

AN INVESTIGATION OF SECOND-PERSON NARRATIVES: THE
POSITIONING OF "YOU" IN A THERAPY RELATIONSHIP

by

Charles K. West

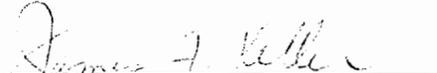
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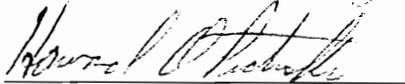
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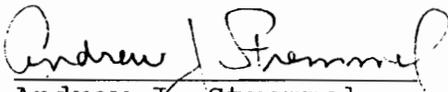
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ABSTRACT

The purpose of this project was to study the second-person narrative tools used by one particular therapist-client pair in an on-going therapy relationship. One male therapist and one male client were each individually interviewed on five occasions. The first interview with each of them focused on their views of what it means to be a therapist, client, and in therapy. The next three individual interviews involved reviewing previously recorded therapy sessions, and asking the co-researchers (the therapist and client) to respond as if they were the other person in the therapy relationship. The final interview focused on their views of the research process and all the participants.

Using an instructional account informed by social constructionist language, the metaphor of narrative, and the decentering of the possessive "I" for the more relationally-oriented "you," I organized the data of the interviews into second-person narratives that seemed to be used by the

client and therapist. One of the primary narratives the client used to make sense of the therapist was that the therapist was an "augmenter of the client's processes." The client seemed to primarily position the researcher as someone doing "research, not therapy." Some of the narratives the therapist used to position the client included "someone needing to vent emotions," "carrier of labels and stories," "employer," and "seeker of options." One of the tools the therapist used to position the researcher was as a nontraditional "supervisor."

Some narratives seemed to fit into broad categories such as "self-as-same" and "self-as-different." However, the more salient understandings that seemed to develop out of this study have been derived from the co-researchers' perceptions of how this project became a part of the therapy relationship and, therefore, what might be said about how therapy is usually conducted. More specifically, the process of this study invited reflection on how the therapy conversation has been traditionally divided into two conversations, a therapy conversation and a supervision conversation. I propose there are some benefits in viewing these usually separated conversations as parts of one conversation.

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Chapter One

. . . basic words are not single words but word pairs. One basic word is the word pair I-You . . . Man becomes an I through a You. What confronts us comes and vanishes, relational events take shape and scatter, and through these changes crystallizes, more and more each time, the consciousness of a constant partner, the I-consciousness. To be sure, for a long time it appears only woven into the relation of a You, discernable as that which reaches for but is not a You; but it comes closer and closer to the bursting point until one day the bonds are broken and the I confronts its detached self for a moment like a You. (Martin Buber, as translated by W. Kaufmann, 1970, p. 53 and 80)

. . . it is not individual 'I's who create relationships, but relationships that create the sense of 'I' . . . 'I' am just an I by virtue of playing a particular part in a relationship . . .

we realize increasingly that who and what we are is not so much the result of our 'personal essence' (real feelings, deep beliefs, and the like), but of how we are constructed in various social relationships . . . We appear to stand alone, but we are manifestations of relatedness. (Gergen, 1991, pgs. 157, 170)

Introduction

There was a time when the therapy community appeared fairly unified, dominated by a few relatively homogeneous groups of people. These groups generally shared certain ways of talking (e.g., the vocabularies of medicine and disease, psychology and ego structures), defined what was true and good (or normal and abnormal), and operated by a limited number of formal theories about the people who came to see them as clients. By defining what was healthy and normal, this community created the need for (or, perhaps, responded to a societal demand for) something called a therapist, someone whose job it was to "cure" or help "adjust" those who qualified as clients. In using these vocabularies and such reified root metaphors as disease and war (Akillas & Efran, 1989), therapists were invited to view

themselves as healers, tinkers, experts, or surrogate parents: individuals who were called upon to expertly analyze the damaged client or diagnose "a specific, locatable, or 'fixable' internal process" within the client (Akillas & Efran, 1989). The therapist's task, therefore, was to cure, repair, adjust, enlighten, or re-parent this client correctly.

However, in more recent years, the therapy community (along with Western society) has been undergoing a postmodern change, a "social saturation" (Gergen, 1991). This postmodern change, brought about largely by the expansion of technology, has meant that "the coherent circles of accord are demolished, and all beliefs thrown into question by one's exposure to multiple points of view" (Gergen, 1991, p. xi). The therapy community is no longer as homogeneous as it once appeared to be: there are an increasing number of competing vocabularies, points of view, and "explanatory fictions" (Akillas & Efran, 1989). In other words, there are a growing number of useful ways to describe clients and therapists, an ever increasing multitude of stories therapists use to construe clients other than as ill, damaged, internal war zones, out of touch with reality, or malfunctioning machines. This expanding polyglot of explanatory fictions makes it difficult, if not impossible, to make "objectively true" generalizations

describing clients or therapists, except within specified discourses,¹ thus inviting therapy participants (and therapy researchers) to make it up as they go along, to improvise, to go about the task of "recombining partly familiar materials in new ways, often in ways especially sensitive to context, interaction, and response" (Bateson, 1990).

Most, if not all, of these improvisations take the form of narratives or stories. We² use these stories like tools to make sense out of life and constantly changing social relationships, including the therapy encounter. One way narratives help us to accomplish this is by prescribing positions in relationships that invite the creation of "self" and "other". The self and other that arise out of the noise of life are created, shaped, and given substance primarily through the positioning provided by narratives, narratives that are situated in discourses and particular social practices. In other words, people creatively co-use narratives as tools, negotiating their shape and use to make

¹Davies & Harre, 1990, define the term discourse as "an institutionalized use of language...Institutionalization can occur at the disciplinary, the political, the cultural, and the small group level." Robertson, 1981, defined an institution as "a stable cluster of values, norms, statuses and roles."

²I propose that this "we" who use narratives includes anyone who uses language, including clients, therapists, and researchers.

sense out of life (stories of the world), themselves (first-person narratives), and others (second-person narratives), and it is through these stories they each come to be seen as a self, someone with ascribed characteristics, personalities, and so forth. These selves have been likened to characters in a play or novel, products of "signifying practices rather than existing prior to them as an autonomous or Cartesian agent" (Kirby, 1991). Narratives about the world, first-person narratives, and second-person narratives are thus seen to be improvised out of the contingencies of discourses, conversations, social practices, and so on, inviting us to perceive ourselves as living "in a time of what Kundera calls 'the unbearable lightness of being'" (Parry, 1991).

Purpose of Research

Little attention has been paid to people's existence as the persons 'addressed' by first-persons, to whom or what it is one is embedded in when one is rooted or embedded in communicative activity. And thus the nature of the grammatical second-person has been ignored. (Shotter, 1989, p. 135)

[W]hat is possible between us is what we (or our predecessors) have 'made' possible. It is this responsibility that modern psychology has ignored, and which has led it, mistakenly, to give professional support to the view 'that "I" can still be "me" without "you"' - a view which . . . renders most of our actual social life 'rationally-invisible'; that is, beyond rational discussion and debate. (Shotter, 1993, p. 23)

. . . the human self is created by the use of a vocabulary rather than being adequately or inadequately expressed in a vocabulary. (Rorty, 1989, p. 7)

This is a study that reflects my interest in social constructionism, particularly the use of common (to our culture) narrative tools used in the creation of social realities (Gergen, 1985; Bruner, 1986), and, more specifically, the narrative tools used within one particular type of social relationship, the therapy conversation.³ As such, this is not an attempt to study the "nature" of the

³I agree with Shotter (1993, preface) when he argues that "conversation is not just one of our many activities in the world. On the contrary, we constitute both ourselves and our worlds in our conversational activity. For us they are foundational. They constitute the usually ignored background in which our lives are rooted."

therapy relationship, but rather is an effort to study "how we actually do *treat* each other as being in everyday life, communicative activities" (Shotter, 1993, p. 23). Or, in this case, how two participants in a therapy conversation, one positioned as a therapist and the other as a client, *treat* (or "position") the other. Within this relationship, I believe that the tools used to position the "other" (i.e., second-person narratives) and the tools used to position a "self" (i.e., first-person narratives) do not represent personal experiences of some nonlinguistic reality, but are derived from "forms of social practice in which an individual appropriates from a cultural repertoire of stories certain forms that have become synthesized as personal stories" (Gergen, 1994, p. 20). And, I would add, synthesized stories of others. In other words, we create our stories of each other out of the discursive and narrative resources provided by a culture.

The narrative resources, or tools, available to each of us are multiple and diverse. Therefore, although the social practice known as therapy seems to be a fairly common sort of relationship with relatively stable narrative tools that help define what it means to be a therapist or client in

this culture,⁴ these are not the only tools available to make sense of the therapy conversation or the other person(s) in the conversation, nor is there only one way to use each of these tools. As I said earlier, the participants use different tools to help them make it up as they go along, to improvise. We may not only have "multiple selves" created by the use of multiple tools situated in varying discourses, we may also be negotiating reality with "multiple others" even when there may be only one other person we are talking with.

⁴Most people have ideas about what it means to be in therapy and what it is that a therapist and client are supposed to do. Therefore, I believe the moment a person states they wish to be a client to a particular therapist, or a person states they agree to be another's therapist, these statements transform the relationship of the people involved, and, I would argue, their view of each other and themselves. Similar to other linguistically constructed relationships, each will "take on new duties (in exchange for new rights) regarding the person of the other [and] what he or she will notice and care about in the other will also change: she or he will be changed in their moral sensibility, in their very being, in the kind of person they are" (Shotter, 1993, p. 2). The world of those in therapy, similar to the world of people who describe themselves as "in love," "is different from those who are not: (i) they are in control of themselves (or not) in different ways; (ii) they expect different things of, notice different things in, and have different motives regarding, each other; (iii) they also use different ways of judging each other's worth. In other words, they are different in their ways of being. And it is against this background, this new structure of feelings, that certain acts are judged by those involved as fitting or not" (Shotter, 1993, p. 3). I believe that they use different tools to make sense of the other, to position the other, which then invites them to see themselves differently.

Therefore, because of the variety of narrative tools available to the therapy conversation, and the variety of uses possible for each tool, our views of "others" and our "selves" may be more improvisational, disorderly, discontinuous, ambiguous, and contested than we generally acknowledge.⁵ Related to this, Shotter (1993) proposes that

We can begin to think of social reality at large as a turbulent flow of continuous social activity, containing within it two basic kinds of activities; (i) a set of relatively stable centres of well ordered, self-reproducing activity, sustained by those within them being accountable to each other for their actions . . . but with the forms of justification used being open to contest . . . ; (ii) with these diverse regions or moments

⁵How a tool is used, or, in the context of this study, the meaning of a second-person concept, is not something given to conversational participants wholly formed, uncontested, or static, but is indicated by how it is used and further specified within a particular conversation. "In other words, if we think of words as being reflexively like tools of a carpenter, in that they can be used both (i) for the doing of many things to do with shaping and joining, and making a difference to things, but also (ii) as reminders for the general kinds of functions they can serve. . ." (Shotter, 1993, p. 58). We use these tools to lend our views of other people and their (and one's own) activities some sense of structure, but their use also helps construct the user of the tool as well. This occurs in a Vygotskian "zone of activity in which the relations between these two processes take place" (Shotter, 1993, p. 72-73).

of institutionalized order being separated from each other by zones of much more disorderly, unaccountable, chaotic activity. (p. 17-18)

The stable centers of meaning (or discourses and accompanying "forms of justification"), as well as the chaotic zones between discourses, form the "conversational background of our lives"⁶(Shotter, 1993). We use these tools to create a stable sense of others, as well as ourselves. From my perspective, therapy participants enter a therapy conversation with some culturally created tools about what it means to be a therapist and a client, and then they negotiate which tools will be used and how these tools will be used, each attempting to make sense of the other and their self.

⁶Shotter (1993) uses the term "conversational background" to describe the "continually ongoing flow of differentiated, turbulent but formative, social activity" (p. 33), a "not wholly orderly flow of relational, background activities and practices," "a vague, only partially specified, unstable world, open to further specification as a result of human, communicative activity" (p. 179). What I add to this is my view that the narrative tools used to position others as second-persons, as situated in the "official" social practice of therapy (Shotter, 1993, p. 180: "Our 'official' ways of being, our 'selves', are produced in our 'official' ways of interrelating to each other.") are an important part (and for the purposes of this study, the centered part) of this vague, formative background. In other words, "official" ways of talking, constructing, justifying, and judging provide vague, partially specified tools used to fashion the "other," tools the therapy participants use together to create a sense of other and self.

Finally, let me summarize what all this means to this particular project. This study is an attempt to create a story (out of many possible stories one can tell) or set of understandings about one therapist and one client in a therapy relationship, about the narrative tools they brought with them to the therapy relationship and the tools they used to create an "other," their second-person narratives.

There are a number of reasons to undertake a study like this. First, I agree with Harre and Gillett (1994) when they argue that the two primary goals of psychological research, according to the discursive point of view [are] 1. One wants to find out what resources people have to accomplish their plans, projects, and intentions. What repertoire of concepts do they have available as usable sign systems . . . ? [And] 2. These resources are put to work in the coordinated actions of the episodes of everyday life. (p. 98)

In this study I am interested in creating a brief inventory of some of the second-person narrative tools these two particular therapy participants brought with them and utilized in the official contexts of both therapy and research conversations. By delineating some of the repertoire of concepts the therapy participants employed in one therapy relationship, perhaps we might also begin to

create narratives about these tools and how they are put to work in the therapy conversation. Thus, we might begin a new conversation about what it might mean when a therapy conversation is said to "co-evolve," a conversation that helps us to reflect on (or talk differently about) the social practice of therapy and the assumptions that support it.

Another reason for doing this project is that an investigation of the tools used to position others in a therapy conversation might begin to help therapists and clients to reflect on the tools themselves, and how they are used. I believe this sort of reflection might be valuable because it may invite further conversations about: 1) what it means to be a therapist and client, perhaps inviting us to create other useful tools about these positions, and about the social practice of therapy in general; and, 2) what tools (and how they are used) make the therapy relationship valuable and unique and/or could be seen as limiting or constraining.

Overall, the ultimate goal of this study is not to necessarily solve a problem, find a cure, or offer explanations that might satisfy all groups of people, but rather to generate a new set of conversations that may invite reflection, dialogue, and the envisioning of new possibilities around the social practice of therapy.

Chapter Two:

Theoretical Framework and Review of the Literature

Social Constructionist Framework

Introduction

Bruner (1990) wrote that "human beings do not terminate at their own skins; they are the expressions of a culture." Therefore, research into the construction of "you" in a therapy conversation can be seen as an examination of the "expressions of a culture," an investigation into cultural discourses (and subject positions provided by those discourses) that are public and shared. The cultural ideas such as self, other, research, and therapy rely upon shared discourses and discourse rules for working out differences in interpretations and meanings (Bruner, 1990). In taking this view of self, others, research, and therapy, I am using a social constructionist theoretical perspective. As someone using a social constructionist discourse, I take the view that various communities of people coordinate their activities by employing mutually agreed upon ways of talking.⁷ As such, knowledge is not seen as existing in the individual mind nor out in some extralinguistic reality,

⁷For example, Gergen and Gergen (1991) view scientific language as one way to "coordinate the activities of scientific communities around mutually agreed upon problems (for example, of prediction and control)."

but is part of intersubjective agreements used to coordinate activities of individuals (Gergen & Gergen, 1991).⁸ In the following sections of this chapter, I will: 1) discuss the narrative metaphor and the subject positions provided by narratives as an organizing lens for this project; 2) discuss possessive individualism and offer Shotter's (1989, p. 137) counter-text "in which it is 'you' rather than 'I' that assumes the leading role"; 3) outline some of the important assumptions of a social constructionist approach to research, assumptions that guide my interpretive approach

⁸In clarifying some of the basic assumptions of social constructionist perspective, it may be useful to briefly contrast it with constructivism. One of the primary ways that constructivism and social constructionism contrast is that the constructivist view sets up a subject-object dichotomy, while the social constructionist sees meaning as intersubjective. This distinction has been sketched out by Goolishian and Anderson (1992a, 1992b). They assert that the primary metaphor of constructivism sees individuals as "monological observers who are capable only of exchanging information with each other. . . Reality must always remain an invention in the lonely head of a single person" (1992b, p. 36). As such, constructivism sees the creation of meaning as occurring within an individual mind, and language is used to express those constructed meanings. Constructionism, on the other hand, "defines language as actional and meaning as intersubjective" (Goolishian & Anderson, 1992b), not the product of an individual mind: "For us, language creates different meanings, different worlds, not different symbols to exchange with each other." Because meaning is intersubjective, social constructionism does not posit a subject-object dichotomy, a division between the knower and knowledge (Steedman, 1991). Instead, constructionism emphasizes the major role of language to both coordinate activities of individuals and to construct meaning.

to the data; 4) provide a literature review of some of the relevant research into the therapist-client relationship; and, 5) review a pilot study completed by myself to aid in "the review of cultural categories" (McCracken, 1988).

Narrative as an organizing root metaphor

Narrative is the organizing root metaphor⁹ I borrow to provide the lens for this project (see Sarbin, 1986; Bruner, 1986). A narrative is described by Sarbin (1986) as an account of actions of human beings that has a temporal dimension. The story has a beginning, middle, and an ending . . . held together by recognizable patterns of events called plots. Central to the plot structure are human predicaments and attempted solutions. (p. 3)

Human beings create stories out of the noise of life, narratives with beginnings, middles, and ends. These stories enable them to make sense of themselves, others, and

⁹ Simons, 1990, notes that several critics have come to see metaphors as "ineliminable building blocks of philosophical argument and scientific theory" [see for example George Lakoff and Mark Johnson, Metaphors We Live By; Chicago: University of Chicago press, 1980]. According to Simons, deconstructionists have taken note of the apparent pervasiveness of metaphor, "even in the writings of philosophers, such as Locke, who so sharply condemned their use." Bruner (1986) writes that the history of science is filled with "wild metaphors," metaphors that scientists often try to hide, forget, or throw away.

their world (McNamee, 1989; Parry, 1991) and often serve as "justificatory accounts" (Scott & Lyman, 1968) to explain the behavior of one's self and others.¹⁰ This view assumes that

human beings think, perceive, imagine, and dream according to a narrative structure. Given two or three sensory inputs, a human being will organize them into a story, or, at least, the framework of a story. When one probes into the ordered or patterned perceptual response, it becomes immediately apparent that a plot is imposed on the disparate inputs. (Mancuso & Sarbin, 1983, p. 234)

These narratives are not individual creations, but are the result of dialogue, "mutual linguistic coupling(s)" (Maturana and Varela, 1987). According to Maturana and Varela (1987), mutual linguistic coupling emphasizes that "we are constituted in language in a continuous becoming that we bring forth with others" (p. 235). In concert with others, we constantly create narratives and are created by these narratives.

Narratives not only have beginnings, middles, and ends, they unfold over time. I propose that what is storied to

¹⁰Bruner (1990) posits "that what you do is drastically effected by how you recount what you are doing, will do, or have done."

occur in any particular therapy or research relationship can be seen as the product of an unfolding narrative, an unfolding conversation. Increasingly common terms in the marriage and family therapy literature for the therapy process are "conversation" (Anderson & Goolishian, 1988; Hoffman, 1990) and "co-construction" (Hoffman, 1990). Davies & Harre (1990) view a conversation as "unfold[ing] through the joint action of all the participants as they make (or attempt to make) their own and each other's actions socially determinate" (p. 45). Hoffman (1990) suggests that clients and therapists work together on "experiments in co-constructing therapeutic 'texts' . . . In therapy, we listen to a story and then we collaborate with the persons we are seeing to invent other stories or other meanings that are told." From this perspective, therapy and research are seen as unfolding co-constructed¹¹ conversations, joint actions that demand that each participant make sense of their own and the other's actions.

The narratives that unfold throughout a conversation have four important "grammatical constituents": agents acting toward goals, events that are sequentially ordered, an understanding of prevailing "canonical" narratives, and,

¹¹Co-constructed is not meant to imply "equally constructed," only that both participants had some level of input into the construction of this conversation.

finally, a narrator (Bruner, 1990). Because successful narratives require agents and narrators, narratives can be seen as providing subject positions (e.g., therapist and client, expert and amateur, narrator and audience, researcher and participants, or doctoral candidate and committee members). Davies and Harre (1990) argue that discursive practices¹² possess a certain constitutive power because they provide subject positions. They define a subject position as something that

incorporates both a conceptual repertoire and a location for persons within the structure of rights for those that use that repertoire. Once having taken up a particular position as one's own, a person inevitably sees the world from the vantage point of the position and in terms of the particular images, metaphors, storylines and concepts which are made relevant within the particular discursive practice in which they are positioned. (Davies & Harre, 1990, p. 46)

¹² Davies and Harre (1990) write that they "use the term 'discursive practice' for all the ways in which people actively produce social and psychological realities" (p. 45). I contend that this is also one way to describe narratives and would therefore contend that what they have said about discursive practices here could be applicable to narratives.

Narratives provide subject positions, locations from which to view others, themselves, and their worlds. By taking up of subject positions in unfolding conversations, "meanings are progressively and dynamically achieved" (Davies & Harre, 1990). Davies and Harre (1990) write that

The social meaning of what has been said will be shown to depend upon the positioning of interlocutors which itself is a product of the social force a conversation is taken 'to have'.

(p. 45)

In other words, the meaning of any statement is dependent upon the subject positions of those that make or hear the statement, positions created by the conversation one is a part of. We use narratives situated in discourses that create a "self" that creates narratives. In the next section the conceptual role of this created self will be expanded.

Narrative and the decentered "self"

Bruner (1986) stated that people not only enter narrative-creating conversations with a repertoire of narratives, but also with a strategy: the primary strategy seeming "to consist in trying to reconcile the 'stuff' of the story with [one's] repertoire of conceptions" (p. 34). With the help of this strategy and repertoire, an individual

self is constituted through conversation. Davies and Harre (1990) write:

who one is is always an open question with a shifting answer depending upon the positions made available within one's own and others' discursive practices and within those practices, the stories through which we make sense of our own and others' lives. Stories are located within a number of different discourses, and thus vary dramatically in terms of the language used, the concepts, issues and moral judgements made relevant and the subject positions made available in them. (p. 46)

This self is not a stable, unchanging, or fixed identity, but one that changes as different discourses are used, different narratives are constructed, and different subject positions are taken up.

Rorty (1991) and Goolishian and Anderson (1992a; 1992b) have described this self along somewhat similar lines. Rorty describes the self as a self-weaving web of beliefs and desires. This "self-weaving" can be seen as a reweaving of narratives, an on-going improvisation using "partly familiar materials" (Bateson, 1990). Rorty argues that desires can be treated "as if they were beliefs" and describes beliefs as "habits of action . . . states

attributed to organisms of a certain complexity - attributions which enable the attributor to predict or retrodict (mostly retrodict) the behavior of that organism" (Rorty, 1991, p. 93). Goolishian and Anderson (1992a) take a similar view of the self when they write

The mind is characterized as intersubjective
The self that emerges in the social constructionist vision is a self that exists only in and through the coherence that we construct across the changing webs of meaning and the first-person narratives that span our lives in our changing conversations with each other.¹³ (p. 11)

This view of the self as a product of changing discourses, narratives, and subject positions contradicts the more dominate Western view of the self as a unity of "intention, meaning, and other transcendental qualities" (Shumway, 1989). Foucault viewed the story of a "unified self" as a construction of discourse (Shumway, 1989, p.2). Shumway (1989, p. 2) writes that Foucault believed

A 'construction' might be thought of as an habitual way of thinking, the habit being

¹³ Note that Goolishian and Anderson emphasize the importance of first-person narratives. In this project I have chosen to decenter first-person narratives for second-person narratives.

reinforced by the terms in which the thought occurs. Foucault believes that most of our knowledge and experience of the world takes place as the effect of these constructions. Foucault suggests that the author-function, being such a habit, is not dead and is very hard to kill.

In other words, the view that we are each a unified self is an ubiquitous, habitual narrative construction, a construction that was advanced by Descartes and Freud. These two authors "share the same dark/bright vision of a royal, solar self, master in his own house over the lunar, feminine forces of unreason and fearsome passion" (Tyler, 1991, p. 88). Descartes' view was that the self was a nonspacial "glassy essence" (Rorty, 1979), a metaphysical entity existing separately from the body that invites us to see our self as semi-divine, "something we share with the angels" (Rorty, 1979, p. 43).

In contrast to the unified view of the self, I¹⁴ propose that "the inside of people and quasi-people is to be explained by what goes on outside (and, in particular, by their place in our community) rather than conversely" (Rorty, 1979, p. 191). By situating the self within the play of social practices, language games, and narratives,

¹⁴ I, along with Rorty, Foucault, Davies, Harre, and others (e.g., Crites, 1986).

the idea of a unified self is decentered, opening up other ways to talk about the therapy process and to reflect on therapy at the level of discourse and subject positions.

