

## **CHAPTER EIGHT: CONCLUDING REFLECTIONS.**

### **8.1. Introduction.**

This chapter is devoted to a reflection on, and appraisal of the methodology. The departures from the Duquesne research tradition at critical points, as well as the accompanying shifts in the researcher's stance will be explored. A discussion of methodology illuminates certain aspects of the results, and where appropriate, links will be made to the literature study in part one of this thesis.

To attain closure on this thesis, there will be a deliberation on the neglected face of self-disclosure. This will be followed by a critical appraisal of the methodology including the pitfalls of this method as well as other methodological probabilities which could enhance the results in the binding text. Closure will include an overview of the thesis.

### **8.2. A reflective glance at the methodology.**

Within this discussion, the unique character of the protocols that were analyzed will be discussed. In a following section, the management of the unique attributes will be reflected on. It is the management of these unfamiliar dimensions of description that have led to the unfolding and evolution of an innovative method answerable to the goals of this study, and to the unveiling of results that account for, and systematize the perplexity and richness of the descriptions. This discussion will also call for an appraisal of the "narrative tableaux" that were implemented to systematize, categorize, and summarize the central themes of the descriptions.

#### **8.2.1. Unique attributes of protocols obtained from**

**psychotherapists.**

The interview situation, where the researcher is known by the participants to be a psychotherapist, gives the interview an unusual quality. The researcher is not merely an external and detached observer, but a colleague and is as such involved. Even though co-researchers (therapists) may be requested to speak in everyday language, they nevertheless implement technical terms and phrases such as, "countertransference", "transference", "object relations", and "blank screen", with the fundamental taken-for-grantedness that the researcher grasps their unified meaning.

This gives the transcribed description its first unique attribute, namely the **first-person psychological languaging** (for example, "*Oh, I think its my theoretical understanding. It's not an issue at that time or an issue at another time, It's really my theoretical understanding. I work in an object relations way. I work in the transference and I feel that its very unhelpful to a patient*").

When therapists speak about psychotherapy, and about a specific therapeutic intervention, they position themselves in terms of their therapeutic stance and beliefs about their participation within the therapeutic dyad. They also discuss and position themselves in terms of their beliefs about the specific intervention.

This can be a perplexing experience for the researcher within the interview situation, and has important implications for the management of the interview. A sensitive and well-attuned stance is required so as to guide the therapists back to the incidents without forcibly intruding upon their exploration and without posing leading questions.

The entanglement of incidental descriptive material and theoretical or positioning arguments, gives the protocol its second unique and distinguishing characteristic, which has to be accounted for in the method of explication.

The third distinguishing attribute refers to the embeddedness and simultaneous discussion of more than one incident. While the therapist is discussing an incident, he or she can refer to another incident with the same patient, a similar incident (exemplary) with another patient, or an incident in which the therapist either witnessed or received a self-disclosure (for example, "But you know there is a recognition, I remember, I still have regular supervision about my work, and I remember telling my supervisor something about my own experience..... and she looked me straight in the eyes and said....."). These incidents create problematic methodological integration.

These incidents contribute fundamentally and significantly to either the therapist's positioning or to the character of the unfolding of the primary incident being described. Sometimes these incidents contribute to an understanding of the relationship, but their temporal location may remain uncertain, that is, whether they occurred before or after the primary incident being described. This is especially the case with therapist C, where the therapeutic relationship of the incident that she described was in progress at the time of the research interview. The method of explication has to account for these, often crucial, incidents without losing their essential quality and meaning for the therapist.

As this stage, the researcher would like to discuss the management of these unique and essential qualities of the descriptive material. This will include a discussion about the unique contribution of the narrative tableaux.

## 8.2.2. Methodological management of unique attributes of descriptive material.

### 8.2.2.1. Descriptions wrought with psychological language.

The terminologies and technical language employed by therapists (co-researchers) has ramifications on two levels. Firstly, in terms of the methodological process, and secondly, in terms of the researcher's stance, specifically her "bracketing".

When re-articulating the meaning units from the third person, in this particular study, there is a significant point of departure from other phenomenological studies carried out with everyday experiences, such the human midlife experience (du Toit, 1991) or mutual gaze (Angus, Osborne, and Koziey, 1991). When obtaining descriptions from lay people, the re-articulation of meaning units departs from everyday and naive language, and moves towards psychological languaging. When working with descriptions from psychotherapists about psychotherapy, one departs from psychological language. This study moved from the first person psychological languaging to a re-articulation from the third person within a phenomenological perspective. This implies that the researcher focused on the therapist's experience, and that an attempt was made to move beyond the terminologies and technical language into the realm of experience.

As mentioned above, this procedure has profound implications for the researcher's "bracketing" and "suspension of belief". Working with technical phrases and terminologies is a complex process. These terms are inherently over-laden with meaning, but the therapist's meaning within the description is often concealed by the "common" and taken-for-granted assumptions fundamental to the term. When a therapist employs such

terms, the meaning for the therapist is intercepted and short-circuited, and the researcher is left to attribute meaning to the term. In this regard, two dimensions of the researcher's encounter with a specific term, such as "countertransference" have to be **arrested**. The one dimension pertains to the researcher's personal "working" experience with the phenomenon, and the other to the researcher's literary experience and conceptualizing of the phenomenon.

This demands that the researcher remain faithful to the therapist's experience and meaning of the phenomenon, and re-articulate it as such. A very delicate stance is required to manage and assimilate these terms. It is required of the researcher to assume responsibility to describe the meaning of the term for the therapist, without adding to- or subtracting from. The researcher has to be cautious so as not to ascribe any personal meaning not expressed by the therapist.

To interrogate implicit horizons without allowing the intrusion of one's experiential or literary knowledge of a specific theoretical term requires continual submersion into the context in which the term lies embedded. The words must then be chiselled and moulded until they are devoid of technical language and until their essence and meaning is expressed as intended by the therapist. It is required of the researcher to articulate and author the unspoken, yet intended, meanings.

#### **8.2.2.2. The mingling of positioning- and incidental descriptions.**

Once the problem of managing the psychological languaged descriptions is overcome, the intermingled character of the descriptions has to be accounted for and assimilated. There

is an inherent dualism and the researcher is commanded to work on two levels simultaneously. The researcher needs to address the concrete specifics of the primary incident and the therapist's positioning which is usually wrought with psychological terminologies.

Within this study, this constituted a perplexing experience for the researcher, that is, not knowing whether to extract incidents for explication or whether to analyze protocols in their entirety. The researcher was fortunate to be able to present this problem to Steinar Kvale at the Fourteenth International Human Sciences Research Conference (August 1995). Without the opportunity to view the descriptive material, he felt that the positioning material should be used. He suggested that one analyze the general (positioning) descriptions separately and then compare this explication to the explication of incidents. Receiving feedback from other psychologists and authors at the conference, such as Steen Halling, was a validating experience for the researcher. The researcher sensed that what she was working with was indeed unique and that there was clearly no pre-devised method to account for, and systematize the descriptions.

