

CHAPTER 5

WINNICOTT AND HEIDEGGER: CONVERGENCE AND DIVERGENCE

5.1 INTRODUCTION

An important question that must be addressed is whether the transition from Heidegger's fundamental ontology to an ontic discourse is legitimate. This is discussed in the first part of this chapter. Thereafter, the convergence and the divergence of the views of Winnicott and Heidegger will be discussed. Where applicable, reference will also be made to the views of Buber and Binswanger to facilitate the discussion of the movement from an ontological level, to an ontic-anthropological and psychological discourse.

5.2 HEIDEGGER'S FUNDAMENTAL ONTOLOGY AND PSYCHOLOGY

As already stated in Chapter 1, Heidegger did not develop a philosophical anthropology, he was not a psychologist, he resisted being labelled an existentialist and was also hesitant, especially in his later work, to use the term phenomenology. His aim, in his work *Sein und Zeit*, was to investigate the nature of the Being of Dasein. This is a fundamental ontological investigation into the Dasein. He aimed at understanding man as a whole, in totality, by revealing and explicating the conditions or structures of his existence. Possibly, in view of his approach to understand Being by enquiring into the existence of man, and also because of the incompleteness of Being and Time, Heidegger is sometimes referred to as an existentialist (Preller, 1977; Spiegelberg, 1971). He rejected this label. Human existence was not, for him, the primary or final philosophical problem. This should be seen in the context of the development of Heidegger's thought and his work after *Being and Time*. Analysis of the ontological structure of Dasein was a preparation for the final question about Being in general (Preller, 1977; Spiegelberg, 1971). In spite of this, his work had an important influence on existentialist thinkers. Kruger (1988: 24), while recognising Heidegger's refusal to identify himself as an existentialist, goes as far as to say "that it was he who first elaborated the various dimensions of standing out to the world or existence" and

says that in this thinker, the two streams of phenomenology and existentialism are joined together.

In his later work, Heidegger avoided the use of phenomenological terminology. His approach was not phenomenological in the sense of Husserl's phenomenology. However, the careful reviews by Spiegelberg (1971) and Preller (1977), show that Heidegger used phenomenology as a method, especially in his work *Being and Time*. This is summarised by Preller (1977: 92-93) as follows:

“Wat dus na vore kom, is dat Heidegger se fenomenologie van hermeneutiese aard is; dat dit die uitlegging of aan die lig bring is van wat sigself aanvanklik nog verberg; dat dit wat hy wil oopdek, die Syn is; dat hy hiervoor by die mens begin; dat dit in sy hermeneutika gaan om 'n fenomenologies-analitiese vasstelling van die menslike eksistensie. Vir Husserl was die fenomenologie dié filosofie, vir Heidegger was die fenomenologie slegs die middel tot die oplossing van sy basiese probleem: dit het nooit 'n oorheersende rol in sy filosofie gespeel nie.”

As Heidegger used the human being, as his point of departure in his search for the meaning of Being, an impression is created that he is a philosophical anthropologist. This is not the case, his only interest in philosophical anthropology was that it provided him with a stepping stone, on the way to ontology (Spiegelberg, 1971). Heidegger's ontology, nevertheless had an important influence on the view of man, as reflected in the works of people such as Binswanger. Binswanger integrated Buber's views, on the I-Thou relationship and Heidegger's views about, for example, Being-in-the-world and Being-with-others, and made it subservient to psychology (Muller, 1967).

Although the search for the meaning of Being is done through an analysis of the concrete being, Being is not located in being. The opposite is true. The essence of man is given in Being (Preller, 1977). To discuss whether Being becomes unveiled in the ways in which people live, the differences between the following constructs must be clarified: (a) ontological and ontical; (b) existentiell (German: existenziell) and existential (German: existenzial); and (c) *Sein* (Being) and *Seiendes* (“thing-in-being”).

Ontology is concerned with Being and searches for the general characteristics of Being. This raises the possibility that one can, in addition to asking about the characteristics of Being in general, also classify Being in categories and ask about the characteristics of each category or class. Such classes could, for example be plants, animals or people. This would lead to a regional ontology. According to Preller (personal communication to promoter, 23 February 2000) every discipline has its philosophical assumptions or regional ontology. This must, however, not be regarded as “part of” fundamental ontology. Fundamental ontology is concerned with the ground of every ontology, also the philosophical assumptions of a discipline and thus it can be enriched by the regional ontologies of various disciplines. It must nevertheless be considered that understanding of Being in a fundamental sense, can lead to better understanding of Being in the sense of a regional ontology.

Whereas ontology is concerned with the nature and meaning of the fundamental structures of Being, the concept ontic relates to factuality, in that it investigates possible ways to be (Dreyfus, 1992). Thus, on an ontic level, one is concerned with entities or objects, such as children, patients, technology; whilst at an ontological level, one is concerned with the essential characteristics of the entities. On an ontic level, the world is “that ‘*wherein*’ a factual Dasein as such can be said to ‘live’” (Heidegger, 1927/1980: 93), for example the child’s world, the work environment, or the consulting room. On an ontological level, world refers to the “worldiness of the world”, a way of being common to all subregions.

Under existentiell Heidegger understands the *individual* experience of a particular person, such as being lonely; thus, it relates to the individual’s understanding of his own life. Heidegger describes this personalised character of Being as *Jemeinigkeit*, and Spiegelberg (1971) refers to this as *ipseity*. Heidegger is not interested in ipseity for its own sake, but as a stepping stone towards discovering existentials. Existentials refer to *general* and fundamental characteristics of the Being of Dasein, that is, the ontological structures of existence, implying that human existence is to be studied for its general categories (Dreyfus, 1991; Heidegger, 1927/1980: 33; Preller, 1977; Spiegelberg, 1971). The aim of Heidegger’s ontological investigation into Dasein is to determine these existentials and their interrelationships (*Zusammenhang*).

Existentiell understanding concerns beings, that is, entities and the facts about them, such as people's experiences; it is an ontical discourse. Existential understanding, on the other hand, concerns ways of Being, that is, the understanding of the ontological structures of existence, in other words, what it is to be Dasein (Mills, 1997). There is thus a clear distinction between the ontical and the ontological, between existentiell and existential and Heidegger was concerned with the ontological and the existentials.

Although ontological is distinguished from ontic, the two are about the same world, the same beings. Dreyfus (1992) says, the one is an account of the basic structure of the other; they are two ways of considering the same being, and ontology may help to restructure concepts used in psychology.

Related to the above, reference can be made to Heidegger's distinction between *Sein* and *Seiendes*. The former can be translated as Being and the latter as "thing-in-being" (Spiegelberg, 1971). In *Being and Time*, Heidegger's approach is that it is through the analysis of a specific thing-in-being (namely the human being) that Being can be understood. In his later work, he regarded Being as the ground of all things-in-being. From this follows that Being is an abstract property or attribute of things-in-being (Spiegelberg, 1971). However, it is more than just a property. It assumes an active role, determining the fate of things-in-being. In the fifth edition (1940) of *What is metaphysics?* Heidegger states that Being never occurs without things-in-being. However, Being and not things-in-being forms the central theme of Heidegger's thinking (Spiegelberg, 1971: 288).

The above discussion forms the basis for the question whether it is legitimate to link psychology, which deals with understanding of the human condition, with ontology. Preller (personal communication to promoter, 23 February 2000) does not regard this as possible. According to him, the ground structures with which a fundamental ontology deals can never be equated with factuality ("n Grondstruktuur kan egter nie van sy wortels losgesny en in 'n faktiese situasie gedwing word nie").

The argument in this regard can be further explicated by a brief discussion regarding whether one can understand psychopathology in terms of Heidegger's ontology of Dasein,

and thereafter a discussion of whether being unveils Being (that is, whether the ontic unveils the ontological).

According to Heidegger, man is “thrown” into the world, and the human being cannot be except in the framework of an encompassing world with which it belongs together (Spiegelberg, 1971). One can ask, is it then not possible that the Being of Dasein is thrown into a deficit world? The individual person cannot avoid participating in such a world, because by the very nature of Dasein’s Being, it cannot *not* participate in the pragmatics of society. In relation to inauthenticity Heidegger (1927/1980: 158) says “Being for, against or without another, passing by, not “mattering to one another” – these are possible ways of solicitude. And it is precisely these last-named deficient and indifferent modes that characterize everyday, average Being-with-one-another.” Mills (1997) argues that while this averageness and everydayness are ontological, they are modes of inauthenticity that cannot be avoided nor refused, and which the individual person must confront. Would the foregoing then not entail that Dasein’s Being-in-the-world could be predetermined as deficient? In more concrete terms, if the world which Dasein *is*, is disordered, would Dasein itself not then be disordered?

Mills’ views are reminiscent of Binswanger’s appropriation of Heidegger’s work, when he describes different forms of being and even ‘failures of being’. Binswanger is of the view that the ontological structure of Dasein can be disordered, and that one can identify which factors are responsible for the occurrence of a specific ontological structure (Preller, 1977).

The above view by Mills is based on the following reasoning: By virtue of Dasein’s ontological predisposition as Being-in-the-world, it is possible that a deficient world could manifest as deficits in Dasein’s psychological development:

“ ... if environmental conditions are such that that Dasein’s ordinary ontological structure is subject to more extreme forms of inauthenticity, the false development of the singular Dasein may not be eluded. The false Dasein results from interactions with pre-existing, deficient modes of Being-in-the-world which are thrust upon selfhood as its facticity. These false ontological structures lead to further vulnerabilities that predispose Dasein to develop psychological

deficiencies as well. Thus the psychological attributes of the self are corporeally manifested in Dasein's ontology" (Mills, 1997: 56-57).

Preller (personal communication to promoter, 23 February 2000) argues against such interpretations of Heidegger's fundamental ontology. *In-der-Welt-sein*, as ground structure of Dasein, is not a "characteristic" which can be disturbed by a turbulent life resulting in psychopathology. This would imply a return to a particular spatially, temporally and materially situated subjectivity.

"Die *wêreld*, soos dit daseinsanalities in die begrip, in-die-wêreld-wees, gebruik word, is dus nooit 'n geografiese gebied, bestaande uit syndes, of selfs geheel van losstaande syndes, nie. Dit is 'n suiwere sinsuitdrukking van die mens as oopheid. Hiermee is enige teenoorstelling van subjek en objek, selfs enige vraag na die verhouding van subjek en objek, tot niet gemaak" (Preller, 1977, p. 121).

However, following Mills (1977) and Dreyfus (1992) it can be argued that understanding of the human condition is grounded in a structural ontology. To understand something, to reason about it, of necessity requires something prior to it, an underlying ontology. Heidegger says that it is ontically characteristic of Dasein that it understands itself and this understanding itself is ontological. "Dasein is ontically distinctive in that it *is* ontological" (Heidegger, 1927/1980: 32).³ Based on the latter remark by Heidegger, Dreyfus (1992: 16-17) argues that social practices actualise Being's ontological structure.

"While Heidegger does differentiate the ontological from the ontical, the ontical can only be possible vis-à-vis the ontological; thus our social and individual practices embody ontology" (Mills, 1997: 63). This means that existentials form the ground for things-in-being and that Dasein unveils itself in the daily lives of people. Dasein's original disclosedness as Being-in-

³ The whole paragraph reads as follows: Dasein is an entity which does not just occur among other entities. Rather it is ontically distinguished by the fact that, in its very Being, that Being is an *issue* for it. But in that case, this is a constitutive state of Dasein's Being, and this implies that Dasein, in its Being, has a relationship towards that Being – a relationship which itself is one of Being. And this means further that there is some way in which Dasein understands itself in its Being, and that to some degree it does so explicitly. It is peculiar to this entity that with and through its Being, this Being is disclosed to it. *Understanding of Being is itself a definite characteristic of Dasein's Being.* Dasein is ontically distinctive in that it *is* ontological." (p. 32).

the-world underlies all participation, engagement and concrete involvement with the world. This can be illustrated as follows: Heidegger (1927/1980: 78) says “Dasein exists. Furthermore, Dasein is an entity which in each case I myself am. Mineness belongs to any existent Dasein, and belongs to it as the conditions which make authenticity and inauthenticity possible.” In his later work, Heidegger clearly related Being to man:

“Perhaps the most significant feature of Being in Heidegger’s most recent accounts of Being is its interdependence with man: Man needs Being, and Being needs man. Both belong together ... this view suggests a final balance between the two poles, being and man, the objective and the subjective” (Spiegelberg, 1971: 317).

With this view, the autonomy of Being has been sacrificed.