However, while it is important to this present project to decenter the "unified self" for a "distributed self" (Bruner, 1990), there is a second decentering I propose: a decentering of "self" for "other," of first-person narratives for second-person narratives. Kirby (1991), in his book Narrative and Self, advanced a view of the self that "takes acts of *self-narration* not only as descriptive of the self but, more importantly, as *fundamental to the emergence and reality of that subject*" (p. 4). While I agree with what Kirby is saying here, I propose that acts of "other-narration" are perhaps an even more important part of one's self-narrations. While discussing the impact of our narratives of others, Bruner (1986) wrote

those constructions are by no means arbitrary. They reflect . . . our beliefs about how people fit into society. The alternate ways in which we can construe people, moreover, often run into conflict with each other, and the conflict leaves us puzzled. Indeed, the act of construing another person is almost inevitably problematic. For all that, the choice of one construal rather than another virtually always has real consequences for

how we deal with others. Our construal of character, indeed, is our first and perhaps most important step in dealing with another. (p. 39)

I take this a step further, arguing that perhaps it is this construal of others that is perhaps the most important step in seeing ourselves.¹⁵

While anthropology has paid increasing attention to the narratives one has of the "other" (Pels & Nencel, 1991), there has been little or no research into these second-person narratives in the therapy literature (this will be discussed more in the literature review section of this chapter). Perhaps this is because much of the investigation of the therapy relationship appears to have assumed the ubiquitous text of "possessive individualism," a text or narrative that constitutes us as "living in psychological isolation from one another, engaging only in commercial relations with each other" (Shotter, 1989, p. 136). Shotter quotes Macpherson when he defines possessive individualism as a text where the individual is viewed as "the proprietor of his own person or capacities, owing nothing to society

¹⁵By centering "you" narratives, I am in no way saying that "I" narratives are unimportant. I believe that there is no "you" without there reflexively being an "I," and vice versa. However, in this culture we privilege the first-person narrative, and I believe that to reflect on the therapy relationship in this study, it is necessary to decenter the I in favor of the you.

for them . . . the owner of himself" (Shotter, 1989). This text has invited researchers to look at the therapist-client relationship in the Cartesian/Freudian sense that there are two "selves," each self a "thing" that

appears on the philosophical scene as the epistemological *subject*, as the knower distinct from what there is to be known, able to gain knowledge from the world (said to be *objective* and 'external' to the subject) in a wholly individual and autonomous way. (Shotter, 1989, p. 137)

In response to possessive individualism, Shotter (1989) proposes a "counter-text,"

a text that tells a quite different story about the nature of our individuality and psychological capacities, and about the nature of our relationships to the others around us; a story in which it is 'you' rather than 'I' that assumes the leading role - which entails a shift from an individualistic to a communitarian perspective.

(p. 137)

Shotter contends that although there has been growing interest in the whole idea of "self," most of that interest has been in the direction of

the analysis of grammatical first-persons, towards what it is to be an active agent, an 'I', a

subject doing something to something or someone else. Little attention has been paid to people's existence as the persons 'addressed' by first-persons, to whom or what it is one is embedded in when one is rooted or embedded in communicative activity. And thus the nature of the grammatical second-person has been ignored. (p. 135)

Following Shotter, I believe it may be useful to analyze a therapist-client system in terms of this "you," that perhaps our unacknowledged and acknowledged "other-narratives" are a key part of how the narrative of therapy unfolds over time, how the therapist and client perceive their self, and how the therapy process may be evaluated by the participants.

Finally, I propose that second-person narratives do not have to be unified, but can be seen as a constantly reweven web of beliefs and desires. In other words, second-person narratives could be seen as being made up of a number of threads constantly being reweven into a rich tapestry. Carl Rogers and C. Truax (1967) help illustrate this by defining "accurate empathy"¹⁶ as the "ability of the therapist accurately and sensitively to understand experiences and feelings *and their meaning to the client* during the moment-

¹⁶Rogers and Truax assert that there are certain therapist attitudes like empathy, genuineness, warmth, and so on, that are necessary for effective therapy.

to-moment encounter of psychotherapy." Gurman (1977) writes that the focus of this definition

is not upon the therapist's diagnostic understanding of the patient . . . but rather focuses on the therapist's sensitive grasp of the phenomenological meaning to the patient of events and experiences and the current experiential impact on the patient's feelings. Thus, empathy goes beyond empathic *inference* - that is, a cognitive-intellectual understanding of the patient - to empathic *communication* 'in a language attuned to the client's current feelings'. (p.

504)

Gurman's understanding of "accurate empathy" could be seen to suggest that there can be at least two threads in one's construction of "you": at a formal, cultural narrative of the other (usually situated in a particular discourse, such as psychology or religion), and a less formal narrative construction of what it may be like to be the other (perhaps situated in the discourse the client is using). Because of these two threads, I believe that there is not one fundamental construction of you, but a rich, unfolding second-person narrative with many possible nuances.

Usually therapist and researchers view the "formal" thread as somehow "objective" while the less formal thread

is somehow "subjective." I do not accept this distinction here. Bruner (1990) points out that any narrative of self or other can only make sense because we share common discourses, making any objective/subjective distinction irrelevant because narratives only can gain meaning that "is public and communal rather than private and autistic." In other words, all narratives of other and self, whether formal or informal, occur in agreed upon discourses and are only understandable because they are within these shared discourses. Davies and Harre (1990) argue for a recognition of the force of 'discursive practices', the ways in which people are 'positioned' through those practices and the way in which the individual's 'subjectivity' is generated through the learning and use of certain discursive practices. (p. 43)

In other words, any one thread of a narrative is generally considered objective or subjective primarily because the group determining what is and is not objective prefers to use one discourse over another.

In summary, I propose that people make sense of themselves, others, and their world by constructing narratives. These narratives take place with agreed upon discourses and they provide subject positions, locations from which we make sense of the noise of life. These

narratives usually draw on the cultural text of possessive individualism, the view that we are "unified selves." I propose instead that the self is a reweaving web of habitual constructions, and that perhaps the most important of these constructions are these rich second-person narratives because they extremely important in the weaving and reweaving of first-person narratives. Finally, I believe that through this lens, we have the opportunity to research the construction of these second-person narratives in the therapist-client relationship, an opportunity to understand the role of therapy in the postmodern era.

Three orienting premises

McNamee (1989) outlines three orienting premises a social constructionist perspective brings to research. The first of these premises about constructionist research is that it

is a focus on process . . . Most simply, an emphasis on process shifts attention from what is produced in interaction to the process of social production. (McNamee, 1989, p. 93)

In relation to this particular project, what this means is that while I was primarily interested in gathering second-person constructions (both pre-understandings and from within a particular conversation) and then analyzing these

constructions for themes, I was also interested in trying to make sense of (or create a narrative about) how these constructions seemed to be used over the course of three therapy sessions to negotiate subject positions.

A second orienting premise in doing research from a social constructionist perspective "is an understanding that interactive processes *always* include the observer" (McNamee, 1989). What researchers and research participants do is create "linguistic distinctions of distinctions . . . descriptions of the descriptions that [humans] make" (Maturana & Varela, 1987). McNamee (1989) writes:

Researchers and subjects are viewed as cooperating in the construction of understandings about phenomena. Both engage in conversation whereby new narratives can be created. In this sense, researchers do not take a 'metaposition'. A researcher simply is in a *different* position. (p. 94-95)

Viewing the researcher as occupying a different position also highlights what Maturana and Varela (1987) assert: everything said is said by someone. I would add that what is said is said by someone using certain agreed upon discourses. Rorty (1989) suggests, "there is no standpoint outside the particular historically conditioned and temporary vocabulary we are presently using to judge this

vocabulary" (p. 48). Because of this, "Research then becomes a narrative, or more simply, a story, that includes the process by which that story became 'that story'" (Steier, 1989).

This "understanding that interactive processes *always* include the observer" (McNamee, 1989) underlines the essential part reflexivity plays in the research process. According to Steier (1989),

the research process itself must be seen as socially constructing a world or worlds, with the researchers included in, rather than outside, the body of their own research . . . The focus centers, then, on the notion of *reflexivity*, where reflexivity can be understood as the "turning or bending back of one's experience to oneself." Of course, *the self to which this bending back refers can also be understood as socially constructed.*

(p. 9)

In other words, reflexivity appears to be at the core of the social constructionist research methodologies (Steier, 1991), as well as the core of therapy (Rennie, 1992).

Finally, a third guiding premise is "an acceptance of complexity," meaning that there are a number of useful, valid ways these particular therapy conversations might be described, and this is just one of them. While we can judge

any description in terms of our own preferred discourses,¹⁷ there is no one transcendent discourse by which to judge all discourses. Accepting this makes it possible to give up on the idea of establishing "objective" reasons for choosing one discourse over another.

Review of the Literature

Introduction to literature review

Almost all research into the therapist-client relationship has assumed possessive individualism, focusing on individual characteristics and on what characteristics/interventions are effective in producing positive outcomes in therapy. A rather broad review of this somewhat extensive literature is covered in the next section of this chapter. Although I do not view the research into the therapist-client relationship that assumes possessive individualism as extensive, it seems large compared to the research of the therapist-client relationship that does not assume possessive individualism. There appears to have been little research into second-person narratives from a constructivist/social constructionist perspective. However, there are some studies that use a qualitative methodology to

¹⁷ Rorty (1989) suggests when we judge other discourses in terms of our preferred discourse, the other discourses will generally come up short and be seen as laden with contradictions.

approach the therapist/client relationship, and at least one study that looks at second-person narratives in a research situation. Although this research is very limited, it is especially relevant to this present study and is therefore covered more completely than the research that assumes possessive individualism.

A brief review of relevant research assuming possessive individualism.

While the investigation of the therapist-client relationship appears to have been a focus of researchers of individual therapy, it has received much less attention from family therapy researchers (Wynne, 1988). Furthermore, when family therapists have researched the therapist-client interaction, much of the focus has been on individual therapist or client perceptions of certain researcher variables called "characteristics" that are seen to effect the outcome of therapy (e.g., Crane, Griffin, & Hill, 1986). These characteristics are generally viewed as things that exist within individuals and, therefore, possessed by those individual participants in therapy. As such, these possessions are seen as standing outside of the therapy conversation, not as something narrated into existence as part of a conversation. Research into the therapist-client relationship and these relatively free-standing

psychological characteristics draws on an entirely different root metaphor (i.e., possessive individualism, the metaphor of two or more information exchanging organisms who each possess characteristics that are expressed regardless of the circumstances) than the social constructionist inquiry into the constructions of second-person narratives in therapy (i.e., the view that meaning is intersubjective, and that "selves" and "others" are partly created by taking up positions in a conversation).

A second emphasis of much of the dominant research into the client-therapist relationship is a concern with what is "effective" (as judged by therapy participants and nonparticipants) in the therapy process. The term effective seems to be broadly defined as whatever therapist/client characteristics and interventions are believed to bring about a positive outcome. An example of this interest in what is effective is Orlinsky and Howard's (1986) description of "patient self-relatedness," a construct they define as the client's "ability to absorb the impact generated explicitly by therapeutic interventions, and implicitly by the therapeutic bond." This emphasis on what is effective also tends to assume the view of the self as a psychological unit that stands outside of the process (as opposed to a self that is constituted by the therapy

conversation) and that "actual" therapy events can be known by a knower that is separate from what is known.¹⁸

Orlinsky and Howard (1986) provide an broad overview of some of the important quantitative research into therapy relationship issues. In their review, they survey research into constructs like therapeutic contract, outcome, the effectiveness of certain therapeutic interventions, therapeutic bond (e.g., the role-investment of the therapy participants, the extent they are on the same "empathic" wavelength, and their "mutual affirmation"), and patient self-relatedness. Orlinsky and Howard asserted that there were clusters of independent studies that came to some general conclusions about what is effective in the therapy process. Some of the factors that helped make outcomes more positive included: 1) clients who actually talked more were rated as more expressive by the therapist; 2) the therapist's use of collaborative rather than directive styles (although nonparticipant observers tend to view therapist directiveness as more effective¹⁹); 3) when

¹⁸ For example, the view that somehow if one of the participants expresses warmth as an intervention, the other will "objectively" experience that warmth and respond in a predictable manner. I believe that the experience of someone being "warm" is a narrative construction agreed upon by any two or more people, not an "objective" state.

¹⁹I believe this may have something important to say about the supervision process when supervisors review tapes.

therapists and clients are each invested in their roles (especially from the client's perspective); 4) when the therapist is seen by the client as credible, genuine, and sure; 5) when therapists see the client as motivated (and the opposite: the outcome is seen as negative when the therapist perceives and acts negatively toward a "passive" client); 6) when clients perceived the therapist as warm and accepting; and 7) when clients were able to use "more sophisticated polysyllabic language" (p. 347).

I include this summary of Orlinsky and Howard's review of the research literature because I believe that despite assuming possessive individualism, many of their conclusions could be seen as underlining the importance of how the therapist and client construe each other, the importance of second-person narratives. Clearly, clients and therapists narratives of each other seem to be an important part of how effective the therapy was perceived to have been. Simons (1989) makes this point somewhat differently when he asserts that the benefits of therapy might

be attributable to placebo effects: in particular, to the sense of renewed hope and self-efficacy born of belief in the therapy, belief in the therapist, and the conviction that someone cares.
(p. 110)

In other words, clients who construe therapists as able and willing to help, therapists who view their clients as capable and helpable, and, by implication, each construing themselves as someone who can be helped/helping are the most likely to have "positive outcomes."

Some researchers have used Interpersonal Process Recall (IPR) (see Elliott, 1986) as a tool to mix qualitative and quantitative research methodologies to examine therapy participants perceptions. From my perspective, the result has been an interesting approach to second-person narratives that still assumes that therapist characteristics and interventions are rather free-standing and, therefore, quantifiable. Some of the research using IPR has compared therapist and client perceptions of specific therapist actions, evaluated the "helpfulness" of therapist actions, examined significant events, and investigated congruence of expressed and perceived client and therapist affect. An example of the latter is a study by Caskey, Barker, and Elliott (1984) which examined this question: "How well do clients and therapists agree on what happens in therapy?" They used IPR to interview 16 therapist-client pairs from a variety of out-patient settings. More specifically, three ten-minute segments of a regular therapy session were audiotaped, beginning at 5, 25, and 40 minutes. The participants then reviewed the segments and were asked to

recollect their perceptions of "the first four therapist speaking turns from each sample segment." Clients and therapists were asked to rate the impact and effectiveness of each therapist response on seven-point Likert scales measuring helpfulness, empathy, affective impact on the client, and cognitive impact on the client. Caskey, et al., found that the amount of agreement between a therapist and client of what is happening is generally low, the most agreement happened in rating the helpfulness and affective impact of the therapist response, that clients generally viewed therapist responses more positively than the therapist did, and that duration of the therapy relationship and therapist experience appeared to have little effect on client-therapist agreement.

This study, along with many other IPR studies, often assume that certain therapist interventions and characteristics can somehow be quantified and decontextualized. The researchers in these studies have tended to ignore the larger context of participant narratives about the therapy conversation the participants are engaged in, about each other, and about themselves.

A review of research into second-person narratives using narrative approaches or constructivist/constructionist theory.

Rennie and Toukmanian (1992) assert that the narrative approach lends itself well to understanding the therapy participants' experience. Furthermore, as stated earlier, I believe that a social constructionist approach to research can be seen to emphasize reflexivity, operating on the premise that researchers "often construct what they claim to discover" (Steier, 1989). By giving up the notion that the results of research should somehow be "a more or less accurate *representation* of a world that exists 'in itself' prior to and independent of the knower's experience of it" (von Glasersfeld, 1991) we are better able to view research as "socially constructing a world or worlds" (Steier, 1989). I have reviewed here two relevant studies that generally use these lenses, and I believe their conclusions impact on this present study.

Perhaps the research most relevant to this present study has been done by David Rennie (1992). Rennie employs a qualitative approach (i.e., grounded theory; Glaser & Strauss, 1967) to look at the therapy process, and more specifically, "the client's subjective experience of

therapy."²⁰ In this particular study, he analyzed 16 tape-replay-assisted interviews of 14 clients who had recently completed an hour of therapy. These clients had been in therapy for anywhere from six weeks to more than two years. In analyzing these interviews, Rennie developed categories around the client's pursuit and avoidance of personal meaning, around the client's perception of the relationship with the therapist, the client's view of what the therapist did during the therapy session, and the client's view of the therapy outcome. Rennie concluded that clients actively think during sessions and do not always express these thoughts to their therapists, even when the therapist invited the clients to discuss any "troublesome intervention" (Rennie, 1992). More specifically, clients have some self-awarenesses, situation awarenesses, and act according to these awarenesses. Rennie concluded that clients take a hand in controlling what goes on in therapy. They control it by forming a plan for the given session and by devising one or more strategies for achieving the plan. They control

²⁰While Rennie appears to assume possessive individualism when he talks about "subjective experience," he only attempts to quantify the results of this study in minor ways (e.g., counting the number of clients and client responses that appear to fit into the categories he developed in his analysis of the data) and he is interested in the interrelationship of these categories (or the larger context).

it by changing a given plan or strategy depending on the exigencies of the particular moment. They control it by attending to and working with the therapist's responses experienced as relevant and by either ignoring or giving lip service to responses experienced as irrelevant. They control it by evaluating the therapist's appraisal of them and by offering to the therapist material that is construed as being acceptable to the therapist. They control it by deciding whether they should challenge the therapist about some aspect of their relationship or about an error in the therapist's activity and/or judgement. And they control it by electing to give control to the therapist.

(Rennie, 1992, p. 224)

While I do not choose to accept what I see as Rennie's root metaphor,²¹ I believe that his conclusions can be seen as an important beginning into the study of the importance of second-person narratives in the therapy situation, or in this case the importance of the client's narrative of the

²¹Rennie seems to see two rather unified personalities struggling for unilateral control of therapy, and that control is possible. In contrast to this, I see individuals created by taking positions in an unfolding conversation, individuals that appear to be somewhat unified because of having taken up positions in previous conversations that serve as archetypes for the therapy conversation.

therapist and how it may have invited them to act as clients.

However, perhaps Rennie's the most interesting conclusion is the importance of what he calls client reflexivity, the "moment that intentions are formed," to the client's experience of change. More specifically, Rennie came to the conclusion that the client's reflexivity (i.e., their willingness to enter into the inquiry, to bend back their understandings on the self, their creation of the unspoken and the meaning behind what has been spoken) "surely must play a role in therapeutic change" (Rennie, 1992). Furthermore, he sees it as "conceivable that the reflexive state is more salient and hence more memorable than the nonreflexive state by virtue of the self-awareness intrinsic in the former" (Rennie, 1992). I believe, with Rennie, that this bending back, inquiring into habitual ways of talking about the self, others, and their world to be a salient, important part of what all the participants in the research and therapy process are asked to do. Rennie (1992) asserts that reflexivity has another important implication for research into the therapy process: "reflexivity creates a world of the covert and thus imposes a limit on the extent to which psychotherapy can be understood on the basis of dialogue alone" (p.226). Angus & Rennie (1989) found that

clients are inundated with unexpressed thoughts, and, in a related study (Angus & Rennie, 1988) they concluded the client and therapist can carry on a dialogue in which each believes that he or she knows what the other means, yet, when each is interviewed about his or her understanding of the dialogue, it is evident that each was on an entirely different 'wave length'. (Rennie, 1992, p. 227)

Rennie's research could be seen to be similar to what I propose to do, with some exceptions. Perhaps the most important of these exceptions is that Rennie sometimes assumes possessive individualism, e.g., when he describes himself as attempting to enter "an inner world of decision and action" where clients pursue and avoid meaning. Instead of an inner world, I propose a different lens: that social practices and particular ways of talking act as backdrops to the construction of the you and the self. As such, I am interested in the participants view of the relationship as part of their second-person narratives of what a therapist and client are in general and in the context of a specific unfolding therapy conversation.

Moving on to the second study I wish to review, Jorgenson (1989, 1991) did not study second-person narratives in a therapy situation, but did study second-person narratives in her research into how families define

themselves as families. I include this research here because it has served as an important model for what I am attempting to do, as well as provides some relevant, interesting conclusions that may have some important things to say about the therapy conversation.

Jorgenson views a family as "a system of relations that comes about as individuals define those relations in their everyday communications with one another" (Jorgenson, 1989, p. 28). Jorgenson uses a constructivist framework to argue that "conversation with significant others serves to validate fundamental assumptions and definitions concerning the nature of the social world and the way one sees oneself" (Jorgenson, 1989). In the course of this research, Jorgenson reflected on the interview process, noting how the researcher defines the domain of the problem and constructs the interview, how she presents herself to her informants, and how she receives the responses and judges their relevance to her research focus, all [which] are elements which shape the nature of the 'data' being elicited. (Jorgenson, 1991, p. 210)

This perspective not only invited Jorgenson to be interested in making her own assumptions more explicit, but also in "how respondents fashion an identity for the interviewer" (Jorgenson, 1991), a fashioning that occurs as a response to

the second-person narratives the family members have of the interviewer. Jorgenson argued that interviews,

like other communicative events . . . are characterized by a reciprocal perspective-taking on the part of interviewer and respondent as each guesses at the state of the other's knowledge and anticipates the other's response. How interviewees make sense of and respond to the interviewer's questions is embedded in the larger process of coming to know who the researcher is.

(Jorgenson, 1991, p. 211)

This is the same argument I am making about the therapy conversation, as well as the research process, except I propose to use a generally equivalent term, "position-taking," rather than the term "perspective-taking" that Jorgenson uses. With Jorgenson, I believe that in order to understand "subjects' responses, some awareness of how those subjects construct the interviewer is crucial" (Jorgenson, 1991).

As part of her own research process, Jorgenson did a qualitative study involving time-consuming interviews with married couples, first individually and then together, "focusing on their everyday understandings of the concept of family" (Jorgenson, 1991). She asked interviewees to say who was specifically family and non-family to them, and what

reasons they had for what they said. She also asked them to create "visual maps of their families," as well as "describe various occasions (such as holidays, special celebrations, routine get-togethers)" (Jorgenson, 1991). These interviews were audiotaped.

What Jorgenson found about how families see themselves is that not all the couples agreed who was family and who was not, and those that did agree often had different reasons for including or excluding certain people. Jorgenson came to believe that since people are not used to having to give accounts of who is family or non-family and why, the informants'

conceptualization of 'family' is, here, bound up in the process by which interviewer and respondent negotiate a sense of mutual understanding out of initially ambiguous questions and terms; and how they accomplish this . . . depends on how they come to interpret each other as social actors.

(Jorgenson, 1991, p. 215)

Jorgenson found that "very often, the person to whom a research subject speaks is not the person an interviewer thinks herself to be" (Jorgenson, 1991, p. 211). Jorgenson learned that families saw her in a number of ways. First, many saw her as a "research psychologist," seeing her as someone who does a lot of interviewing as part of what she

typically does. By according her this status, they defined her as someone who "assumes the right to require a response from her addressee, and, as importantly, to decide what constitutes an appropriate response" (Jorgenson, 1991, p. 215). This view of her was also influenced by the informants' well-defined or vague narratives about the goals of social science and research. Many saw Jorgenson as a researcher who needed data, and therefore saw it as their responsibility to cooperate as much as they felt they could.

A second narrative that families had of Jorgenson was that she was a "family expert," someone who was seen as having skills in helping families. However, Jorgenson notes that she "was more often seen as a potential critic who would evaluate participants' responses with reference to some standard of what is 'normal' or appropriate" (Jorgenson, 1991, p. 219). This seemed to invite informants to be concerned about how Jorgenson would judge their response and to therefore hedge their responses, perhaps attempting to say what they believe the interviewer expects to hear. This seems to fit with other research that indicates that clients usually do not tell their therapists everything they are thinking.

Finally, a third narrative informants had of Jorgenson was that she must be a "family member" in a family of her own. Jorgenson believed that perhaps this view of her

helped the informants to see the relationship as "a more personal and reciprocal exchange than a strictly 'research' relationship allows" (Jorgenson, 1991, p. 221-222).

I believe that Jorgenson's "findings" are related to some of my "findings" in this study because I believe that how the interviewees construed the me as an interviewer and read my expectations influenced how the interviewees made sense of, and responded to, my questions. Because of this, I consider Jorgenson's research as one of the models for this project.

Review of the Pilot Study

McCracken (1988) argues that when doing qualitative research it is helpful for the researcher to create "a more detailed and systematic appreciation of his or her personal experience with the topic of interest." McCracken says there can be three purposes for doing this: to help construct a questionnaire, to help the process of "rummaging" during data analysis, and to help create a little "distance" from the topic. I believe I have done some of this in the pilot study I conducted on the topic of therapist's constructions of what it is to be a client.

I interviewed six doctoral student/therapists (three male and three female) in a marriage and family therapy program, asking them to narrate what it is like to be a

client in the therapeutic conversation, and to also narrate what it may mean to be a therapist in relationship to their narrated client. The purpose of these questions was to gain some understanding of their particular formal understandings of these subject positions. These student/therapists, all with varying levels of experience as therapists, agreed to be a part of two separate focus groups (one group with two members, a second group with four members). Focus groups were chosen over long interviews primarily because they are useful for exploring a range and patterns of perspectives in a fairly short period of time. Membership in each focus group was based upon the convenience of the participants. The initial instructions to each of the groups included asking the participants to imagine what it is like to be a client, to discuss the expectations clients may believe are placed on them as clients, and to discuss expectations clients may have of therapists. I acted as the facilitator for these groups, and my role was to give these instructions and as the groups responded to these instructions, I would occasionally ask clarifying questions (e.g., What do you mean by respect? What do you, as a client, find most useful about therapy? What makes therapy work from a client's perspective?). Both groups were audiotaped, and for purposes of analysis, each of the audiotapes was reviewed by myself a number of times. From this repeated review, I

identified a number of common themes, making written notes about these themes. Throughout this process there was a working back and forth between the audiotapes and my written notes.

One of the major themes I identified included the difficulty of telling secrets to a stranger: that there can be a certain level of mental anguish about trusting a therapist who is seen as a stranger, about what to tell the therapist, and that there is a social pressure to not tell secrets, a pressure evidenced by how difficult it can be to be "telling secrets to a total stranger." However, most agreed that different clients feel this social pressure in varying degrees. One example are those clients who approach the therapist as "one more person in a long line in telling one's story to," implying that this rather faceless stranger is less of a threat. These clients seem more open or display a more nonchalant attitude. Furthermore, not all clients are in therapy voluntarily (e.g., court ordered), and their goal is to keep much of their private world just that, private. This view of clients as "courageous" and "vulnerable" ("you are in someone else's hands") in telling their secrets could be seen to invite the therapist into a self-view of someone who needs to be trustworthy and respectful of the client, perhaps even into a rather expert, if not priestly, position. A number of the participants

discussed what this view of the client invites them to do as therapists, such as listening carefully to the client and inviting clients to be consumer-oriented.