Considering Steinar Kvale's suggestion, namely to separate the descriptions into two separate bodies of data, unveiled a compelling obstacle. This was the difficulty in separating positioning from incidental statements (for example, "*I was very aware of the breach after that and I thought about it a lot because for me, I don't know, it's a bit of an issue this whole story about how human you are in therapy, and how distant and sort of blank you must be, and I think there's a big problem in my thinking*"). This example highlights the intimate connection between- and the mutual sustaining of the incident that the therapist is describing and her positioning.

To separate positioning from incidental, yet without losing the "holistic" grasp of the description or the therapist's experience, the researcher implemented the "P" and "I" distinction as explained in chapter seven. This distinction was made when formulating the **central theme**, and it was at this crucial point that the method blossomed into a conceptually complex and novel structure.

However, to merely distinguish between "positioning" and "incidental" delivered further problems, and the researcher was required to keep making finer and more delicate distinctions.

For example, the researcher became intuitively aware of different modes of positioning, for example the difference between an **established position**, (for example, "*..um, because I don't believe that self-disclosure is, um helpful to the patient. I think it burdens the patient with you know.....*"), and **reflective positioning** (for example, "*... you know, um, I think also I have had to struggle in my work with the fact that I used to be a teacher so you know....*").

Particularly the **incidents** required delicate distinctions. With the growing awareness that to merely refer to "I" was not enough, there was also a growing dissatisfaction to merely distinguish between "before", "moment of S-D", and "after". There was growing dissent that vital information and the variegated nature of each description would be unaccounted for. Thus the distinction between "unfolding", "emerging", "S-D incident", "effect of S-D", "post-incidental therapeutic situation", and during the unfolding and emerging, the distinction between "therapeutic constellation" and "relational matrix".

With finely articulated definitions for each positional or incidental term, the data became more manageable. Although there was a structure to hold and contain the data, the process was tedious in that conceptual shifts crept in, which required of the researcher to recycle the protocols to ensure that a change in one conceptual definition occurred throughout. Often revision of a protocol would deliver a new term, such as "establishing of self-disclosure effect within an emerging relational matrix", with the incidents of "the emotional encounter" and "wounded femininity". This then required that all of the protocols be revised to ensure that this term be implemented consistently throughout.

The researcher was required to continually check her bracketing to ensure fidelity to the therapists' descriptions. At the same time she had to verify her **fidelity to the method**. There was a continual back-and-forth process between protocols and between the conceptual definitions set out in chapter seven. This process ensured a "built-in" reliability and validity check, but demanded extensive deliberation on each central theme.

#### **8.2.2.3. Simultaneous discussion of incidents.**

As mentioned previously, the co-existence of more than one incident within a single description has to be accounted for in the methodology. Within this study, two of the therapists referred to an instance of where they **received** or **witnessed** a self-disclosure. Having already distinguished between "P" and "I" when formulating the central theme, it occurred spontaneously to the researcher to refer to these as "witnessing incidents", thus "WI". Placed in a sub-index of the tableau they are easily retrievable should one wish to regain a sense of the whole, or should one wish to determine the impact on the primary incident.



However, a more complicated situation arose with therapist C and "*the co-incidental dream*". This therapist spoke of many different incidents, yet they all contributed fundamentally to the understanding of the whole of the primary incident being described and the therapist's experience of self-disclosure. These had to be accounted for in a methodologically sound way. This constituted a perplexing experience for the researcher who began to feel bogged-down by procedure that could become cumbersome. The researcher was concerned that the method would become dishevelled and would lose its impact. With this apprehension, the researcher made a simple distinction. Exemplary incidents that contributed to the fundamental unfolding or emerging of the disclosure within the primary incident were retained as such. As explained in chapter seven, they were not analyzed separately, but analyzed as part of the unfolding or emerging of the primary incident. As an example, one could cite the instance where the borderline patient gave the therapist a birthday present in "*the co-incidental dream*". The incident was retained as part of the unfolding of the primary incident.

In certain instances, the exemplary incidents cannot be integrated into the unfolding or emerging of the primary incident, yet they need to be accounted for. There are two reasons why they cannot be integrated into the unfolding or emerging. Firstly, they may contribute profoundly to the therapist's positioning (for example, "*I have sometimes said what she's done to me, not always interpreted it, just said it... or just left it .... but also to be real...*"). This description when considered in its contextual entirety demonstrates therapist C's belief that one should be authentic with borderline patients. This underscores her belief about the management of borderline patients and contributes to the primary incident being described.

Secondly, other exemplary incidents demonstrate the nature of the therapeutic relationship, but it is not sure if the incident occurs before or after the primary incident, (for example, "*I once said that she was making me feel quite protective of her and I wondered what that was all about and I think that was because.....*"). This incident is then accounted for in its own right and is not included in the unfolding of the primary incident. It is however accounted for in the sub-index of the tableau and is therefore easily retrievable should it form an integral part of the universal structure at a later stage.

### **8.2.3. From index to descriptive "narrative tableaux".**

While implementing "P" or "I" distinctions when formulating the central theme, the researcher when anticipating the organization and arrangement of data for each individual therapist, and pondering how this would eventually be presented, became cognizant of arranging this data in the form of an **index**. This idea was borrowed from Hannusch (1985). It was thought that the conceptual definitions called either positional or situational terms (as explained in chapter seven) could be tabulated and then for each term a value or relational term could be implemented.

The researcher was however quickly disheartened, as too many meaning units were being grouped together, and too much variation and finer detail was unaccounted for. This required that one continually refer back to the original protocol to clarify meaning and detail. The index was thus losing significance and impact.

From here then the idea emerged to employ informative and descriptive phrases in stead of mere index terms, or value terms as implemented by Hannusch (1985). For the situational

terms (incidents), relational phrases were implemented, and for positional terms (positioning) informative phrases were implemented. Although the researcher could heave a sigh of relief at not being tied to a single term, a new tension emerged.

A delicate balance had to be maintained between being descriptive, yet being economical with words, bearing in mind that one was busy constructing a tableau. The researcher was required to structure a lively, descriptive, and informative tableau, but without becoming cumbersome, and without losing the impact and benefits of a tabulation. This process demanded that the researcher once again revise the central themes. This consisted of returning to each of the analyzed descriptions to interrogate the "what" and the "how" to ensure that each informative or relational phrase adequately and descriptively, yet not too extensively, answered the crucial "what" and "how" of each central theme.

Another point of departure from Hannusch's (1985) index can now be discussed, and that is the deviation from an alphabetical arrangement. The researcher considered it appropriate for the descriptive tableaux to unveil the **process character** of the descriptions. Thus, the idea of a "*narrative tableau*" emerged. The positioning was grouped separately, the incidents with their processional embeddedness were grouped separately, and the witnessing or exemplary incidents were placed in a sub-index. At this stage, one can now briefly appraise the methodological benefits of the "*narrative tableaux*".