This implies that modes of Being-in-the-world, such as authenticity and inauthenticity, must have ownership, they must belong to a particular person, and are unveiled in the lives of individuals. Furthermore, since it belongs to the ontological structure of Dasein that it is free to make choices, and since these choices are made in the context of *ontological* facticity (that is, it is a fundamental structure of Being that it is also factual), authenticity and inauthenticity are revealed in particular contexts, and thus may unveil a milieu which, by definition, may be deficient or inauthentic (Mills, 1997). This argument implies a transition from facticity, as an existential, to the factuality of the daily life. However, this shift or transformation does not imply that facticity and factuality are equated, or that one can use the ontological and the ontical interchangeably. It does imply that facticity provides the ground for the unfolding of factuality, and this opens the possibility for one to discover how the ontological is unveiled in ordinary, daily life. A further argument will be presented to substantiate that the ontological structure is present at the ontic level:

According to Heidegger (Spiegelberg, 1971: 333) the concept *Sorge* (concern) relates to a threefold structure in terms of its directedness, namely “1) it is ahead of itself toward its future possibilities (*Sich-vorwegsein*); (2) it is already involved in its factual being (*schonsein in ...*); (3) it is lost in the world of its daily occupations (*sein bei ...*)”. *Sorge* is the core of all our practical actions in everyday life, including what we wish for, what we want to do. Heidegger also describes temporality in terms of future, present and past, and this bears similarity to the three aspects of *Sorge*, that is, to be ahead of ourselves towards a future

existence, that we are immersed in the facticity of our past, and that we are involved in the daily activities of the present (Spiegelberg, 1971). This implies that facticity is one of the fundamental characteristics of the human being, and since Dasein is always itself in a complete sense as wholeness, this means that the ontological structure of Dasein would also be factually present in these daily activities. This would make it legitimate to describe the concrete, factual life of a person, whilst using one's understanding of the existentials of Dasein as Being. In a related context, Lanteri-Laura (1968) points out that one can understand experiences better, if one understands it at an ontological level. This does not mean that one now "converts" Heidegger, from being a fundamental ontologist, to being a psychologist who describes concrete modes life, but that one recognises how his thinking has influenced the way one thinks about the factual, and thus enrich one's understanding of man.

5.3 WINNICOTT AND HEIDEGGER IN DIALOGUE

In the following paragraphs, Winnicott and Heidegger's views will be discussed. Where relevant, concepts of Binswanger and Buber will be used to explicate this comparison.

Winnicott, although aware of the vast range of human suffering, despair and loneliness, viewed the individual's destiny in a positive light and believed in personal freedom. Heidegger, although more pessimistic in his view on Dasein's destiny, agrees that a person is not helpless in the face of one's environment but has the freedom to choose. Buber concurs with Winnicott in having a more positive outlook on the individual's destiny. For him everyone has the ability to enter into relationships of mutuality in which one is confirmed as the unique being one is (Friedman, 1965; Inwood, 1997; Khan, 1975/1992).

Binswanger's analysis of the tragic life of Ellen West, which culminated in suicide, portrays a growth towards knowledge of true love and true naturalness, a realisation that life is encompassed by death and that one finds life in death. Her death was the fulfilment of the meaning of her existence, and Binswanger's analysis reflects optimism in man's freedom to make choices and to live authentically. "So deeply founded is the essence of freedom as a necessity in existence that it can also dispose of existence itself" (Binswanger, 1944/1958: 308). For Ellen West, her ripening towards death showed itself as a festive joy of authentic

existence. "The festival of death was the festival of the birth of her existence. But where the existence can exist only by relinquishing life, there the existence is a tragic existence" (Binswanger, 1944/1958: 298).

5.3.1 One's Relationship to One's World

A focal point of Winnicott's (1960/1984a) view is the interrelatedness of the individual and his environment, his psyche and soma. According to him the human individual can only personalise and know himself through the other. Winnicott has provided us with a powerful account of the development of the self, out of its relational matrix (Greenberg & Mitchell, 1983).

This view about factual life discloses what Heidegger (1927/1980) describes at an ontological level, when he states that Dasein exists through being-in-the-world. Dasein is embodied, and bound to others by its shared embodied, perceptual capacities. Man is centred in his relationship to the world, and Being-in-the-world is the most important and original ontological structure of man.

The worldliness of Dasein, is echoed in the views of phenomenological and existentialist authors, such as Buber and Binswanger. Buber (1958) states that real living is meeting. The Subject-object dichotomy must evaporate and "we" must emerge. The true self can only emerge in a relationship that is real. However, the world is not ready made for the child, so the child must find his own world through hearing, touching, shaping. Thus he is embodied and as such enters into dialogue with his world. True community is needed, and the only way to achieve this is by strengthening the forces of good through wanting to establish genuine relationship and true community (Buber, 1958; Friedman, 1960).

Binswanger (1944/1958, 1946/1958) applies Heidegger's ontological concept of Being-in-the-world on an ontic-anthropological level. He distinguishes between three world-regions, namely the *Umwelt* (the 'environment'), *Mitwelt* (interpersonal world) and *Eigenwelt* (the relationship of I-Myself). Man is inextricably situated in these worlds and to understand a person, one needs to describe and understand his world-design.

Although Winnicott, Heidegger, Buber and Binswanger differ in the way they see man as being placed in his world, they are in agreement that man shares his world with others and that he is embodied in the world. His relationships to the other are a basis of his humanness.

5.3.2 The Development of the Self

Winnicott claims that the human infant cannot begin to be except under certain conditions. He emphasises "the inherent potential of the infant cannot become an infant unless linked to maternal care" (Winnicott, 1960/1984a: 43). Winnicott uses the term holding environment. This term does not only imply the actual physical holding of the infant, but the total maternal environmental provision before "living with others" is established. The infant moves through various stages of dependence to independence. This he does through the accumulation of memories of care, the projection of personal needs and the introjection of care details. If this was 'good-enough', he will develop confidence in the environment (Winnicott, 1971/ 1988). This does not imply that the child now does not need care from its environment, only that the care becomes both more and less. Maternal preoccupation is no longer necessary and the mother must fail the child in order to bring the world to the child. It also implies that others in the child's environment will play a significant role in the child's care. This is 'living with' others.

Winnicott's view incorporates intrapsychic processes and is linked to drive theory. However, it is essentially a relational theory centering on ego-defensive manoeuvres that arise in response to environmental demands (Greenberg & Mitchell, 1983).

According to Heidegger, Dasein evolves through being-in-the-world and is shaped by the world. It is not a process of cause and effect between the world and self but rather a nonreflective taking up of that which the person's world offers in the form of culture and tradition (Leonard, 1989). The child's earliest relations, including the mother-child relation, can thus be seen as part of the very ontic structure of Dasein. As Heidegger says, although it is a lifelong struggle for man to find his own identity, to define himself for himself and for others, he does not start off with his 'own self'. It is rather a matter of being wholly defined by others and their expectations of him. The child finds himself in an environment which has

certain expectations of him, and reacts to him in a certain way. This would imply that a child is 'caught' in his thrownness and lives accordingly. To live authentically he will have to listen to the call of his conscience and become his possibilities regardless of the restraints of his environment (Heidegger, 1927/1980). One can postulate that in this regard, there are similarities between Heidegger and Winnicott's views on the importance of the quality of the emerging person's environment. What Heidegger describes at an ontological or factual⁴ level, Winnicott describes on an ontic or factual level; the one is an account of the basic structure of the other.

Buber also reiterates the importance of the child's environment for the development of the self. He says "in the beginning it is relation, the inborn Thou which is realised by the child in the lived relations with what meets it (Friedman, 1960: 60). He claims that personalities are called into being by those who enter into relation with man. If the relation is an I-Thou, there is mutuality and togetherness, in which man remains himself. It can, however, be assumed that should a child merely be seen as another I or an It, the child will learn to relate in the world of I-It. The way the environment relates to the child will, to a certain extent, influence the child's ability to enter into I-Thou relations (Buber, 1958).

According to Binswanger (1944/1958; 1946/1958), one cannot fully understand an individual existence, if one does not understand what occurred in the person's life-history. However, the existential analytic approach differs from the psychoanalytic approach. The latter, according to Binswanger, rests on an anthropology which regards man as a driven, drive dominated creature for whom instinctual development is the history-forming force; accordingly, for psychoanalysis, the examination of the life-history is the goal of investigation. This is in direct contrast to existential analysis, which endeavours to understand being-human in all its existential forms and all the dimensions of its being-in-the-world, and not only man's having-to-be (thrownness), as psychoanalysis does.

"Hence being-human is not considered objectively, that is, as a thing-in-being ("on-hand") like other objects in the world, and least of all a natural object, but rather the phenomenon of his being-in-the-world is investigated, which

⁴ In this context, factual refers to *ontological* facticity, that is, it belongs to the fundamental structure of Being that it is also factual.

phenomenon alone permits understanding of what the world-design ... means”
(Binswanger, 1946/1958: 315).

In this endeavour, life-history is not used to explain current behaviour in a causal manner, because phenomenology, on which existential analysis is based, is not an explanatory science. Instead, life-history provides material for understanding the person's evolving world-design.

All the above views emphasise the role of the environment in the development of the self as being of the utmost importance. Both Heidegger and Winnicott view selfhood not as a biological given, but that a 'good-enough' environment is necessary to develop a self. As Heidegger claims, man is situated, thrown into a situation, through which the self evolves. Winnicott suggests selfhood to be a developmental accomplishment while Heidegger postulates a development of an authentic self, despite the delineations of the situation in which the person finds himself. Both views encompass a realisation of the 'dangers' the environment can hold for the developing individual. These 'dangers' can be seen as a demand for compliance with, or adaptation to, the expectations of others in the emerging person's environment.

Winnicott, Heidegger, and Buber place great value on the notion of being separate. Winnicott (1960/1984a) speaks of the hazardous struggle of the self for an individuated existence, while Heidegger (1927/1980) posits a self as a truly independent man who does not lose himself in the anonymous mass. Buber articulates the same notions as follows: " ... one can enter into a relation only with being which has been set at a distance, more precisely, has become an independent opposite. And it is only for man that an independent opposite exists" (Buber, 1965: 61). One must become truly separate in order to enter into a relation of true mutuality.

Therefore merger with another or non-individuation (Winnicott), losing oneself in the anonymous mass (Heidegger) or only being another I, or mirror image of the other (Buber) does not promote the development of a true self which can live authentically in genuine, mutual relations with others.

5.3.3 The Person's Perception of his World

Winnicott (1960/1984b) postulates that environmental impingements cloud a person's perception of the world. Both the child and adult are in a continual struggle to rid themselves of the results of these impingements.

Heidegger speaks of 'being in a mood'. What is ontologically called *Befindlichkeit* (that is, Dasein finding itself in a particular fundamental situation), is ontically referred to as mood (Heidegger, 1927/1980; Preller, 1977). The latter is not an emotion, but an existential, which ascertains how man perceives his world, how he is in a particular situation. Mood is thus a basic existential way in which Dasein is its 'there'. For example, if the mood is one of hopelessness fostered by being situated, the person's perception of the world will most probably be that he has no choice in how he lives, that he is determined by external factors over which he has no control. It could be argued that an individual in this situation will find it almost impossible to seek for himself his own unique possibilities and choices. He will rather feel helpless when confronted by environmental demands (Gendlin, 1988; Heidegger, 1927/1980).

Heidegger's view on the ontological oneness of mood and world is reflected, on an ontic-anthropological level, in Binswanger's (1946/1958) view that a feeling or a mood can only be understood if one understands how the existence that is in a particular mood, is in-the-world. For example, if being-in-the-world has become constricted, anxiety arises, because if the world is dominated by one or a few categories, any threat to the preservation of that one, or those few categories, holds the threat that the world may vanish, thus delivering existence to nothingness. If, on the other hand, the world is varied, a threat to any one region leaves other regions to offer a foothold.

5.3.4 Authentic/Inauthentic Modes of Being and True/False Self

For Winnicott (1962/1984b), a False Self is a result of the developmental conflict rising from the mother-child dyad. Demands from the external object (mother) can lead to repeated compliance and withdrawal from the child's own spontaneity, which leads to the stifling of his spontaneous gestures. There is a failure in the maternal holding environment. Instead, the

mother substitutes her own gestures and the ground is laid for the development of a False Self. In other words, the child turns back into himself and the True Self goes into hiding and is protected by the False Self or an 'as if' personality develops. The child abdicates himself in the face of environmental demands in order to survive. He can never fully interact with the world with his whole being, as he lives in perpetual fear of the True Self being found and annihilated. The anxiety, "unthinkable anxiety", that this engenders and Heidegger's (1927/1980) view on Dasein's existential anxiety, in the face of the knowledge of its own finiteness, bear a strong resemblance to each other.