A second theme that I identified seems closely related to the idea of "telling secrets": the client is concerned about whether they will be listened to and respected. How does a client know when they are being heard and respected? One participant noted that respect occurs when the client is able to "talk about things you want to, that the therapist acknowledges that things are sometimes difficult to talk about." Another noted that "It is important that the therapist understands that the client will share whatever they feel they need to share, and when they are able to share, that the therapist is not going to attempt to pull things from me." A third participant echoed the same perspective, but added on the issue of feeling empowered: "I want to share what I want, when I want, at my own pace - that I can kind of manage the process, be directive . . . Do I feel empowered? Involved?" Clearly, these therapists believed that an important part of being heard and respected as a client has to do with not feeling pressure from the therapist to tell all their secrets, or at least, not until they (the client) decided they are ready to do that. Clients are looking for confrontive but not pushy

therapists, and perhaps the difference lies in the therapist's willingness to listen and respect their clients.

A third theme I identified was that therapists may see their clients as careful or not too careful consumers. One participant stated: "I assume that most clients are like me. I am careful about who I see . . . I look for therapists with certain kinds of qualities." Another volunteer stated "I will shop around for someone who had done therapy themselves." These quotes seem to position the client as a buyer and the therapist as a seller. How choosy a consumer the client is depends on many factors, as illustrated by these quotes: "the level of crisis that puts one in sense of needing help," "many clients assume that the therapist is qualified," and "some clients have less options to be shopping-oriented."

A fourth theme was "change," a topic that came up in different ways. One participant noted that not only do clients seek some understanding of what is going on, but they expect "change will occur, that something will be different." Furthermore, perhaps the therapist who construes the client as expecting change is likely to see their self as someone who can, and perhaps is expected to, orchestrate change in the direction of some standard of progress. It seems possible that this construction of the client may invite therapists to learn therapy techniques that might

engender change, and to perhaps be less interested in their clients' stories. It may also invite the therapist to be more interested in progress than some clients. Perhaps many clients are more interested in having someone who will listen to them, hold a conversation with them, believe in them, and offer them hope. Therapists who construct clients as more interested in these things are perhaps more willing to listen to their client's stories without feeling like they have to immediately seek solutions. My point is that a therapist's construction of their clients and what type of change they believe their clients expect informs the therapist about how they are to see their self.

In summary, all of these themes (e.g., therapist as stranger, client as consumer, therapist as an accepting listener, therapist as an agent of change) can be seen to be second-person narratives that invite certain first-person narratives (e.g., client as a revealer of secrets, therapist as a business person, client as an open talker, client as someone in need of change). More importantly, this pilot study has allowed me to work toward "a more detailed and systematic appreciation" (McCracken, 1988) of my constructions of the therapy conversation. The results helped guide the interview process and aided in the "rummaging" process of data analysis.

Chapter Three:

Process

Introduction

Most narratives are partly defined by their goals, and perhaps no narrative is more required to have a specifiable goal or goals than the narrative that aspires to being classified as research. The goal of this study was not to find correlations or causes, but rather 1) to gather, through individual interviews, some of the pre-understandings that inform the second-person narratives of a particular therapist and client; 2) to collect, through the use of tape-assisted recall interviews, some of the second-person narratives of both the client and therapist over the course of three therapy sessions; 3) to gather my co-researchers' second-person constructions of me (the interviewer), the research process, and their narratives of how the research process impacted the therapy relationship and, 4) to write a coherent narrative based on the data produced by all the co-researchers (client, therapist, and myself).

I began this project because I believed that a study like this might be useful to therapists, clients, and researchers. There has been very little research about how clients and therapists construct the other, and, therefore, these important construals remain silent in the therapy and

research process. By remaining unexamined, the tools (i.e., narrative resources) that seem to be commonly used to structure the therapist's and client's understanding of the other have been taken for granted. Furthermore, the dominant discourses in which these tools are situated also remain invisible, discourses that can be seen as "reflect[ing] a prevailing structure of social and power relationships which are actively constitutive in relationships" (Madigan & Law, 1992, p. 33).²² While the goal of this study has been to reflect upon some of the common tools used to position the other, rather than to present a coherent reflection on the situating discourses, any reflection on these tools might also be seen as an indirect (or not so indirect) reflection on the "power" of dominant discourses, if power is defined as "a network of practices, institutions, and technologies that sustain dominance and subordination" (Hare-Mustin, 1994, p. 21). In other words, while this study focused on some of my co-researchers' views about therapy and so on, hopefully it has also added to a growing social constructionist conversation around the discourses and practices of therapy.

²²Madigan and Law, in the same article, go on to argue that "family therapy has only discourses, and not a series of family therapy models, theories, or paradigms." This view informs this research process.

However, as happens in research projects, there are surprises. In this case, as the project progressed I came to believe that this project may also have important things to say about the therapy relationship and how it is usually conducted. This belief developed at least partly because one of the tools that the therapist used to make sense of the researcher (the therapist view of the other as researcher) was that the researcher was seen as a rather nontraditional supervisor during the research project. I will discuss this more in the fifth chapter.

The recruitment of co-researchers for this project

My initial plan was to recruit one male therapist and one male client in an on-going therapy relationship to be co-researchers with me in this project. My primary reasons for wanting both co-researchers to be male was that there seems to be little qualitative research of any type that focuses on male therapists with male clients, and that this sort of reflection on one male/male therapy relationship might invite further reflection and research on other male/male therapy relationships. My reason for seeking a therapist and a client in an ongoing relationship was the same as Rennie's (1992) reason for recruiting such pairs for his study: he used clients that the therapist believed "could 'handle' such a sensitive research endeavor."

Using these criteria, I began to search for an interested male therapist with a male client. I talked to several male therapists about the possibility of participating in this project, and I received a positive response from many of them. However, most of them indicated that they were seeing very few male clients on an individual basis, and those they were seeing did not seem to be appropriate for this project (e.g., they may not have three more therapy sessions, and so on). Indeed, most of their male clients were either being seen with partners or family members, or as part of a group for men. I found that very informal "finding" about how many male clients were being seen with others rather than individually to be interesting, and perhaps might be another study (e.g., how males are usually seen in therapy situations, how different modes might be seen as helping and constraining the therapy conversations males are a part of, and so on). However, I did not choose to make this a focus in this project, so I will only note here how it seemed to narrow the field of eligible co-researchers. Because of this, I asked three of the interested therapists to begin a process of evaluating any new male clients they may start the therapy process with for the project, with a primary emphasis on whether they felt that the new clients would be both be interested in and able to handle being a co-researcher in a project like this.

Over the course of a few weeks, one of the therapists had started the therapy process with a male client, and the therapist felt confident that this client was someone who was not only interested in being a co-researcher on this project, but that the client would indeed make a good co-researcher. At that point, I met with the therapist and the client to explain the project, the purpose of the project, and what was to be expected of each of the co-researchers (including myself). My further goals for this meeting was to answer any questions they might have, address any concerns, and to thoroughly cover the terms of the project as outlined in the Informed Consent statement (see Appendix D). Once they expressed a desire to engage in this project, I asked them to sign the Informed Consent statements and arranged to meet with them on an individual basis for the first interview.

Descriptions of the co-researchers

For purposes of confidentiality, only a limited amount of demographic information is presented here. In the following paragraphs I will briefly describe each of the co-researchers.

The client²³ was a white male, aged 28. He was someone who had seen many different therapists for a number of years (since childhood), and so he had a great deal of experience as a client. He presented with issues around difficulties with his roommates, difficulties associated with being unemployed, and feelings of being irresponsible.

The therapist was a white male, aged 25. At the time of the project, the therapist was seeing clients as part of his practicum experience in a doctoral-level marriage and family therapy program. Before entering the program as a full-time student, the therapist had earned a masters degree in counseling, and had over a year of post-masters' training and experience as a marriage and family therapist. He identified his primary orientation to therapy was as a narrative therapist, but he indicated that because he was so relatively new to the narrative approach to therapy he

²³In the final interview, the client stated that he wished to have his real name used in this document, stating "I've actually thought about it a lot. . . I'd really rather be a person than be anonymous. . . I almost insist that you use my name. . . What I really want there is sincerity. I'm not hiding behind anything, I'm not looking for fame or fortune because my name is there. . . I believe that in order for it to be taken seriously and as genuinely as possible, it shouldn't just be where it says 'client'. . . Part of what we learned we are devaluing by not doing that [using my name]." I informed the client that I would check to see what I might be able to do, but as a minimum, I would register his request in the form of a footnote, as I have done here. In the mean time, I will continue to refer to him as "the client."

remained fairly eclectic, borrowing from both strategic and structural approaches to therapy.

I (the interviewer/co-researcher) am a white male, and at the time of the project I was 40 years old and a doctoral candidate in a marriage and family therapy program. I have over ten years of experience as a therapist in various clinical settings, both out-patient and in-patient. I consider my theoretical orientation to be primarily narrative and collaborative, but I still occasionally rely on strategic (MRI) approaches in my work with clients. I believe that clients come into the therapy conversation with stories to relate, stories that are candidates for meaning within one or more discourses. Indeed, if these stories have utility, it is only within the confines of a particular discourse or discourses. Utility is to be derived from their success as moves within these arenas. To put it otherwise, "a story is not simply a story. It is also a situated action itself" (Gergen & Kaye, 1992, p. 177-178). As I stated earlier, I believe that these stories are tools clients, therapists, and researchers use to position, describe others and their self.

Setting

The setting for this project was a family therapy clinic which is a part of a doctoral program in marriage and

family therapy. This clinic is situated off-campus, and is made up of a number of offices, therapy rooms, and meeting rooms, and is staffed by one clinic director and one full-time office manager. Doctoral students in the marriage and family therapy program take one-year practicum rotations, offering out-patient therapy to a broad range of clients. Fees for services range from five dollars a counseling session to fifty dollars a session, based primarily on the ability to pay. The collected fees go to the university treasurer, not to the individual therapists. Because of the relative inexpensiveness of the sessions, the services are heavily utilized by area residents, as well as university students.

In addition, as directed by my dissertation committee, all the therapy sessions took place in one room of this clinic (the room designated as room number two), while all the research interviews took place in a different room (the room designated as room number one). While room number one is also generally used as a therapy office at this clinic, I rearranged the office for the research interviews to give it more of a sense of a researcher's office (e.g., brought in television monitor, rearranged the chairs and coffee table so that it was inconvenient to use the couch in the room, and so on). The client was never seen in room number one as a client, only as a co-researcher, and never seen in room

number two as a co-researcher, only as a client. The client indicated in the final interview that using two separate rooms for the therapy and the research was helpful to him in keeping the processes separate.

Structure and format

The entire process involved five parallel individual interviews with each of therapy participants, for a total of ten interviews. The ten interviews took place over a four month period, and took a total of over nineteen hours to complete, meaning that the average length of each interview approached two hours (however, the interviews with the client tended to be a little over two hours on the average, while the interviews with the therapist tended to be a little more than ninety minutes on the average). All of the interviews were videotaped.

The first of the five interviews with each of my co-researchers focused on their understandings of what it means to be a therapist and a client. The purpose of this interview was to gather the participants' pre-understandings about what therapy is, and about what it is like to be a therapist and a client. I used a semi-structured interview format for this interview, using the following set of questions: What is the purpose of therapy? What are the goals of therapy? What invites people to enter into therapy

relationships (both clients and therapists)? What makes therapy work, in general? What makes therapy not work? Is the therapy relationship like any other relationship you know of? If so, how is it like those relationships? Is there anything you would like to add about how you view therapy in general? What is a client is, and what does a client do? What is it like to be a client? When does it feel good to be a client? When does it feel bad? What do clients expect from therapy? What do clients expect from therapists to make therapy work? What makes a good client? What makes a bad client? What is a therapist and what does a therapist do? What is it like to be a therapist? When does it feel good to be a therapist? When does it feel bad? What do therapists expect from therapy? What do therapists expect from clients to make therapy work? What makes a good therapist? And, what makes a bad therapist?

The next phase of the project involved three individual interviews with each of my co-researchers, for a total of six interviews in this phase (when this phase was completed, I had a total of eight interviews: these six interviews plus the two initial interviews about what it is like to be a client or a therapist). For these six interviews, I met with each co-researcher individually after a videotaped therapy session involving the therapist and the client. How soon after the therapy session these interviews would take

place was negotiated with each of my co-researchers: 1) the client felt that the therapy session and the interview should not take place the same day due to the fact that both processes take a lot of energy (and together, too much for one day), and that waiting until the day after the therapy session to conduct the interview permitted the client the opportunity to process the therapy session a little more. Along this same line, the client indicated that if the interview session were to be held the same day as the therapy session, it would be too easy to treat the research interview like a continuation of the therapy session, rather than as research (the client made it clear in the final interview that one of the things that helped him to be open during the interviews was that it was research and not therapy); and, 2) the therapist indicated he was flexible on how soon after the therapy session the interview was conducted, preferring to let his schedule play a part in his decision. Therefore, on one occasion the interview took place the same day as the therapy session, one other interview took place the next day, and the third interview took place two days after the therapy session (but still within forty-eight hours).

The "method of discovery" for these six interviews was an interview procedure developed by Kagan and some associates called Interpersonal Process Recall (IPR) (Kagan,

1980). Even though Kagan primarily used IPR as a counselor training procedure, others have used it as a research procedure (Elliott, 1986; Rennie, 1992; Disque, 1992) and have called the procedure such things as videotape inquiry and videotape reconstruction (Knudson, Sommers, & Goding, 1980).

However, before actually beginning the IPR procedure in these interviews, I asked my co-researchers to provide a narrative of the therapy sessions, and especially their constructions of the other and self. I used a semi-structured set of questions to guide this part of the interview, asking each of them to take the position of the other, to talk as if they were the other person.²⁴ The

²⁴In any research interview, I believe that it is the interviewer's responsibility to ask questions that provide occasions for co-researchers to give "performances," enacting and producing more narrative for their audience, the interviewer (Pool, 1991). I believe the best sorts of questions invite reflectiveness on the part of the interviewee. One of the primary ways I sought to stimulate this performance and directly request reflectiveness of how each co-researcher saw the other was to ask that they imagine they actually were the other person in the therapy conversation and to explain why they were doing what they did, to discuss what they were thinking and what they were saying (and not saying). By requesting justificatory accounts of their actions (including narrating actions) as if they were the other person, I hoped to get broader narratives of their constructions of each other. Some might object to these narratives as "revised stories," created in the context of the interview, rather than supposedly more accurate first-person "initial stories" (e.g., "This is how I felt then, during the session."). However, I believe with Scheppele (1994, p. 93) both are narratives "all the way down", and to privilege first-person "initial" stories over

questions included: What happened in this session from your perspective? Was there anything significant that occurred during the session that stands out for you? Was there some highlight of the session? What do you know now that you might have not learned or not learned as quickly because of this session? And, what strengths did you bring to this session?

After this brief semi-structured interview period, the IPR process was initiated and I asked my co-researchers to narrate about anything significant or of interest about their understanding of the other (or self) as if they were the other person. Similar to work begun by Kagan (1980) on Interpersonal Process Recall (IPR) and continued by Elliott (1986), the tapes of the therapy sessions were replayed in order to enrich the participants' narrative recollections (and, I would add, to stimulate further narrative expansion) of their constructions of the other in the therapy sessions.

IPR is an interview method where taped conversations are reviewed by the research informants, and they are "asked to remember and describe the momentary experiences and perceptions associated with particular events in a conversation" (Elliott, 1986). Using IPR, I asked my co-researchers to narrate about forgotten or unnarrated

second-person "revised" stories is to once again privilege possessive individualism.

experiences that occurred during the taped conversations. They were instructed that they could start, stop, fast forward, or rewind the taped conversations as they desire, and I invited them to take all the time they felt was necessary to describe what they were (or were not) doing, thinking, saying, and so on. Part of the goal for this was that I wanted my co-researchers to actually possess some control over the interview process. However, like Rennie (1992), when there were parts of the videotape that interested me, I reserved the right to stop the tape and ask about the participant's construction of the other or self. I made it clear that they were under no obligation to answer any of my questions. At times when I stopped the tape I would ask questions like (again, asking them to talk as if they were the other): How would you describe yourself in this last section we just watched? What are you doing here and why? What was your goal in saying what you just said? What are you thinking at this point? Is there anything you are thinking but not saying?

The final interview with each of my co-researchers took place after I had completed much of my analysis of the first eight interviews, and I had given a copy to each of them to review. Both of my co-researchers read what I had written prior to the final individual interviews, and during this interview gave me feedback about the narrative, their

constructions me as a researcher, their view of how the project influenced the therapy conversations, their perspectives of their self in the research process, and anything they consider significant or of interest.

Analysis of data

The primary source of data were the videotapes of the ten interviews, as well as notes I had taken during the interview process. Because the interviews were videotaped, I believe the record about what was discussed during the interviews to be fairly complete.

I completed the analysis process in three phases. First, I reviewed the initial interviews with each of the co-researchers and myself several times before beginning the interviews involving IPR. During this reviewing process I made several notes, following McCracken's five-stage model of analysis (which I will outline shortly). I viewed this analysis as an opportunity to reflexively "realize more fully the linguistic implications of preferred positions, and to invite the expression of alternative voices or perspectives into [my] activities" (Gergen & Gergen, 1991). In other words, this initial analysis process enabled me to be more aware of my own linguistic preferences, as well as the linguistic preferences of the research participants.

This analysis, along with the pilot study, informed the interview process during later interviews.²⁵

Second, after completing the first eight interviews, I then began a more thorough analysis process, following McCracken's (1988) four-step method of inquiry and his five-stage analysis process as a guide, which I will discuss shortly. The final analysis phase centered on the final two interviews separately, and then how these final interviews related to the rest of my understandings.²⁶

Before I began the bulk of this analysis process, I had little more than a vague idea about what might be involved. However, this is not necessarily a bad thing, because as McCracken (1988, p. 41) states, "The exact manner in which the investigator will travel the path from data to observations . . . cannot and should not be fully

²⁵For example, I would occasionally request that the therapist or client to clarify something they were saying during an interview by asking them to relate it to something they had said during the initial interview. An example of this is when the client was talking about how he felt that he did not have to worry about what the therapist thought about him, and I remembered he had said something similar when he had referred to the therapist as an "employee," so I asked if those two ideas were related for him or rather separate.

²⁶I use the term "understandings" rather than "discoveries" or "findings" because I believe that these "discoveries" are best seen as understandings, that they are linguistic constructions situated in a socially constructed narrative.

specified." McCracken's model seems to purposely leave a lot of room for an evolving analysis process, which I think is an apt description of my own process. I will outline McCracken's process here, and how I saw it guiding my own process.

McCracken's model begins with a "review of analytic categories," or an good literature review. This was covered in the second chapter. The second step of the process is a "review of cultural categories," where the investigator creates "a more detailed and systematic appreciation of his or her personal experience with the topic of interest." McCracken says there are three purposes for this review: to help construct a questionnaire, to help the process of "rummaging" during data analysis, and to help create a little "distance" from the topic. I believe I accomplished some of this in the pilot study I reviewed in chapter two, a study that certainly influenced the creation of my questions in the semi-structured interviews and invited me to reflect on some of my own understanding of therapy and what it means to be a therapist or client. I am not sure I ever achieved any distance, however. I am not convinced distance is possible, unless it means that I, as a researcher, will actively engage in continuing reflection.

The third step in McCracken's four-step model is "discovery of cultural categories," allowing participants

"to tell their own story in their own terms, while the investigator listens for key terms and numerous other things (e.g., participants trying to look a certain way, lying, omissions, misunderstandings, and so on)." From my own perspective, I attempted to listen to my co-researchers narratives throughout, careful to try to use the terms they used. However, this does not guarantee that the definitions of these terms were (or are) settled or uncontested, even today. Therefore, while many of the co-researchers' terms are used, I also tried to write some about my views of these terms, and occasionally I even put forward a few ideas of what I think my co-researchers meant. However, even though they read much of the manuscript, and indicated what changes they wanted to see, I can still only assume that what I have written here (and how you, the reader, read it) does not radically violate their understandings of these terms.

The fourth step is the "discovery of analytic categories." It is here that the core of the analysis process seems to reside, the step where McCracken's five stage model of analysis comes into play. McCracken (1988) writes:

This five-stage process inscribes a movement from the particular to the general. The investigator begins deeply embedded in the finest details of

the interview transcript and, with each successive stage, moves upward to more general observations.

(p. 42-43)

The first stage of this analysis process requires the researcher to investigate all the utterances, using himself as an instrument to narrate about some of the beliefs and assumptions that may inform each utterance. To accomplish this familiarization, I watched each of the videotaped interviews (including the initial interviews) and the therapy sessions all the way through, making some notes about my view of each of the interview conversations. I then began re-reviewing the videotapes by taking notes where it seemed appropriate, or transcribing the conversations verbatim. I estimate I transcribed well over three-fourths of the all the interview conversations, and nearly all the therapy conversations. In this process I stopped, rewound, and replayed sections of the videotapes many times. I also stopped the videotape to make notes in the margins of my transcription tablets. Throughout this process I kept careful track of the time indexes on the videotapes so as to be able to more easily return to any segment of the videotape I wished to review once again. Throughout this transcription process I became increasingly familiar with both the interview conversations and therapy session

conversations, and I was well into the process of creating as many categories as possible.

During the second stage of McCracken's analysis process I continued the first stage, but I also began to relate my narratives back to the interviews themselves, looking to create more narratives about the beliefs and assumptions that inform the utterances within the interviews. I continued the first stage by creating an outline of the interview sessions using Chenail's (Rambo, Heath, & Chenail, 1993) Recursive Frame Analysis (RFA). According to Chenail,

RFA can be seen as a way to present the 'logic' of a narrative or conversation at hand . . . In listening to the talk, recursive frame analysts become sensitive or curious to differences in the conversation. For example, where and when does the content being discussed by the participants change? Are questions answered? Are answers questioned? How does it make 'sense' that one speaker says 'X' after another speaker says 'Y,' or how does it make sense that after one speaker says 'Y' another speaker does not say 'X'? Somehow, in some way, recursive frame analysts have to make sense of the 'what' and 'how' of conversations. (p. 161)

However, while I found RFA useful in generating themes and noting shifts in the conversation, it tended to obscure the therapist's and client's use of second-person and first-person narratives. Therefore, I adapted the RFA methodology in such a way that focused my attention on second-person and first-person narratives,²⁷ organizing the transcriptions I had created into what I have come to call choreographies. These choreographies can be found in Appendices A, B, and C. I decided to include them at the end of this document not only for the sake of thoroughness, but also to invite the reader more completely into my analysis process, to become more involved in this project by reading much more of the actual content of the interviews and sessions. I then used these choreographies to further create more second-person categories, and, in the process, I reviewed the transcripts of the sessions several times.

Stage three in McCracken's analysis process involves relating my "observations" to other observations, noting that "the main focus of interest has shifted away from the main body of the transcript" (McCracken, 1988, p. 45). This leads to another set of "observations" or, as I prefer to say, narrative constructions. McCracken (1988) writes that

²⁷I paid attention to when first-person and second-person narratives seemed to begin and end, whether this involved just one speaking turn, or a narrative extended over several speaking turns.

it is here that "A field of patterns and themes should be rising into view," or relevant meaning units are established (Tesch, 1990). It was at this stage that I began to connect my narrative constructions.²⁸

McCracken calls stage four "a time of judgement." Here the themes and patterns that have "been allowed to multiply profusely must now be harvested and winnowed." General themes (or in this case, general tools) were established, and decisions are made about their interrelationship. These individual themes allowed me to begin to concretize "constituents" of the dissertation narrative, resulting in a description of the "general structure" of the narrative. It was at this fourth stage that anything not considered useful was discarded, when I began to attempt to winnow and combine what I saw as second-person tools. However, I must admit that I did not throw very much away because it seemed the more I winnowed, the more I seemed to eliminate my co-researchers' perspectives from this narrative.

The last, or fifth, stage "calls for a review of the stage-four conclusions from all the interviews that have been undertaken for a project" (McCracken, 1988, p. 46). At

²⁸For example, the therapist's views of the client as someone who views the therapist as an expert, and as someone who is courageous because of taking a vulnerable, one-down position. Both of these could be related to issues of hierarchy.

this stage I primarily focused on my narrative of what I have examined, not the participant's narratives. This is also a time for building some "conclusions." I entered this stage after I had conducted the final interviews, and, therefore, I had the help of my co-researchers, both of whom were willing to tell me what needed to be changed, what really didn't seem to fit, and what needed to be clarified (as well as what it was like to be a part of the project and their constructions of me as a researcher). I made notes of the final interviews, reviewing the videotapes completely, and then I created transcripts of what seemed to me to be significant utterances. Once I had created themes derived from these final interviews, and after I had winnowed these themes, I made the necessary adjustments and additions to the dissertation manuscript.

Chapter Four: Understandings

Introduction

. . . the basic practical-moral problem in life is not what *to do* but what *to be*. (Shotter, 1993, p. 118)

. . . Davidson resembles Wittgenstein. Both philosophers treat alternative vocabularies as more like alternative tools than like bits of a jigsaw puzzle. To treat them as pieces of a puzzle is to assume that all vocabularies are dispensable, or reducible to other vocabularies . . . We should restrict ourselves to questions like 'Does our use of these words get in the way of our use of those other words?' This is a question about whether our use of tools is inefficient, not a question about whether our beliefs are contradictory. (Rorty, 1989, p. 11-12)

As Vygotsky sees it, in linguistic communication, words are first a *means* (a 'tool') for use in influencing another person's behavior (Vygotsky,

1962:56), a means for use in the negotiation of meanings.²⁹ (Shotter, 1993, p. 70-71)

As I stated in the first chapter, this is a study that reflects my interest in a social constructionist approach to therapy, an approach that is particularly interested in the narrative tools used within one particular type of social relationship to make sense of the other. Therefore, this is a study that I believe focuses on "how we actually do treat each other as being in everyday life, communicative activities" (Shotter, 1993, p. 23).