The narrative tableaux unique in its terminology, character, and composition delivers many benefits. Although the data is in a sense tightly woven, segments can easily be compared across protocols and reviewed separately.

The individual situated structure, which has been a characteristic feature of previous phenomenological studies does not provide this flexibility and openness to segments of the descriptions. With a tableau, a segment, such as positioning, can be extracted for review, but without shutting down a space. There is a mobility and flexibility within and across protocols. Even while reviewing a segment, the numbering of meaning units, makes it easy to regain a sense of the whole. The researcher could thus, by merely referring to the numbering of meaning units in the tableau explain how a specific therapist's positioning had changed after description of an incident.

At this stage one can review the next step, and that is the complicated shift from an immersion in richly detailed central themes and tableaux to the compilation of, and description of intersubjective and validating universal accounts of the experience of therapist self-disclosure.

#### **8.2.4. From detailed narrative tableaux to the binding text.**

With empirical phenomenological research, one usually proceeds from an individual situated structure to a general structure, where universal or common themes across all of the analyzed protocols are sought. Wertz (1985) used the terms "idiographic" (173) and "nomothetic" (188) to refer to individual and general structures respectively.

With this study, the anticipation to move beyond individual tableaux to "general", seemed at first glance, very complicated. Due to the uniqueness of the tableaux, that is their unique nature and compilation, the researcher was not sure how to go about finding general insights, or how to author them.

Upon first attempt, and upon revision of each of the tableaux, one is instantly confronted with two facets of description. Immediately evident is the **process-structure** of therapist self-disclosure, and within the process voluminous **contextual detail** and intricacy.

Certain situational terms, such as "establishing S-D effect within an unfolding relational matrix" are not present across all of the protocols. One cannot therefore merely implement the headings (situational or positional terms) as structural commonalities and describe the variations under each.

The researcher was faced with a crucial and pressing question: "How am I going to integrate these diverse and individualized protocols?" If one recalls part one of this thesis, the **contextualization** of self-disclosure was a weighty problem when evaluating the quantitative research studies in chapter two. The need for a contextualized approach was also accentuated in chapter four when contemplating a method of systematizing the vast varieties of self-disclosure. Patient diagnoses, nature of the therapeutic relationship, that is transference or real, and therapist's theoretical orientation were the crucial contextual variables that were mentioned throughout the literature review.

Referring to the previous paragraph, one could, for instance, reflect on the different kinds of patient within the four analyzed protocols of this study. How can one, for example, find general insights by comparing a patient with a scarred breast to a disabled child or to a severely regressed borderline patient?

The literature review and the four protocols in this study highlighted the importance of the nature of the therapeutic

relationship. This is intricately tied to the therapist's positioning in terms of his or her therapeutic stance, and beliefs about the nature and extent of his or her participation within the therapeutic dyad. The researcher was challenged by the task of finding integrative structures across various therapeutic situations.

To illustrate this exercise, consider, for instance, therapist B who was trapped in a lively relational interplay, and where he as a "real" sexual being was appealed to, to affirm and restore a woman's damaged femininity. How can the nature of his involvement be compared to therapist D, who was a "featureless container", as Mitchell (1995: 89) would have described her enactment of the patient's script, or "situationally ill" as Bollas (1983: 6) would have described her role responsiveness?

Review of the extremely diversified tableaux caused the researcher to vacillate between a crippling concern not to neglect the detail that the tableaux managed to contain and account for, and the need to attain a hovering attention so as to find prevailing themes across all of the protocols. A frantic search for common structures emerged where the detail could merely be "slotted-in" at appropriate points.

At this stage the researcher had to admit that the word "general" was inherently and essentially limiting, and reference to Giorgi (1992) and Kruger (1973) enabled the researcher to make a cardinal and crucial conceptual shift. The following quote by Giorgi (ibid: 123) can be cited in this regard: "Another way of speaking to this issue is to affirm that for every set of variations a *sense of identity* (italics added) that supports the variations also exists and that that identity can be described".

Referring to Wertz's (1985) analyses of complex life events,

and also heeding to the following words by Giorgi (1992: 123): "The descriptive scientist believes that the unified meaning can be teased out and described precisely as it presents itself, not in order to substitute for the variety but as a means of accounting for it", assisted the researcher to begin with broad processional themes to serve as frames within which to "tease out" unified meaning.

To substantiate the shift from "general", the researcher also referred to Kruger (1973: 58) who asserted that a human scientific truth is always a "trans-individual matter". The researcher abandoned the word "general" and sought broadly defined "processional themes" to provide a structure or frame with boundaries wherein the intricacies could be contained. These refer to "before self-disclosure", "the unfolding and emerging of self-disclosure", "the moment of self-disclosure", and "the post-disclosing therapeutic situation" as evidenced in chapter eight. These themes alleviated the tension of oscillating between detail and universal.

By adopting a style of writing similar to Wertz' (1985), the researcher realized that structure and experience could be intricately and intimately connected in the form of a binding text. The final phase of explication, unique to this study and not previously articulated, was set in motion. This required a flexibility and openness from the researcher to be able to waver between the "trans-individual" (Kruger, 1973: 58) and the concrete specifics. To illustrate this process, the processional theme of "the unfolding and emerging of self-disclosure" will be implemented.

The unfolding and emerging of self-disclosure constitutes a broadly defined processional thematic structure within which to view the variegated contexts of each of the protocols. Within this frame, one needs to move beyond the concrete

specifics to **intersubjective and validating structures**, within which the experience of therapist self-disclosure can be described.

For instance, upon continual submersion into this phase of the experience, and upon immersion into the contextual detail, the researcher could maintain a hovering attention to find an intersubjective structure. This structure refers to the **critical and unrehearsed events of situations** that intrude upon and disrupt the therapeutic process, and that self-disclosure springs from such an **unacquainted and unaccustomed encounter experience**.

Once the researcher could formulate such an intersubjective validating structure, the detail, and specifically the experience could be accounted for and described. This then comprised the essence of the therapist's experience. Within this structure one could then consider, for instance, the therapist's experience of compelling similarities, or the therapist's experience of an unusually disturbing narration. Even an experience, where the therapist was a "featureless container" (Mitchell, 1995: 89), such as with therapist D, could be "held" and described within this intersubjective and validating frame.

#### **8.2.5. Reflection on methodology: The binding ingredient.**

The purpose of the section above is to demonstrate the researcher's journey through the explication process. The changes in the researcher's stance required at crucial points, and the methodological problems encountered, form the gist of this discussion.

The concluding paragraphs of the previous section essentially lead to further exploration. The researcher, reflecting on



methodology, employed only one "processional theme" to illustrate the process of explication and the process of authoring intersubjective and validating experiences. With this single illustration, crucial aspects of the problem formulation in part one of this thesis were touched upon, and vital, validating links were construed.