The False Self is echoed in Heidegger's notion of inauthenticity. As Mills (1997: 52-53) states: "The maternal holding environment is part of the very ontic structure of Dasein - it is constitutive of Dasein's being. Failure in empathic attunement, mirroring and optimal responsiveness is a deficient mode of Being-with, thus a precondition of the False Dasein's inauthenticity".

Winnicott's (1962/1984b) False Self is overly compliant to the expectations of its environment. In the same manner Heidegger's (1927/1980) inauthentic being's 'fallenness' bears witness of becoming anonymous through its very everydayness. Dasein is thus generally constricted and conforms to society's demands.

Buber's (1958) human being, who only lives in the world of I-It, can be likened to the False Self and inauthentic being. When man's world constitutes I-It relationships he lives in a world of objects. Although he is highly 'functional' and does what society expects of him, he does not live according to what he wants to be, namely a person in relations of mutuality which confirm him as such.

For Binswanger (1944/1958), authenticity involves that existence actualises its meaning. This involves integrating one's past and one's thrownness. This provides the 'capabilities' by virtue of which the existence exists, with an orientation towards the future. This in turn provides possibilities for the actualisation of these 'capabilities' through practical action in the present. To be authentic, requires that the past and the future unite in the present where people act. Through action, man establishes himself, creates his possibilities, becomes certain of his existence, and knows where he is going and who he is. This existential realisation forms

the ground for authenticity. It is reminiscent of Heidegger's (1927/1980) view that authenticity is the process of becoming one's possibilities, and Winnicott's (1967/1986) view that the True Self does not imply an existence based on compliant adaptation to external demands and expectations, but is an expression of the real self.

Although there are apparent similarities between Heidegger's views on authenticity/inauthenticity on the one hand, and the views of Winnicott, Buber and Binswanger on the other hand, there is an important difference in their levels of analysis. For Heidegger, inauthenticity and authenticity are fundamental, existential ways of being-in-the-world. It belongs to the essential nature of Being that it can *be* authentically *and* inauthentically. This does not have a theological, ethical or psychopathological meaning, but reflects the ontological structure on Dasein.

Winnicott, Buber and Binswanger, on the other hand, are not concerned with the meaning of Being in an ontological sense, but with the factual lives of people, or the ways in which existence is in its world. However, the question can be asked, how is it possible for a particular person to be a True or False Self (Winnicott), to constrict existence to its past so that there is no unfolding into the future through action in an authentic present (Binswanger), or to live in I-It relationships (Buber)? The mere possibility for this to occur, must be located in the essential nature being-human. To be in a certain way, requires a prior openness of Being for such a mode of existence. "Dasein is ontically distinctive in that it *is* ontological" (Heidegger, 1927/1980: 32). The ontical is only possible in that it is based in the ontological, and the latter is revealed in the factual lives of people. It is thus postulated that the True and False Self, authenticity in Binswanger's sense, and I-It relationships, are only possible because of Dasein's essential nature of being, both authentically and inauthentically.

In defining the True Self, Winnicott (1963/1993) speaks of an isolate, inviolate core of every individual that must never be seen. Although this is a difficult concept to grasp, it bears a resemblance to Buber's (1958) personal core, or centre, which must not be lost in meeting another. Heidegger (1927/1980) also postulates that man must find his own truth in isolation. This implies that there is a part of man that must stay private in order for him to live in a true or authentic manner.

However, man cannot live in isolation, his whole being revolves on his relationships with others. The inability to enter into meaningful relations with others contributes to the dreaded experience of loneliness.

5.3.5 Loneliness

Loneliness occurs in one's relationships with others. To be with others is only possible because Dasein is essentially *Mitsein*. "*Mitsein* bestem die ander ook wanneer 'n ander op 'n gegewe oomblik fakties nie voorhande is nie, wanneer die ander afwesig is. Ook die alleen-wees van die Dasein is *Mitsein*. Die ander kan slegs ontbreek in en vir 'n *Mitsein*" (Preller, 1977: 97). Implicit in this passage is that, although *Mitsein* relates to the ontological structure of Dasein and is not an objective togetherness of individuals, the possibility for loneliness to occur has its ground in Dasein's very nature of being-with. Loneliness is ontically possible because Dasein is, ontologically, *Mitsein*.

Being-with is so intricately linked with being-human, that it cannot be negated. Even if one purposefully tries to withdraw from others, being-with reasserts itself (Binswanger, 1944/1958). Loneliness only becomes possible in contact with others; without contact, loneliness is not possible. One discovers oneself, also one's isolation and loneliness, in the other [see, in a related context, Van den Berg's (1949, 1963) discussion of delusions and hallucinations].

According to Heidegger, Being towards others is an irreducible reality of Being. Real mutual acquaintanceship and being with others will depend on how one's own Dasein has understood itself, as well as how far Dasein has progressed to authenticity. This cannot be achieved through meaningless, frantic activity, but rather in a state of letting-be-ness. This requires allowing the other to express himself freely as he is (Heidegger, 1927/1980). This is echoed in Buber's I-Thou relationships where one allows the other to be a separate, unique individual with whom one can have a relationship of true mutuality. Each person meets authentically and there is no merger (Friedman, 1985). Winnicott's (1963/1993) notion of the True Self's ability to communicate with others can be linked to this. For him the ability to be alone in the presence of the other is a true ego related experience

It can be postulated that the above ways of being with others in the world will alleviate loneliness and free man from the terror of isolation.

5.4 CONCLUSION

Although Winnicott, Buber, Binswanger and Heidegger are divergent in their views, there are many instances in which their thoughts converge in their attempt to understand what it means to be human. There are, however, essential paradigmatic differences between the two approaches, and this will be discussed in chapter 9.

In the following chapter, the research method used in this study, will be discussed.

CHAPTER 6

RESEARCH METHOD

6.1 RATIONALE OF THE QUALITATIVE RESEARCH METHOD

6.1.1 Introduction

The main aim of this study is to follow the unfolding of the experience of loneliness and the emergence of a True/authentic self as seen in the psychotherapeutic dialogue/relationship. This experience cannot be quantified, or broken up, or studied as an entity. It can only be seen in the experience of the person in his relationships with people and things in his environment. It encompasses the study of the experiences of the person in question. For this reason a qualitative method of study was chosen.

Within the broad framework of qualitative research, the specific method used was the descriptive-dialogic case study method (Edwards, 1991). In this method, the emphasis is on a faithful portrayal of the phenomenon being investigated, but at the same time expecting that it will embody and unveil general principles already known from previous research. The material is thus situated within existing theory, or it can be used to debate alternative perspectives. Thus, it can help to test specific theories, or to compare alternative theoretical perspectives. The foregoing implies that while this method emphasises that the phenomenon must be carefully described, there is also an active endeavour to conceptualise it within a framework that can articulate it. Edwards (1993: 20) explains:

"The researcher draws parallels and links with existing psychological theory without trying to achieve a systematic theoretical presentation. The aim is to demonstrate, that existing theoretical discourses, can be appropriated to furnish a fuller understanding of the material"

Elucidation is the key word regarding description, elucidating "that which" appears and "the how" of its appearing. This is the aim of the description. Smith (1983: 42) explains:

"The description provides me with a richer and more fleshed out portrait of the many profiles showing themselves which in the immediacy of the lived moment, I am unable to attend to thematically ... The meaning remains implicit, is allusive, is underplayed and needs to be brought forth into the clearing. This is the function of description".

The researcher should begin by describing phenomena, as they are, before establishing theories and hypotheses about them. Thus, the present study took as its point of departure a description of the patient's experience of loneliness as this unfolded in the therapeutic dialogue. Description requires one to articulate explicitly that which is lived implicitly, to find words for what may not be verbalised. The initial phase of the research is thus a description, in everyday language, of the event (experience), as narrated by the person (Ashworth, 1996; Wertz, 1985).

As the data emerged, through a dynamic psychotherapeutic process, in which the psychotherapeutic relationship and dialogue was the core, it was endeavoured, to the best of the therapist's ability, to suspend personal judgement and preconceptions regarding that which was described. This was, of course, not entirely possible. According to Kvale (1996), there is a continuum between description and interpretation. Interpretation is not something which occurs only in the final phases of the research process; it is already present during the initial phases. To understand something in order to describe it, means that one attaches meaning to it, and this implies that one interprets it.

The phenomena investigated in this study, namely loneliness and, associated with it, inauthentic and authentic living, had life in the psychotherapeutic situation, before any theoretical explanation for them was found. After this was described, was there an attempt to link it with existing theory. At this point, where theoretical interpretations were made, psychological words were put to that which emerged, in an effort to understand the patient's experience. This will be discussed in more detail below.

In the next paragraphs, a brief overview is given of the phenomenological method. The rationale for including this, is that Heidegger used a hermeneutic phenomenological method. However, the method used in the present study cannot be described as phenomenological

in the strict sense of the word. It is indicated in the following discussion how the method used differed from phenomenology.

In the preface to his book *Phenomenology of Perception*, Merleau-Ponty (1962) describes four characteristics of the phenomenological method. Giorgi (1994) uses the first three of these in his perspective on qualitative research methods, namely: it is descriptive; it entails phenomenological reduction; and it is a search for essences. The fourth characteristic referred to by Merleau-Ponty is intentionality.

6.1.2 Description

Phenomenology is a descriptive enterprise. A careful systematic description is given of that which is directly experienced. It is not an attempt to explain or analyse the experience and no consideration is given for the origin of it, or its causes. In such a description, the investigator must remain true to the facts as they are happening, always asking "how" rather than "why" (Kruger, 1988). In the case of this study, the initial phase of data analysis consisted of describing the experiences of the patient as it unfolded in the therapeutic relationship.

6.1.3 Phenomenological Reduction

The aim of phenomenological research is an unbiased account. It is free of presuppositions and preconceptions, of the person's experience and life world. One therefore brackets all past knowledge or theories about the phenomenon under investigation (Ashworth, 1996; Edwards, 1993; Giorgi, 1997).

The phenomenological reduction relates to the researcher's ability to suspend 'knowing' based on prior knowledge. Giorgi (1994: 212) explains:

"The reduction means that one tries to bracket all past knowledge and theories about the phenomenon being researched that are relevant to the research question, and that one takes the phenomenon exactly as it presents itself without saying that it exists precisely as it presents itself; and after the analysis of the

data, as a human science researcher, one may posit that the phenomenon exists in the way it presented itself."

This characteristic of the phenomenological method did not apply in the present study. As will be indicated below, the data used consisted of extensive notes made over four years of psychotherapy with a patient. What the researcher said and did during the therapy sessions, and what she recorded, was of necessity influenced by her own view of what constitutes psychotherapy, developed through her training and experience. It is indeed doubtful whether one could bracket out all prior knowledge and theories, and remain truly faithful to the phenomenon under investigation. Reality does not exist as an object, separate from the researcher. The researcher co-constitutes reality and the latter is a reflection of the subjectivity of the researcher, including his past knowledge and theories.

However, during the initial phase of data analysis, the aim was to relate as accurately, and as true to the phenomena themselves as possible, what transpired in the course of the therapy. Rigorous efforts were made not to taint the data during this phase of analysis with preconceived notions based on the work of the authors whose work was used as framework for the study. It was hoped that this would leave room for new perspectives to come forward. It was only after this was done, that relevant constructs formulated by Heidegger, Binswanger, Buber and Winnicott were used to explicate the data. In this sense the method used differed from phenomenology in the strict sense of the word.

6.1.4 Search for Essences

The search for essences is the search for the most invariant meaning for the context. In other words, an attempt is made to determine the essential character of the experienced phenomenon. One method that could be used in phenomenological research in this regard is imaginative variation, through which the phenomenon is varied freely in all its possible forms. That which remains constant throughout the different variations, will be the essence of the phenomenon (Spiegelberg, 1971).

It would be more accurate if one does not use the word "essences" in the context of the present study. The study aimed at grasping the fundamental meanings of the patient's story and to do this, the researcher relied on pre-selected theoretical perspectives.

6.1.5 Intentionality

Intentionality means directedness towards the world. Man is always consciously intended towards something, whether another object or another being. Man is forward-moving and goal directed. According to Merleau-Ponty there is a unity and reciprocal relation between man and world: "man is in the world, and only in the world does he know himself" (1962: xi) and "we are through and through compounded of relationships with the world" (1962: xiii). This also applies to the body, as Merleau-Ponty (1962: 40;127) explains: "Intentionality implies a crucial shift from the body as object to the body as experienced..... intentionalities connect us to the future and the past, thereby anchoring us to our environment". It is thus an ongoing dimension of our consciousness and is always in relation to that which is beyond.