What follows is the narrative I created from my analysis of the research interviews and the therapy sessions. In accordance with the "tools" metaphor I have adopted in this analysis process, I call these interviews the "toolbox interviews." I have divided these interviews into three sections: 1) the initial interviews where I invited the client and the therapist to talk about some of the narrative tools they brought to the therapy conversation; 2) the research interviews, those interviews where I invited the therapy participants to take the position of the other and then describe themselves, using both recall and videotape stimulated recall (Interpersonal

²⁹All quotations of Vygotsky in this passage come from L. S. Vygotsky's book *Thought and Language*, edited and translated by E. Hanfmann and G. Vakar, Cambridge, MA: MIT Press.

Process Recall (IPR)); and 3) the tools they used to describe the research process during the research interviews involving IPR.

These are all tools the participants used (or could have used) to construct "how to be a person of this or that particular kind" (Shotter, 1993, p. 19). I propose that these tools, or habitually deployed constructions about therapists, clients, and the therapy relationship, could be seen as being used by my co-researchers to make sense of the other person, to make sense of one's self as part of a therapy conversation, to fashion a response to that other, and to negotiate evolving understandings. I agree with Shotter (1993) when he argues that "people's responsive understanding of each other is primary" (p. 8), and, I would add, that the failure to know, or adhere to, the cultural ideas of the other in a therapy relationship invites charges of incompetence either as a therapist or a client.

The toolbox interviews: The initial interviews

In this section I will focus on the initial research interviews with each of the co-researchers (the therapist and the client). In these interviews, the therapist and client provided narratives in response to such questions as: What is the purpose of therapy? What it is like to be a client? And, what it is like to be a therapist? These

interviews might be described as somewhat ethnographic in that they represent my attempt to explore some of the tools these participants brought to therapy conversation as seen from the perspective of people engaged in the process of therapy. As Spradley (1979, p. 3) states "Rather than *studying people*, ethnography means *learning from people*."

However, let me offer two caveats. First, this is not a study on all the possible tools available to participants within the "official" practice of therapy in our culture (or even within this particular therapy relationship), nor is this a compendium of all the possible creative uses of the tools described here (an impossible task). Instead, my goal in this chapter is to present some of the therapist-client tools that seemed specified in the context of the research interview conversations with this particular client-therapist pair, and how these tools appeared to be used by the therapist and client in both the therapy sessions and the research interviews.

Second, other researchers using different instructive accounts³⁰ (or, perhaps, the same instructional account) to

³⁰Shotter (1993, p. 11) wrote "the task of understanding the *background* to our lives cannot be done within the confines of any kind of systematic *theory*. Systematic theories . . . leave crucial aspects of [the background] unanalyzed; they result in a self-deceptive, externalizing of the ideology of the day." I believe that theories are sets of policy statements that act as "guides to possible scientific acts" (Harre, 1990), provide "a set

guide their analysis of these interviews might likely come up with a very different narrative. I do not see this as a liability for this study (or any study), merely something to be acknowledged: I do not believe that objectivity (used in the positivist sense) could somehow have been obtained if I had employed numerous analyzers/raters using a rather

of propositions that describes a set of observations. . . [that] summarize and organize what we know about the world" (Cheal, 1991, p. 18). Cheal wrote that theories ". . . suggest the kinds of questions we should be asking, and hence direct our attention to certain kinds of events rather others [ital. added] . . . [and] help us interpret what we observe, and thus structure the process of perception" (p. 19). As such, I view a theory as a tool that directs my attention and structures my perception, and the articulation of theory is not so much to provide a model of "reality" as it is an attempt to make clear what guided my decisions in my analysis of these interviews.

However, the term theory is associated with attempts to offer "neutral 'pictures' of fixed, already existing states of affairs, awaiting our judgement as to their truth or falsity" (Shotter, 1993, p. 34), and in academia, "without an inner mental picture, an orderly, mentally surveyable image of a 'subject matter's' structure, we feel our knowledge is of a quite inadequate kind" (Shotter, 1993, p. 57). This view invites researchers to "treat sets of essentially historical, often still temporally developing events, retrospectively and reflectively - as if they are a set of 'already made' events in which we are not involved - with the overarching aim of bringing them all under a unitary, orderly, conceptual scheme" (p. 57). What I believe researchers study are not already ordered social realities that can be individually investigated through the use of theories (Shotter, 1993), but researchers use a certain set of "instructive statements" as tools to direct their "attention to crucial features of the context" and allow them to generate "'connections' between things that otherwise would go unnoticed" (Shotter, 1993, p. 34). Or, as I might say, they invite us to create different understandings. As such, I prefer to use the term "instructive accounts" to the term "theories."

singular instructional account.³¹ Such an idea views research as attempting to gain an accurate picture of some extralinguistic reality, a view which assumes that the imaginary entities created by our descriptions actually exist outside of those descriptions, causing those descriptions to occur. Therefore, instead of trying to hide that I am using a certain way of talking, a certain instructional account, and a repertoire of understandings, all of which I will describe as my voice, I have chosen to let my voice be strong (as is the researcher's voice in all research studies). What I have done to try to balance the strength of my voice is I asked my co-researchers to review what I have written and respond to it in the final interview, and they have done that. However, despite my efforts to present my co-researchers' perspectives, my voice still permeates this entire analysis because any sort of

³¹In my view, this sort of maneuver serves more as a rhetorical device used to add persuasive weight to a particular theoretical view point. I would argue instead for a "social (intersubjective) view of objectivity" (Andersen, 1994). According to Andersen, "This idea of objectivity is that with many different points of view focused on one problem or issue, the result may not be perfect or certain, but it is what can be achieved now. . . . What is important here is the different points of view, not just different individuals debating an issue. A thousand individuals, all of whom are committed to one theoretical position or point of view, provide only one point of view, not a thousand" (p. 132). In other words, if every one used the same instructive account to look at these tapes, and everyone agreed, the result would add very little to a social constructionist's view of the study as objective.

analysis process/researcher-created narrative demands that it does. The issue is not so much if the researcher's voice is strong or not, it is how open the researcher is willing to be about this issue (e.g., they might attempt to make their voice covert by claiming to be objective in the positivist sense, or they might be more open about their voice). With this said, I invite you to explore my take on some of the second-person tools I "discovered" in this therapist's toolbox.

A peek into the therapist's toolbox

The tools offered here are the products of applying a particular instructional account (i.e., one that centers second-person narratives, directing my attention to see certain kinds of activities and events, providing me with a way to structure and communicate my narratives, and suggesting research and interview questions) to the initial interview between with the therapist and the researcher. In this interview the therapist is asked to respond to such questions as: What is like to be a client? What is it like to be a therapist? And, what is the purpose of therapy? Please note that the "emergent" tools used by the therapist to make sense of the other, himself, and the therapy conversation appear more static and "already made" than I mean for them to appear. I believe that each of these tools

may have many different uses in the course of a therapy conversation, may evolve or change in the course of a conversation, and may overlap each other in terms of function (e.g., as explanations for coming to therapy: clients come because they have problems, clients come because they are discouraged, clients come because they have a negative story about themselves, and so on). As stated earlier, these tools are often vague and under-specified, and the use of these tools is negotiable and contestable by the participants in the conversation.

"Someone with a story"

At the time of this interview, the therapist constructed clients as entering the therapy conversation with a story of the world and themselves. This is similar to what Gergen and Kaye (1992) wrote: "When people seek psychotherapy they have a story to tell" (p. 166). While Gergen and Kaye go on to list some of their constructions of the different kinds of stories that clients, the therapist focused on the singularity of both the story and the direction of the story usually has taken up to that point: "[Clients come in] with one story about themselves, and it is often one of negativity, one in which they, uh, they at times think not very highly of themselves."

The therapist stated this is not a view of his clients he has always used. He described one of the alternative second-person narrative tools he had previously employed with regularity, namely that he saw clients as "people . . . with problems to be fixed." He added that this latter view invited him to position himself as "the person to help them fix the problem," a view that "did not allow . . . clients to take as much responsibility as they should." The result of this might be that the therapist's second-person narrative that positions clients as having a problem to be "fixed" and they need someone who helps fix problems is somewhat more negative about clients (e.g, clients might be seen as inadequate, broken).³²

"A story with someone"

The previous construction already hints at the idea that client stories often "fix" clients into rather static, negative views of themselves, others, and the world. Therefore, according to the therapist, not only do people have stories, stories have people. The most powerful "other-constructing" metaphor this therapist used to illustrate this is his description of the client as "kind of

³²An alternative second-person tool might be to take the view that people come to therapy with already "too fixed" (double entendre intended), static stories.

like they have all these bricks on top of them, they kind of like continue to pile up and pile up, and finding a way to get out from underneath these bricks can be difficult if you only have one definition of yourself."

"Explorer of options"

The therapist made it clear that it is not his job to change the stories the client brings to therapy: "It's not up to me to change their stories. It is not my . . . I'm not going to substitute my story for their story." In other words, he does not see the client as someone needing a "better" story that is to be provided by the therapist. Instead, he views the therapy relationship as "a context where clients can explore their options and maybe see the world in a little different way than when they came in." He appears to view clients as explorers, or, more specifically, explorers of alternative³³ ways to see themselves, others, and the world. The idea that clients are explorers of options implies that this therapist believes clients can be invited to investigate alternate possibilities, perhaps inviting the therapist to see himself as a co-explorer, or perhaps as expedition guide.

³³Alternative to the rather fixed, negative stories they have or that have them.

This appeared to be a rather important second-person narrative used by this therapist because when I later asked him the question "What makes a lousy client?" he stated that it was the client "who is not interested in exploring all kinds of different things, and [stays] with one negative story . . . and [says] more or less . . . 'Just give me something' or 'Tell me what to do' . . . Not really interested in a conversation, but coming in . . . as if I have a potion I can give them." Furthermore, he described a good client as one who is "looking for an arena where they can explore, um, options." It seems that while the therapist believes that "exploration" may mean giving the client advice sometimes, advice-giving is not what makes a good therapy conversation. Rather, a good conversation seems to primarily rely on the client's willingness to reflect, to engage in the "turning or bending back of one's experience to oneself" (Steier, 1989). When clients do more than look for a "magic potion," when they reflect, the result may be that, as this therapist stated, "they have learned something or saw something in a little different way . . . Coming up with, um, new perspectives on themselves, on oneself within their community."

"Discouraged and a possessor of forgotten resources"

One of the second-person narrative tools that the therapist mentioned numerous times was his view that clients are often "discouraged." The therapist indicated that to be discouraged generally meant that the client had forgotten their strengths, may be feeling a lack of worth, and may see themselves as isolated from others. In addition, this therapist noted that "once a person becomes discouraged, it is as if they cannot see beyond that discouragement."

Because he described clients as discouraged, this therapist saw himself as an encourager, stating that "Part of my role is to be encouraging and identify strengths maybe they have forgot . . . Coming up with, um, new perspectives on themselves, on oneself within their community . . . That they are not in this alone, that, that, um, even though they may feel isolated, there are people they are connected to." This second-person view positions clients as possessing³⁴ resources to change their perspectives but, for whatever reason (e.g., forgetfulness), they have not been fully using them.

³⁴Possessive individualism is assumed in many of the tools used by both the therapist and client, an assumption that is shared with most of the culture of which they are a part. An alternative approach that does not assume that clients possess resources might be viewing clients as situated within a rich and varied background of resources they (in relationship with others) might draw on.

"In need of a safe, neutral conversational partner"

"To come into therapy, they [clients] have to be at a point where they have kind of run out of answers for themselves. At this point they need a new perspective on things they cannot get from a friend or a family member . . . somebody they don't know who appears to be neutral, at least at the outset . . . It's another resource for them." This is a view of the client as seeking a conversational partner that is not one of their "everyday" conversational partners. Furthermore, the client is seeking an opportunity to talk to a "neutral" person ("It's rare that people are going to actually sit down with their family members or spouse and really talk about what hurts them."), someone lacking the ulterior motives a family member or a best friend may possess (e.g., someone who the client will not say this about: "You are only supporting me or saying that because you are my family member, or best friend."). This seems to be a type of second-person narrative that seems to create a client situated in a web of constraining and constituting relationships/conversations that have become rather fixed, and, perhaps, inhospitable (intentionally or otherwise) to new perspectives. Perhaps what this means is that clients are seeking conversational partners where they can explore their options for new perspectives with a greatly lessened sense of risk. In addition, the therapist

is not offering the typical kind of conversation the client might have with their usual everyday conversational partners (e.g., this therapist stated that "When I am talking to friends about a problem I am having or they're having, it becomes much more 'Why don't you do this?' or 'Why don't you do that?' rather than a typical therapeutic act of exploring options.").

Although I did not ask the therapist for a specific definition of the term neutral, it seems here that he is addressing an issue more related to safety and trust than to some sort of scientific objectivity. Later in the interview, the therapist stated "In general, first and foremost for me, therapy is a relationship between myself and the client, the building of rapport, facilitating of trust . . . I think that accounts for much more than dramatic interventions." I speculate that the therapist could just as easily use the words "safe" or "accepting" as he uses the word neutral.

"Valuing respect"

One of the therapist's second-person narratives is the client is someone who is to be respected: "What I try to do is have a personal respect for what clients bring to therapy rather than saying 'No, that is not what the problem is, this is what the problem is'. . . I've tried to develop

trust in them, that what they are telling me is painful and their construction of things." This therapist indicated that demonstrating respect for the client seems to include at least these two actions: 1) "fostering more of an egalitarian relationship . . . works better than being real hierarchical and telling the person what to do," and, 2) "sharing more of myself and trying to be a real person rather than sitting back as the all-knowing therapist." Both of these actions seem to require that the therapist listen to the client and respect what they are saying about themselves and their world, and, perhaps more interestingly, it means being willing to engage in sharing first-person narratives about himself, a sharing that seems to make the therapist more "real," more human.³⁵ This may also invite the client to see themselves as in a more egalitarian relationship with the therapist, and, therefore, more respected.

"Someone described by the therapist"

At different points in the interview, this therapist referred the different "models" he has used to describe the client. One of the most salient instances of this is when he stated that "I still fall into the trap of, uh, the model

³⁵And, I might add, more persuasive.

of scarcity rather than abundance . . . I could sit there and really list a number of deficits because I thought that was part of our job, was to identify deficits, never did I think of identifying abundance or strengths being pushed down at that particular time." In this instance, the therapist seems to be describing the client as someone who is described by the therapist, someone whom the therapist has stories about, and that these stories are not neutral. Indeed, some of the tools a therapist might use this therapist describes as traps, traps that may make the client's "forgotten resources" even more invisible.

"Evaluator of sound reasons"

Therapist: "If [a client] has trouble with a particular situation, [I may start] pulling examples out of life that reflect, or are consistent with what they are talking about, as a way to empathize, to show I am a real person . . . including going down the hall and saying 'Where you are going on vacation?', is part of your relationship, even though it is not part of therapy sessions . . ."

Interviewer: "Have they [clients] said how that would have helped them?"

Therapist: "For one particular person, my suggestions, the frame I am presenting, would have had more foundation had he knew more about me, if he knew where that was coming from . . . We read a bunch of books, but we need a foundation for why we ask clients to do what they do . . ."

Interviewer: "Some way to judge what you're asking them to do. What does that invite from the client if that have that? What does it change?"

Therapist: "For them, it's sort of like I'm not asking them to do it out of thin air."

This excerpt from the interview seems to suggest at least these two possibilities: 1) this therapist views clients as evaluating the therapist and the therapist's offered suggestions and, 2) one of the tools available to the therapist to enhance his persuasiveness with the client is this sharing of himself. The first possibility suggests that the therapist views the client as evaluating the therapist and what the therapist offers, that the client creates a second-person narrative of the therapist which the client then uses to understand the therapist's behavior (including his suggestions). To put it otherwise, the client is creating a story about the therapist that helps him decide how to make sense of what the therapist says.

This view of the client might also suggest that clients expect to be offered persuasive statements. Therefore, as indicated by the second possibility, one of the goals of this therapist is to offer persuasive first-person narratives of himself, narratives that serve as "foundations" for what he asks clients to do in and out of therapy. By sharing more of himself in a particular fashion (i.e., narratives that suggest he and the client are alike in some ways), clients may be more persuaded to see the therapist as more trustworthy and may, therefore, be more open to accepting and employing suggestions and perspectives that the therapist may offer.³⁶

"Someone who views the therapist as an expert"

Therapist: "I am not as worried about contaminating them [my friends] as I am my clients. Although I don't want to be in a hierarchical power position with my clients, I am fully aware they come in maybe feeling I am, so I have to be careful getting into that role . . ."

³⁶As I will discuss later, I call these sorts of first-person narratives "self-as-same" statements, statements that invite the client to accept therapist offerings more readily because the client has hopefully developed a second-person narrative of the therapist as a "real person," someone who is like the client in important ways.

I see clients coming in with the idea they are going to see a professional who knows, supposedly, the right way, the healthy way to live, and, um, will put more value and stock into what their therapist says versus what their friend will say."

This narrative tool seems to position clients as more easily persuaded to change their perceptions to match the therapist's views because of the client's second-person narratives of the therapist is the therapist is a professional, an expert. As such, this therapist seems to see many clients as entering the therapy relationship viewing themselves as one-down in some perceived hierarchy, lacking something the therapist may be able to supply. Furthermore, the term "contaminated" seems to imply some level of passivity on the client's part, a term that suggests the therapist does something to them. Indeed, when a person agrees to be a client in a relationship, this may be one of the more commonly agreed upon ways they are often changed: they are supposed to be admitting they are not experts, and that they need an "expert" to help them, and are, therefore, less active and more easily "contaminated."

This view of the client may be used many different ways by therapists. Perhaps some therapists use this view to see themselves as experts and focus on the resources they offer their clients (and what their clients "lack"). This

therapist seemed to use this view of his clients to position himself as someone who needs to be aware of how this may make some of the clients' strengths invisible, and that he should be careful in the expert position, careful to not short-change the exploration process by attempting to offer some sort of answer too soon.

"Someone who is courageous because of taking a vulnerable, one-down position"

The therapist viewed the client as "courageous" because they are willing to describe themselves as needing help, and, as this therapist stated, "share a lot of issues you maybe have never shared with anyone else before . . . this seems like a vulnerable position." This therapist connected this sense of risk and vulnerability to the view of the client as taking a "one-down" position, someone with a need to engage in a conversation with someone who might be able to supply that need (someone who is "one-up" in a hierarchical relationship). The organizing image of hierarchy (conversation participants as positioned at levels above and below each other) seems to be a common tool used by both therapists and clients to position others in a therapy conversation, with the idea that those positioned at higher levels are granted more authority to evaluate those at lower levels.

"Someone who shouldn't be too interested in the therapist's personal life" and "Someone who is an employer"

Therapist: "If a client were to come in and start asking me a lot of personal questions, I'd, um, be curious about what that's all about, uh, I mean they are coming here, um, for certain issues, uh, they're paying the money."

Perhaps nowhere else in the therapist-client relationship do the cultural ground rules seem so clearly set, the positions of "therapist" and "client" as clearly defined: the client is to offer a broad range of first-person narratives and the therapist is to request these narratives, while the therapist is to only offer a limited range of first-person narratives (e.g., as a "self-as-same" tool to be more persuasive), and the client is generally not allowed to request them, except those that are more public, what this therapist described as "my statistics" (e.g., his age, his marital status, if he has any children, and so on).

I believe this tool (where the therapist seems to be primarily positioned as the requester of narratives and the client seems to be primarily positioned as the first-person storyteller) has a powerful constituting and constraining effect on the therapy conversation for two reasons: 1) it is part of what makes this conversation different from everyday conversations and, 2) it is also part of what makes much of

the "otherness"³⁷ of the therapist more invisible. This invisibility seems to go beyond simply saying "No client wants to come in and talk about the therapist's issues," but indicates that there is some sort of established social practice attached to the therapy relationship that dictates that the client should not request certain first-person narratives from the therapist, especially those considered personal.³⁸

This statement also appears to formulate the therapist-client relationship as an employee-employer relationship, creating a business-like relationship, one that seems to be used here to help justify the invisibility of the therapist and the focus on the client's self-narratives outside of the therapy relationship. Once again, this "self-focus" may be part of what makes this relationship attractive to many clients.

"Someone who screens professional therapists"

Asking screening questions, such as those "getting to know my statistics" kinds of questions (e.g., the

³⁷Particularly the ways the therapist might be seen as different, what I will later refer to as the "self-as-different" narratives.

³⁸I define "personal" as that which is usually silenced in our culture (e.g., intimate details of a relationship with another), that which is not supposed to be talked about openly (see Bruner, 1986).

therapist's age, marital status, number of children), helps the client to create a particular second-person narrative of the therapist as a competent (or incompetent) professional. According to this therapist, clients look for "some evidence they [the therapist] are competent and that they can help them" both overtly (by asking screening questions) and covertly (by evaluating if what the therapist has said fits for them). Screening questions could be seen as directly related to the therapy relationship's focus: the client's narratives. This therapist viewed "screening" questions as legitimate, differentiating them from questions that he viewed as personal.³⁹

"Someone who is in the habit of looking for answers and/or seeking a process"

This therapist stated that he positions his clients as falling along a sort of continuum, a continuum with two rather distinct ends: 1) some clients come in with "the

³⁹Building on what I stated in the previous section, this professional/personal distinction seems to be a positioning, explanatory tool that plays a rather ubiquitous, somewhat unexamined role in the constructing of second-person narratives in the therapy conversation. There seems to be an expectation that clients will talk about the personal (and may be questioned if they do not), while therapists are to not talk about the personal (and may be questioned if they do). As such, part of the second-person narratives of each is that the client is a private person, while the therapist is a public person.

habit of looking for 'the' answer," expecting the therapist to have answers on why the client behaves as they do and how it can be fixed, or, in the case of couples therapy, they expect the therapist to act as a "mediator" of disputes, and 2) other clients come in for the "process" of allowing themselves to be emotional, seeking someone who will be supportive and give feedback, and "trying to gain new perspectives."⁴⁰ When asked to define what he meant by the word process⁴¹ the therapist defined it as "talking about what is going on in the room, the process of the way two people interact . . . or the process of how an individual

⁴⁰I might describe this "advice-seeking/process-seeking" distinction as two different sets of instructive accounts by which clients may use to make sense of the session: the former instructional account (advice-seeking) directs the attention of the therapy participants to towards the task of solving problems, and "the client's story remains relatively inviolate. Its terms of description and forms of explanation remain unchallenged in any significant way . . . In effect, the client's life story is accepted as fundamentally accurate for him or her, and the problem is to locate ameliorative forms of action within the story's terms" (Gergen & Kaye, 1992, p. 167). The later instructional account (process-seeking) directs the therapy participants to be more reflective on their experience (as this therapist stated, "talking about, um, activation of affect, um, talking more or less about what is going on inside a person"), treating earlier conversations or the present conversation as an object to be examined.

⁴¹I believe the word "process" has almost an incredibly large number of possible meanings in the discourses of therapy, and almost all of the definitions tend obscure the second-person narratives used by both the therapist and the client.

might tell a certain story . . . moving away from the content, talking about just what is going on in the room . . . sort of like stopping the, uh, reel of film and taking one frame and looking at one frame and asking: What is it like right now?"⁴²

"Sometimes silent about when they disagree with the therapist"

This therapist stated that many clients thought the therapist expected the client to be "respectful, not to, um, really disagree with the therapist at times, maybe taking on the idea that what the therapist is saying is probably right . . . the client feels the therapist is in a superior position and they don't have the right to challenge [the therapist]." This seems to be related back to hierarchy again as a tool to organize second-person narratives, and the silence that seems to accompany hierarchy.

The reason I include this as a separate category from the "client is courageous/the therapist is an expert" category is because it more directly addresses the silent

⁴²This definition of "process" might also be a definition for reflectiveness. Borrowing from Shotter (1993), I view this reflectiveness not as "putting more thoughts into words" (which is based on the view that the mind and words we use are containers), but is the "further specification of what might be meant" in a conversation since "the 'instructions' for making sense are always incomplete" (p. 89).

spots of the therapy conversation itself, which I believe is part of why this therapist brought this issue up. Clearly, he seems to see the other as "sometimes . . . in a position where they can't [openly] disagree." The result might be seen as a collaborative, but unequally, constructed conversation. Indeed, when asked about what makes a lousy therapist, the therapist responded that it is "somebody who would be disrespectful in the sense of discrediting the person, pathologizing the person . . . a very hierarchical kind of relationship, where I am the expert and you're the patient who is hurting and I have the knowledge to fix you." The therapist who pathologizes their clients this way probably increases the amount of silence in the conversation. The therapist stated "my guess is that [when this happens] they [the clients] are probably not going to be willing to share other things because, um, if they don't understand that part of me, they won't be able to understand this part of me."

"Gender: Males are often socialized to be a 'regular guy'"

Therapist: "I think it takes a little bit longer to, to develop a relationship sometimes, um, just because we're socialized to be a regular guy, to sit down and have a conversation about the

football game yesterday, rather than talking about personal issues."

The therapist stated that the narrative that positioned any male in the therapy relationship as a "regular guy" acted as a barrier, something to get past. The therapist asserted that when men "can kind of move beyond the socialized role of regular guy, 'How you doing?', um, I think it turns out to be a really nice relationship." Getting beyond this barrier is partly accomplished when "the client can feel comfortable expressing themselves in a more emotional way, and I can accept that." Clearly, it seems that part of this socialization, as the therapist views it, is that males are not to express emotions. This therapist went on to say that he felt that "one of the reasons why men really enjoy going to therapy is that's a side of themselves they can show in a real non-judgmental, non-critical way." This indicates that the therapist views men as enjoying performing some usually non-permitted emotions, that men often like getting past the "regular guy" role.

In addition, this therapist positioned women seen with men as sometimes "pushing": "A lot of times I get a situation where the female is pushing the male to be emotional and to be expressive, and I think it sort of has a paradoxical effect of pushing them deeper and deeper into a more cognitive mode. So the stereotypes are probably more

visible in the couples' session." Here the therapist indicates that the pressure to conform to the dictates of the "regular guy" narrative seems to be greater when his female partner is in the session with him, and is seen as "pushing" him.