At this stage, more questions emerge, and more associations and ties can be generated. For example, a link evolves between the intersubjective claim that self-disclosure hatches from an unacquainted and unaccustomed encounter experience, and in Bollas' (1983) assertion that: "For a very long period of time, and perhaps it never ends, we are being taken in to the patient's environmental idiom and for considerable stretches of time, we do not know who we are, what function we are meant to fulfil, or where we are going".

One is now made aware of the emerging links and avenues of exploration that this study has unveiled. This reminds one of the complexity of the term therapist self-disclosure, and the researcher is aware that one could once again enter the realm of literature on therapist self-disclosure with a new perspective and new method of systematization.

At this stage, and as part of concluding reflections, one could discuss, more specifically, the results of this study.

### **8.3. A discussion of the results.**

A discussion of the results leads to a consideration of the contributions of this study. These contributions will be formulated in two ways. Firstly, in terms of the most pre-eminent facets of the results, and secondly, in terms of the literature review and the problem formulation.

### 8.3.1. A description of the pre-eminent constituents of the self-disclosing experience.

The binding text reveals the results of this study, where the structure and the experience of the disclosing context are inextricably bound. The structure serves as a framework to grasp the **processional quality** of the disclosure. This framework contains the contextual intricacies of the disclosing event. The binding text is extensive and although each of the varieties has a sense of identity, what remains to be explicated is a concise and essential formulation of the contributions of this study.

A discerning discovery within this study is the in-dwellingness of the therapist's theoretical and principled **positioning** within the therapeutic encounter. Every therapist is armoured with a theoretical orientation (positioning) with which he or she enters and engages the therapeutic process. This theory (positioning) pre-determines how the therapist will "stand out" to his or her patient.

The essential constituents of the therapist's positioning are:

- \* it is an **interminable process** - there is an ongoing interlocking and mutual influencing of cognitive formulations and experience, which changes temporally.

- \* positioning refers to beliefs about the therapist's stance, therapeutic presence, nature of participation within therapeutic dyad, and extent and nature of accessibility to patients.

- \* positioning is a perplexing inquiry into the therapeutic value of, and beliefs about, the use of therapist self-

disclosure.

This study has demonstrated how the therapist's positioning is at the heart of the therapeutic interaction. However, no theory can fully and comprehensively account for the life-world in its fullness and variety, and leaves the therapist ill-prepared for the myriad of emotions which he or she may experience. Much more transpires than what the theory can encompass. There are fundamental and "common" experiences that are not articulated within theory, for instance when the therapist responds affectively to a shared life context (compelling similarity and intense reminiscence).

These results have revealed that self-disclosure does not necessarily include unusual, atypical, or extreme types of situation. The most compelling experiences for therapists can arise out of everyday and "common" experiences, such as an intense reminiscence from a childhood memory, or compelling similarities.

What gives these experiences their magnitude are the **circumstances** (context) in which they present themselves, and the challenge they present to the therapist's positioning. To illustrate this point one could consider the "co-incident dream". The fact that this disturbed the therapist to such an extent is to be found in her awakening awareness of the fusing of therapeutic boundaries. The disruptive impact on the therapist was not so much that they had had the same dream, but what her need to reveal the dream represented in terms of the therapeutic relationship and the therapist's positioning.

These results and the nature of the binding text demonstrate the futility of removing self-disclosure from its context. This context has two pervasive constituents, namely:

\* **the unfolding therapeutic constellation** - this includes the co-constitutors of the encounter, that is patient and therapist. Taking the therapist's positioning as a crucial constituent of the unfolding therapeutic constellation, and as a point of departure, the therapist's out-standing-ness to a patient influences the nature of the relationship that is to unfold. Certain characteristics of the therapist cannot be neglected, for instance a male therapist encountering a scarred female patient. Within this specific description, these characteristics predisposed the relationship to take on certain dimensions that would not have occurred had the therapist been female.

\* **the unrehearsed, unacquainted, unfamiliar encounter experience** - by virtue of being human, therapists encounter compelling and unrehearsed situations which are not explicated and clarified in theory, and the therapist's positioning, in which the awareness to share on a personal level unfolds and emerges. Critical events or experiences impinge upon and disrupt the therapeutic process. A compelling result of this study, and not previously articulated, is that the awareness to self-disclose is anchored in an unfamiliar and unrehearsed encounter experience. This encounter experience is meaningful in terms of its entrenchment in an uniquely unfolding therapeutic constellation.

Take for instance, the disturbing narration. During the unfolding therapeutic constellation, the patient had been emotionally blunted. Two aspects of the encounter were unfamiliar to the therapist, firstly, the narration in and of itself, and secondly, in terms of the patient reaching previously unattained levels of emotional experiencing. The therapist's positioning can make the unacquaintedness more frightening for the therapist, especially if the therapist

cherishes certain restraining beliefs about the extent of his or her involvement.

Self-disclosure can comprise part of this unacquainted experience, for example, when the therapist found herself responding tearfully. Self-disclosure can arise as an intervention to restore the therapist's equanimity upon the unacquainted experience. Each has a different ambience.

A particularly pervasive and revealing part of this study, are the constituents of the experience of the unacquaintedness of the encounter and the awareness to share on a personal level. These include the following:

**\* the therapist's loss of agency and disruption of equanimity** - the unacquainted nature of the encounter (which may or may not include the awareness to share) serves as an intense distraction for the therapist, and he or she may be jolted out of the therapeutic discourse, unable to proceed in the accustomed way. The therapist can be trapped between being humanly responsive and restraining theoretical principles.

**\* the therapist's inner dialogue and personal investigation** - upon awareness to share on a personal level, the therapist engages an inner dialogue about his or her need to share with a particular patient. All therapists ask the crucial and pressing question about why they experience the need to share with a particular patient. This constitutes a process wherein the therapist clarifies the need to share, particularly of its relevance to the encounter, and what purpose it would serve.

**\* the therapist's profound sense of loss** - the unacquaintedness of the encounter and the experience of the need to share can stir within the therapist a profound sense of impending

loss. This loss refers to a diffusing of pre-structured theoretical boundaries, a loss of the patient, or a loss of the therapist's integrity, where the patient negates the therapist's ability to be responsive and empathic. The disclosure can arise as a way of compensating for, or restoring the sense of loss. The awareness of disclosure can in and of itself heighten the sensitivity to loss, where it would sever relational boundaries.

\* **the therapist's alienation** - although by its nature, self-disclosure could imply a connected-ness or a mutuality, the awareness to share alienates a therapist. The alienation is felt on different levels. The therapist is alienated from the immediate therapeutic encounter and dialogue with the patient, as well as from his containing and supporting theoretical notions. The alienation is also felt when the therapist contemplates assuming a non-disclosing stance.

This study has unmasked these dimensions of the therapist's inner turmoil when confronted with the appeal to share on a personal level. This study has also brought to awareness that these appeals, whether they come directly from the patient (inter-active), or whether they well up within the therapist (re-active), are felt via different **faculties**. A therapist can experience a bodily reaction to a patient, for instance, tearfulness, or a potent urge to physically mollify a patient. The totality of experience is expressed in these findings. Consider the "weary encounter". The therapist's unacquainted-ness lay in her bluntedness which she discovered through her bodiliness. This was assimilated on a cognitive level and presented to the patient in the form of an interpretation.