Since every 'act' of consciousness is directed towards an object, psychological experiences cannot be seen as subjective, inner experiences which occur in the depths of a wordless, individual psyche. There is not first a psychological 'event' which is then directed towards the world. The psychological 'event' and the world exist as one. Psychological reality exists in the immediately given relationship with the world which constitutes the person.

The methodological implication of the foregoing is that, to get to know a psychological phenomenon, the person's world must be described. By describing the world, one gets to understand the phenomenon and thus also the person.

Intentionality, in the strict phenomenological sense, did not apply in the present study. The patient's life, as it was constituted in her relationship with other people and the physical world (including her body), formed the basic data. As a first step, this was explicated. However, in a subsequent phase of analysis, where the data was interpreted from a psychodynamic perspective, a different set of assumptions applied. The latter included the assumption that there are intrapsychic representations and processes, which might be influenced by the environment, but which also have an existence separate of the particular

context in which a person finds himself at a particular time. This is an essential, and probably irreconcilable, difference between object relations theory and the existential-phenomenological position.

6.2 THE RESEARCH METHOD

The researcher's aim is to gain an in-depth understanding of the subject's experience, and to present it in such a manner that it can be communicated clearly to others (Edwards, 1993). This process consists of four stages: research conceptualisation; data collection; data reduction and data interpretation.

6.2.1 Research Conceptualisation

According to Edwards (1993) research is guided by a research question or goal. The aim of this study is to describe how the experience of loneliness unfolds in the context of the psychotherapeutic dialogue, to become more accessible. Furthermore, the aim is to describe how this is related to moving from, an inauthentic/False way of being, to a more authentic/True way of being. This was done from two perspectives, namely Winnicott's object relations theory and an existential-phenomenological approach represented by Heidegger and Buber's philosophies.

6.2.2 Data Collection

One long-term psychotherapy patient was studied. Extensive case notes of psychotherapy sessions with the patient, made over four years of ongoing psychotherapy, provided a rich raw data source. The conditions imperative for any psychotherapeutic alliance are thus implied. These are a non-judgmental, safe environment, free from bias and presuppositions. Within this environment the patient was able to relate her experiences, in her own words, as they evolved. Confidentiality was respected and before the study was initiated the patient's written permission, for the use of the relevant data from her case notes, was obtained.

6.2.3 Data Reduction

The raw data, in the form of transcripts, were read and re-read by the researcher, in order to familiarise herself with it. The data collected over such an extended period (four years), was comprehensive and clumsy and was therefore reduced to a more manageable form. This was done, by extracting and summarising that which was relevant to the aims of the study, as follows:

(i) History

A synopsis of the patient's history, as it unfolded in the psychotherapeutic sessions, was compiled. This was not narrated as it emerged through the therapeutic dialogue, but ordered in such a way as to give a chronological account of the patient's history.

(ii) The patient's narrative during therapy

A description of what the patient related during the therapy followed. The material was presented as phases in the therapy, based on the way in which the patient related to the therapist and her world. No interpretation, regarding the phenomena under investigation, was made at this stage. The patient's narrative was told, as it was revealed and experienced, in the psychotherapeutic alliance. This was done by way of an integrative synopsis.

An integrative synopsis "is a summary of the central thematic content of the material in a form that the researcher can work from" (Edwards, 1993: 16). The raw data, consisting of case notes, was integrated into a synopsis to make the data manageable. Where applicable the patient's and therapist's own words were used, but mostly it was given in the third person. As Edwards (1993: 17) says:

"The third person synopsis gives the researcher more leeway to edit the material and to render it in technical psychological language that the subject did not actually use ... emotions that are implicit in the interview material can be made explicit in the synopsis".

6.2.4 Data Analysis and Interpretation

The method used for data analysis and interpretation consisted of an integration of the methods described by Cassimjee (1998), Edwards (1993), Venter (1999) and Wertz (1985) and comprised the following:

(i) **Reading the Data**

The integrative synopsis of the psychotherapeutic sessions, over the four years, was read several times, in its entirety, in order to gain a holistic grasp on the material. This must be done according to Wertz (1985: 204) with: "Empathic immersement in the world of description". One cannot 'stand away' from the data, but must empathetically experience it.

(ii) **Data Analysis**

The material was then analysed, paragraph by paragraph, to identify meaning units in accordance with the aims of the study. This means that statements, related to that which one wants to achieve through the research, are identified in the data. These meaning units included, for example, events described by the patient, expressions she used, the way she related to others, and her way of entering into the therapeutic dialogue. Meaning units are not predetermined or given, but emerge in the interaction between the researcher and the data. To avoid passing over details and in so doing, leaving relevant meanings implicit, Wertz (1985) advises one to 'slow down and dwell' on the material.

As this paragraph by paragraph analysis is voluminous, it will not be included in the text. For the sake of clarity an example of how it was done will follow.

Example: Paragraph One

The patient filled the room with words, talking incessantly about her relationship with her mother and brother. Her facial expressions were exaggerated and she smiled a great deal. This was incongruent to the rage and hatred the therapist felt coming from the patient. She seemed unaware of her own feelings as tale after tale unfolded, describing her mother and

brother's behaviour. No interpretation was made and the therapist held these feelings for the patient.

Meaning units: The patient could not tolerate silence. To cover up her feelings she used words, exaggerated facial expressions, and a descriptive way of relating. She focused on describing her relationship with her mother and brother.

The meaning units identified were then integrated into themes. This involved a process of determining the meaning of the units, and comparing them to identify their similarities and differences. Meaning units which seemed to belong together, were grouped together. During this stage, one had to return to the initial script where the units were identified, and the themes were revised and extended where necessary. The themes were then summarised in a descriptive form.

Venter (1999) cites two criteria for placing information (units) into themes, namely internal homogeneity and external heterogeneity. In internal homogeneity one looks at the extent to which the units placed into themes are related to each other. External heterogeneity refers to the extent of the differences between themes. One is thus attentive to the internal consistency of themes on the one hand, and the distinction of the themes on the other hand.

The themes were then read through again and where necessary, units were rearranged, grouped together, or placed under existing or new themes. The next step was to reflect on the emerging themes.

(iii) Reflection

These salient themes were then reflected on, in order to gain understanding of how the phenomenon presented itself and what its meaning was for the patient. This is done through verification, modification and reformulation in order not to lose contact with the patient's experience. "Therefore the researcher must constantly return to the original description with his reflective statements in order to verify, modify or negate his newly emerging reflections" (Wertz, 1985: 211). These descriptions were given in general psychological language.

During this process, the relationships between the themes were examined to establish a deeper understanding of the patient's experience of loneliness. In order to identify the relatedness, the meaning of particular events provide a stepping stone for comprehending a more general meaning. To proceed from particular, to general meanings, specific phenomena can be 'lined up' according to their similarities. From this, follows an observation, that certain groups of phenomena cluster around cores, which form nodes in a network of relationships. These configurations of phenomena which belong together, are comparable to a good Gestalt. Following from this, one searches for the common pattern, which they all share to varying degrees. By investigating these common patterns, which run through particular instances, one becomes aware of the more basic, general meaning which they embody (Spiegelberg, 1971).

In the case of the present study, the experiences which the patient spoke about, the way she behaved and interacted with the therapist, and the expressions she used, were examined to identify the cores or nodes in her narrative. These were encountered in different contexts, and compared with one another, in an effort determine whether they have a common meaning.

An example can illustrate this: At the beginning of the therapy, the patient talked incessantly, in a descriptive manner, about her relationship with her mother and brother. The patient time and again "forced" the therapist to fill any silent moment by commenting, or making an interpretation. As soon as the therapist addressed this, the patient moved to an intellectual level, where the therapy "stagnated" for many weeks.

A common theme, running through these particular episodes, relates to the patient's use of language: talking incessantly, talking in a descriptive manner, and talking in an intellectual manner. Talking, without emotional involvement, depicts contact which is distant and stagnated. Therefore, the contact is incomplete and does not evolve in mutuality, it reflects loneliness.

(iv) **Conceptualisation**

A conceptualisation of the patient's experience of loneliness followed. The integrated salient themes identified during the analysis, were now linked to the relevant concepts of Winnicott, Heidegger, Binswanger and Buber in an effort to describe how the patient related to the therapist, and to her world, according to these views. Here the language used was specific to the language used by Winnicott, Heidegger, Binswanger and Buber.

Finally, an integrated synopsis of the unfolding of the experience of loneliness, and the emergence of a True more authentic self was given.

(v) **Evaluation**

During this final stage an evaluation was made as to whether the above steps adequately answer to the aim of the study. An evaluation was made as to whether the method allowed for better understanding of the patient's movement towards encountering her loneliness and her true self.

6.3 CONCLUSION

In summary, the method used in this study was described in this chapter. A qualitative method, namely a descriptive-dialogic case study, was used.

The method one uses in research is intrinsically linked to the paradigmatic framework from which one works. As indicated above, there are certain aspects of the existential and phenomenological approaches, which are inherently different from the view of man which underpins object relations theory. These differences may be so deeply rooted that it could be impossible to integrate the two approaches on a methodological level. It seems, that they could at best be seen, as two ways of investigating reality, asking different questions, from different perspectives, and thus explicating different aspects of human existence.

In the following chapter the case study will be discussed.

CHAPTER 7

CASE STUDY

7.1 INTRODUCTION

This chapter will focus on the case in question based on the patient's case notes recorded over a period of four years. The aim of this study is to describe how the patient's experience of loneliness unfolded in the psychotherapeutic process. The study will not evaluate the impact of psychotherapy based on any specific theoretical orientation.

The format of the data's presentation will be as follows: the patient's history will be given in the form of a summarised, chronological account. Thereafter, an integrative synopsis of the psychotherapeutic process will follow. Emphasis will be on data which will give an overall and comprehensive view of how her loneliness unfolded. As psychotherapy is a lived experience it is difficult to verbalise that which is not seen and heard, but only lived. However, the way in which the patient related to the psychotherapist, and to her world, will be used as baseline, and will be presented in three phases.

7.2 HISTORY

Mrs. A is a 30 year old business executive in the field of information technology. She is the youngest child in a family of three children, her two older siblings are both boys. Mrs. A is married with no children.

The patient has been in therapy for a period of four years. She presented with severe anxiety and frequent panic attacks. This affected her day to day functioning and her health. The patient found it difficult to cope with interpersonal relationships on both a personal, and work related level. She was frequently suffering from physical discomfort in the form of 'flu', gastro-enteritis and other ailments.

The patient's earliest memories were not easily accessible. However, she was aware, from the age of five, that her mother did not approve of her. She was not pretty in the conventional "little girl" sense. She still finds it quite confusing that the family photo albums do not have a single picture of her before the age of three.

Mrs. A described her mother as critical, punitive, cold, unaffectionate and demanding. Her mother demanded instant obedience and the patient found it very difficult not to comply as she would then be labelled lazy, selfish, or ungrateful. Whenever Mrs. A displeased her mother, her mother would punish her by ignoring her for extended periods.

Her mother described her as greedy. When she demanded attention her mother experienced her as too needy and she would be told to "go away" and amuse herself. She came to the conclusion that needing her mother's attention was unacceptable, and this led to feelings of being "inappropriate" when she wanted closeness. She constantly feared that she will do something wrong. Her anxiety and panic attacks manifested in social situations where there is "no escape". She fears that she will do something inappropriate such as "sick" on an aeroplane, or by behaving incorrectly when she is having dinner at a restaurant. She fears that she will be scrutinised and not be able to escape.

According to Mrs. A her mother spoilt any important occasions for her. She viewed birthdays, for example, with trepidation. The idea of a birthday party would excite her, but she would be disappointed time and again by her mother's reaction to her behaviour. Any spontaneity was met with disapproval by her mother.

Furthermore, her mother became extremely agitated if Mrs. A was ill. She felt that her mother was ashamed of her when there was something physically wrong with her. Her mother found all physical functions, for example, the sound of chewing at the table, going to the toilet, and menstruation, as shameful. Even currently it is impossible for the patient to ask her mother whether she breast fed her children. Thinking about addressing this issue with her mother makes her extremely uncomfortable.

Minimal physical contact and affection was shown in the family. The only person she received some warmth from was her father, although she was aware that he could not

protect her against her mother. Her father seemed to be as controlled by her mother as she was. Any closeness she had with him, had a secretive quality about it, almost as if it had to happen 'behind the mother's back'.

Her mother covertly, and sometimes overtly, showed her disdain for her husband. She saw him as an inadequate provider, and resented the fact that she had to teach for most of her life in order to supplement the income to the home.

As a child Mrs. A hated receiving dolls as presents. During the course of therapy she often described her rage at receiving these and how she would destroy them. She preferred the company of boys and joined in her brothers games, although they bullied her. She wanted to do what the boys did, as this seemed preferable to being a girl. For the rest of the time she read and lived in a fantasy world of "The Famous Five " and "The Secret Seven".