The therapist's view might be redescribed as a narrative tool that positions men as constrained from performing certain emotions, while perhaps performing other emotions such as "keep a stiff upper lip and trying not to show that emotional side." This seems to be a common narrative about men, one that positions men as somewhat disinclined to enter therapy conversations, as illustrated by the following excerpt:

Therapist: "What I am trying to say is, um, I think being a therapist, or even being a client, is sort of an unnatural position for a male to be in just because I think we're socialized to be quite cognitive, not very emotional. And, um, I don't think we're always expected to be nurturers in a sense."

Here, the therapist seems to be indicating how ingrained the "regular guy" narrative seems to be, referring to any narrative that does not easily fit with the demands of this narrative as feeling unnatural.

A peek into the client's toolbox

Once again, the tools offered here are the products of applying an instructional account that centers second-person narratives. As with the interview with the therapist, the client was asked to respond to such questions as: What is like to be a client? What is it like to be a therapist? And, what is the purpose of therapy?

"Therapist is a tool to augment my processes"

Interviewer: "What is the purpose of therapy?"

Client: "Once you recognize you have something you can't deal with alone, or realize you need some help dealing with; [pause]; augment your own process for dealing with problem, or, uh, to help you. Simply to not just help you work through a problem you might not be able to handle alone."

Interviewer: "What does it mean to augment your processes? Does that mean 'add to' your processes?"

Client: ". . . someone might offer a suggestion that might help, something new you haven't even thought of pursuing . . . to have someone help you with your problem is more time-effective."

It seems that from the client's perspective, the therapy conversation is not necessarily about just dealing

with a problem, but that the therapist is a "tool" used by the client to "augment" his processes⁴³ around his problems.⁴⁴ The client reinforced this in the final interview, stating "When I think of the therapist as a tool, we are already past the point of initializing the therapy, of getting the ball rolling . . . After that point, the therapist is a tool and your relationship is strong enough for you to be able to confide in him and, um, actually have some real hard concentration on something that may be beyond your ability to deal with by yourself."

Along a similar line, the client described the therapist as both a "tangent" ("The tangent is where you [the client] would be distracted from your normal behaviors that aren't dealing effectively with your behavior, of going around in circles.") and "a necessary entity in that atmosphere." What the client seems to be indicating by the

⁴³I believe that the term "reflective conversations" could be substituted for the term "processes," in that both emphasize the generation of new understandings.

⁴⁴What seems striking in this account is that in some ways the client hardly even seems to notice there is another person in the room (a therapist), but instead focuses on a view of the therapy conversation that seems remarkably Vygotskian: that perhaps the therapy relationship is partly about forming a more time-efficient zone of conversational activity (or zone of proximal development) in which the therapist may offer some alternative set of instructions (e.g., suggestions, vignettes of "their own personal experience to some degree", and so on) that invite the client to pursue other actions, including conversational actions.

terms "that atmosphere" is the therapist is a tool used in the therapy conversation to help the client focus on a problem or a decision that "you [the client] can't work through in the same manner you are always working through."⁴⁵

"Therapist as an accepting, willing listener"

Interviewer: "What makes therapy work? What is necessary to make it work? Let's talk about the client's part first."

Client: ". . . um, I think there has to be an open-mindedness or a willingness on the client's part to, to change or adapt himself, not to the therapist so much but to think about his problem in relationship to what behaviors or beliefs he has that are causing or be causal in that relationship . . . To come looking to find out what you can do to acclimate yourself to your problems . . ."

Interviewer: "What make's therapy work from the client's perspective?"

⁴⁵Once again, this seems like a remarkably Vygotskian view on the part of the client, as well a view of the therapist that might be seen as obscuring the differentness of the therapist.

Client: "Um . . . Well, the client has expectations of the therapist."

Interviewer: "What are those?"

Client: "Um, that he or she was willing to listen, um, to not be subjective, to not be given grief or guilt by the therapist, someone who is open-minded . . . I have problems, but my problems are intertwined with everyone else's problems or beliefs or ideas on how things should be done."

I believe this bit of conversation seems to illustrate some of the different facets of the narrative that the therapist should be a willing listener. At a more subtle level, this client seems to indicate that the client is not to be so much concerned with their relationship to the therapist as they are with their relationship to their problems. This seems to indicate that the client need not be as concerned with trying to provide explanations for his behavior with the therapist as much as about his behavior outside of the therapy relationship. The client's expectations of the therapist (to listen, to not be subjective,⁴⁶ to not be overly critical, to be open-minded)

⁴⁶When questioned about what he meant by the word "subjective," the client responded "I mean that you [the client] don't feel like you're being isolated as the problem . . . or that someone's, um, someone's not going to get, not just focus on you and say 'All of the problem is within you'." I take this to mean that when the therapist is

also seems to indicate that the therapist is positioned as accepting, and someone who is to avoid being "narrow-minded" by demanding overly-strict, culturally correct explanations from the client for their behavior, explanations that fit some unagreed upon criteria the therapist is using to help form their second-person narratives of the client.

"An offerer of suggestions, not all the solutions/ A sounding board"

Client: "The therapist may be able to offer suggestions to the client in how he can solicit changes in his problem atmosphere . . . I don't think the therapist should offer you all the solutions, I think what he should do is augment or assist your coping skills as related to your problem."

Although this seems to be related to the earlier second-person narrative of the therapist as a tool to augment the client's processes, this narrative seems to suggest that there are helpful ways to augment these processes (e.g., offering some suggestions) and ways that are not as helpful (e.g., offering all the solutions).

subjective, they have a second-person narrative of the client that views the client as the problem, not as having problems.

Because of this, there seems to be some evaluation of the therapist in the position of an augments, his fitness as a tool. In other words, the client is making sense of, and evaluating, the therapist's behavior according to how he is "augmenting" the client's "coping skills."

Later in the interview, the client seemed to expand on this a bit when he referred to the therapist as a "sounding board":

Client: "I don't know in my mind what might sound reasonable to other people, so my therapist is a sounding board for what is reasonable and what is not, uh, and I, that's a good situation for me."

It seems here that the client has positioned the therapist as someone who can judge the difference between what sounds reasonable and what doesn't, perhaps acting as an arbiter of the larger culture or of the "common sense" of the culture. Indeed, perhaps the client views the therapist as someone possessing common sense, acting as the voice of the larger culture. As such, this "sounding board" is not to be seen as something that is passive.

"Plunger/Plumber's assistant"

Client: "I don't think the therapist should offer you all the solutions, I think what he should do is augment or assist your coping skills as related to your

problem. It's, um, like if you're a clogged-up sink, maybe he can help you get the plunger going so you can get things flowing again. That would be a problem, welling emotions, because that is the way I am a lot. If I can't talk to people, and I get frustrated, and I think about things in my head, then I really start to, things really start building up and then maybe the therapist can be a plunger and the client can get the problem out, or say it, or tap him on the shoulder and say 'You need to plunge that sink out, it's getting plugged up' . . . you [the client] can come into therapy and say what's pissing you off and then, sort of, find some way to soften the edges off that after you have said it out brashly."

Initially, this idea of viewing the therapist as a plunger seemed rather vague to me. However, in the final interview, the client expressed more clearly (for me) what he meant here: primarily that the therapist is seen as creating a space (perhaps even is a sucking force, like a plunger) where the client can talk about things he may or may not otherwise have the opportunity to talk about or feel free to talk about elsewhere, and in doing so, the therapist is helping the client to prepare for the work of therapy. As the client stated in the final interview, "For therapy to work efficiently, there are some things I need to just get

off my mind. All people bottle things up, and it's good for me to come to a session to relieve those things, to let everything out . . . Something to help me get into the frame of mind of therapy, something that might be considered therapeutic small talk, or something to get the ball rolling."⁴⁷

"An employee"

Interviewer: "What makes therapy not work?"

Client: "Um, a disrespectful atmosphere on the part of either of the people would be a difficult situation.

In that situation, I believe the therapist would find himself obligated to tolerate that because, basically, he is the employee of the client, and he would go into his job situation knowing that situation may occur, and if he didn't, he may soon find out it occurs frequently."

The client used a second-person narrative tool that seemed to carry a lot of the narrative baggage of a hierarchical employer/employee relationship, namely that the therapist is an employee, and it is the employee's job to

⁴⁷I find this to be a fascinating way to position the therapist in the often uninspiring moments of a therapy conversation. My image of what the client is suggesting is that the therapist is someone who is sucking up little bits of things from a narrative "clog" to finally get a handle on that "clog."

tolerate disrespect, short of a "physically abusive relationship."⁴⁸ Furthermore, if the therapist does not believe they can fulfill their obligations as an employee (including both tolerating disrespect and concentrating on the client's issues) to a specific employer, they should end that relationship with their employer and refer that employer (the client) to another employee (a therapist).

"An evaluator of the client's intelligence"

Client: "It would be important for the therapist to have an understanding of, sort of, the intelligence of the client, and able to base, uh, [pause] It would be different working with a mentally retarded person or a child as opposed to someone with more complicated problems, divorce or family problems. Where someone who had diminished capacity might not be able to understand those things that well sometimes."

Interviewer: "So one of the things that makes therapy work is that the therapist is able to . . . "

⁴⁸In the final interview, the client stated "I hated to be so cold as to see the therapist as an employee, but I guess that role does exist," and then he requested that it be noted that "Our conversations never became that unfriendly . . . I was referring more to adjudicated therapy. I wouldn't want who ever is going to read this to think that I would do something so cold as that."

Client: "Well, he wouldn't want to steer the client into a situation that might be too cerebral for him. The therapist should have an understanding about, what the client could deal with, what they could comprehend."

The client seems to be positioning the therapist as someone who has the job of creating an "accurate" view of the client, evaluating the client's actions according to the client's "intelligence."⁴⁹ It seems that this evaluation of the client is not meant to pigeon-hole the client as much as help the therapist to work for the client, to help "steer the client." Perhaps the client is suggesting that the therapist create a guiding narrative about the client's potential, about what the client can potentially accomplish with the therapist's help, as well as what the client might accomplish alone. It is unclear whether the client positions the therapist as evaluating what the client's weaknesses are, what the client's strengths are, or both. Certainly there is the potential here to position the

⁴⁹To evaluate intelligence is to evaluate someone's behavior. Anderson (1994) writes that "We invoke the concept of intelligence when one person evaluates the action of another. The use of the term intelligence refers to evaluated action or conduct. Intelligence is neither behavior, nor something only 'in the head'. It includes actor, action observers, and evaluation within a context" (p. 124). In other words, the concept of intelligence is a cultural resource (or tool) used to position an other and a self.

therapist as a representative of what the culture defines as normal, thus potentially using negative narratives to position the client (e.g., "not intelligent enough").

"Therapist as an accepting, respecting confidant"

Client: "The reason I come to therapy is to tell my therapist some things I do not want to tell my friends . . . I just don't want them to be a part of my life in that way. I wouldn't be inclined to be able to tell my therapist those things if I didn't feel like I respected him or if I felt he didn't respect me. I'm not sure he'd respect my privacy, if that were an issue."

Interviewer: "Which is important."

Client: "That's definitely important, yes. If it weren't for that, in my situation, being so understood, I wouldn't have found myself in therapy."

Interviewer: "Where you could say what you needed to and it would stay private?"

Client: "Right. Um, yeah, the privacy thing definitely makes therapy work . . . When I said it [therapy] needed to be safe, I needed it to be, uh, where I felt I could say anything and not be, uh, reproached on it, or, uh, scowled at (ha). Um, even though I might sometimes not be able to say as much as I might like to

say, that's, uh, I will probably say less or not go to therapy at all if I thought that there were no privacy."

Interviewer: "Compare this relationship to other relationships, like friendship. How is it like or not like friendship or other relationships?"

Client: "It is like friendship in that, um, your therapist is your confidant, um, he's not going to, I wouldn't think he's not going to stop liking you because of anything you said or told him that you did. That goes back to the atmosphere thing because that person [the client] is in that atmosphere because they need to be able to say things they weren't able to say to other people. That's how it is different from a friendship. You know there are times you are not willing to risk your friendship, um, whereas, the, the therapy situation is, if you got pissed off and ended up marching out of the therapist's office and never go back, you know he's obliged to keep your confidentiality, under any situation, where with friends, it is harder to lose friends . . . you can always find another employee."

The client seems to be saying something very important here: it is the second-person narrative of the therapist as a respecter of privacy and as an accepting confidant that

"definitely makes therapy work." To put it differently, clients are buying the opportunity to talk things out without fear that what they say will reach any audience they do not want it to reach. Perhaps this tool is one of the most important tools a client possesses in making sense of the therapist, a tool that allows the client to talk more openly.⁵⁰ For this client this view of the therapist seems to play an important part of the "atmosphere" that allows the therapy conversation to exist and to provide an opportunity for unfolding in ways not available in other non-therapy relationships.

In addition, the client makes it clear that the therapist is not positioned as a friend. This second-person narrative seems to allow the client to feel there is less risk of losing something important if the therapist is not a friend. This is important, in that along with "respector of privacy," these are tools that invite the client to be safer in the therapy conversation: perhaps safer to confess, perhaps safer to break the crust of some cultural

⁵⁰Noting what the client has said earlier about the therapist as an augments, it seems that the tool of positioning the therapist as an expert may be an arguably less important than this tool in the therapy conversation. It is this second-person construction of the therapist as a respector of privacy that seems to provide this client with the opportunity to say, or confess, more than he would do in other, more common relationships.

conventions that have constrained previous non-therapy conversations.

"Someone interested in emotions"

Client: "Life situations are not 100% analytical. People are strapped to their emotions or they are strapped to us . . . I think my emotions are an integral part of my therap. If I paid more attention to my emotions, I may not know why I feel that way, but if I ask myself 'Why do you feel that way?', is it because of someone or something, and base my actions more on that than just, maybe, trying to make someone happy or make everyone happy."

While this client does not view the therapist as a friend, the therapist is still positioned as some who will not be completely business-like, but he will be friendly, interested in both displaying and asking about the client's emotions. Indeed, this client constructs the therapist as someone interested in emotions, helping the client to pay attention to them, perhaps with the goal of helping the client understand his own actions better.⁵¹

⁵¹Harre & Gillett (1994, p. 160) state that "An emotional feeling, and the correlated display, is to be understood as a discursive phenomena, an expression of a judgement and the performance of a social act" (p. 147). Seen in this manner, an emotional display is a situated action in a conversation that moves a conversation forward

"An encouraging, question-asking audience"

Client: "It [the therapy relationship] is a marker for me each week to come in. And, um, it's like my one point of accountability each week, accountability I place on myself, not anything I think the therapist expects from me. But I know I am putting myself in a situation where I have to go say what I did each week . . . It gives me the chance to say I actually did accomplish something and it makes me feel good so that when I go home, I accomplish even more."

Interviewer: "What is the therapist's job, role in that process?"

Client: "In the marker process?"

Interviewer: "Yeah."

Client: ". . . I believe you [the therapist] would have to recognize that if your client was coming in telling you something like that, that he, um, he or she is like in a situation, where, um, where they are trying to do something in their life, trying to accomplish something, but they may, for whatever reason, be having

in some way, perhaps expressing a judgement of some sort. Perhaps this supports the view of the client as why it is helpful to believe that therapists need to ask about the client's emotions.

trouble doing that, and I think that I [as a therapist] would, uh, be encouraging, and maybe ask questions about, 'Is there (not in a demeaning way), is there anything else you could have done, anything you hadn't expected to do that really makes you feel good about doing?'"

Interviewer: "Questions that make you think about it."

Client: "Yeah, questions that expand your thinking."

This excerpt indicates that the client sometimes positions the therapist as an encouraging audience the client can be accountable to, but not an audience that demands accountability or should demean him. Rather, this audience will encourage, perhaps applaud the client, and will ask questions that will invite the client to "expand" his thinking and augment the success the client is experiencing. Generally speaking, the client seems to have a good idea of how a good, encouraging audience behaves, and expects this from the therapist.

"Gender"

The client made it clear that he believes the gender of the therapist in relationship to himself was fairly irrelevant, unless he was coming in to ask about sexual problems. He had no preference about whether the therapist he worked with was either male or female, but did note that

he thought that a female therapist might be more likely to display emotions. What this indicated to me at the time of this interview was that this client probably did not use "gender" much as an explanatory resource or tool in his therapy relationships. This view seemed to be supported by the absence of this tool in the later interviews, which I will discuss later.

Revisiting the toolbox: The Research Interviews

In this section I will present the tools I have identified from the six research interviews (three with the therapist and three with the client) using IPR.

A peek into the client's toolbox

"Therapist as plumber"

Client (from research interview about the first session): "He wanted to get rid of the water in the sink first before getting rid of the clog. And I wanted to get rid of the clog and let that get rid of a lot of emotions . . . I think [the therapist] wanted to talk about what was bothering me, and the intricacies of why it bothered me. I just wanted to work on the issues of, on getting the damn dishes cleaned up, and just the whole house in general."

In these passages, the client seemed to position the therapist as a sort of plumber or plumbing tool that was not working the way the client wanted him to work. This was a second-person narrative tool the client had described in the initial interview, and here the client was using it to indicate that he and the therapist were not working together as well as he might like. However, almost immediately after saying this, the client indicated that he felt the therapist was only following the client's lead: "We'd talk about my frustration, then we wouldn't talk about it, then we would. It was me who brought us back to the issue of my frustration."

The employment of the idea of the therapist as a tool here seems to be an example of how the use and the meaning of any second-person narrative tool is rather flexible and negotiable. Second-person narratives change as the conversation evolves, as each participant is invited to "contribute to the making of agreed meanings" (Shotter, 1993, p. 27). Furthermore, the narrative tools used in the therapy sessions seemed to evolve more as each of the participants reflected on these narratives during the research interviews.

"Therapist is like the client"

Interviewer's question (from research interview about the first session): "Is there anything [the therapist] did that was particularly helpful to you?"

Client: "He did mention a situation where he could identify with, where he'd had some problems living with four other guys, three or four other guys, and that, that lightened up the situation some. And it was easy, made it easy to identify with him on that. You don't feel like the problem is, um, only yours, that you are the only person to ever have been through this . . . And he's obviously survived, so I guess he's doing okay."

Interviewer's question (research interview about second session): "Why did [the therapist] ask you that question about what you will do the next time?"

Client: "Because of the likelihood that the problem will come up again is very real. Well, [the therapist] knows based on his own experience. He told me in our session before last that he lived with three or four other guys, and he, he knows."

Client (from research interview about second session):
"It sounds to me he thinks pretty much what I think

about all this stuff . . . I respect that he recognized that because it seems that it is commonsense to me. And, um, that's like refreshing to me. That makes me really trust his judgement pretty well because, I mean, I thought of it as well."

Client (from research interview about third session):
"[The therapist] might be a little frustrated, too. I get frustrated when I hear horror stories about getting caught up in the system . . . So that might be something he's experiencing because I'm sure everybody has to deal with stuff like that."

Client (from research interview of the first session):
"I see this discussion [about the research interviews] as part of [the therapist's] and my relationship, something to talk about, something that effects us both . . . We have something in common, which is good."

All the above excerpts indicate that one of the primary tools that the client used to make sense of the therapist was that the therapist was like himself. Indeed, as the first excerpt indicates, the most helpful action by the therapist in the first session was when he offered a first-person narrative that suggested the he had been in a similar position to the client. This does not seem to be a tool

used only by the client to make sense of the therapist, but also seems to be used by the therapist to help the client accept some of the second-person narratives about the client that he may proffer. Used in this latter way, this "we are alike" tool seems to be an important persuasive tool used by the therapy participants.

"Therapist is not like the client"

Client (from research interview of first session):

"[The therapist] seemed to want to have a different approach than I wanted to have to dealing with my roommate problem . . . I think he wanted to talk about how that was bothering me, and the intricacies of why it bothered me. I just wanted to work on the issues of, on getting the damn dishes cleaned up, and just the whole house in general."

Client (from research interview about second session):

"And that's all we do, anyway . . . Have conversations! . . . But I'm the conversationalist that has something to work out . . . That employer, employee thing is still there, that my expectations of confidentiality are still there."

This "we are not alike" tool seemed to be used more rarely than the "therapist is like the client" tool over the course of the sessions and interviews. When it was used it seemed to be as an explanation for either an unspoken disagreement or, as illustrated by the second quote above, some of the assumed differences between being a therapist and a client.

"Therapist as someone who can be deceived by the client"

Client (from research interview of first session): "I think [the therapist] is still thinking that I am hopeful, but I don't think he sees I don't really expect to be successful . . . I've been disappointed with myself so many times. Maybe I'm drawing off his hope, but I almost feel like I'm being deceitful at this point in the videotape."

Client (from research interview of second session):

"You [speaking of himself as a client] are thinking things and you're saying things all at the same time, and I wish it were possible to have two mouths and two sets of ears so that one could be saying what you are thinking, and the other would be saying what you are saying, actually."

Client (from research interview of third session): "I guess we're having sort of an unspoken debate here. I didn't think about it at the time, but I don't like the way he is dealing with it. And usually if I think something like that I try to straighten him out, to give him a better idea of how it is that I'm feeling . . . I just didn't feel like explaining it anymore than I had."

Client (from research interview of third session): "At this point, I'm still not convinced I am not [a habitual offender]. I think I was just giving [the therapist] the answer he wants . . . There are times when I am rid of it, and I notice it is gone."

The above excerpts indicate that one of the tools that the client used to make sense of the therapist was that he was someone who was occasionally being deceived by the client. This tool was employed when the client indicated that outwardly he may have been indicating agreement with the therapist, but in actuality disagreed with what the therapist is saying about him. Part of what seems to make this possible is that the client believes he may be in possession of the "true" story about himself, and therefore the therapist can be deceived.

"Therapist as 'coach'"

Client (from the research interview about second session): "He knows I have expectations of him, he knows that I want him to help coach me out of these long-term behaviors that I have . . . So [the therapist] focused me down to one spot and said: Let's work on this. This is the beginning of the trail to get yourself out of all this crap."

This is the only place this second-person description is used by the client to position the therapist, and I have included it here as a separate category more because the narrative of "the coach" is such a powerful image in this culture. Perhaps what is surprising is that it does not appear more. Here the client invokes this image to convey the idea that a coach is someone who helps the client "get focused on a direction," providing specific activities that help the client to establish new behaviors.

"Therapist as an encourager"

Interviewer (from research interview about the third session): "Why is [the therapist] asking these questions?"

Client: "I think to let me reaffirm to myself that I have done something good, to give myself positive strokes . . . [The therapist] was just giving me the

chance to pat myself on the back . . . It's important to give someone a chance to build their self-esteem.

Client (from research interview about the third session): ". . . he's recounting for me the affirmations I made for myself earlier. And he's doing it real briefly, but I guess he's just building me back up a little bit."

Client (from research interview about the third session): "I guess I expect too little of myself . . . If I can work through that stage at this particular point, I'll have it over and done with, and I'll handle this responsibly . . . And get a strong enough expectation from [the therapist], my perception of an expectation from [the therapist] that, you know, I need to go home and do something about it."

Here the client is positioning the therapist as someone who helps the client by being an "encourager." This seems to be very much similar to the description of the therapist the client offered in the initial interviews, the view that positions the therapist as an encouraging, question-asking audience.

"Therapist as prioritizer, efficiency expert"

Client (from the research interview about second session): "So [the therapist] focused me down to one spot and said 'Let's work on this. This is the beginning of the trail to get yourself out of all this crap.' It worked out well because I ended up getting a lot more organized than I ever planned . . . Therapy sessions should be efficient . . . I need to be accomplishing something."

Client (from the research interview about second session): "That's when [the therapist] took the session back to efficiency . . . I thought it was very perceptive of him to suggest that."

Interviewer (from the research interview about second session): "What are the components of an efficient session?"

Client: " . . . the therapist knows the patient well enough to say, make some value judgements about what they need to talk about . . . As a patient, I'd expect the therapist to touch on things the client has brought up before."

Client (from research interview about third session):

"I think [the therapist] is just listening. I think he knows that because I came to this point so quickly that, that this is something I really need to talk about . . . If someone comes in and gets right to the point, I think that would be impressive that that is an area that needs to be addressed then and there."

It is perhaps here that the client begins to hint at the description of a therapist as an expert, but a particular kind of expert: an prioritizing efficiency expert. It seems that the therapist is most efficient when he develops a story about the client and has some sense of what the client needs to talk about in the sessions. However, this is not a removed sort of expertise, but one that guided by what the therapist believes client thinks needs to be discussed. This "prioritization process" seems to be very much negotiated, as suggested by the last two excerpts above and such statements as when the client said during the interview about the first session: "I told [the therapist] the week before that's what I wanted, and he's trying to accommodate me in that."

"Therapist as curious"

Client (from research interview about first session):

"I made the house sound crowded. He may have picked up on that, so that is a logical question."

Client (from research interview about first session):

"I think I look really tense, anxious, and trying to get a focus. And [if I were the therapist] I'd be curious why."

Client (from research interview about second session):

"I think he was curious for his own information."

Here the client makes sense of the therapist's behavior by positioning him as someone who curious. However, while this tool seems to be used a number of times, it is used in different ways, as suggested by the excerpts. The first excerpt positions the therapist as curious because he sought clarification, the second excerpt indicates the therapist was being observant, and the last one suggests that the therapist was being curious more for personal reasons.

"Therapist as primer and problem-spotter"

Client (from research interview about second session):

"The first few minutes of any session are, I think,

'What happened this week?'⁵² On the therapist's part, that's a problem-spotting area of the session where the therapist can say 'What is this person saying that can give me something to pick out and something we can talk about?' and direct that, see how that is directed to this, either to the person's long-term goals or how that is blocking them from concentrating on accomplishing what they want to do . . . Anything that could have happened to this person during the week and that at least deserves some exploring . . . If nothing really happened, [the therapist] can see what other small step toward the long-term goals would be."