The results of this study also highlighted the **specific, prompting experience or incident** which ushers or prohibits

the disclosure. The prompting is revelatory of one of the following:

**\* an intimate sensing of a patient's need for personal involvement**

**\* an attempt to restore the therapeutic alliance** - confronted by an overwhelming anticipation of loss, the therapist can respond in a personally revelatory way so as to retain his or her image as an empathic and responsive person. Restoration can be seen as a deliberate abandoning of the need to share and a deliberate refraining from self-disclosure.

The outcome of this study has also highlighted the fact that self-disclosure extends temporally beyond the moment for which it was intended. This is seen in the therapist's private rumination after the disclosure, or in the patient's retention of its personal meaning. The results have also revealed how a belated acknowledgment or validation from the patient elicits widening circles of therapeutic enquiry. This inquiry can be so far-reaching as to transcend the original disclosure. This makes one aware of the long term effect of the disclosure which is never unmasked when one studies self-disclosure in terms of once-off encounters. This once again highlights the importance of context, not only in terms of patient-therapist relational characteristics, but also in terms of temporality.

Considering the effect of the disclosure, it has also been shown that the impact of the disclosure is **not always related to the content of the disclosure**. A patient can be moved by the fact that the therapist had responded. This is what occurred with the therapist who responded tearfully. The verbal counterpart of the disclosure was meagre in content, it merely confirmed the therapist's responsiveness. What

transpired later was that this had been a particularly meaningful event for the patient. The literature has revealed that the mere fact that the patient felt that he had had impact can constitute a meaningful experience (Weiner, 1983).

The results of this study have also revealed the therapist's commitment to restoration after self-disclosure. This restoration lies on two levels.

**\* restoration of the therapeutic alliance** - the self-disclosure in and of itself can restore the therapeutic alliance, as was the case with the therapist who interpreted her sleepiness in terms of the patient's extra-therapeutic relational matrix. When a self-disclosure results in the uncomfortable extension of the therapist's deviation from her positioning, she makes concerted and deliberate attempts to restore the alliance. This occurred with the therapist who became aware of a role-reversal, and who then felt as if she had abandoned her therapeutic role. Refraining from self-disclosure is also an attempt to restore the alliance, and to re-establish therapeutic relational boundaries.

**\* re-conciliation with therapist's positioning** - the self-disclosing experience calls for a re-appraisal and re-consideration of the therapist's positioning. This occurs on two levels. Firstly, in terms of the specific self-disclosing incident, and secondly, in terms of the therapist's beliefs about his or her therapeutic stance and accessibility to patients, and beliefs about self-disclosure. This process may not attain closure and the therapist may be left bewildered and perplexed as to the value of self-disclosure or accessibility to patients. The re-conciliatory process may thus remain open-ended for continual consideration and revision.



### 8.3.2. The neglected face of self-disclosure.

Throughout the literature study in part one of this thesis, one is awakened to an unintentional by-passing of the contextual embeddedness of self-disclosure. This is most succinctly stated in chapter one by Kempler's (1987) appeal for a **contextualized approach** to studying self-disclosure. In his (Kempler, 1987: 114) own words:

the meaning and value of self-disclosure can be understood only when we know its full context. When we discuss self-disclosure in the abstract it cannot be properly evaluated. We need to know what is being said, by whom, to whom, in what time and place, and circumstance, and perhaps, most important, for what purpose. Awareness of context gives meaning to the act of self-disclosure.

That the method in this study answered this appeal is not contentious. Another facet that comprised the call for an alternative research approach is that throughout the chapters that focused on therapist self-disclosure, little, if any attention was paid to the **therapist's experience** of self-disclosure. This motivated the researcher to suggest, in chapter four, that one examine and systematize in some way the crucial mediating variables impinging on the therapist's decision or deliberation to self-disclose.

Upon review of the literature, through chapters two to five, one grows increasingly cognizant of the fact that therapist self-disclosure is a sanctioned and marginalized concept. It is camouflaged, disguised, and shadowed by theoretically acceptable and entrenched principles. Words such as

congruence, transparency, authenticity, mutuality, are freely referred to within the existential-humanistic literature. When these words imply the use of therapist self-disclosure, very few authors provide consistent guidelines about its use. It remains a very contentious and ill-appraised concept.

Paradoxically, the psychoanalytic tradition earmarked by its "blank screen" approach, has come a long way in de-masking self-disclosure by actually prescribing it as a therapeutically viable technique. However, upon scrutiny of this literature, even this implementation is severely sanctioned and its use marginalized. It has been given a conceptual label. The object relations theorists, and certain interpersonal theorists, speak specifically of **countertransference disclosure**. The distinction being made between "objective" and "subjective" countertransference (as explained in chapter three), where **only** the "objective" countertransference may be disclosed, tightens the bridle. Ironically, it is these very approaches that appreciate and rely heavily on the therapist's encounter experience. This encounter experience is nevertheless "legitimized" as a professional necessity, and its fundamental opinion is that this experience would be "common" to any number of therapists.

One could depart from the literature at this stage to consider a section of the results of this study. The professional theme of the unfolding and emerging of therapist self-disclosure arose spontaneously in the discussion pertaining to methodology. As part of a concluding reflection, one could once again deliberate on this theme with its preceding theme, namely "before self-disclosing". One could consider the intersubjective and validating claims within these professional themes to reveal the neglected face of therapist self-disclosure. The literature can then be

reappraised.

Consider the following: Fundamental to the therapeutic dialogue is the therapist's "modus operandi". The therapist has a way of conducting therapy and a way of being present to patients. Therapists hold certain beliefs about self-disclosure, for example, that it is not helpful to a patient or that it burdens a patient or that it is selfish act by the therapist to bring himself or herself into the therapeutic picture. Although therapists reserve the possibility that self-disclosure can have therapeutic benefits, they are generally conservative about using it, and espouse a limited and cautious approach. Self-disclosure always springs from an **unrehearsed and unacquainted encounter experience**, that this is a bewildering experience for the therapist, that the therapist experiences a **sense of loss**, and that there is an attempt to **"restore"** the disruption upon the therapeutic process.

Within the literature, the legitimizing and sanctioning of therapist self-disclosure is tied to specific beliefs (theoretical positioning). What has been by-passed is the therapist's disarray, temporary dislodgement from containing positioning beliefs, and the attempt to restore, firstly the alliance, and secondly, the allegiance to certain cherished beliefs.

Nowhere in the literature has this experience been articulated or accounted for in this way. The critical life events, as discussed in chapter four, that disrupt or could potentially disrupt the therapeutic process have been considered in terms of their management, for example, illness, pregnancy, and death. These events originate in the therapist's "real" life, and the therapist can thus prepare for such an incident. These events do not constitute, in

quite the same way, the unexpected, unrehearsed moments that were illuminated in these results.