The patient has strong feelings on gender issues, and she often describes herself as genderless. Her reaction to female roles prescribed to by society is vehement. As a child she refused to wear dresses, and would only do so occasionally, to please her father. Her mother kept on pushing her into doing "the right thing" for a girl. She rebelled against this in a passive way, for example by refusing to wear feminine clothes. She recalls an occasion when her mother bought her a 'pretty' dress. This dress is still hanging in her cupboard. She has never worn it. She also refused to change her surname on marriage.

As a teenager she excelled academically and on the sports field. Her mother "owned" these achievements and would tell all her friends at her book club. The patient, however, did not experience this as approval. It was seen as a payback for all the sacrifices which her parents had to make for her. At home her younger brother's envy of her academic achievements caused him to bully her mercilessly, verbally, as well as physically. Her parents reinforced this by condoning her brother's behaviour. They never attended any of her school's prize giving functions where she was the recipient of many awards. This negation of her achievements still has a profound influence on the patient's image of herself.

Mrs. A never felt a sense of belonging to her peer group. On the sports field she was aggressive, which made her a good player, but did not make her popular with her peers, and according to her, they were scared of her. The patient always refers to herself as being "grumpy" for as long as she can remember.

Mrs. A attended university, and continued to achieve academically. At this stage she went into a destructive relationship (destructive for her) in which she wanted to 'act out' her femininity. She wanted to feel desirable as a woman, as well as being wanted and needed, by somebody else. This made her needy and dependent on her partner which he could not tolerate. Feelings of worthlessness ensued, and she questioned her own femininity. Mrs. A terminated the relationship. After this she felt worthless, not good enough as a woman, and betrayed.

A severe depression followed and she withdrew from society. She left the city and found a menial job on a farm. Her parents made no secret of their dismay and disapproval of her behaviour. During this time she had an intimate relationship with a fellow worker. Although he could not meet her needs intellectually, he was emotionally supportive. This relationship was terminated when she returned to the city.

When Mrs. A got married she chose a man that was easy going, emotionally giving, but not a provider. This elicited severe criticism from her parents, as they saw him as inadequate and not pro-active. She found her parent's criticism difficult to deal with, as it often had a detrimental effect on her relationship with her husband. She claimed that she often saw her husband through her mother's eyes. Her marriage resulted in feelings of abandonment by her family, after her father told her that she is no longer "her maiden name", but is now an A.

Mrs. A is a high achiever in the work place. She works with computer data bases and enjoys her work when she is left to plan and develop new systems. She does, however, find personal relations in her working environment, threatening and anxiety provoking.

The patient was previously in therapy. She found it helpful and worked through the anger she felt towards her brother. However, she terminated her therapy because she felt that the therapist avoided addressing issues concerning her mother.

7.3 INTEGRATIVE SYNOPSIS OF THE PSYCHOTHERAPEUTIC PROCESS

The raw data of four years of psychotherapy will be presented as a integrative synopsis. For the sake of clarity, it will be dealt with in phases according to the patient's primary way of entering into the therapeutic dialogue.

7.3.1 Phase One

The patient filled the room with words, talking incessantly about her relationship with her mother and brother. Her facial expressions were exaggerated and she smiled a great deal. This was incongruent with the rage and hatred the therapist felt coming from the patient. She seemed unaware of her own feelings, as tale after tale unfolded, of her mother's and brother's behaviour. No interpretation was made and the therapist 'held' these feelings for the patient.

She explained that as an adult she could understand her mother and her frustrations. She said it seemed as if her mother felt 'cheated' by life. According to her, her teaching career, and her family, occupied all her time, which resulted in her own needs not being met. She complained that she could not actualise her dreams, which she had to forfeit because of her family. Mrs. A realised that, although her mother paid lip service to the fact that her husband was the head of the home, it was her mother who made the decisions. However, as soon as Mrs. A felt like her mother's child, and thought of her as mother, it would make her angry. The therapist made a comment about the difficulty of coping with these contradictory emotions.

The patient continued to relate how her mother would be ashamed of her when she had an accident or hurt herself. Her mother felt that it made her (the mother) look bad, therefore she had to be punished for shaming her mother. When this happened she, "just cringed and felt like a rabbit caught in a light". The therapist reflected that it seemed to have been a frightening experience. She reflected on how, in the present, when she felt ill, she expected to be punished, that somehow it was her fault that she felt ill.

During this stage her relationship with her brother was discussed. She felt that her brother hated her and that he was envious of her academic achievements which he could not match. Because of this, he would bully her mercilessly. He would, for example, call her a 'fat pig' in front of his friends which humiliated her. Instead of reprimanding him, her parents would condone his behaviour. She felt that by the very fact that they never protected her against his attacks, they were covertly colluding with him, and this left her feeling vulnerable. The therapist wondered how this must have felt.

The patient then explained that, she would often, after an incident like this, vent her anger on other things, for example her pet rat, which she would smack. The therapist commented that this seemed to be the only safe way to show her anger. Mrs. A cried often at this stage but the tears did not seem to be tears of sadness, but rather having the function of disguising her rage and hatred.

The patient could not tolerate being alone. She became angry when her husband went away and left her at home. Although she felt selfish, she would usually coerce him to change his plans, and stay with her. After declarations like these, the patient often asked for reassurance from the therapist. This resulted in the therapist becoming overactive in the sessions, assuring her that her feelings are valid or making some interpretation on the material. She would then immediately reject the reassurance, and ignored everything the therapist said. She made it clear to the therapist that she saw her only as a 'brain' and not as a person. The therapist felt this to be aggressive and dismissive of her, but realised that at this stage she could only 'hold' these feelings without interpreting them. The patient still 'filled the room with words'.

The therapist pointed out to the patient that she is incapable of tolerating silence which made her angry. She asked the therapist what therapy was for, if not for talking; "What is silence worth". The therapist still felt not 'seen'. The thought occurred to the therapist that if the patient should "see" her as a person she might become "mother" and that she will then try and destroy the therapist, this was not interpreted at this stage.

The therapist became aware of her own feelings of helplessness and frustration. She felt as if the patient was pushing the therapist to let her down, to fail her, or to 'act out' on her dismissive behaviour towards the therapist.

This continued for months during which therapist and patient could gradually work on these issues. She became disgruntled and angry at little things. She often spoke of her "grumpiness" (the word grumpiness was in evidence from the start of therapy). When she was feeling fragile she accused the therapist of not being able to stay with her feelings. She would question the therapist's ability to understand what she saying. Any intervention by the therapist would make her extremely uncomfortable and she would immediately move into what she calls the "adult mode". She would speak in a descriptive manner and, in so doing, exclude the therapist from the interaction.

The patient accused the therapist of wanting too much from her. The patient claimed that she felt her feelings were separate from her functioning self, almost as if they belonged to someone else. She wanted the therapist to accept this, and to realise that these feelings scared her. She confronted the therapist with the fact that she had to leave the consulting room with "all these feelings while you move on to your next patient." On interpreting that she wanted to be the therapist favourite, or only child, as she often longed to be at home, she was visibly taken aback but did not comment. During the sessions following this, the therapist often felt that the patient was looking at her speculatively, almost as if she was trying to reassess the therapist.

Outside the consulting room the patient was now able to set limits in her relationship with her mother. She could distinguish her own thoughts and feelings from those of her mother's. She allowed herself to question her rigidly held belief in the "rules", that is, that one must achieve, must comply. She also questioned her own critical behaviour towards others. She came to the realisation that many of these thoughts did not belong to her, that it was her mother's voice she was hearing.

The patient could now allow for more genuine expression of feelings and she likened the process to the layers of an onion. She was removing layer after layer to get to core of the feelings. This process frustrated her as she felt that every time she left the consulting room

she had to put some of the layers back, because of her fear of becoming emotionally inappropriate at work. The patient dealt with this feeling of being overwhelmed, by giving herself permission to take some time off work. In this way she allowed some space for her emotional life. She became demanding of her husband, he must understand her, be with her, and do for her. She felt he was not emotionally supportive enough, and this made her angry.

Although her anxiety had decreased considerably, it still impaired her functioning to a certain extent. She would experience mild panic attacks under circumstances when she felt scrutinised, and this made her fearful to do presentations, or to assert herself at work with colleagues.

The therapy vacillated between what she called the "child and adult mode". As soon as a session became too emotionally laden, she would revert to her superficial way of relating, talking incessantly. The therapist felt that the patient always had to 'bring' something to the therapy, as she would then be seen as the 'good' compliant patient. She expressed the wish for wanting more from her mother, and that she is not satisfied with what she is getting from her. The therapist wondered whether she also wanted more from the therapeutic relationship.

During the next sessions the patient brought many dreams into the consulting room. These related to her husband and apparent sexual issues. The dreams consisted of her having a flirtation with another man while her husband was watching. These flirtations made her feel that someone thought of her as worthwhile. The therapist wondered at this time whether these flirtations had to do with the therapeutic relationship. The dreams then intensified and the patient brought the following dream to therapy. She was in her bedroom at home in bed having sexual intercourse with her husband. Her mother came in and sat on the bed talking to them. When her mother realised what was happening, she immediately rejected Mrs. A. The patient cringed and tried to get her mother to forgive her. Her mother just left and she felt shamed. The therapist wondered whether she felt that her mother would not forgive her, if she realised that she was having a close relationship with somebody else (the therapist). This brought her fears of her mother's reaction to her being in therapy to the fore. She related how scathing and disdainful her mother was of anyone who needed to seek help.

According to the patient, she was vehement in her criticism of anyone being depressed or anxious. She explained: "she says it is a lot of nonsense and an excuse to not cope". The therapist replied that it seemed as if her mother could really spoil things for her and that the fear of her mother's reaction was hampering her in her ability to enter fully into the therapeutic relationship.

The patient conceded that the fear of her mother's reaction did interfere with the therapeutic relationship. She still filled the room with words and was unable to tolerate any silence. She would time and time again, 'force' the therapist to fill any silent moment, and the therapist became overactive in the therapy feeling pressurised into commenting, or into an interpretation. As soon as the therapist addressed this the patient moved to an intellectual level where the therapy "stagnated" for many weeks. Eventually this was addressed and the patient could admit to herself that her emotions are frightening to her, and may be just as frightening to the therapist. The fear of her own destructiveness evolved and for the first time she experienced the hatred and rage she felt towards her mother.

7.3.2 Phase two

The patient cried often during her sessions. With a great deal of sadness she mourned for the relationship with her mother, which she will never be able to experience in the way she longs for. She related how she felt when she saw a mother bird protecting her babies in the nest, or a plover taking on a large machine to protect its young. This made her immensely sad, and she spoke freely about her feelings of having nobody to protect her.

The patient referred to her success at work and how she could not enjoy the rewards this offered. She lived in continual fear of being 'caught out'. That others would realise that she is not as competent as she seemed to be. This resulted in a need for constant reassurance of her worth. She continued by relating the anger she felt against people not hearing her and not following the rules. She was sensitive to others, and felt they had to respond in the 'right way', that is, follow the rules. She spoke of a colleague who was of immense value to her and she could always use him as a 'sounding board'. The therapist wondered whether perhaps she felt that the therapist was somehow amiss in her ability to hear her. "Maybe this person has to help us in the consulting room because I am not capable enough". The

patient admitted to the fear she felt. Should she 'give' the therapist her emotions the therapist would, like her mother, not tolerate them and abandon her. After this incident she was able to confront the therapist directly.

Mrs. A accused the therapist of "skirting around important issues". The therapist admitted that she might have been remiss at times, being unsure of the patient's readiness to explore certain issues. The patient relaxed visibly and said that she herself might have been hesitant on certain issues. In confronting the therapist in this way, there seemed to be more trust and a belief in the therapist's ability to tolerate her 'difficult to bear feelings'.

The following sessions centered around the patient's issues on gender, feminine roles forced onto her and the feeding of babies. In exploring these issues she related how she often felt genderless. She viewed her coping, functioning self as laden with more male attributes than female: "females are soft and clingy and needy." This is how she experienced her emotional self. The therapist wondered if in recognising her female, or as she described it, her emotional self she will have to recognise her dependency and neediness. She strongly denied that she is needy or dependent and said that: "vulnerability and strength are just illusions."

Mrs. A changed the subject back to babies and how they repulsed her. She felt that: "babies are like leeches, they suck you dry and leave you with nothing." She then related a dream in which her mother was breast feeding her father, and she, the patient, had to watch. Her mother became very angry, as her mother wanted to be fed herself, but her father had to be fed. The mother then proceeded to ignore both of them, and started feeding herself. The therapist reflected as to whether this is how she always felt, namely, that somebody else's needs must take preference. In answer to this she angrily related how her husband can do what he likes while she must go out to work. How her mother is taking a creative writing course which she, the patient, wanted to do, but now she cannot because her mother spoilt it for her.