Client (from research interview about first session):

"I think he is going to let me blow off steam until he's listened to everything I have to say, and then he can pick an issue out of it."

Client (from research interview about second session):

"He got me thinking. He primed me. What do I need to talk about? He, he just got my, got my ideas flowing

⁵²This seems similar to the process of the research interviews regarding sessions because these interviews began with the co-researcher telling me about the session in general.

in my head where they might have been stagnant before. Stir it up and see what floats to the top, I guess."

The client seemed use a second-person narrative of the therapist that appeared somewhat related to the idea of the therapist as an "efficiency expert," but in a very specific way: the therapist first listened to the client, then began to ask about parts of the narrative the client had offered (priming him), and then, as indicated earlier, the therapist helped the client to prioritize what he wanted to discuss.⁵³

This appears to be similar to the tool the client discussed in the initial interview, referring to the space the therapist has created for the client to discuss whatever the client wishes, all in an effort to put the client more into, as he called it, a "therapy frame." In the final interview, the client stated that it is in this 'priming' time that the client and therapist begin to "form thoughts" and to "problem-spot . . . not just problem-spot, but . . . the therapist knowing what kind of problem needs attention first, whether it is a long-term problem or a short-term problem."

⁵³ I think another way to talk about this is that the therapist is seen as making requests to the client to fill in parts of the narrative, or he is asking questions that invite some unsmoothing of the client's narrative.

"Therapist as organizer/augmenter of client's processes"

Client (from the third research interview): "He's putting the problems in like in, he's organized them for me, you know? Um, so I don't feel like they are scattered all over the place. He's organized them for me, he's got them together . . . He just put it in a real simple, logical order, and kind of made it more manageable."

Client (from research interview about first session): "I came to this interview knowing I had to deal with this, and to get my ideas out of my head and organized them, and that's a lot of what I did."

Client (from research interview about second session): "His explanation of why he asked and my experience are identical."

Here the client seems to position the therapist as someone who is able to help the client organize his first-person narratives and narratives of others outside of the therapy conversation. This may be somewhat related to the view that the therapist is being somewhat of an augmenter. This view of the therapist as an augmenter was a very important positioning tool the client described in the initial interview.

"Therapist as a 'conversationalist'"

Client (from research interview about second session):
"Oh, this is where I say I hate the name 'therapy' . . .
It just implies that, um, it's like physical therapy,
it implies that something is broken . . . We were
coming up with a name that was more acceptable to me
. . . conversationalist, 'I'll have to go to my
conversationalist' as if I was saying that to one of my
friends. Because that's what it is. There seems to be
something dark about the word therapy, the stigma I put
on it. But conversationalist? Well, number one, it
hasn't had a chance to be stigmatized yet . . . That
really changes the connotation for me, from
specifically assuming there is something wrong kind of
conversation to more like a conversation I would have
with one of my friends . . . And, um, that's all we do
anyway . . . Have conversations!"

Here the client draws out how the word "therapy" has a stigma attached to it, entrenched in the sort of language that implies "that something is broken," that there is something wrong with the client. Clearly, the client is aware of the narrative the word therapy invites him to have about himself, how this word positions him in this relationship.

What may be most important about this is that the term "conversationalist" is not a narrative resource tool the client had used to describe himself or a therapist before this point. He knew, however, he did not like the tool he had, namely the stigmatizing narrative that accompanies the word therapy. When the therapist offered the word conversation from his own narrative toolbox, the client accepted this narrative about their relationship (and how it positions the participants). Perhaps one of the things a "conversationalist" does is offer tools such as this, tools that the client is free to accept or reject. The next tool could be seen as related to the rejection of tools offered by the therapist to the client.

"Therapist as someone who offers unconvincing alternative views"

Interviewer (from research interview about first session): "[The therapist] has said something about you hitting a brick wall, and you said: No, not a brick wall."

Client: ". . . I didn't think 'brick wall' was a very good analogy . . . If [the therapist] had said an anchor, it would have seemed more applicable . . . A brick wall is like a barrier somebody else has put in your way."

Client (from research interview about second session):
"I didn't say this to him, but I'm not sure we didn't belabor the part of courtesy when we talked about it . . . I'm concerned that [the therapist] might be thinking about that too much, be concentrating on that too much."

Client (from research interview about third session):
"At this point, I'm still not convinced I am not [a habitual offender]. I think I was just giving [the therapist] the answer he wants."

Interviewer (from research interview about third session): "Um, [the therapist's] kind of sweeping together again at this point, and you asked him 'What do you mean by intrusions?'. "

Client: I didn't see it as an intrusion. It was a reminder of having fucked up in the past, so it's not anything out of the blue."

Client (from the research interview about the third session): "I think [the therapist] was trying to put the problem in perspective. Although I didn't really like his perspective on it this time, because I feel a lot of accountability to this problem, and, um, he goes

on and calls it an invasion. But he was listening, obviously he had been listening to what I said before."

Client (from the research interview about the third session): "I'm thinking as much as I can about what [the therapist] said about making people look good. . . . It wasn't a way I had ever thought about it before, I never thought about making anybody else look good But, um, I don't see it as having a lot of bearing on changing. I mean it makes sense, but I don't really feel that way."

These excerpts from the interview all seem to position the therapist as someone who offers narrative tools (in the form of words or ideas) that the client does not always accept, or that the client is not persuaded to accept. In other words, it seems that in these quotes the therapist could be seen as a persuader or a convincer, something more than just someone who offers narrative tools or alternative options to the client.

"Therapist as confidant and employee"

Client (from research interview about second session):
"I wouldn't have said that to a friend of mine. But where I said that, if I hadn't been with [the

therapist] I would not have said that . . . In this particular situation I know I have a short-coming here."

Client (from research interview about second session):
"I'm the conversationalist that has something to work out . . . That employer, employee thing is still there, that my expectations of confidentiality are still there."

Client (from research interview about third session):
"But [the therapist] is not going to get mad at me and do something like that . . . I can't feel he's not, which stresses the importance of confidentiality in our relationship."

This tool was described by the client earlier when he made it clear that the therapist is not positioned as a friend, but as an employee, and is, therefore, being paid to be a respecter of the client's confidentiality. It is not surprising to me that this tool would be used to position the therapist considering the importance the client seemed to place on this tool, stating earlier that "the privacy thing definitely makes therapy work."

"Therapist as someone who helps client explore new ways to look at things, different options"

Client (from research interview about second session):

". . . so he's trying to get me to refocus, find another way into this, to explore it."

Client (from research interview about second session):

"Because trusting his judgement as a therapist, he may think, I may assume he may think there is something there worth pursuing."

Client (from research interview about third session):

"[The therapist] was trying to get me to like not do the problem globally . . . At least try and find out what my options are."

Here the client seemed to be positioning the therapist as someone who helps guide the client to new understandings and envisioning new options. The therapist seems to be more active in this narrative, perhaps even sometimes taking the lead in the conversation, as illustrated by the second excerpt. It seemed that this is a tool the client used at times when he was not sure why the therapist was asking some questions, or when the therapist was proposing an alternative narrative for the client to consider.

"Therapist as someone who tends to blame parents for client's problems"

Interviewer (from research interview about second session): "Why is [the therapist] asking about your parents?"

Client: "They had a lot to do with putting me in the doctors situation where I got labeled, but I didn't think about that while I was sitting there [in the session] . . . I'm talking about things that went on in my formative years . . . So it is a logical question to ask about my parents."

Client (from research interview about the second session): "I feel obligated to defend my parents a lot, especially in this situation. Um, I guess because of some predisposition I have to, you know, about what you say about your parents when you are in, that's one of the things that make me feel like I am in therapy, is when you go talking about your parents, and I am trying to tiptoe around that and get out what I'm really trying to say at the same time . . . They [the client's parents] did the best they could, but what they did wasn't right for me all the time . . . I'd hate to be asked that 'Why do you hate your mother?' question. And I don't know, that's part of the stigma. I don't

hate my mother but there's something about child abuse and all that goes on in, in nursery schools and kindergartens, and I don't want anyone to think something like that happened to me. My parents tried as hard as they could with the best tools and resources they had, but they still did the wrong thing for me . . . There's nothing there and I just can't come out and feel comfortable saying that in this situation, and I don't know why. Probably because I'm kind of on the defensive . . . I don't know why I don't feel comfortable enough to say that, but, um, I can't say it here and feel like he'd believe me."

Interviewer: "Feel like he'd believe you . . . There is this idea that therapists believe that if there is something wrong with your childhood that your parents were doing something wrong."

Client: "Yeah, and I really loved my parents and I don't want anybody to think that of them . . . I guess my problems come from my parents some."

Here the client clearly states that because he is talking to a therapist, he believes he has to defend his parents and, at the same time, believes that the therapist will not accept any outright defense of them. The client, therefore, seems to believe that therapists "logically" look for what parents have done wrong that may be instrumental in

the client's present problems. The symbol of this, a symbol perhaps more clearly drawn from the conversational background of our culture than some of the other tools discussed in this section, seems to be the therapist who asks the question "Why did you hate your mother?"

"Therapist as gender evaluator"

At no time during the research interviews did the client directly use gender as a tool to make sense of the therapist's actions. In other words, this is a tool the client did not seem to rely on. However, he did, on one occasion, use it as a tool to position himself. In that instance, his use of this tool seemed centered on a concern that the therapist might describe the client's actions (i.e., body language) as somewhat feminine. Therefore, the client seemed to position the therapist as someone who was evaluating the client according to rather traditional gender norms.

A peek into the therapist's toolbox

This was a more difficult section to write because these are tools that are commonly used and talked about among therapy communities. The difficulty lie in my belief that somehow, because this is a dissertation project, I should write something meaningful and insightful about each

of these tools (some which have library shelves full of books dedicated to them), rather than just listing them and talking a little bit about how they were used by this therapist with this client. I hope the reader will notice the variety of these tools and their uses, rather than merely how they are such a common part of our therapy (and, often, our more general) culture.

"Client as someone needing to vent emotions"

Therapist (as client, from research interview about first session): "It helps for me to just come and vent a little bit . . . It's nice to have somebody to talk to and be supportive."

Therapist (as client, from research interview about third session): "I'm really feeling helpless with my situation, like there is not enough therapy in the world that can fix this for me. But I really don't think it's hopeless with the therapy because I want to get a lot of this frustration off my chest."

Therapist (as client, from research interview about first session): "I was talking, more or less, about how I have a real hard time being assertive and confronting

people. I, um, usually bottle things up, and sort of see the alternative as being, as just kind of exploding."

The view of the clients as someone with pent up emotions, perhaps similar to a pressure cooker, seems very strong here. This view of emotions as something needing to be occasionally vented is a common narrative tool, perhaps more commonly referred to as catharsis. Indeed, this tool was used by the client in the research interview about the first session ("If I were [the therapist], I would feel good I had let me get so much off my chest, that I had vented those frustrations in therapy, and could now go home and could hopefully deal with those things.").

In this conversation, this tool seems to be used by the therapist to create two narratives about the client: 1) the client needs to talk about things with a supportive, calm conversational partner, and 2) that perhaps some of the issues the client discussed in the session have not been dissolved. The first narrative seems to act as a justification for letting the client talk a lot, and the second as a justification for not having solved all the problems the client brought up. Together, they seem to be a justification for positioning himself as someone who is listening to the client, rather than trying to act as an expert interpreter (see next theme).

"Client as someone looking for a chance to talk and get feedback"

Therapist (as client, from the research interview about first session): "I think I just kind of wanted to, maybe, figure out why, first of all, I get into these situations . . . I don't really want him [the therapist] to tell me, I just kind of want to talk about it."

Therapist (as client, from the research interview about first session): "It helps me to kind of come and vent a little bit . . . It's nice to have somebody to talk to talk to and be supportive."

Interviewer (from the research interview about first session): "So what could [the therapist] do to completely ruin this [session] for you?"

Therapist (as client): "Probably get into a lot of interpretation in terms of what I am saying. Um, I think there is a big difference between getting feedback and someone interpreting what I am saying."

Here the therapist seems to be positioning the client as someone who wants to talk things out and figure out things for himself as he talked things out. To put it another way, the client is looking for conversational space,

not interpretations. It seems that the therapist seems to view the client as not very interested in the therapist's expert interpretations.

"Client as someone who is forming thoughts in therapy conversation"

Therapist (as client, from the research interview about first session): "I think focusing on one thing or a couple of things during one session really helps me out because that is not something I normally do at home. Sometimes I have trouble concentrating, and here I come and I can be asked questions that really help me to form my thoughts . . . This really helps me think."

Therapist (as client, from the research interview about second session): "It seems like [the therapist] is interested, so I'm going to let him go with it. I think it allows me to sort of think a little more clearly about some things, too."

Therapist (as client, from the research interview about third session): "I wasn't really sure that [the therapist] understood what I was going through . . . He can't figure it out for me, [but I do want him to] help me to sort out my thoughts a little bit."

Part of the way the therapist positioned the client was as someone who uses the therapy conversation to focus on one or two things, to think a little more clearly about some things, and to form thoughts (to think). This seemed to be an important tool that the therapist then used to position himself as a listener (see both of the preceding themes).

"Client as someone wanting focus"

Therapist (as client, from research interview about first session): "I think he kept me on track, on focus. And most of the time he understood what my situation was like. And I feel like he tried to, to give me some helpful ideas to rectify the situation."

Therapist (from research interview about third session): "You see at this point I feel like [the client] is feeling like he needs a little guidance, a little focus, and I think he is sort of beginning to feel a little frustrated with me that I am not giving it to him."

The therapist sees the client as wanting some sort of focus or guidance from the therapist during the conversation. This does not seem to mean giving interpretations, but seems more like asking the client directing questions and occasionally giving "helpful ideas."

Perhaps "wanting focus" might also be seen as "wanting an opportunity to reflect," as illustrated by these excerpts:

Interviewer (from research interview about first session): "As [the client], why had [the therapist] picked up on this line of questioning?"

Therapist (as client): "I guess he was trying to get me to be aware about how I communicate with my roommates . . . I had just assumed they knew I was upset . . . Maybe I am making too many assumptions that they know how I feel . . . I have always known I have a hard time telling people how I feel, but maybe I see it a little differently."

Therapist (from research interview about second session): "[The client] mentioned that things had gone pretty well with his roommates during the week, that he, um, had started thinking a lot about, um, how they perceived him. Maybe he was thinking of himself as being too courteous and working too hard and maybe they didn't see that, maybe they didn't understand what was going on with him."

"Client as uncomfortably influenced by the past"

Therapist (as client, from research interview about first session): "We started talking a little bit about my, um, parents. Specifically, [the therapist] asked whether I had any difficulty, um, or conflict with my parents, similar to the way I have conflict with my roommates . . . I guess I sort of feel uncomfortable getting into that right now."

Interviewer (from research interview about the first session): "As [the client], what is it like to talk about [your relationship with your parents] now, for you?"

Therapist (as client): "Um, I feel a lot of emotion. I guess I'm scared . . . I really hadn't expected to be talking about this."

Therapist (from research interview about second session): "I think we kind of eased into family-of-origin, and I sort of felt that I pushed that one again. That's sort of my bias . . . But I could tell he was getting pretty uncomfortable talking about that, and once again I could tell he was starting to get a little bit emotional."

Therapist (from research interview about second session): "I could tell that [the client] was getting put out with the discussion [about his relationship with his parents], that he didn't want to talk about it anymore."

Here the therapist is viewing the client as uncomfortable talking about his relationship with his parents, perhaps scared of feeling upset with them. The therapist seems to believe that the client's relationship with his parents (both in the past and in the present) plays a role in how the client sees himself and how he interacts with others, including his roommates, and that this is difficult for the client to look at because it may be painful. Perhaps this uncomfortableness is also related to our cultural ideas of privacy (i.e., family relationships are generally seen as private, and to talk about them outside of the family is to risk being seen as disloyal or unloving).

"Client as someone who sometimes feels accountable to the therapist"

Therapist (as client, from research interview about second session): "You know, [the therapist] pushed me to contact the [State] Employment Authority, um, to really start looking for a job harder . . . I sort of

feel like I need a push even though, um, I should be able to do that for myself . . . It was kind of nice that somebody was requiring me to do something . . . I don't expect [the therapist] to do it, but it kind of happened that way."

Therapist (as client, from the research interview about first session): "I think just actually going to sessions is part of my organization. Um, where I am accountable to somebody. I'm going to somebody, I'm feeling better about myself, I feel that motivates me to be organized in the area I can be organized in."

The therapist seemed to position the client as someone who was seeking a relationship that might help make the client accountable for behaviors that he may want to change. While merely attending therapy seemed to be enough to justify the use of this tool, sometimes the therapist made this tool more overt. More specifically, near the end of the second session (as illustrated by the first excerpt above), the therapist offered a sort of contract that made this accountability more overt and specific.

"Client as carrier of labels/stories"

Therapist (from research interview about second session): "We got into his learning disabilities and

how that impacts what he can and can't do and how he feels about himself. And so we went back and talked about labeling, his being labeled as a child and what this did for him. And, um, how he has kind of continued a story of disappointing himself and others, and irresponsibility and that sort of thing."

Therapist (as client, from research interview about second session): "I've had to deal with professionals for so long with my diagnosis of learning disabilities and all sort of other labels."

Therapist (from research interview about second session): "I really wanted to get into what kind of story is he carrying around. Are they his stories or are they somebody else's stories about him? . . . I have the feeling he has been labeled so many times, and been labeled such harsh things that he lived out those, those labels at times . . . Actually, later on in the tape he'll say 'Yeah, it's kind of a self-fulfilling prophecy.' "

Therapist (from research interview about second session): "I guess I have a bias against any kind of label like that to begin with because I think it

terrorizes kids. And what I didn't realize, and what he gets into is how he was labeled five different things, and all of the sudden sort of thinking 'Okay, what has this guy had to deal with all these years?' Um, so I mean I think that is a big part of his story."

Interviewer (from research interview about second session): "Why, from [the client's] perspective, why did you ask that question?"

Therapist (as client): ". . . If I'm getting labeled MBD at the age of seven, and I'm obviously not living by myself, so someone else had got to think it is a problem, too."

Therapist (from research interview about second session): "[The client's] been so attached to labels for so much of his life. Maybe we can construct a real nice positive label. Not maybe with a title, but a new description."

Therapist (from research interview about second session): "I think that [the client] carries around many negative stories from his childhood with him, and, um, continues to live with those disappointments even

today . . . He needs to come to some acceptance of himself and his own ability, and stop carrying around this theme of disappointment."

Therapist (as client, from research interview about third session): "I mean they have given me these labels and I've kind of lived, I've lived them out to make them look good."

This seems to be a major tool used by the therapist to position the client, as illustrated by the number of times the therapist uses it in the therapy sessions, in the initial interview (see "Someone with a story" and "A story with someone"), and in all the research interviews. The above quotes illustrate many of the issues the therapist talked about in the initial interview regarding clients having negative stories, and how stories have clients sort of pinned under a pile of bricks.

"Changing"

Therapist (as client, from the research interview about first session): "I think just actually going to sessions is part of my organization. Um, where I am accountable to somebody. I'm going to somebody, I'm feeling better about myself, I feel that motivates me to be organized in the area I can be organized in."

Interviewer (from the research interview about second session): "From your perspective, why did the therapist start here?"

Therapist (as client): "I guess [the therapist] just wanted to see how my week is going . . . Because for me things change so much during the week I kind of need to recap a little bit."

Therapist (from the research interview about second session): "A lot can happen during the week, and I can't make the assumption that the way they left the week before is exactly the way they're coming in this week."

This is a tool that the therapist uses to position the client in such a way that seems to take the therapist even more into the curious, listening position. In other words, this is a tool that, once again, seems to place the therapist as a listener.

"Employer"

Therapist (from research interview about second session): "And they are paying for the session, and if they want to talk about what happened at work that week rather than the presenting problem they came in with, that's fine with me."

Therapist (from research interview about second session): "I'd rather have them [the clients] direct what they want to, want to use the session for . . . Many times people come in, I think, from my point of view, they come in with ideas about what they want to talk about."

Therapist (from research interview about second session): "I think [the client] has multiple issues, and it helps him to think 'Well, I've sort of settled that so let's move on to this other thing'. I think that is part of his organization."

Here the therapist positioned the client as an employer, and used this as a justification to agree with the client that they should decide what they want to use the session for, what they want to talk about with the therapist. This is one of the few tools used by the therapist to seemingly position the client hierarchically⁵⁴ above the therapist.

⁵⁴ I borrow my definition for a hierarchical relationship from Ratliff (1993), who states that "Social influence theory . . . understands a hierarchical relationship as the result of one perceiving needs in self and resources in another." In this situation the client comes with financial resources, placing him hierarchically above the therapist.

However, even though a client enters the therapy conversation with some ideas regarding what they may want to talk about, and should have the right to direct that because they are the employers, this does not mean that the therapist has positioned the client as completely directing the session, as illustrated by this excerpt from the research interview about the second session:

Therapist: "So maybe I am contradicting myself. When I come in and ask the client how the week is going, I think that is part of my way of getting into the session, but I surely don't sit back there and kind of let the client drive the whole session. I feel like a participant, I can kind of drive the session, too."

"Client as someone who sometimes fails to understand the therapist"

Therapist (as client, from research interview about third session): "If I am [the client], I didn't really understand what he was saying at first."

Therapist (from research interview about third session): "I was sort of trying to externalize his, his responsibility and how people come in and take his responsibility from him. And I don't think he caught on to what I was getting at."

Sometimes the therapist described the client as "not understanding," as not comprehending the narratives the therapist was offering. This seems fairly ordinary and not unusual. However, the therapist seems to use this tool one time in a rather extraordinary way: to describe a shift in what the client was saying about himself, as illustrated in this excerpt from the research interview about the third session:

Therapist: "He's very responsible, he makes other people look good by living out the labels that people give him . . . Once again, I think he didn't really quite understand that . . . But then it is interesting how he got into, um, how he's really sort of afraid to even try, that if he tries, that means he will fail. And then that just reaffirms what a problem he really is, he really has. Um, so I think that allowed, when we talked about him being very responsible, that allowed him to sort of step back and maybe say 'Yeah, well, maybe it's because I'm afraid to try.'

This shift, occasioned by the client's "not understanding" (as offered here by the therapist) seemed to mean a change in how the client saw himself, from someone who is "irresponsible" to someone who could be responsible, but is afraid to try. The therapist followed this shift up

by talking with the client "about how much courage it would take him to try."

"Client as a seeker of options"

Therapist (as client, from research interview about first session): "I was talking, more or less, about how I have a real hard time being assertive and confronting people. I, um, usually bottle things up, and sort of see the alternative as being, as just sort of exploding. And, um, [the therapist] was trying to come up with way that I could find a middle ground."

Therapist (as client, from research interview about third session): "I'm still really frustrated and I don't know what to do about this DMV letter, but I know I have options that I can at least explore. It's not like I have to sit back and do nothing. That used to be the only option I thought of, but now I know there are other things I can do."

Therapist (from research interview about third session): "[The client] started to make some connections of his own . . . It went beyond just, um, gathering information to, to sort of making connections and coming up with possibilities for change."

In the initial interview, the therapist seemed to position the client as an "explorer of options." Here the therapist is describing the client as someone who seems to have sought and sometimes found new "possibilities for change." Furthermore, the therapist seems to be positioning the client as reflecting and re-narrating, especially in the last excerpt.

"Client as a judge of therapist's views"

Therapist (as client, from research interview about the first session): "When [the therapist] offered the term "seems like hitting a brick wall" seemed a little misguided . . . I think he understands my position but not what it is really like for me."

Therapist (as client, from research interview about the first session): "If I was [the client], I'd say [the therapist] had made some assumptions there, and um, it seemed like he was off-base . . . I kind of turned off because [the therapist] went on and on."

Therapist (as client, from research interview about the first session): "I sort of feel like [the therapist] got into trying to solve my problem for me . . . I had explained to [the therapist] I had already tried to do

some things, and now it was time to do something more dramatic and extreme."

The therapist seems to position the client as sometimes thinking the therapist is off-base, not agreeing with what the therapist has offered. This seems to be related to the tool the therapist described in the initial session, that of the client as an "evaluator of sound reasons," someone needing persuasive "foundations" in order to accept what the therapist is offering. These excerpts seem to be illustrations of when the therapist described the client as unpersuaded.

"Client as someone wanting support"

Therapist (as client, from research interview about second session): "I guess I want a little support. To say that maybe I screwed up, but it is not the end of the world . . . [The therapist] didn't seem as sympathetic as I wanted him to be though . . . I felt the therapist was challenging me a little bit. I guess sometimes I want just something, a little different response."

Therapist (as client, from research interview about first session): "It's kind of nice to have somebody to talk to and be supportive."

Therapist (as client, from research interview about second session): "Um, I guess [the word 'therapy'] has a negative connotation to it, like there is something wrong with me . . . It seemed like [the therapist] was thinking along the same lines I was . . . He can be more of a support instead of trying to diagnose what is wrong with me."

Therapist (as client, from research interview about third session): "I thought [the therapist] was pretty encouraging . . . He was supportive and I thought that was important."

Therapist (as client, from research interview about second session): "[The therapist's] just trying to get an idea of what's going on and who else was there to support me during this sort of frustrating time."

Perhaps the view of the client as wanting support is related to the view of the client (offered in the initial interview) as "discouraged," as someone who has forgotten their strengths. Here the therapist seems to be positioning the client as someone who needs to be reminded of their strengths, instead of being diagnosed for "what is wrong" with the client.

"Client as an oldest child"

Therapist (from research interview about second session): "I think it is interesting that he can't come up with much considering he is the oldest child, too . . . From more of an Adlerian perspective, always the oldest, well not always, the oldest is given a lot of responsibility . . . And, um, so that's why the theme of disappointment is permeating my thoughts about him . . . and if that would have been different if he had been the youngest child."

The therapist seems to be using a descriptive tool that positions the client as someone who is influenced by his position in the birth order of his family. The therapist calls this an "Adlerian perspective," and then describes how he uses this tool to support a story ("disappointment") about the client, a story that seems to have the client metaphorically under a load of bricks.

