *Existential phenomenological perspectives in psychology* (pp. 41-60). New York: Plenum Press.

Rahilly, D.A. (1993). A phenomenological analysis of authentic experience. *Journal of Humanistic Psychology, 32*(2), 49-71.

Stones, C.R. (1988). Research: Towards a phenomenological praxis. In D. Kruger (Ed.), *An introduction to phenomenological psychology* (pp. 141-156). Cape Town: Juta and Company Limited.

Thorpe, M.R. (1989). *A phenomenological investigation into the psychotherapist's experience of identifying, containing, and processing the patient's projective identification.* Unpublished doctoral thesis, Rhodes University.

Von Eckartsberg, R. (1986). *Life-world experience: Existential-phenomenological research approaches in psychology*. Washington, D.C.: University Press of America.

Wertz, F.J. (1985). Method and findings in a phenomenological psychological study of a complex life-event: Being criminally victimized. In A. Giorgi (Ed.), *Phenomenology and psychological research (pp. 155-216)*. Pittsburgh: Duquesne University Press.