In the sessions following the patient became very agitated and confused saying in one breath that she found babies repulsive, they take over your body and leave you with nothing and in the next sentence proclaiming her envy of babies and what they have. The therapist

wondered if she found her own neediness repulsive while at the same time wanting to be held and cared for. The patient could not tolerate this, and kept on talking without pause in the same vein, venting her confusion about these issues. Eventually she came to the realisation that she always wants more, that she never feels satisfied with what she is getting. The therapist wondered if, by wanting too much, she felt she would be destructive. Fearing that she will suck the therapist dry and that the therapist will then have to abandon her to save herself. The patient just nodded and the session ended there.

Interestingly, when the patient came for her next session she was dressed in a more feminine manner than ever before. She told the therapist, with some pride, that she went shopping for clothes which were more feminine, and that she enjoyed the experience of wearing them.

7.3.3 Phase three

For several session the patient seemed more at ease and perhaps the therapist and patient both went through a fairly restful period for a couple of sessions. The theme of the session once again became work related, although she would, now and again, refer to the issue of babies and dolls. She described her reaction to her friends with babies and their breast feeding them. Although this still made her uncomfortable, it seemed that she could tolerate it, without her previously strong negative reaction.

She spoke of how she always hated dolls. How she never wanted a doll, but time and again, she would get one as a birthday present. Her disappointment in getting these was overwhelming. She felt she wanted to "smash their smug, dead faces with their blond hair and blue eyes". As she knew she would be punished if she did destroy them, she just gave them a hiding before she put them away never to be touched again. The issue of her own negative body image was dealt with here. The patient's femininity filled her with trepidation, as she sees herself as unattractive and slightly masculine. She is ashamed of her body, and cannot allow anyone to see it. The patient still kept the "room filled with words."

Once again the therapist confronted her with her inability to tolerate silence and the following occurred: the patient was silent for the first time without pressurising the therapist

to fill the silence. When she did break the silence she said: "I cannot be quiet, if I don't speak nobody sees me, if I don't speak I don't exist. It is my only way to be connected with people, it is the only way not to be lonely". Only through speech did she feel she was making contact with others and only through speech was she making contact with the therapist. Her despair in her loneliness dominated the session. She cried a great deal, however the tears now spoke of relief. The therapist and patient then explored her relationships and the way in which she experienced them. She came to the realisation that she did not really relate to people. That she was superficial in her relationships and they felt empty and meaningless to her.

The patient came to the following session very scared. She cried and said she does not know what is happening to her. Once again her fear of being shamed, being humiliated, her negative experience of her body, and herself, were threatening to overwhelm her. In anguish she exclaimed that nothing of her was acceptable, everything was disgusting only her mind was alright. She became angry with the therapist, accusing the therapist of wanting something from her which she cannot give. She claimed that she cannot tolerate intimacy, she cannot trust people, and so forth. This monologue carried on throughout the session, until she once more started crying, and said that she is feeling so lost, and so incredibly lonely. The therapist felt a strong appeal from the patient to reassure her, to tell her that she will survive. The therapist resisted this, and allowed the patient to experience her despair, without interference.

During the next sessions this feeling of being lonely and lost was explored. The patient came to the realisation that she cannot accept caring, that should she accept caring, she will be exposed and vulnerable. This brought about an awareness of what she refers to as "my secret self." A self which she could not allow to be seen as it was too fragile, according to her, to withstand any scrutiny. She described it as the hopeful, fantasy side of herself which needs to be kept apart from the rest of the world. It is very precious to her and can be destroyed by others, and should it be destroyed, there will be nothing.

Shortly after this she related the story of the little vulture to the therapist. The story goes as follows: a little vulture felt very bewildered by the fact that everybody said vultures are bad and ugly. Why can't they be good and proud? The little vulture knew he had to go and seek

for the truth and set about his wanderings asking all the animals he met, what the truth was. He finally met an owl who told him that when a vulture is flying it is as beautiful as it is supposed to be. The patient needed no interpretation of this story. She cried out in despair "Why did my mother never think of me as being pretty and good? Why did she think of me as an unfortunate looking child?"

The patient now became increasingly involved in the therapeutic relationship, wanting reassurance. When the therapist mentioned that she needs holding and caring she "almost jumped out of her skin." After a period of silence she could tell the therapist how it made her feel when those words were used. This enabled an exploration of her feelings of vulnerability and her fear of abandonment and rejection. She explained how everything seems to be a "big fight" for her, even to accept from others, for example the therapist and her husband. She did however concede that she did need others emotionally. When the therapist wondered at how she was experiencing this feeling of needing others the patient got very angry. "How dare you call me needy, my mother called me needy when all I wanted was caring, warmth, attention and love. She is not even able to accept caring and love from me."

When her anger subsided the patient became very sad. She implored the therapist to explain why it is that even when she is so good at delaying gratification, that it was not good enough. She remembered how she waited for her mother to finish marking her papers so that she could spend some time with her. But even after she waited so patiently her mother would send her away and accuse her of needing too much attention. She felt that perhaps the therapist would find her too needy. There was such a sense of hopelessness and longing in the room that the therapist had tears in her eyes.

The therapy now reached a stage where the patient could see her disconnectedness from others in the light of her loneliness as a child. She realised that her need to hide and protect her inner self was her only way to survive, but at great cost to herself. She could now acknowledge her longing for closeness, to be held and cared for. Her relationship with her husband improved and she could allow him to care for her, without fear that he will expect a "pay back."

The therapist commented on this 'healthy inner self' which can allow for some spontaneity. The patient's immediate reaction was to reject this. The therapist asked whether she was maybe scared of being left (termination of therapy) and therefore she cannot allow for this healthy side to be seen. The patient agreed that she is still scared of rejection but could actually say to the therapist that she is not greedy, and that she will decide for her self how much feed she wants and needs. The therapist commented on this ability to actually 'take' from the therapeutic process, and on the patient's realisation that she can actually be part of the decision of when to terminate.

As therapy progressed the patient expressed her feeling of longing, loneliness and isolation through the means of story telling. The themes of her stories centered around "ugly" animals, for example, a warthog and a vulture. Mrs. A realised that her stories related to her loneliness and longing for meaningful relationships and her search for a self. However, she found it exiting to use them to give expression to everything which previously had to stay hidden and unsaid. She found "words" for what she was feeling.

Mrs. A became more in touch with her world as is illustrated by the following: "Sunday morning I was sitting in bed, the sun streaming through the windows and P (her husband) brought me some tea. He was so caring. The cats were lying around and P and I shared a closeness I could not believe possible. I felt so content and realised that I can enjoy moments like this".

In conclusion: the patient was a lonely child, not accepted by her mother, brother, or peers. Her only saving grace was her father with whom she shared some warmth. She was criticised for who she was, from an early age, for example, her appearance and her behaviour. She developed a negative view of her abilities and her body, and all spontaneity was stifled. In an environment, where there was no protection from important others, she had to hide behind a facade of "grumpiness". Her real feelings of anger, sadness, and longing could not be expressed and she came to view them as inappropriate. The only way she could relate to others was on an intellectual level, as her intelligence was the only part of her which did not "let her down." The result was severe anxiety and panic attacks, in an attempt to keep her despairing loneliness at bay.

The following chapter will focus on the analysis on the interpretation of the data.

CHAPTER 8

DATA ANALYSIS AND INTERPRETATION

8.1 INTRODUCTION

A paragraph by paragraph analysis of the integrative synopsis was done. Salient themes which emerged from this, will be highlighted by means of an interpretative synopsis under various headings, and this will be done in general psychological language. The patient's history will be used to explicate, where necessary. The themes will be given as statements, although the researcher is fully aware that different meanings could be attached to the content if they are looked at from a different theoretical perspective. However, the description of the themes will be in accordance with how it was experienced in the consulting room. The themes will be presented in terms of the three phases of the therapy.

The relevant themes will then be linked to the views of Winnicott, Heidegger, and Buber. The language used in these formulations of the patient's life-world, will be specific to these views.

8.2 EMERGING THEMES

8.2.1 Phase One

Female role:

The patient intellectualised her feelings about women and the roles enforced on them. If she looked at her mother as a woman, she could understand and accept her mother's discontentment; however, she had difficulty to accept the way her mother treated her as her child. She thus had to separate, the concept women, from the concept of mother, in order to cope with her mother.

Mother-child relationship:

Her relationship with her mother was destructive in her development. The relationship was distant, lacking in warmth, leaving the patient feeling vulnerable and unprotected. When she did not comply, her punishment would be her mother's withdrawal from her. There was no space in this relationship to allow her feelings of anger or love towards her mother, to be expressed.

Not only could her mother not love her, she could also not accept love from the patient. Her own feelings towards her mother were incongruent with what one is supposed to feel for one's mother. Therefore she found it difficult to express the anger she felt.

Father-child relationship:

Her relationship with her father constituted the only closeness she experienced. However, she was also shamed by this closeness, as it had a 'secretiveness' about it which made her feel that it was inappropriate. Her father could not protect her against others in her environment. Furthermore, she felt abandoned by him when she married.

Brother-sister relationship:

Her brother's envy of her achievements was destructive. It left her vulnerable, as her parents did not protect her against his onslaught.

Relationship with Husband:

During this phase she felt that her husband was not emotionally supportive enough on the one hand, and on the other she found it difficult to accept care from him. In considering her history and the destructiveness of her first intimate relationship, it can be postulated that she felt insecure in her relationship with her husband. As a result she wanted to control and manipulate him.

Anxiety under the gaze of others:

Other's scrutiny was anxiety provoking for the patient. Whenever her mother was angry with her, the patient found her mother's gaze terrifying. She explained that she "just cringed and felt like a rabbit caught in a light." This was exacerbated by the fear of doing something inappropriate. She also expressed the fear that her 'secret self' would not be able to

withstand scrutiny, as it is too fragile. This led to panic attacks whenever she felt that there was no escape from the other's 'gaze', for example being in a aeroplane or restaurant or giving presentations.

Inability to tolerate silence:

The patient could not tolerate silence. She talked incessantly and would pressurise the therapist to fill any silent moment.

Distancing of the self from affective experience:

The patient distanced herself from her affective experience. She used words, exaggerated facial expressions, and a descriptive or intellectual way of narrating her story, as means to achieve this. For example, her own feelings of rage and hatred towards her mother were incongruent with the feelings one is supposed to have towards one's mother. She was unable to verbalise her anger and euphemistically referred to it as "grumpiness." She functioned on an intellectual level, but could not allow an emotional life.

During the latter part of this phase she brought dreams into the consulting room and, although this was still distancing herself from her affective experience, she could get closer to what she was feeling.

A gradual unfolding of subjective emotions:

Whereas the patient initially distanced herself from her affective experience, she now came to realise that her emotions were frightening to her, and she was therefore unable to express them. She was unsure of what the consequences would be.

Feeling unprotected:

The patient had to distance herself from the concept of 'mother', as this is linked to nurturing and caring which she did not receive. She felt unprotected by the very person who should protect her, leaving her vulnerable. She also felt that her father could not protect her against her mother and brother.

Inability to be alone:

The patient could not tolerate being alone. She always had to have someone with her, usually her husband.

Relationship with therapist:

The patient could not allow herself to see the therapist as a person, only as something she could relate to intellectually, only as a 'brain'. At the end of this phase the patient was more aware of the therapist, and could contemplate the effect of her emotions on the therapist.

8.2.2 Phase two

Sadness and mourning:

The patient could mourn the 'loss' of her mother, and experience her longing for a fulfilling relationship with her.

Feeling unprotected:

Intense feelings of being unprotected was evident. Her referral to the immense sadness she felt when seeing a mother bird protecting its young, is an example of this.

Achievements:

Since childhood she was successful, academically and on the sports field. As an adult she achieved in the work place.

However, she could not 'own' any achievement. Nothing made her feel worthy, praise and acknowledgement brought a certain measure of feeling worthwhile, but it was fleeting and she could not hold on to it.

Trust:

The patient could slowly begin to trust the therapist and believe in her ability to tolerate her 'difficult to bear' feelings.

Gender issues:

The issue of gender was pertinent. She often felt genderless and could not allow herself to be seen as feminine. She fought hard against being put into the feminine role. According to her, the vulnerability of being feminine was equated with her emotional self, which she experienced as soft, clingy, and needy.

Food:

During this phase the patient started talking about feeding. She viewed the feeding of babies as repulsive and quite terrifying as babies "are like leeches, they suck you dry." She, however, also envied them the care they were getting. She also related a dream in which she watched her mother breast feeding her father, but her mother then proceeded to feed herself.