Toolbox: Narratives about being part of the research project

These are narratives that are drawn from the research interviews that involved reviewing sessions using IPR, not the final individual interview with each of the co-researchers (the latter will be included in the next chapter). I believe that the tools that my co-researchers used to make sense of the research project influenced the

therapy process, including their positionings of each other. Hopefully, that will be conveyed in this section.

Client narratives

"Something shared"

Client (from research interview about first session):

"Something that effects both of us . . . We have something in common, which is good."

The client seemed to be, once again, positioning the therapist as someone who is like the client here. Furthermore, the client indicated that this was a positive thing, that participating in a shared project was helpful to the therapy conversation. I speculate that this tool, like most of the "therapist-is-like-me" tools, helped the client to see the therapist as more real, more persuasive.

"Augmented therapy"

Client (from research interview about third session):

"[This project] has been very useful to me. It's augmented my therapy a hell of a lot."

Client (from research interview about third session):

"I, I this has been more helpful than any, I'm not, the collection, the collected sessions between here and [the therapist] has been of more benefit to me than any

of the doctors my parents took me to. Because I spend so much more time analyzing. I, it's interesting to get really different perspectives on myself like this gives me the chance. And I probably, 99.9% of other clients don't have this opportunity, so it's definitely an advantage to me. Um, it makes me feel special that I'm able to participate in it, too. So that's good, too, that's reaffirming for me."

Client (from research interview about first session):

"It is offering me the chance to do some other things, some additional thinking."

The client seemed to position the researcher as "augmenter" in addition to the therapist, providing an opportunity to reflect on and occasionally expand on his first-person narratives. Indeed, it seemed that during the interviews the client had a more difficult time than the therapist (at least initially) in taking the position of the other, often moving back into first-person narratives about himself. However, over time, the client got better at responding to questions as if he were the therapist.

"Incubated an ability to reflect"

Client (from research interview about second session):

"I'm pretty sure my self-image is sort of at the root

of my problems, ok. And during the week I had been thinking on and off of the situation where you asked me to switch myself around with [the therapist] so much, and I end up putting myself right back in there. It's sort of like incubated this ability to like look at how I'm acting outside of myself, and I'm like, sometimes I'm walking around and thinking 'What does it look like that I'm doing right now?' And I'm thinking 'It doesn't look like there is anything wrong with me.' I'm, and where as, I'm so my focus on myself is coming away from my self-image problem and looking at me outside of myself, and I'm starting to think of myself at least looking like a person there is not that much wrong with. Whereas I feel like, there's just this internally, I feel like there's, there's a whole, you know, shit load of problems I just can't get over and everybody must see these . . . It is, it's actually, you know, hard and tough. I haven't gotten good at it yet, at looking at myself from the outside. But it looks better from the outside than it does from the inside (ha). It's something I'm doing more and more. Not consciously. I might now, now that I've thought about it."

Client (from research interview about second session):
"This is a time when I have to sit down and actively try and be somebody else. Based on the signals I think I'm sending, I have to sit down and be somebody else. And I suppose people have to do that a little bit all the time, but nobody I know has to sit down for a couple hours every week, actively . . . So it is a strange thing, but it's developing some neat abilities in me, and the more I become comfortable outside of myself, the more I take that feeling back home and say 'Well, maybe it's not so bad' and, um, 'It's okay. If this doesn't look so bad from the outside, maybe it's not' . . . I'm thinking more in terms of outside of my relationship with [the therapist], of doing this with friends at home than I am thinking of doing it with [the therapist]."

These excerpts from the client seemed to support my second-person narrative about my co-researchers: that the very act of inquiry invited change, and the kind of inquiry one used in any project is not some sort of neutral activity. Here the client was indicating that the research project had helped him to reflect on what he believed others think about him,⁵⁵ his narratives of himself, and his

⁵⁵I would say he was more aware of how he positioned others.

narratives of others. As such, the client seemed to have learned a skill that may very well help him after he leaves therapy, an ability to both fill in and unsmooth his narratives about himself. The importance of this seems to be illustrated by the client in these quotes from the research interview about the third therapy session:

Client: "You know, probably my self, my self-image is probably not my self-image, it's probably more what I think other people's images are of me. Except in here, when I try to work my way through the - In here and in there, in the other room when I am talking to [the therapist]."

Client: "At this point, I'm still not convinced I am not a [habitual offender] . . . I still have that baggage . . . There are times when I am rid of it, and I notice it is gone. Times when I have to, that this situation has led to me, you and I watching me and me thinking more, being conscious more of what I look like, and I realize sometimes I look okay to other people, sometimes. And then at that time it's gone, the baggage is gone."

Therapist narratives

"Client may be comparing therapist to researcher (and previous therapists)"

Therapist (from research interview about first session): "I guess I had this fantasy that, well, boy, his work with Chuck [the research interviewer] has been more therapeutic than his work with me . . . And [the client] said 'This is kind of a different twist now that I'm also seeing Chuck. And, um, although I know it is part of the research project, it kind of feels like therapy.' . . . So in that sense, I think 'Okay, well, is it going to be more therapeutic with Chuck than me? And 'Maybe I'll have to go and have therapy with Chuck.' So these are some of the fantasies I am having."

There were two occasions that the client told the therapist something like "I remember Chuck said," crediting the researcher with some insightful question or thought-provoking statement. However, in each of these cases, it was the therapist who deserved the credit, while the researcher had only asked the client to place himself in the position of the therapist and explain what he saw as his goal for saying that.

When asked later about this (in a conversation involving the therapist and the researcher), the therapist

admitted feeling a certain level of irritation, feeling perhaps slighted in the process. The therapist described his view of what was happening as feeling as if he were the overinvolved mother, working hard with the client, while the researcher was the peripheral, distant father who would come in and get to do all the fun stuff with the client, and get credit for things he did not deserve credit for. Perhaps this is part of the "being compared to the researcher" process that the therapist is describing in the excerpt above, and it is a description that seems apt in many ways. As the incidents discussed above illustrate, the researcher was getting credit for things he did not deserve credit for.

However, I have a second thought about this fantasy of being compared: it occurs to me that this is something that may happen to therapists all the time, but is not talked about. Certainly, the idea that the views of the therapist are judged by the client may be a common resource used to explain therapy participants' behavior at times, but this is different, more intense: with the addition of the researcher, the therapist is put more openly under the "gaze" of the client, someone who is positioned more by the client (and interviewer) as an evaluatee, making the comparison process more overt. As the therapist said,

"It made me analyze my work in a way that, that I don't often do. I felt much more accountable for

what I was doing . . . I felt like I was trying to analyze what he wanted from me, and I felt like I was getting into the role of trying to fix his problem."

In other words, while I found the "other" of the therapist to be fairly invisible in the therapy sessions, that "other" became more visible by adding a researcher to the conversation. And, perhaps, part of that disappearance of the "other" was transferred to the researcher, and, indeed, I did get to play what seemed like the role of the peripheral father, doing much of the fun and interesting stuff. This is one reason why the final interview seemed even more necessary, an interview where the therapist and the client discussed the tools they used to make sense of the researcher.

"Inviting reflection"

Therapist (from research interview about first session): "I thought the interview was great. It's not often you sit back and analyze yourself and what you believe in, um, in a clinical sort of specific way. In terms of what I have noticed already, I don't always follow what, um, what I report as my beliefs."

Therapist (from research interview about first session): "It made me analyze my work in a way that, that I don't often do. I felt much more accountable for what I was doing . . . I felt like I was trying to analyze what he wanted from me, and I felt like I was getting into the role of trying to fix his problem."

Lax (1992, p. 75) defines reflexivity as "the act of making oneself an object of one's own observation" and reflexive conversations as those conversations "in which a person makes her prior conversation an object of her own observation." Here the therapist seemed to positioned the researcher as having invited the therapist to reflect on his beliefs about therapists and clients, and to treat the sessions as an object of analysis. This seems like a good description of researcher.

"A form of supervision"

Therapist (from research interview about first session): "To me, this is the best kind of supervision I can ever have because I am going at it from both angles, and I am not just sitting here doing a little case report or showing you this little piece of video, trying to figure out what the problem was. We was just kind of talking about what each person's construction was. I think you could write on this process as a

model for supervision . . . It is a form of supervision because just with the questions you are asking you are highlighting the things you think are important, and you are throwing your constructions in the questions . . . So I can tell what you feel is important, what you might have done differently, what you would do again. It is clear, yet it is done in a very unorthodox kind of way."

Therapist (from research interview about second session): "This is gold for me because, um, it allows me to, I mean, very rarely do I go through my videotapes this close and this analytically. And, I mean, and then have someone else to bounce things off of. I realize this is part of your research, but really it has turned into, turned into a nice supervision for me."

Here the therapist positioned the researcher as a rather unorthodox type of therapist supervisor. I believe that this is a tool that seemed more natural to use because of the differences in ages between myself and the therapist, and, perhaps because I was acting as a supervisor with other therapists.

This seemed to be a major tool used by the therapist to position the researcher, and it is a positioning I think has

some merit. I thought it was a nice way of describing me and the project, a sort of "not-knowing supervision."

"Research is changing client, therapy relationship"

Therapist (from research interview about second session): "[The client] is, um, he's coming here to see me for therapy and he's coming here to see you to sort of reprocess what happened in therapy, and he mentioned last week that after the first session with you that it stirred some things up for him again. That he was able to look at things in a different way, come up with a different perspective and that helped him. And so if the process with you is going to help him or if he's going to change perspective, I'd sort of like to know. And if he runs into a real problem with it, it's going to impact our therapy. So I don't want to treat them as two distinct processes because they are not. They are the same process, at least in a little different way, but they're related."

Therapist (as client, from research interview about the second session): "I kind of come back and reanalyze things, and you kind of ask questions that give me a little different perspective on things. And just seeing myself on video tape, I'm more cognizant of

myself and kind of my self-image, and how I look on TV. And I'm trying to change that also, so just watching myself on videotape makes a difference."

This last quote indicates that the therapist believed the medium used here, the videotape, also was a part of what helped the client to take a more reflective position (thus positioning the client as more reflective, and, therefore, changed by the research project; perhaps the therapist might agree with the description the client provides about himself: incubating an ability to reflect). With the videotape, the client literally saw himself and the therapy conversation from the "outside," meaning he had no responsibility to respond to any part of the conversation from the inside, only to observe it and then reflect on it from within the conversation of the researcher and himself. This impact is also narrated by the client in the following excerpts:

Client (from research interview about third session):

"I think from my body language that [the therapist] could tell I was still really uptight. And I have been thinking about that, too, during the sessions because I see myself on tape here doing it. You know, always playing with my mustache or playing with my hair."

Client (from research interview about third session):

". . . I still have that baggage . . . There are times when I am rid of it, and I notice it is gone. Times when I have to, that this situation has led to me, you and I watching me and me thinking more, being more conscious of what I look like, and I realize sometimes I look okay to other people, sometimes. And then at that time it's gone, the baggage is gone."

Chapter Five:
Reflections and Discussion

My process

I have found the research process to be an evolving, generative conversation where all the participants are continually positioned and re-positioned, including myself. I went through a myriad of tools to position my co-researchers during this process: co-researchers, co-interviewers, supervisees, co-supervisors, clients, therapists, co-therapists, friends, assistants in my quest to complete a dissertation, and so on.⁵⁶ However, I tried primarily see each of them as co-researchers,⁵⁷ which made it seem even more unreasonable to treat them (and myself) and the conversations we all participated in (whether all were in the room or not when a specific conversation was

⁵⁶And within each of these positionings, I used other tools (like my co-researchers in the therapy conversations) to further position my co-researchers; e.g., I positioned the client as a client oppressed by the story that he carried about himself as "irresponsible," and I positioned the therapist as a skilled therapist who cares about his clients and perhaps occasionally works too hard to help them.

⁵⁷The word "co-researcher" does not adequately convey the idea that we are embedded in a social practice that requires certain performances, performances where I ask questions, and my co-researchers answer questions. Steier (1991) prefers the term "reciprocators," stating "for it is only by their hearing me and answering me that a 'me' can emerge as an I who does research" (p. 165). I considered using this term, but choose to stay with "co-researcher" because I had already begun with that term.

occurring) as "wholly and merely an *object* of consciousness" (Shotter, 1993, p. 62).

However, I was not entirely successful in avoiding treating my co-researchers, myself, and the recorded conversations as rather definite objects, and I offer two reasons for this, both of which I borrow from Shotter (1993). First,

even in the face of the vague, indescribable, open, fluid and ever changing nature of human life, language can work 'to make it appear as if' it is well ordered and structured (Shotter, 1993, p. 122).

In other words, language (individual words, sentences, language games, and so on) offers multiple sets of tools, each one lending our world a sense of structure through the creation of narratives and narrative-situated objects. As such, it is easy to treat these stories (and the objects that they create) as rather firm and unchanging, forgetting that they are part of an evolving conversation.

The second reason I failed to avoid treating my co-researchers and their statements as objects is because, as Shotter (1993, p. 71-72) wrote,

words are first a *means* (a 'tool') for use in influencing another person's behaviour (Vygotsky, 1962:56), a means for use in the negotiation of

meanings. Only later, do they - in learning written forms of communication - come to take on (to a degree) pre-determined meanings . . . In other words, writing transforms speech in a way that seemingly 'disconnects' it from its origins. While in spontaneous speech, the 'tool' function predominates, and we use words as a means in negotiating meanings with our interlocutors. In writing, however, 'we are obliged to create the situation, to represent it to our selves. This demands detachment from the actual situation (Vygotsky, 1962:99).⁵⁸

This process of making things clear in writing makes the descriptions I offer about my co-researchers, myself, and our conversation seem more settled, more black and white, than they were in the therapy sessions and the subsequent interviews. Therefore, I believe that this dissertational narrative is somewhat disconnected from what it describes (as are all dissertational narratives), and perhaps says more about the doctoral candidate/dissertation committee conversation than about the conversations I purport to describe. What I have written here is not the final truth

⁵⁸All quotations of Vygotsky in this passage come from L. S. Vygotsky's book *Thought and Language*, edited and translated by E. Hanfmann and G. Vakar, Cambridge, MA: MIT Press.

about these conversations, but is only one of many possible narratives that could have been used to describe these conversations (and that in a different context what I would have written would have likely looked very different).

I have come to believe that the best I can hope to do is to write this narrative as a continuing attempt to facilitate a context of a continuing conversation that emphasizes respect for my co-researchers, for I am concerned "with adequacy, with doing justice to the being of what we are studying" (Shotter, 1993, p. 62). I do not consider this conversation finished, even though I have written this narrative and I have stopped meeting with my present co-researchers in active manner. They will always be with me as I pursue these ideas and as I work as a therapist and supervisor. I appreciate what my co-researchers willingly and ably brought to the research conversation, and I apologize for putting our very special conversations in some sort of narrative form that seems so set, so final, and, ultimately, so inadequate.

Finally, before moving on to the main body of this discussion section, I will briefly offer an outline of how I have organized it into three sections. First, I believe one of the best ways to draw some "conclusions" from this research is to revisit the toolboxes of my co-researchers. Therefore, the first segment focuses on the final interviews

and the tools they used to make sense of the research process. I have found their conclusions to be rather extraordinary. Second, I visit my own toolbox and offer some organizing narratives of what my co-researchers and I have created, as well as some observations about how one of the tools was co-used by the client and therapist with interesting results. Finally, I want to discuss how this project might be seen as challenging some of the assumptions of the way therapy is generally conducted, especially therapy that leaves the therapist's supervisor removed from the therapy conversation, and leaves the client on the outside of the therapy-supervision conversation.

Revisiting the toolbox: The final interviews

Before the final interview, I had given my co-researchers a copy of what I had written. This manuscript included my descriptions of them in the third chapter, all the tool box narratives in the fourth chapter, the "two selves" and "parents will be blamed" discussions in the fifth chapter, the second-person transcripts of the their therapy sessions, and the second-person transcripts of their own interviews with me. I interviewed the client and the therapist separately, each interview lasting approximately ninety minutes. What follows is some of the tools that seemed to be used to make sense out of the research process,

the researcher, what had been written by the researcher, and even the final interview process itself.

The primary reason I include this analysis of the final interviews in the fifth chapter rather than the fourth chapter of this document is because I view this analysis as a summary of my co-researchers conclusions, and as a set of conclusions, therefore, their contribution belongs in the fifth chapter. It seems only right that the reflections of my co-researchers about the research process should be in the same chapter where I have discussed my own reflections. As such, it is my attempt to keep their voices as much a part of this project as possible.

Finally, I have refrained from "explaining" these tools as I have done in the previous chapter, although I have continued to title them. I have done this because I believe that to offer explanations would entail drawing conclusions about my co-researchers conclusions, and I believe that my co-researchers do a fine job stating their own conclusions with very little help from me.

Looking in the client's toolbox

"Research, not therapy"

Client: "Even though it [the research project] has a pleasant benefit on my therapy, it, it's largely research."

Client: "It is important to mention that . . . I wasn't in a client-therapy frame of mind in yours and my first sessions . . . I never considered that to begin with anyway. But therapy sort of evolved itself within that, even though that wasn't what I was intentionally coming for."

Client: "I wasn't coming in to involve my emotions. It wasn't therapy . . . What I considered my role here, as you put it, a co-researcher, was to help you analyze and explain what I was doing or what I was saying, and how I was feeling analytically instead of being involved in it."

"Because it was research, the client could talk more openly"

Interviewer: "Maybe a different way to ask an earlier question is to ask if there were any parts you found particularly uncomfortable or difficult."

Client: "There were some parts where I, I had to ask myself, I guess, for a leap of faith, I guess. Or a, because in a lot of places we were on new ground. And, I don't know, maybe if it had been anything other than research it wouldn't have

been, I wouldn't have been able to make the same decision. I probably would have, but I don't know."

Interviewer: "It might have been a leap of faith."

Client: "Because we were doing research, I made decisions that I thought would be the most challenging and, um, would, would yield the best or most accurate result. And also because it was good for me."

Interviewer: "But if you would have viewed it more as a therapy situation."

Client: "It might not have been so easy to take that leap of faith . . . Normally I wouldn't have found it easy for him [the therapist] to be in the room if we were going to discuss some of the things we were going to discuss . . . As far as being able to put myself in a frame of mind where I wasn't in therapy, I had to really concentrate on feeling like I wasn't in therapy. I also had to know I couldn't damage mine and [the therapist's] relationship, and I think because I could keep in the back of my mind that [the therapist] was my therapist, and there is nothing I should, you know, be able to say that would hurt

his feelings or anything like that that would effect our therapy in any sort of bad way."

"This research is therapeutic, and should be done more"

Interviewer: "Having gone through [the research project], would you go through it again?"

Client: "Oh, yeah. Gladly."

Client: "I think that instead of dismissing, I don't know what to call it, therapy-therapy?, on the grounds that no one could do it because it wasn't research, you should try to find another way to do it because it is so helpful. And if your client needs an excuse, calling it research instead of calling it therapy, then find one for him."

Looking into the therapist's toolbox

"Helped therapist to be a better therapist, more reflective"

Interviewer: "What was it like to be part of this research process for you?"

Therapist: "Um, I think I'm a much more sensitive, responsible, accountable therapist as a result. Because as I was reading this, and this has sort of been a process for me since this process began, I have been wondering what it would be like to do

this project with every client I've had, that I do presently have. And wondering what their stories would be about each session. Wondering what they think about when they get in the car after our session, each time we meet. Because I think this is something that is important to them. They come once a week, they think a lot about what they want to talk about before they come in, they think a lot about it after they leave, I'm sure. And this is not to say that I don't think about my clients once they walk out the door, but once they do walk out the door I'm thinking about other things . . . So I'm much more sensitive to the process of therapy instead of just the content, and how they view me."

"Helped therapist to be a better therapist, more informed by the client"

Therapist: "I'm much more aware of what they bring in and what they take away with them, and, um, their understanding of my position. Because they won't really tell you unless you ask."

Interviewer: "And the research says they won't tell you then."

Therapist: "Right. And this process allowed a lot of that to happen. I mean it wasn't just as if I was asking [the client] about a lot of the issues that were going on in our relationship. He was talking with somebody else and I think he was able to be very honest with you about our relationship, about me, about therapy in general."

"Helped the therapist to be a better therapist, more willing to perturb the safety of the status quo in the therapy relationship"

Therapist: "I think I have always been sensitive to feedback, asking clients: How have things gone? Do you want to change anything? That kind of thing. But I've always been a little scared to do that because do we want to disrupt the status quo at this point? Do I sort of want to perturb our system? Because I think you definitely do when you 'stop the film' to a certain degree and sort of say 'What are we doing?' Rather than just sitting back and sort of saying 'How was this week?' Blah, blah, blah, blah, blah."

"Helped the client be a better client by making the relationship more open"

Interviewer: " . . . Stopping the film. How did you see it impacting the, the therapy process?"

Therapist: "With [the client] specifically?"

Interviewer: "Yeah."

Therapist: "Well, we were definitely much more open with each other, I think, about how things were going. It didn't seem like there were any secrets in our relationship because he would talk to me once a week, then he would go talk to you about what actually happened in the session, at least for the first few weeks, and I think that allowed us to become much more comfortable with each other and much more sensitive to the other."

"Helped the client be a better client by inviting the client to feel more responsible"

Therapist: "Um, but then again, I think we lost some of that [openness] when those meetings ended . . . Well, first of all, we were no longer under a microscope . . . I don't think he felt as accountable after the sessions with you ended. I didn't feel as accountable because he wasn't paying . . . Videotaping didn't become as

important anymore, because videotaping was everything when we were going to see you."

"Researcher as supervision resource"

Interviewer: "What, um, are your narratives, so to speak, about this process? What are your narratives about me in this process?"

Therapist: "I really looked at you as a real resource throughout all of this, and I really appreciate all the feedback you were able to provide, and we talked about it as becoming more of a supervision relationship than a research, along with the research participant relationship, and that was very valuable . . . So in terms of your role to me, it was crucial, and I learned a great deal."

"Researcher somewhat like a therapist, co-therapist, competing therapist"

Therapist: "But even though you are a researcher, you are continually a therapist. I think it's kind of hard to get out of that role. I think it is almost impossible to get out of that role, I don't care what sort of situation you are in."

Interviewer: "It's what you're used to doing."

Therapist: "So even when you are a researcher, I think you are always thinking as a therapist. And I think [the client] saw you as a co-therapist through this. And, um, that was valuable for him, but I think he felt he lost something once you were no longer there . . . As the therapist in the situation, it was difficult and there was a certain amount of competition. I felt like you're just too nice (ha) . . . Not as if we were competing to see who was the best therapist, I don't think that was the point. But I felt as if my relationship with [the client] that sense of 'Is he getting more from Chuck than he is from me?' And you mentioned that actually in your narrative in the peripheral father and the overinvolved mother. I think that is a fairly good, good metaphor."

Interviewer: "And if I had been acting more as a co-therapist?"

Therapist: "I think you would have more or less dealt with the issues presented. I don't think you ever dealt with the presenting issues. You talked about the process of therapy with [the client], and through that [the client] talked a lot about, um, the issues that would come up in

therapy, and you might reflect back, but you never probed into those issues any further."

My organizing narratives about the tools

"Self-as-same" and "self-as-different"

Some of the tools used by the therapist and client might be described as fitting two broad categories of second-person narratives. These two sets of second person narratives are: 1) the view of the other as the same as one's self, and 2) the view of the other as different from one's self.

I believe use of these tools in therapy is common, perhaps because they are commonly used tools in our culture to position others, most notably through the positioning words of "us" and "them" (as well as, at a more subtle level, "I" and "you"). Furthermore, their use seemed to be particularly powerful in the therapy sessions. Indeed, the client reported that the most significant event of the first session was when the therapist told him that he once had roommates, too, so he knew what it was like to have roommates. It seemed that this view of the therapist invited the client to position the therapist as more believable and persuasive, both of which are key ingredients in the therapy process (Simons, 1989). Therefore, it might be worth further research to begin to ask therapists and

clients how they are like each other, and how they see themselves as different from each other. I believe a study like this could possibly be another way to examine the cultural background, and the tools drawn from that background to position others, a background that informs our ideas of what it is to be a therapist, a client, and in therapy.

The practice of therapy could be seen as obscuring the "self" of the therapist

"Commonsense" (or, to put it another way, our taken for granted assumptions) support the idea that clients come to therapy to talk about themselves and their issues, not to talk about their therapist's issues. Even the tools listed here seem to significantly a focus more on positioning the client than positioning (at least overtly) the therapist in the therapy conversation. In other words, what seems to not get talked about are the therapist's views of the therapy conversation or the therapist's relationship to the client.

Even though there seemed to be increasingly challenge from the client to the therapist to explain himself over the course of the therapy sessions, it was still very meager compared to the demands on the client to justify and explain himself: I believe we accept this as part of the necessary identity a client must take on to be a "good client." This

seems supported by my perception that the client offered no direct second-person narratives of the therapist throughout any of the therapy sessions, and only three times (all in the third session) did the client request that the therapist expand on something the therapist had said. This is in contrast to the therapist offering approximately fifty second-person narratives to the client (and implying another forty or so by the questions he asked the client). In addition, the therapist offered eight first-person narratives of himself over the three therapy sessions, while the client offered well over one hundred. Clearly, the focus of therapy is on the client's views of himself and on the therapist's views of the client. However, this is not to say that the client's first-person narratives (and the therapist's views of the client) are what make the therapy conversation different from other conversations, although this sort of focus may be an important part of it. I argue that it is the tools used by the therapy participants to describe the therapist (e.g., as a confidant, as an augments, and so on) that invite the conversationalists to perform differently in this relationship (as opposed to other, more everyday relationships).

Gender? What gender issues?