The object relations theorists who are making loud appeals for therapist countertransference disclosure, are positioning themselves in terms of a mutual regression, or as Bollas (1983: 2) has referred to as a "countertransference readiness". Although this suggests an unrehearsed and unacquainted encounter experience, this very experience is marginalized. It is only this very specific "objective" encounter experience that is "trusted" and used as therapeutically analyzable data.

The researcher, after analysing these descriptions and authoring the binding text would like to query the "unexpected" or the "unacquainted" outside or beyond the theoretical legitimization of an objective or common encounter experience. What about striking similarities that cripple a therapist's attentiveness? What about a disturbing narration, so unusual and distressing to the therapist, and so disruptive to the therapist's empathic and controlled therapeutic responsiveness?

It is these very experiences that jolt the therapist, that severely tax his or her positioning and therapeutic integrity (sense of loss), that place them in temporary isolation as they hover between "human" relational demands and theoretical restraint. The therapist that probably best exemplifies this positional disarray and the dislodgement by particularly disturbing and unacquainted encounter experiences is therapist A, (for example, "*.. because for me, I don't know, it's a bit of an issue this whole story about how human you are in therapy, and how distant and sort of blank you must be, and I think there's a big problem in my thinking..... um, I believe that you have to have a modicum of realness in*

*your dealing with people. There's a limit beyond which you cannot go, you know, and not be yourself. You are in the therapy and as such you are involved. I think you have to be if you're going to do any kind of meaningful work").*

These experiences and their impact on the therapist have not been elucidated, described, or systematized in this way anywhere in the literature. A new structure has emerged. This structure, which does exist in illustrative vignettes, for example Ehrenberg (1984) is highly implicit and unarticulated. The structure elucidated in this study provides a mouthpiece to voice the experience beyond the sanctioned, marginalized, and undervalued side of self-disclosure. The neglected sphere of therapist self-disclosure is clearly illuminated when assuming a descriptive stance, and when one gives primary focus to the therapist's experience.

This raises coercive questions concerning research on psychotherapy. One can, at this stage, recall Greenberg's (1981: 242) distinction between "prescription" and "description", where prescription is the obligatory mode, and where description implies a selectivity to confirm and support the prescription.

The researcher is of the opinion, that a descriptive approach that makes experience the cornerstone of investigation will overcome this problem. Greenberg (1981: 243) asserts that: "How we talk about what we did is itself a description which, as I have said, implies a selectivity which is already based on theory". The researcher believes that this study has intercepted this cycle by taking experience as its point of departure.

The research question in and of itself asks for "your

experience", and "an incident", and places experience at the heart of the matter. Positioning did comprise a significant portion of the descriptions, but the incidents did not merely support, validate, or confirm theoretical claims. If one once again refers to therapist A, this is clearly evident.

Chapter seven set out the "method" for this study. Churchill (1990: 47) has distinguished between method and methodology, where " 'method' refers to the concrete steps or procedures one appropriates in an investigation". " 'methodology' refers to the theoretical understanding and articulation of method. Methodological reflection involves a critical attitude directed toward one's approach and toward the adequacy of one's method in carrying out the research program suggested by one's approach".

The reflection above unveiled interesting ties to the literature study in part one of this thesis. The subsequent sections confirmed the accomplishments of this study, specifically the method of analysis in reaching the lived experience of therapist self-disclosure within the lived psychotherapeutic context.

#### **8.4. Critical appraisals and recommendations.**

As recommendations comprise an important part of this discussion, the fruitfulness of the pilot study must be re-appraised. Chapter six has been devoted to a discussion of the preliminary study. Its profitability in terms of moulding an appropriate research question is demonstrated explicitly. Another benefit, namely, equipping the researcher to manage the interview more effectively is also submitted in chapter six.

It is recommended that with phenomenological inquiry, one

implement a pilot, or preliminary study, where critical feedback from co-researchers is utilized. This can clarify, for the researcher, vague or confusing aspects of the research question. The researcher is of the opinion that when working with psychotherapists specifically, their critical feedback concerning the interview situation, can be helpful in accentuating aspects concerning interview management.

When working with **specific populations** of co-researchers, one may encounter stumbling blocks not previously anticipated. As an example, within this particular study, the therapists tended to engross themselves in lengthy positioning arguments. In this regard, a pilot study can assist a researcher to anticipate these stumbling blocks so that the interview be managed more successfully.

After considering suggestions for a pilot study, one can address specific analytic procedures. Although the reflections in the previous section positively appraised the method in reaching its intended goal, a few plaguing questions remain and these need to be addressed before closure. What also remains are recommendations pertaining to the conceptualizing and management of self-disclosure during training, supervision, and for practising therapists.

#### **8.4.1. Methodology revisited.**

Within the reflection on methodology, links emerged to the literature study and an open-ended enquiry was established. At this stage, during the critical appraisal, the researcher will attempt to establish an open-ended inquiry into the methodology. This will enhance the exploration of additional by-passed methodological probabilities.

As seen in this part of the thesis, in order to account for the unique nature of the descriptions a new method was implemented. Due to the fact that the method was novel at significant junctures it could not benefit from prior application. Pitfalls of this method, as well as possible furtherance will be discussed.

Upon formulation of **central themes**, as explained in chapter seven, this study made its most marked departure from the Duquesne tradition of conducting empirical-phenomenological research. At this stage, one could appraise the use of **conceptual definitions**. When working with such abstractions a greater sense of reliability is sought. During the methodological reflection, the researcher commented on the back-and-forth process which ensured a built-in reliability. However, this always remains subject to debate. At this stage, it can be suggested that, when one works with conceptual and distinguishing definitions, one implement judges to test for consistent application across protocols. This could give the researcher and the reader of the research report more faith in the compilation of the tableaux, and hence the binding text.

The researcher is aware that the step from tableaux to binding text is a step that could appear unaccounted for in the setting out of method (concrete steps of application) and in the actual analysis. The reflection highlighted the tension experienced during this phase of the research. The difficulty in moving beyond individual description to universal description is encountered in the literature. Churchill (1990: 55) has commented on this phase of analysis, and has referred to it as "not being able to see the forest for the trees". This adequately depicts the dilemma described in a previous section. To partially resolve this issue it is suggested that in stead of moving directly from



the individual tableaux to intersubjective matters, one first compile a text for each tableaux. This could make the authoring of the binding text less overwhelming.

The researcher would like to ponder the accountability of the binding text, especially in terms of the itemized and meticulous narrative tableaux. Upon formulation of the central themes, the data mushroomed into rich and particular tabulations that extended beyond the already wealthy pristine, first-person descriptions. The researcher deliberating this, has attributed this to the conceptual definitions that were implemented.