Inappropriate needs:

She felt her own needs to be inappropriate and other's needs must take preference. She experienced her own needs as destructive as she wanted too much and was seen as greedy.

Relationship to therapist:

During this phase the patient could begin to confront the therapist with how she experienced her and admit to the emotions this elicited. Her interaction with the therapist became more 'real' as she could express her anger and other feelings towards the therapist.

8.2.3 Phase Three

Negative view of her own body:

She saw the ideal as being blond and blue eyed, just as the doll she despised so much. This is how her mother would have wanted her to be; as she is, she is unacceptable. Her mother referred to her as an "unfortunate looking child." She herself could never nurture her dolls. Her only feeling towards them was aggression. These feelings of being unacceptable as a female were intensified by her first intimate relationship.

Food:

She now felt more at ease with the feeding of babies and could tolerate witnessing it, even if it still made her uncomfortable. This is linked to her own needs.

At the end of this phase she also related in a contented way how her husband brought her tea in bed, which she could accept as the caring it was meant to be, without the negative feeling that she was greedy.

Own Needs:

Her own needs became more apparent, but she still fought against feelings of needing warmth and caring from others. The knowledge that she actually craved closeness was terrifying.

Loneliness:

Her loneliness unfolded in this phase to where it could be verbalised and experienced. The patient could now experience her intense longing for a warm, fulfilling relationship with her mother and others. She could verbalise her despairing loneliness as a child, and as an adult.

Interpersonal relations:

The patient came to understand her disconnectedness from others. She realised that she feared intimacy, had difficulty in trusting others and was even more fearful of them rejecting her offerings to them.

Relationship with Husband:

The patient was now able to accept care from her husband, and was far less demanding of him.

Inner secret self:

The patient became aware of an inner self which had to be protected at all cost, as it is fragile, and it will not survive being seen. She could, however, through story telling allow for some communication from this inner self which she referred to as the "hopeful, fantasy side of herself".

Relationship to therapist:

Although she trusted the therapist with her feelings, she was still fearful of being rejected if she showed her need for caring and dependency. She did, however, realise that even in her fragile state she had a shared participation in the therapeutic process.

8.3 INTEGRATION AND INTERPRETATION OF THEMES

8.3.1 Introduction

The patient's life-world, as described by her in therapy, will be discussed as seen from the views of Winnicott, Heidegger, Binswanger and Buber. The themes extrapolated during the various phases will be integrated. The unfolding of her loneliness and the emergence of her True/authentic self will be focal points. This will be integrated with how her way of entering into the therapeutic relationship changed during the various phases.

As there are no details regarding her history before the age of five, certain assumptions will be made regarding the environment in which she developed as an infant. These assumptions will be based on her remembered experience of her relations to important others, and their reaction to her.

8.3.2 The patient's functioning: Winnicott's concept of the development of the self

According to Winnicott (1960/1984a) the most important factor in the development of the self is certain environmental provisions, which he termed a good-enough holding environment. The holding environment includes, firstly, the actual physical holding of the child and in unison with this the total management and care of the infant. If the environment impinges on the developing infant, its task of integration of the self will be encumbered (Winnicott, 1960/1984a, 1962/1984, 1971/1988). In the case of Mrs. A certain postulations can be made regarding the environment in which she developed.

As Mrs. A's 'story' unfolded in the psychotherapeutic process the following emerged:

The relation between psyche and soma: according to Winnicott (1950/1992, 1972/1996) one of the mother's tasks is to assist the child to establish a satisfactory working arrangement between the psyche and the soma. The physical part of the infant's care, for example, bathing, feeding and touching is designed to help the infant in this task. Mrs. A's mother reacted to all bodily functions with distaste. Furthermore, her mother rarely showed her any physical affection. One can assume that she reacted to the infant's physical needs in much the same way. Therefore the patient's holding environment seemed to have failed her and her integration into a 'unit self' was hampered. Mrs. A's dissociation from her body and her own femininity can be directly linked to this, leaving her with the feeling of being genderless.

Concomitant with this was her mother's destructive reaction to any physical illness or hurt. When the patient was ill or hurt her mother was ashamed of her and embarrassed. Therefore the patient could not, as a young child, be dependent and allow herself to regress when she was ill or hurt. She knew she could not trust the person who was supposed to protect her. All she experienced was her mother's shame and her concern of being seen as a not 'good-enough' mother.

The mother's mirroring function: according to Winnicott (1971/1988) the self recognises itself in the eyes and facial expression of the mother and in the mirror which comes to represent the mother's face. What did the patient, as an infant, see when she looked into her mother's face? It can be assumed that she saw the mother's own defences and her mother's negative feelings as far as the patient's physical appearance was concerned. She saw in the mother's face dislike, rather than love. It must have been devastating to the child to be unacceptable to the very person in whom she must trust to move towards integration. Her perception that she and also her needs are unacceptable, must have arisen from this. This has direct bearing on her anxiety under the gaze of another. She could not tolerate scrutiny for fear of being inappropriate. The patient described it as feeling like a rabbit caught in a light. She feared that her 'secret inner self' would be seen and destroyed. Furthermore, the patient saw herself in the mirror, which represents her mother's face, as unattractive and not feminine.

Winnicott (1967/1988) expands his view of the mother's mirroring function to encompass the mirror role of the whole family. He claims that a child derives benefit from being able to see

herself in the attitudes of individual members, or in the attitude of the family as a whole. Her mother's critical appraisal of her, and her brother's humiliation of her, must have had an overwhelming effect on the child. Furthermore, the only positive appraisal she received was from her father and this had a secretive quality about it. This left her sensitive to others and she always had to respond in the way which was demanded of her.

The mother's ability to tolerate the infant's aggression: Winnicott (1967/1988) claims that there is aggression before integration. Here aggression drives the infant to a not-me, which assists the infant in the process of integration and object relating. If aggression is lost at this stage, there is some degree of loss in the capacity to love. It can be assumed that her mother could not tolerate her aggression, and following on that, the patient's love and care when she reached the age of concern. Again, she was taught that any emotion other than those her mother wanted from her, was unacceptable and inappropriate. Furthermore, her mother could not allow her to use the mother as object. She could not tolerate the infant's destructive fantasies. If one considers the form of punishment the mother used, namely withdrawing from the patient, one can assume that the infant could not believe in the object's resilience to withstand its attacks. It left the infant devastated as it felt it had destroyed the object. She had to split off her affective self and related to the world on an intellectual level.

The patient's ability to tolerate silence: Winnicott (1958/1984) postulates that a patient's inability to tolerate silence is directly related to a fear of being alone. Here again the environmental provisions play an important role. An infant can only be alone in the non-demanding presence of another. The infant can allow itself to experience formlessness in comfortable solitude knowing that the ego-supportive mother is present. If the infant feels emotionally unprotected it will lead to an inability to tolerate being alone. This will directly affect how a person experiences loneliness. The impinging mother will instil in the child a fear of being alone as is the case with Mrs. A.

Emergence of a False Self: in view of the above it can be postulated that Mrs. A did not receive the environmental provisions necessary for the emergence of an integrated self. Her reaction to these environmental impingements led to incomplete integration of the self. She had to turn away from her mother and into herself for her to survive. It was necessary for her

to develop a False Self, which could precociously take over her self care. The False Self complied with the needs and demands of someone else, in order to save her from annihilation. Her 'grumpiness', as she calls it, is her reaction to these impingements.

As an older child, she lived in a fantasy world which, as Winnicott (1950/1992) claims, can be used to cope with an inner reality which is not integrated with external reality. It is an organised way to sustain the False Self.

Once the False Self is in place, intellect takes over, and the affective part of the self and its somatic underpinnings, go into hiding. Although functioning in the False Self leads to academic and occupational success, it is not healthy if the true self is atrophied and not acknowledged, whilst the person lives exclusively in the False Self. As with the patient these successes are often not owned, and she lives in fear of being 'caught out'.

The fact that she was unable to enter into fulfilling object relations can be seen as a result of her mother's inability to be non-impinging. It can be said that Mrs. A could only function when the False Self was in place, and that all her communication stemmed from the False Self. This is according to Winnicott (1963/1993) not true communication. It left her with an 'as if' feeling, living a life of unthinkable anxiety and dread, fearing that her 'secret inner self' will be found and destroyed.

The psychotherapeutic alliance: in the consulting room, during the initial phase of therapy, the patient related on an intellectual and superficial level. Her rigid False Self was firmly in place. She could not experience the therapist as a person, only as a "brain' to be used. She existed through 'doing' and there was no space for 'being'. Winnicott sees doing as male attributes and being as female (Erich, 1998). She was dissociated from her body and her affective self. The therapist had to be resilient against the patient's attacks on her and deny her own subjective self in order to facilitate a holding environment for the patient. The patient herself used her dream space in her attempt to integrate her inner reality with external reality.

During the second phase of therapy the patient's way of relating changed. She became more in touch with her affective self. The patient experienced her sadness and could mourn

the 'loss' of her mother's love, and her mother's inability to protect her. She could now use the therapist as object, and allowed her feelings toward the therapist to emerge. She recognised her own fear of being destructive towards the therapist and she felt concern. The therapeutic environment allowed for a transitional space in which the patient could move from solipsistic subjectivity to objective perception.

She slowly allowed the integration of her feminine self and her affective self emerged. Her fear for her "secret inner self" was pertinent, as she saw it as fragile and feared that it will be destroyed. However, she allowed for communication from her True Self, which facilitated the unfolding of her experience of loneliness. This had a profound effect on how she related in the therapy. The patient could now allow a measure of dependency on the therapist, while she partly regressed in her struggle towards integration. The latter meant integrating her 'inner self' with the self she presents to the world.

At the end of the last phase of therapy she could communicate from her True Self, inside and outside the consulting room. This alleviated her feelings of loneliness. Her creativity was allowed 'life' ,and she could allow herself moments of enjoyment.

8.3.3 The patient's being-in-the-world and relatedness: the thoughts of Heidegger, Buber and Binswanger

Heidegger (1927/1980) says that for Dasein there is Being and Nothingness, and between these lie Dasein's possibilities. To live authentically, Dasein must have its possibilities attested. Dasein must make its own choices to take hold of its possible ways of being. Heidegger states that Dasein's primary concern is its own identity, and finding its own identity is the key to authenticity. Furthermore, Dasein is living-in and living-with, Dasein, without a world, and without others makes no sense.

Inauthentic way of Being

According to Heidegger (1927/1980), authenticity and inauthenticity, are fundamental characteristics of the Being of Dasein, that is, the ontological structure of existence. The manner in which Heidegger uses these terms, does not relate to the factual lives of individuals. However, it was argued in Chapter 5, that the ontological structure of Dasein is

a precondition for these fundamental characteristics to manifest at a factual level. It belongs to the ontological structure of Dasein that it is also ontic. As Dreyfus (1992) states, the one is an account of the basic structure of the other. One can thus describe how authenticity and inauthenticity manifested in the life of Mrs. A, but with full realisation of the transition from an ontological to an ontic discourse, inherent in such a description.

Mrs. A's way of being-in-the-world was inauthentic. She was unable to find her own identity, as her environment would not allow for it. She was 'thrown' into a bleak environment where achievements carried the day. Therefore, she was just a placeholder as the 'one who achieves'. She could not 'own' these achievements as she only saw them as 'payback' to her parents. As there was no protection in her environment she could not trust important others in her world. This made it impossible for her to explore her possibilities. She could not define herself for herself as she had to comply to the demands and needs of others.

Mrs. A was firmly placed in her world through what Heidegger (1927/1980) calls competitiveness, publicness, averageness, and adaptation. According to him one cannot find one's own identity by the above. Competitiveness sets one apart from others. She had to be competitive in order to survive, her only worth being in her academic achievements and her career. Publicness suppresses the exceptional in order to promote a well-rounded personality. She lived in constant fear of doing something inappropriate. Mrs. A was seldom allowed spontaneity or creativity. Her environment suppressed that which made her special. Averageness is what one does to fit in with others. She had no choice but to fit in, to not fit in would have meant punishment. Her own uniqueness of selfhood was diffused and lost. Adaptation suggests that one does as if one has no choice. Mrs. A had no choice as a child but to conform and comply to that which was expected and demanded of her, without the ability to challenge it. Through her compliance and her work she was absorbed in the world of object. She could not tolerate 'the others' gaze', as she feared that they will see her inner self and in so doing destroy her. Therefore, she had no room to explore her possibilities. This exacerbated the patient's feelings of loneliness.

Buber (1958) claimed all real living is meeting: this presupposes mutuality in relationships in which one is confirmed as the unique person one is. Mrs.A did not experience herself as being confirmed. Her relationships were controlled and manipulated, whether by her or by

those she was in relation with. Her inborn Thou was met with adversity, which left her no choice, but to live in the world of the 'It'. She objectifies others and herself, seeing herself only as the one who achieves (payback to her parents). The only place where she was fairly comfortable was in her work. It can be postulated that she has, as Buber (1958/1965) says, abdicated before the world of It. The only place she felt worthwhile was in her relationship with modern technology.

According to Heidegger (1927/1980), man must find his own truth in isolation. Mrs. A felt merged with her mother and she depended on others' perceptions of her to define her for herself. This hampered her in her ability to live more authentically. Buber (1958/1965) concurs when he states that for true communion with another, one must be separate from them, only then is there the possibility of an I-Thou relation.

Similar to Binswanger's (1944/1958, 1946/1958) view, that the cohesion of the world-regions may become lost, Buber (1958/1965) describes disintegration as characteristic of the world of It. In the case of Mrs. A, there is a split between herself and others, herself and nature, herself and her own psyche and body. She is not at home in the world, and not at home in herself and her own body.

Temporality

Ontologically, the temporality of Being involves the future, past and present. For Heidegger, *existence* refers to the future, *facticity* to the past and *fallenness* to the present. Behaviour and choices, in the present, are related to how the future is seen, and are also related to the past. Dasein's past happens out of its future, the past is in the present, which is the way it is appearing now. Thus, whilst the past belongs irretrievably to the events of an earlier time, it can still be present-at-hand now (Heidegger, 1927/1980).

On an ontic-anthropological level, the foregoing view of Heidegger implies that a person's view of the future reflects his view of the past. If his past seems chaotic, his future will be inaccessible, because, as Van den Berg (1972) claims, an accessible future means a well ordered past. Also in the case study reported here, the patient's past was in chaos and her future closed off to her, so the present was meaningless and fraught with anxiety. Her main way of being was frenzied activity and doing. Through her work she was absorbed in the

world of object. According to Binswanger (1944/1958), an existence which does not run into the expanse of the future, which is caught in a bare, empty present, and ruled by the past, is deprived of authenticity.

Mood

According to Heidegger (1927/1980), Dasein finds itself in a particular fundamental situation, the meaning of which can be determined by interpreting its prevailing mood. Mood is an existential way in which Dasein is its 'there'. This oneness of mood and world is reflected, on an ontic-anthropological level, in Binswanger's (1946/1958) views. According to him, to understand feeling or mood, one must understand how the existence that has the mood, or is in it, is in-the-world. In other words, the person's world-design must be understood.

Mrs. A's pervasive mood was one of anxiety, feeling that there were no choices open to her, that her possibilities were closed off. This is similar to Binswanger's view that anxiety arises when the world has become constricted. "The emptier, more simplified, and more constricted the world-design to which an existence has committed itself, the sooner will anxiety appear, and the more severe it will be" (Binswanger, 1946/1958:205).

Bodiliness

According to Heidegger (1927/1980) Dasein is embodied, it lives in its world through its body. The body is inconspicuous and lies in the background of Dasein's doings and thus man is centered in his relationship to the world.

Binswanger (1944/1958) uses Heidegger's (1927/1980) ontological insight regarding thrownness to gain understanding of particular, factual modes of Being-in-the-world. He regards being of a certain gender, as part of one's thrownness. Although people may rebel against their 'fate', for example being a woman, it is not possible to escape from it and efforts to break through it, and thereby opposing existence in general, only results in its reassertion. Mrs. A often felt genderless, she could not allow herself to be seen as feminine and fought against being put into the feminine role. However, the more she fought against this, the more inescapable her bodiliness as a female became.

The patient, by negating her own femininity, was not firmly placed in her body. She viewed her body as alien to herself and her only way of relating was with her intellect. Since one relates to one's world through one's body, she became distanced from her world.

Being-with-others

For Heidegger (1927/1980), Dasein is being-with-others, Being-in its world and Being with-oneself. To be with others becomes possible because Dasein is essentially *Mitsein*. *Mitsein* relates to the ontological structure of Dasein and is not an objective togetherness of individuals. At the same time, this being-with forms a precondition for distance between people. Being able to withdraw from others becomes possible only because of Dasein's very nature of being-with [see, in a related context, Preller's (1977) comment that loneliness can only occur in the context of *Mitsein*].

The very fact that Mrs. A lived inauthentically made it difficult for her to share her world with others. She disguised herself, distancing herself from her body and her affective experience. Mrs. A's rejection of her herself and her own body lead to an overwhelming sense of alienation and despairing loneliness. The only way she could counteract this, was through frenzied activity and a constant state of anxiety. In so doing she could not be with others in the sense of true communion. To be with another, one has to make yourself transparent. She could not have true communication with others as she was living in a false manner. The ability to really share one's world with another, depends on how far one has travelled on the road to authenticity. This inauthenticity and distance towards others exacerbated her striving for true connectedness with others. Being-with is so intricately linked with being-human, that it cannot be negated. Even if one purposefully tries to withdraw from others, being-with reasserts itself (Binswanger, 1944/1958).

Therapeutic alliance

The therapeutic process allowed for the patient to attest her possible ways of being. Her past became more accessible and her future was opened up to her and in the present her mood and, concomitant with that, her perception of her world changed. According to Heidegger (1927/1980) one's mood can not be changed by cognitive understanding, it can only be changed through experiencing. Furthermore, there is always the possibility of speech in one's mood. Through experiencing her own affective self and her body, she could

verbalise what she felt. During the course of therapy her mood changed from overwhelming anxiety to loneliness. She became more transparent in the consulting room and outside. In doing so she could enter into a more lively, mutual acquaintanceship with others. The patient could be-in-the-world, be-with-another and be-with-herself as the last paragraph of the case study illustrates. Her communication in this paragraph gave one a sense of letting-be-ness which is a prerequisite for authentic living.

Furthermore, in the initial phase of therapy the patient objectified the therapist and related to her only in the I-It. In the I-It one is never totally present in one's meeting with the other (Buber, 1958/1965). This was evident in the therapeutic relationship. She could not allow herself to see the therapist as a person, but only as a 'brain' to be used. Once the patient allowed herself to experience and tolerate her affective self, she could allow for I-Thou moments. She disclosed herself to the therapist, in the realisation of her disconnectedness from others, and her despairing loneliness which she could verbalise.

8.4 THE UNFOLDING OF LONELINESS

To describe the unfolding of the patient's experience of her loneliness, and concomitant with this, the emergence of her True Self/authentic self, as a linear process will be unsound. During one phase of the psychotherapeutic process, certain issues may become the focal point. During the next phase the same issues can take a 'back seat' while something else becomes the point of focus. As therapy progresses the themes which emerge are re-visited. However, for the sake of clarity the various issues the patient had to address, before her loneliness became accessible to her, will be discussed as if they happened in sequence.

In the initial stages of therapy the patient related to the therapist on a superficial, intellectual level. It can be said that she communicated from the False Self, to use Winnicott's words. Heidegger would describe it as an inauthentic way of Being and according to Buber the relationship was an I-It relation. The patient was living in a state of anxiety, distancing herself from her world and others. Although her feelings of loneliness were intense she was 'unaware' of it.

The psychotherapeutic environment allowed for a space in which she could explore her feelings in safety. It was necessary for the patient to become aware of, examine, and come to terms with various aspects of her life, before she was able to experience her loneliness.

Initially her relationship with her mother was the most pertinent. It was imperative that she could express her anger at, and hatred for, her mother before she could come to the realisation that this is 'as good as it is going to get'. Once she acknowledged this she could mourn for the caring, loving, warm relationship which she yearned for, but never had.

Furthermore, she had to examine her feelings about her own body and her femininity and start the gradual acceptance of her gender. This allowed the patient to become aware of her own needs and longing for close relationships. She had to learn to accept from others in order to understand her own needs. She had to learn to listen to herself, in order for her to understand herself.

The patient slowly developed trust in the therapist and the psychotherapeutic process, which allowed her to experience her affective self. As soon as she experienced her rage and hatred, as well as her longing for closeness, she could 'make room' for her experiencing her loneliness. It enabled her to verbalise her intense feelings of loneliness as a result of her disconnectedness from others.

As she allowed the therapist to meet, with what she called, her 'secret inner self', her True Self emerged and she could live more authentically. Her relatedness to the therapist allowed for moments of I-Thou in which there was some mutuality.

A broad overview of the different paradigms and their relatedness to loneliness will be given in the next chapter.

CHAPTER 9

DISCUSSION

The aim of this study was to explore how the patient became aware of her loneliness. To enhance the understanding of the person in question and how she experienced her world, the thoughts of Winnicott as an object relations theorist, and Heidegger's fundamental ontology were used. In addition, the views of Buber and Binswanger were used to understand the factual experience of loneliness.

The question must, however, be asked whether these two paradigms be can be used to explain the same phenomena and what value does it have for psychology. Both these views give meaning to, and understanding of, loneliness. However, in using and comparing these paradigms, one must be aware and acknowledge the differences between them.

The above views were discussed in detail in Chapters Three and Four and the divergence and convergence thereof were discussed in Chapter Five. Therefore, a broad overview will be given in conclusion.

Winnicott's views are presented in the form of a developmental theory. He sees human development in the light of the environmental provisions provided for the infant. Although he emphasises the interpersonal, and states that development is separate from instinctual processes, his theory includes and presupposes certain intrapsychic processes necessary for the development of an integrated well functioning human being. Winnicott postulated that the developmental history of the individual plays a causal role in his later functioning. In this regard, similar to other psychodynamic theories, his theory links with the positivistic approaches in psychology. Dilthey (cited in Van den Berg, 1964: 119) said "Die Natur erklären wir, das Seelenleben verstehen wir" – referring to the explanation of natural phenomena in causal terms, whereas in the humanities, the focus is on understanding phenomena.

Heidegger's and Buber's views, on the other hand, are philosophies and not developmental theories. They do not make any specific reference to human development, and do not allocate a causal role to the past. For Heidegger, the past meets the future in the present and although one might be 'thrown' into an environment, one can choose how to live one's possibilities. In contrast, Winnicott postulates that the person's potential is inherited, and in order to realise these potentials, certain environmental provisions are prerequisites. Whereas Winnicott formulates and uses theoretical constructs to explain behaviour, Heidegger is concerned with grasping the essence of existence through description and understanding. Binswanger recognises the role of a person's life-history, but for him this is used to understand the person's world-design.

Heidegger, Binswanger and Buber do not try to explain existence in terms of intrapsychic processes. Instead, Dasein, or a particular existence, must be understood in terms of the world in which he lives. Existence is always intended upon the world and man exists in this relationship-with-the-world. To use Heidegger's terms, man is 'Being-in' an environment (Umwelt) and 'Being-with' others (Mitwelt) and 'being-with-oneself' (Eigenwelt). This underlies all participation and engagement with one's world.

Furthermore, as Winnicott speaks of the psyche and the soma being in continual dialogue it leaves one with a feeling that the two can be differentiated. Is this not maybe residual dualism in the Cartesian tradition? On the other hand Heidegger, Buber and Binswanger are opposed to any dualism. For them there is no split between body and mind, and between subject and object. It is through one's body that one is in the world, perceives the world and makes sense of it.

For Winnicott, loneliness is a result of failures of one's environmental provisions during development. Heidegger and Buber see loneliness as an existential truth, man is inescapably lonely. However, this loneliness, interpreted in terms of Heidegger's ontology, is only possible because of Dasein's fundamental characteristic of being *Mitsein*. According to Binswanger, a person can distance himself from other people, and a particular world-region such as the *Eigenwelt* may become predominant at the expense of the *Mitwelt*. This can create loneliness, but being-with others is so fundamental to existence that even if one purposefully tries to withdraw from others, being-with reasserts itself. On an ontic-

anthropological level, the only way to alleviate loneliness is through meaningful relations with others and meaningful relations are only possible if one lives authentically. Winnicott sees the psychoanalytic alliance and holding environment, as a way of assisting a person with his self-integrating task. This will lead to the emergence of the True Self through which real communication, can follow and this will alleviate the person's loneliness.

The above emphasises the importance of finding words for one's affective experience in order to 'know' and live it. In the case in this study the patient could 'open up' her world and her affective experience, as soon as she was able to verbalise her despairing loneliness. Although this process can be looked at from the perspectives of object relations theory and the phenomenological and existential approaches, and although there are points of convergence between these perspectives, there are also fundamental paradigmatic differences between them which cannot be reconciled. These approaches should perhaps be seen as different ways of understanding reality, which ask different questions and highlight different aspects of reality. These cannot be integrated into a single conceptual framework. At most, they can be seen as two parallel lines which head in the same direction; they may have links between them, but do not merge.