Although the objective is description and fidelity to what has been described by the co-researchers, the complexity of the protocols, especially regarding the interwovenness of positioning and incidental material, called for organizing and structuring principles. The "situational" or "positioning" phrases, for example "established position", or "reflective positioning" are **clarifying statements**, indicating an interpretative stance by the researcher. Although the clarifying statements were borne from the original descriptive material, a certain super-imposition is implied in that every central theme was provided with a "clarifying statement".

This suggests that the tableaux, although descriptive and faithful in nature, also offer many possibilities for interpretation. The tableaux do not therefore merely present as organized **descriptions**. This makes one aware of the fact that the researcher has blended different sentiments. This is stated in light of van Vuuren's (1989) and Giorgi's (1992) salient distinctions between **description** and **explanation** or **interpretation**. In this regard, Giorgi (1992) cites Mohanty (1989: 19) to assert that "description is the use of language

to articulate the intentional objects of experience within the constraints of intuitive or presentational evidence". In other words, "one describes what presents itself precisely as it presents itself neither adding nor subtracting from it" (Giorgi, 1992: 121). This implies that with the descriptive analysis of description no assumptive, hypothetical, or theoretically dependant factors are included (Giorgi, *ibid*).

According to van Vuuren (1989: 65) "psychology as a descriptive science and psychology as an explanatory science are two distinct types of science". Giorgi (1992: 122) defines interpretation in the following way: "By interpretation I mean the development of a plausible but contingent line of meaning attribution to account for a phenomenon. The key here is the term *contingent*, for with interpretation one can argue only for the plausibility of an account, not for its exclusivity". Giorgi (*ibid*) further cites Mohanty (1985) to describe interpretation as the clarification of meanings and description as the depositing of meanings. Interpretation would be the clarification of meanings in terms of an adopted theoretical perspective, assumption, or hypothesis (Giorgi, *ibid*).

That the researcher authored a binding text based on "pure" description is justifiable in terms of the goals of this study, and in terms of van Vuuren's (1989: 65) assertion that: "From a phenomenological point of view psychology as a human science is a descriptive science". However, this study is probably reflective of an instance of where the goals of one's study become essentially limiting. The researcher "got more than was bargained for". The descriptions, as seen throughout the thesis were richly descriptive and pregnant with meaning, not only in terms of self-disclosure, but in terms of positioning and psychotherapy in general.

One may be left with the concern that the binding text did a disservice to the tableaux, that were firstly rich in terms of description, and secondly, wealthy in terms of interpretive probabilities. Although there is a delicate interwovenness, the researcher is aware that many of the conceptual definitions have not been explored to their fullest extent. With this is a growing cognizance that other methodological probabilities should be explored. One of these pertains to **interpretation**.

Although the goal of the study has been attained, the tableaux open many horizons for interpretation of the data. This could entertain many exhilarating possibilities when revisiting the literature review in part one. Interpretive analysis could be conducted on many levels. This could remain qualitative, and various contingencies could be explored. For example, the hermeneutic circle that might exist and be sustained by the continual and mutual influencing of original, reflective, contextual, and established positions. This could be interpreted vertically and horizontally. For example, hypothetical questions could be formulated about therapist D's (the most experienced therapist) linear positioning where the incident she described merely confirmed her established positions. Hypothetical questions could be raised about therapist experience and positioning.

Another possibility could be to subject the tableaux to quantitative analysis. Upon greater reliability of conceptual definitions, one could tally the number of each of the positioning statements and draw comparisons vertically and horizontally. These could be statistically compared with therapist experience or any other variable of interest. These avenues of exploration confirm that it is an unfortunate aspect of this study that the method blossomed

into a variegated structure that was then sanctioned by the binding text and goals of the study.

Another aspect that remains disputable and unresolved is the issue of **validity**. In chapter five, this important dimension of research was touched upon. Different methods of attaining validity were clarified. It is clear that within this study, no deliberate attempts were made to validate the data. Relying on esteemed authors this can be justified. For instance, one could consider the following argument by Bachelor (1989: 77) cited in Bachelor (1992): "There is a more profound reason for not using a judge phenomenologically and that is because of the meaning of evidence within phenomenology which involves the use of free imaginative variation which ought already to include the perspective of any empirical other".....[and]... "the whole scholarly community is the ultimate judge [and] each reader of the research report becomes a critical evaluator of the researcher's essential intuition".

Despite the contention on the issue of validity, and despite the fact that validity may lie beyond the realm of one single study, the researcher feels compelled to consider the enhancing effect that validity attempts might have had on the results.

Bachelor (1992) asserts that phenomenological psychology shares the goal of science in a general way. In this regard, Stones (1988) has suggested that since the authentication of any scientific endeavour is that there should be consensual validation, a panel of judges may be employed to ensure that the authored description is true to the phenomenon.

Stones (1988) has qualified his assertion to mean that the criterion for validity is not whether another researcher

would arrive at exactly the same words and expression or even at an identical description of the phenomenon. In his own words (155):

Rather, validity is indicated by the extent to which such *differences in wording and expression* [italics added] are intersubjectively understood to reflect an identical meaning or to indicate similar themes to those which emerged from the data as explicated by the original researcher.

To echo this, one could quote Wertz (1986: 192) cited in Bachelor (1992): "verification of analysis by other researchers is nothing than an attempt first to follow and then to extend the original analysis".

These ideas raise pressing questions as to what extent the results of this study could have been refined and enhanced by either returning to the co-researchers or by employing additional phenomenological researchers. In this regard, it is interesting to note that Halling, Kunz, and Rowe (1994) have referred to the alienation and "lack of sense of community" (110) which is evident in psychological research, and the fact that research has become a highly technical enterprise in which one often works as a solitary individual.

Following Herbert Spiegelberg's concept of "cooperative research" (Churchill, 1990: 51), Halling et al. (1994: 109) have subjected the idea of "dialogal psychology and research" to practice. This is based on Halling and Leifer's (1991) contention that truth emerges in the context of a dialogue, and that this has been central in the thought of thinkers such as Buber and Strasser. Halling et al (ibid) have referred to this as "reflective conversation" (111) where

phenomenological research is conducted in small groups. The work is done through the process of "dialogue" (111) rather than by following predefined procedures or steps. They have concluded that this is a powerful method in terms of the quality of research findings.

Although these ideas expressed above include the entire process of analysis, the researcher is aware that the results with their pristine descriptions could have been subjected to some form of collaborative enquiry. The researcher experienced a sense of this in the supervisory situation. In dialogue with the researcher's supervisor about the results reflected in the binding text, the intersubjective theme about the therapist's sense of loss during the unfolding and emerging of self-disclosure arose spontaneously. This leaves one with the fundamental concern that the results of this study may not have been explored to their fullest extent, and that additional methodological possibilities do exist to unmask further enquiry into these results.

#### **8.4.2. Therapist self-disclosure revisited.**

Although it was never intended, this study did not assist in the formulation of guidelines to aspiring or practising psychotherapists. However, there are practical implications that need to be addressed.

In a previous section, during a discussion of the results of this study, it was suggested that a therapist's theory can not possibly prepare him or her for the myriad of unexpected situations and emotions that will impinge on the therapeutic dialogue. Barton (1974: 252-254) has formulated the essence of this in the following way:

... each therapeutic orientation places

itself as variance with, or is fragmented from, the common world of values which serves implicitly as its ground [and] ..Because none of the theories seriously tries to take into account the life-world in its fullness, their interpretation of the individual problematics of the therapist-patient relationship is plagued by a continuing narrowness.

This suggests that not only is the self-disclosure marginalized as discussed in a previous section, but the circumstances in which it arises as well. One is reminded of Greenberg's (1981) distinction between prescription and description, where the therapist's experience of the encounter, where it does not constitute a salient aspect of the therapist's positioning is never fully accounted for or acknowledged. The therapist's experience of the circumstances, in which self-disclosure emerges has thus also been marginalized. For instance, when therapist A became increasingly crippled by the compelling similarities, these emotions constituted an uncomfortable intrusion.

During a discussion of the results, it was also highlighted that just by the virtue of being human, each and every therapist will be appealed to, to share on a personal level. Self-disclosure is therefore an inevitability. Each and every therapist will, at some or other time be confronted by the uncomfortable intrusion of one's private thoughts and emotions, and this also constitutes an unavoidable situation. If one reviews the abundance of literature on countertransference, this statement is confirmed. Within psychoanalytic literature specifically, the marginalizing of this experience is also confirmed, where the intrusion of the therapist's thoughts and emotions, considered to be part of

the "subjective countertransference", is dismissed as a result of inadequate analysis of the therapist.

It is suggested that during training and supervision, self-disclosure and its context be de-marginalized, to be described as an inevitable and unavoidable phenomenon that will surely arise in circumstances that could not always have been anticipated. It is argued, that should self-disclosure, and particularly the context in which it arises be conceptualized in a more positive light, and as an implied and necessary reality, that it may not comprise the painfully tumultuous experience as revealed in this study.

To enhance this argument, one could consider management succeeding self-disclosure. For practising therapists and during supervision, one should focus on the therapeutic enquiry that could follow self-disclosure, in stead of the desirability of the disclosure. The researcher is of the opinion, that it is not so much what is revealed, nor the fact that the therapist revealed, but that self-disclosure in and of itself constitutes an interpersonal event. This event in and of itself can be therapeutic for the patient, or it could elicit and comprise valuable therapeutic working data. The self-condemnation and self-persecution that some therapists face, due to what is considered theoretically desirable or inappropriate, could rather be replaced with an inquiry into the effect of the disclosure, and the best possible management of the disclosure within the therapeutic situation. This could then extend the interpersonal event to elicit working data that transcends the actual disclosure.

#### **8.5. Integrative overview.**

During part one of this thesis the problem formulation unfolded, until a final appraisal in chapter four. A method



of conducting research that could answer to the contextual and professional embeddedness of therapist self-disclosure, with the primary focus being the therapist's experience, was called for.

Part two of the thesis illustrated the researcher's journey through the process of obtaining co-researchers, the implementation of a pilot study to assist in moulding the research question, the management of complex psychological descriptions, and the authoring of a vivid description of the experience of therapist self-disclosure.

The reflection on methodology formed a crucial and pivotal point in this thesis. This reflection highlighted the important points to consider when contemplating phenomenological research with psychotherapists, and when analysing and managing complex and variegated descriptions.

It was also during this reflection that crucial and validating links were traced to part one of this thesis. It was at this juncture that one could begin to once again appreciate the complexity of therapist self-disclosure and the pliability of the phenomenological perspective.

The unique contributions of this study were reflected on from two angles. Firstly, in terms of the pre-eminent constituents of the disclosing experience, and secondly, in terms of the literature review and problem formulation. This discussion unveiled the neglected face of self-disclosure, that is, the under-valued side of self-disclosure not previously articulated or adequately systematized.

Apart from the vivid results authored after implementation of the method, the contribution of this thesis also lies in the development of a new method of explication. At this stage

one must also take into account that with the implementation of a new method, one cannot benefit from prior application. During a critical appraisal of the methodology, additional methodological probabilities were explored, as well as the potential fruitfulness of validation of results. A discussion of validation served as point of departure to consider the deepening and extending of results.

In conclusion, the effect of de-marginalizing self-disclosure and the critical experiences in which it lies embedded were discussed. The practical implications for training and supervision with a re-conceptualization of therapist self-disclosure as an implied and necessary reality were considered.

#### 8.4. Bibliography.

Angus, N.M., Osborne, J.W., and Koziey, P.W. (1991). Window to the soul: A phenomenological investigation of mutual gaze. *Journal of Phenomenological Psychology*, 22(2), 142-162.

Bachelor, A. (1992). On the use of judges in phenomenological empirical research. *Methods, Winter*, 1-26.

Barton, A. (1974). *Three worlds of therapy: An existential study of the therapies of Freud, Jung, and Rogers*. Duquesne University: Mayfield Publishing Company.

Bollas, C. (1983). Expressive uses of the countertransference. *Contemporary Psychoanalysis*, 19(1), 1-34.

Churchill, S.D. (1990). Conditions for teaching a phenomenological approach to psychological research. *Journal of Phenomenological Psychology*, 21, 46-67.

- Du Toit, M.K. (1991). *A phenomenological explication of the human midlife experience*. Unpublished doctoral thesis, University of Zululand.
- Ehrenberg, D.B. (1984) Psychoanalytic engagement II: Affective considerations. *Contemporary Psychoanalysis*, 20(4), 560-599.
- Giorgi, A. (1992). Description versus interpretation: competing alternative strategies for qualitative research. *Journal of Phenomenological Psychology*, 23(2), 119-135.
- Greenberg, J.R. (1981) Prescription or description: The therapeutic action of psychoanalysis. *Contemporary Psychoanalysis*, 17(2), 239-257.
- Halling, S., Kunz, G., and Rowe, J.O. (1994). The contributions of dialogal psychology to phenomenological research. *Journal of Phenomenological Psychology*, 34(1), 109-131.
- Halling, S. and Leifer, M. (1991). The theory and practice of dialogal research. *Journal of Phenomenological Psychology*, 22(1), 1-15.
- 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.
- Kempler, B. (1987). The shadow side of self-disclosure. *Journal of Humanistic Psychology*, 27(1), 109-117.
- Kruger, D. (1973). Research on psychotherapy in an existential-phenomenological framework - a theoretical

exploration. *Humanitas* 9(1), 49-59.

Mitchell, S.A. (1995). Interaction in the Kleinian and Interpersonal Traditions. *Contemporary Psychoanalysis*, 33(1), 65-91.

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

Van Vuuren, R.J. (1989). An exploration of the role of description in psychology as a descriptive science. *South African Journal of Psychology*, 19(2), 65-74.

Weiner, M.F. (1983). *Therapist disclosure: The use of self in psychotherapy*. Baltimore: University Park Press.

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.