Some individuals I have talked to have told me that I should not have been surprised by the lack focus on gender, either as a positioning tool or a topic in the therapy sessions. It appeared very rarely in each of my co-researchers explanations: the therapist used gender to describe why one of the sessions got a slow start⁵⁹ (males need time to get through "regular guy" barriers to conversation), and the client used it to explain why he wanted to correct a slip of the tongue that might be construed to mean he might be gay, and he also referred to some of his gestures as "feminine" and that he disliked those gestures.

Therefore, seeing a male therapist with a male client left me with more questions, and told me very little about how the tool "gender" might be used. Some would say that the fact it was used so little is important, and perhaps it is, but, frankly, I'm don't have much direction on why it might be important. Does it mean that "gender" is not a tool they have used often, or are very familiar with, or that they have used it and found it to not be that helpful, or that they are afraid to use it, or any number of other

⁵⁹As a point of interest, it was this same session the client described himself and the therapist as getting right into what needed to be talked about.

possibilities? Perhaps if I were to ask a number of therapists and clients about what it means to be a male therapist, female therapist, male client, and female client, and then how the topic of gender has been used in their therapy sessions, I might have a more interesting study.

The co-use of the tool "parents will be blamed"

In session two, paragraph 32, the therapist asked the client "What kinds of responsibilities did your parents give you?" When I asked the therapist why he asked the client this question, the therapist initially offered a first-person narrative, and then expanded on this with a second-person narrative:

FPN: "I wanted to get away from the problem-saturated description."

SPN: "[The client] talked about his parents being supportive and I wanted to go back to a little bit more about how maybe they were supportive, how maybe they gave him some responsibility, how maybe it wasn't such a negative kind of experience for him. At least get him to start thinking about that."

When I asked the client about why the therapist asked the question "Did you feel your parents were supportive?" he responded by stating

"I feel obligated to defend my parents a lot, especially in this situation. Um, I guess because of some predisposition I have to, you know, about what you say about your parents when you are in, that's one of the things that make me feel like I am in therapy, is when you go talking about your parents, and I am trying to tiptoe around that and get out what I'm really trying to say at the same time . . . They did the best they could, but what they did wasn't right for me all the time . . . I'd hate to be asked that 'Why do you hate your mother?' question. And I don't know, that's part of the stigma. I don't hate my mother but there's something about child abuse and all that goes on in, in nursery schools and kindergartens, and I don't want anyone to think something like that happened to me. My parents tried as hard as they could with the best tools and resources they had, but they still did the wrong thing for me . . . There's nothing there and I just can't come out and feel comfortable saying that in this situation, and I don't know why. Probably because I'm kind of on the defensive . . . I don't know why I don't feel comfortable enough to say that, but, um, I can't say it here and feel like he'd

believe me . . . I really loved my parents and I don't want anybody to think that of them."

One of the cultural narrative resources seems to be the idea that "parents are to blame" when people enter therapy, and both the therapist and the client seemed to position the other as likely to draw on that resource, which influenced their responses with each other (and created somewhat of a misunderstanding). In this case, their views of the other as seeing the client's parents in a negative light invited attempts by both to see the parents more positively, although in different ways, as dictated by the focus of the relationship on the client's first-person narrative: the client worked to portray himself as grateful to his parents, while the therapist worked to get the client to see himself in a more positive relationship with his parents.

Implications for therapy

Thus, (i) if uncertainty, vagueness, and ambiguity are *real* features of much of the world in which we live; and (ii) how we 'construct' or 'specify' these features further influences the nature of our own future lives together, then their contested nature comes as no surprise (Shotter, 1993, p 18).

From the beginning of this study I argued that there are multiple "explanatory fictions" (Akillas & Efran, 1989) available to make sense of an other participant in a therapy or research conversation. These tools are used to shape the direction of the therapy conversation, the future of the therapist and client together. This project invited me to reflect on these explanatory fictions and on the social practice of therapy in general.

I will begin this section with what I see as the relationship of this project to the general practice of therapy by discussing one of the tools the client used to make sense of me as a researcher: the client indicated that he did not position me as a therapist, but as a researcher, a positioning that allowed him to be more open and honest because he saw me as someone in need of "the best or most accurate result." However, over the course of the project, the client also began to position me as an "augmenter," the same tool he used so often to make sense of the therapist and of the therapy conversation. Yet even as an augmenter, the client did not position me as a therapist, as someone interested in the client's emotions or expecting other "client-like" performances from him (see "Research, not therapy" in part 1 of section A in the discussion section of this chapter). Therefore, I noted that while I seemed to be a co-augmenter of sorts, I was still slightly different kind

of augments than the therapist: I was someone who provided an opportunity for the client to reflect on the therapy relationship itself and how he viewed the therapist (and, often, himself) within that relationship, and, ultimately, the client saw me as someone who helped him "incubate" an ability to reflect on other relationships.

Perhaps part of the reason I was seen as different from the therapist was because I was primarily interested in the client's narratives about his relationship with his therapist, not the client's relationships outside of therapy. Along a similar line, I was not interested in the therapist's recounting to me the client's stories that the client brought to the therapy conversation, but rather I was interested in the therapist's narratives about his relationship with the client. Perhaps this is partly why, in the process of this study, the therapist repeatedly used the tool "supervisor" to help make sense of me as a researcher and, therefore, to sometimes situate himself as someone receiving "supervision." However, he made it clear that this was no ordinary "supervision," but rather it was supervision where he was "going at it [the therapy session] from both angles, and I am not just sitting here doing a little case report or showing you this little piece of piece of video, trying to figure out what the problem was. We were just kind of talking about what each person's

construction was." However, instead of my positioning the therapist as someone who was supervised by me during this project, I prefer to position him as someone who was breaking some of the crusts of convention about the therapy relationship, around how it is conducted, who is included, and how.

These perspectives about the research process and about the interviewer invited me to reflect on some of the assumptions that seem to be taken for granted in the general practice of therapy. I believe this study could be seen as saying some interesting things about the therapy relationship. Therefore, I will write about some of the things I think might be said as a result of this project. Once again, I do not offer this as the truth, just as one possible way to talk about therapy relationships in general.

The therapy relationship as a confessional experience

I have received a lot of supervision in my career as a therapist, and the vast majority of it has been useful in the therapy conversation. However, I went through a supervision experience recently that reminded me what can feel bad about supervision.⁶⁰ What I noticed is that

⁶⁰The term "supervision" seems so loaded down with a sense of hierarchy and one relationship "overseeing" another relationship that I do not believe I can continue to use that term without perpetuating that sense of separation,

supervision can be somewhat isomorphic to traditional therapy (Hoffman, 1991): it can be a conversation somewhat designed to be more of a confessional experience than an augmenting experience, an experience where the one of the participants is generally expected to participate in the conversation by often "confessing" what the problems they are having and where they are failing to someone supposedly not involved in the relationships being discussed. This sort of situation invites the confessors (i.e., clients and supervisees) to often leave many of their strengths, resources, and stories of what they are doing well unnarrated about.

Why does this separation of the therapy conversation into two conversations (the therapy relationship and the supervision relationship) occur, with the accompanying confessional expectations? I believe it is because at the institutional level we construct them as different conversations (e.g., I went through training as a clinician, and now I am going through separate training as a supervisor), and perhaps because of the general view of them

implying that these are much more separate conversations than I see them as a result of this project. Therefore, while I will generally use the terms supervision and supervisor, I will occasionally refer to the entire therapy conversation and use terms I borrow from my co-researchers: augmentation and augmenters, with all the participants acting as co-augmenters.

as hierarchically separated (the supervision relationship overseeing the therapy relationship: I have not ever heard of anyone discussing how the therapy relationship might be used to oversee the supervision relationship). This separated view seems to limit what can happen in a therapy conversation (I am talking about my expanded view of the therapy conversation that includes all participants). In other words, from my perspective, the supervision conversation is more of the therapy conversation, not a somehow separate conversation, as it is widely seen.

I believe that some of the results of seeing the therapy and supervision conversations as separate go beyond the moral pressure to be a sort of confessor or expert.⁶¹ I believe that this sort of separation invites a number of things to not happen (in varying degrees, depending on the client, therapist, and supervisor) in the therapy conversation that might otherwise occur if these were seen as one conversation. I will list these things that do not generally happen (as I see them as a result of this project;

⁶¹I believe the common tools used in a common social practice like therapy conversation exert a "morally coercive force upon us to be persons of a particular kind, to assume a particular *identity*, and to exhibit a particular kind of *sensibility*" (Shotter & Gergen, 1994, p. 6). Failure to assume that sort of needful identity seems to be seen as suspect, that perhaps the client is hiding something from the therapist, or the therapist is hiding something from a supervisor or both are being somehow uncooperative in their respective positionings for other reasons.

others may disagree with my analysis), and then I will use the following sections of this segment to discuss these: 1) the client's views of the therapist, as well as how the therapist might be more helpful, tends to be rarely discussed; 2) the therapist tends to focus on the client's narratives about himself and outside relationships, generally excluding conversations about their narratives about the other and their own relationship (I know it can be difficult to bring up conversations about the therapy relationship); 3) there seems to be little help for clients on how to be better clients, particularly how they might help their therapists to help them; 4) the therapist and supervisor tend to focus on the therapist's version of the client's narratives of other relationships, and perhaps some about the therapist's view of the therapy relationship, but there is usually little discussion about how they are positioning the other within this conversation; and, 5) the client is rather left out of this conversation, meaning the client's views of what would be helpful are also often left out (this is related back to the first one on this list).

What this project seemed to indicate is that all of the participants are somewhat impoverished by this split of the

therapy conversation,⁶² and that the client and supervisee need not take this sort of confessional identity. Rather, they might benefit from "augmenting" conversations that 1) do not exclude anyone from the process (e.g., sessions where the client, therapist, and supervisor get together to review a videotaped therapy session, as well as sessions that the client and supervisor work together to help the therapist and the therapist and client work together to help the supervisor, all acting as co-augmenters); and, 2) that do not focus on anyone's failings as much as on their constructions of each other and their relationship (e.g., by asking them to take the position of an other) and how that then invites them to respond to the each other.

Indeed, I would argue that the goal of therapy conversation in general is to unsmooth all the participants' narratives, creating richer narratives, not necessarily "better" or "right" narratives. By asking each to "take the position" of an other, to try to speak as if he were the other, each is invited to "unsmooth" and expand upon his stories about the other (I believe this is part of what happened in this project). This approach seemed to somewhat

⁶²I am not arguing that supervision as it is practiced should be done away with, for that might also impoverish the therapy conversation. What I am arguing is that that approach, when it is used by itself, impoverishes the therapy conversation.

negate the moral pressure on 1) the therapist to offer problem-saturated narratives about the client, about the therapy sessions, and about himself;⁶³ 2) the client to primarily take a confessional stance; and, 3) the supervisor to somehow be wonderfully insightful. It also brings the strengths and resources of the all the participants more fully into the conversation because all become more fully involved in generating new conversations, not each assigned to giving certain kinds of problem-saturated narratives.

Clients bring more the therapy conversation than just problems, they also can help the therapist be a better therapist with them

Earlier in this chapter, under "looking into the client's toolbox," the client stated that he did not read what I had written about the therapist because he wanted to avoid "any miscommunication," stating "it would be bad for me to take an interpretation from that being written rather than having him [the therapist] being able to explain it to me." In other words, the client knew that the meaning-negotiating process had been greatly reduced because the

⁶³This does not mean that "problems" were not brought up, only that they were not the focus of the interviews. Rather, the focus of the interviews were the therapist's understandings of the client as generated by imagining himself as the client.

therapist was not there with the client to discuss what had been written while the client read it, or that the therapist was with him in the final interview to explain it. Yet in some ways a similar sort of process occurs when a therapist-supervisor conversation occurs that is separated from the therapy conversation: the therapist and supervisor co-create stories about the client, the therapist, and the therapy conversation without the opportunity for the client to negotiate with them the meanings of what they come up with. Indeed, the client commented on this situation:

Client: "I want to say that the therapist is toting the tape into this analytical session with his supervisor, for some emotionally sterile analysis of what may have transpired during the session. Um, I don't know how effective that will be because I don't know who the therapist's supervisors are, and they certainly don't know me . . . I can see that if it was something a supervisor had seen repeatedly, a common problem, but I don't see how they could really deal with anything with a whole lot of - I can't imagine that they would make a recommendation on how to exactly act . . . It's clear I don't think that should go on without the client because [the therapist] and I had enough misunderstandings just

between ourselves. I misunderstood him, he mistook me, and then you're going to show this to somebody who wasn't even there and doesn't know."

Researcher: "That's regular practice."

Client: "I'm sure it is, and it's a nice safeguard, but it's - without everybody who was involved there, it can't be as effective as it should be, and the only person it's probably not fair to is the client . . . That's sort of demeaning to the client in a way. To be handled like a videotape, like a soap opera . . . All I am to that supervisor is a videotape, a soap opera or, um, anything on TV from 12:30 to, um, four, when the cartoons come on . . . I think it's disrespectful . . . Actually, I don't think I would have minded as much if I had ever heard anything from the supervisor, but I don't know who the hell he is . . . I'd like to have their opinion, too. May it would do me some good."

This client has had a lot of experience with many therapists, and, in an indirect way, with their supervisors. He views the separation of the therapy conversation from the supervision conversation as demeaning because it leaves him

out of an important conversation where stories about the client and their meanings were created and negotiated.⁶⁴

However, more than this, dividing the therapy conversation seems less effective because it leaves some of the client's resources and strengths outside of the therapy conversation. I believe that this is a critical loss because perhaps the best way to be a good therapist (or supervisor) is to listen to one's clients and supervisees. This loss became more visible to me during the process of interviewing the client during this project. The client had many ideas about what needed to be talked about in therapy and how it needed to be talked about. As the interviewer in this project, I increasingly believed I was sitting on a wealth of information and suggestions from the client, information not usually available to the therapist, partly due to the separation of therapy and supervision conversations. I began to wonder about how the therapist could have access to this information, how the therapist

⁶⁴I am not saying that there is nothing valuable offered by the supervisor, or in traditional supervision. I have found the traditional supervision process to be rich and helpful, and I appreciate the relationship that has developed with many of my supervisors. Furthermore, I believe the traditional supervision process is effective in placing some safeguards in the process for the client. However, I also believe that the effectiveness of supervision is compromised by the exclusion of the client from the supervision process.

could receive some "augmentation" from the client. The therapist, client, and myself discussed this, and after the first eight interviews (but before the final interview with each of them) we briefly experimented with the process instituted by this project, the process of taking the position of the other.

One of the formats we used for was a post-session interview of the therapist and client together. At the end of one of the therapy sessions, I joined the client and therapist and interviewed them, asking them to each take the position of the other and to talk about what happened in the session as if they were the other. Furthermore, once one of them had responded, the other was given an opportunity to rate (on a 0 to 100 percent scale) how accurate he considered the other one to be, and how he might improve on what the other had said. This process seemed to accomplish two things: 1) it was an opportunity for the therapist to hear what the client was thinking about the therapy relationship (and the therapist) in a rather non-threatening way, and in that process receive some direction from the client about future conversations, and 2) it allowed the therapist to offer some views about the client that might be helpful to the client and to the therapy relationship in a way that invited more discussion (e.g., discussing the

client's strengths he had shown, and how he admired the client's tenacity).

However, this post-session interview seemed rather brief, offering limited opportunity for unsmoothing or expanding on their narratives about the session. A few weeks later the therapist and the client approached me about doing it one more time, but this time with them together, viewing the videotape of a session, and each taking the position of the other. This proved to be a particularly powerful session, one focused upon the client and the therapist clarifying and expanding on what they had talked about in the therapy session, their views of each other, and their perceptions of the therapy conversation. In this situation, the client gave some rather direct feedback to the therapist on how to help him as a client, and the therapist was able to use that to be a more effective therapist within the reviewing session. My role in all this was to remind both of them to "take the position of the other," and in doing so, many narratives about the other, themselves, and the therapy session were unsmoothed and expanded on.

Empowering the client: Helping clients to be better clients

Client: "But, um, it [the research project] was augmenting my therapy and giving me a second chance to reevaluate what I had, what I was thinking in therapy . . . I think I said this before, but it was like therapy-therapy. It was a chance to go over and evaluate what I said in therapy and see if I was actually doing anything about it."

Researcher: "To rethink what you were doing in therapy."

Client: "Exactly, and then ask myself if I have been keeping up with this like I thought about. Sometimes I think I sort of put things in the back of my head and try to forget about them. Not consciously. Or I just can't remember everything we discussed that I might try, then it was refreshed in my mind when we would view it on the videotape."

Client: "I thought your project would be fun and interesting to participate, so I looked forward to it. It never crossed my mind it would have, it would have been as therapeutic as it was in and of

itself. Um, but as time passed, as we had more sessions, um, I found myself developing some interesting new skills when we were talking about, when we did the 'put yourself in the other person's perspective' thing."

Client: "I guess our [the client and therapist] relationship changed some, for the better I think. I'm sure for the better . . ."

Researcher: "Could you kind of expand on that at all, on how you see that influencing your relationship with [the therapist]?"

Client: "Um, it, um, I think it was interesting when [the therapist] and I found out we were misunderstanding each other sometimes. I think it was a good tool for both of us to be able to recognize how when we say something one way it can be misunderstood. Or what, to be able to go back over what you have done and see where misunderstandings occur. And I noticed how I was acting when [the therapist] was misunderstanding me, and I was able to help my therapy, help my sessions out by, you know, avoiding things that might lead to misunderstandings . . . It [the

project] really facilitated the initial stages of our, my therapy."

First, at a first-order level, I would argue that this process of reviewing the session videotape helped to remind the client about what had been discussed in the therapy session. As such, this project helped the client to be more accountable to the therapy process, and, therefore, this project seemed to help him be a better client outside of the therapy conversation.

Second, this process allowed the client to actively reflect, edit, and expand on what had been negotiated in the therapy conversation, without the pressure to display certain emotional enactments:

Client: "What I said on the tape I had said.

There was no taking it back or changing it. I was just viewing it from a different perspective, from the video. Um, without so much the, um, what in this case might be the nuisance of how I was feeling at the time, and making my own interpretations of what I was saying. You know, because of the way people just get to be feeling so strongly sometimes, they're just so much tangled up in their emotions sometimes they don't have a clear perception, at least a calm perception of what might be going on."

As such, this project allowed the client to take more of a reflective position in relationship to his own therapy, and, as he reported, he began to develop an ability to be more reflective in his relationships outside of therapy. I believe that being able to view his conversations about his problems on videotape took a lot of what I will call "emotional static" out, primarily because there was no pressure to offer appropriate emotional enactments. He could more easily talk about his talk about feeling irresponsible than he could talk about actually feeling irresponsible (and avoid the show of guilt he seemed to think was required when he was talking about irresponsibility).

Finally, I would argue that this process empowered the client to know better what he wanted from his therapist, and to say it. I believe this is important, and I agree with Keeney (1990, p. 13) when he offers a rationale for supervisors to talk directly to clients, stating

We often think the therapist is the one who needs guidance to say the right things to clients.

Actually, it's a bit more complex. Clients, too, must act upon the therapist to get him or her to say what would be most helpful to them.

In other words, I believe that many times clients could use some assistance in knowing what they would like to get from

their therapists, and I believe that this client got some of that assistance by taking a second "session" to reflect on what was discussed in the therapy session. By expanding on and unsmoothing some of their narratives about the therapist, this client seemed to be better able to go back to that therapist with some idea of what he wanted from the therapist. Indeed, perhaps this was the most 'perturbing' part of the process, because I believe that clients that know how to help therapists (like patients with doctors) can make the therapy process more efficient and perhaps more fun.

Empowering the therapist: Reflection on his own views

Therapist: "I'm much more aware of what they bring in and what they take away with them, and, um, their understanding of my position. Because they won't really tell you unless you ask."

Researcher: "And the research says they won't tell you then."

Therapist: "Right. And this process allowed a lot of that to happen. I mean it wasn't just as if I was asking [the client] about a lot of the issues that were going on in our relationship. He was talking with somebody else and I think he was able

to be very honest with you about our relationship, about me, about therapy in general."

Therapist: "Do I sort of want to perturb our system?"

Therapy conversations usually focus on the client's stories and not the therapist's stories, keeping the therapist's stories more invisible. I also believe that therapists are trained to be rather invisible in the therapy relationship, and this invisibility does not always benefit the client (an example: the pathologizing stories and "secret histories" found in therapist case notes), sometimes increasing therapist privilege and hierarchy, and decreasing the emphasis on the resources the client brings to the therapy relationship. By bringing the therapist's stories out more, I believe my co-researcher was giving up some of his hierarchically derived power in the therapy relationship, something that was not always easy to do as illustrated by my co-researcher's awareness of how this project perturbed the safety of the status quo in the therapy relationship (see quote above).

However, the therapist seemed to indicate that the benefit of knowing more about what the client thought and wanted from therapy far outweighed any of the seeming negatives of the client becoming a more knowledgeable, equal

partner in the therapy conversations, and, perhaps, someone less willing to treat the therapist as an all-knowing expert. Indeed, as I have mentioned before, this project seemed to speed up the process where the client felt more comfortable challenging the therapist. Some might look at this as a negative, but I look at it as empowering the therapist to receive more open and honest feedback from the client. Not only do I think that clients have important ideas about how the therapy relationship might be more effective, but therapists who receive these ideas from their clients might make better therapists.

Empowering the co-augmenter: Less a supervisor, more a curious facilitator

Researcher: "What if I had acted more like a traditional supervisor, how would I have acted differently?"

Therapist: "Well, I think there was never any direct instruction on how to do the therapy interventions to try. It was more or less asking the therapist to tell his stories about the client . . . I think a traditional supervisor would have gone about taking a more direct instructional tact about what to do with this client. There was

never one time you said 'I think you should do this' . . . "

I believe that if a "co-augmenter" follows the model of the undivided therapy conversation suggested by the researcher position in this project, there is less demand on the therapist to provide justificatory accounts for his actions that satisfy the co-augmenter, thus reducing the demand for confession and smooth narratives from the therapist. However, I also believe there is less demand on the supervisor to come up with something insightful or wonderful. Instead, the co-augmenter is placed more in the curious stance, inviting the therapist and the client to expand on what they are talking about. Furthermore, asking the client and the therapist to take the position of the other helps to keep the interviews from becoming problem-saturated, problem-solving sessions. I believe that this approach in the research project helped me to keep the focus on the more positive, generative aspects of the client's narratives as seen by the therapist. The goal of the interviews was not to solve the client's "problems" but to simply push the limits (to unsmooth) of the therapist's narrative about the client and the therapy relationship. This format seemed to be useful for this therapist because he was then better able to reflect on his understandings of the client, the narrative tools he was using to position the

client, and how they could be seen as both useful and constraining in the therapy conversation.

However, this does not mean the co-augmenter would never offer direct advice or outright guidance in some situations (e.g., dangerous situations, or situations where the therapist or client request direct guidance), but I do believe there is much less direct guidance. This could be seen as true based on what the therapist said in the final interview: that while he did not get any direct advice from me, he still had a pretty good idea what I thought about things by the questions I asked.⁶⁵

Future Research

Some of the ideas for future research I have already touched upon (e.g., soliciting therapist and client narratives about how males are actually seen in therapy, and a study interviewing all sorts of therapists and clients about what it means to be a male therapist, a male client, a female therapist, a female client, and so on).

However, I am also curious about some other things as part of the evolving conversation of this research process.

⁶⁵No question is neutral, and responders to questions are not only trying to make sense of the question, but of the questioner, and why the questioner is asking this question at this time and in this way. I believe that if the therapist were to have offered narratives of what I thought, I would have agreed with most of them.

First, I would like to interview therapists that identify themselves as adhering to different therapy schools (e.g., strategic, structural, object-relations, and so on) about what it means to be a client, a therapist, and to be in a therapy relationship. I believe that all these schools probably share some common cultural tools in positioning their clients (and, hence, the therapists who use them), as well as some different tools. I believe such a study might add richness not only to this present study, and to the field in general, but might also invite more conversation and reflection on how different "schools" position clients and the therapists. One of my co-researchers suggested something like this during the final interview:

Therapist: "I wonder how different it would have been if you were using a therapist who was maybe more strictly structural or strictly strategic."

And so do I. Furthermore, I wonder what kind of narrative might be possible to develop in comparing the tools used by different therapists. While nothing definitive could be said about the comparison of these tools, I am not particularly interested in definitive, only what might stimulate more reflection and discussion among therapists and researchers.

Second, I would like to consider doing nearly the exact same project but this time use different combinations of

genders. Part of my reason for wanting to do this is to explore how the gender tool is used in therapy relationships that don't involve male therapists and male clients.

Finally, I plan to continue my exploration of the idea of the undivided therapy conversation. A colleague and I are already considering what it might mean to use similar questions as those used by some organizational consultants in "Appreciative Inquiry" interviews in a format that brings all the co-augmenters together in shared conversations.

Final comments

Shotter (1993) defines three types of knowledge. First, is theoretical knowledge, knowledge that is specified ahead of time by the use of certain rules, sayings. This is the kind that informs most research. Second, there is knowledge that "merely . . . a craft or skill ('knowing-how')" (Shotter, 1993, p. 19). Finally, there is "the kind of knowledge one has *from within* a situation, a group, a social institution, or society; it is what we might call a 'knowing from'" (Shotter, 1993, p. 19). Shotter and Gergen (1994, p. 3) write

It is a form of knowledge *from within* a relationship, in which, in its articulation, others around us continually exert a morally coercive force upon us *to be* persons of a

particular kind, to assume a particular *identity*, and to exhibit a particular kind of *sensibility*: that is, to be persons who act and make sense of the events and activities studied through the 'proper' use of the 'proper' terms.

In this project, I have attempted to examine some of the "knowledge-from-within" of the therapist-client-researcher relationship, and I have attempted to offer it here in a coherent form from "within" the context of a doctoral dissertation project. It is within this context that I will be seen as succeeding or failing as a legitimate knower, someone acting within the broad disciplines of family therapy and family studies. Have I been "proper" enough? Many would say not, but not everyone.

I will briefly summarize this project. I have attempted to explore the therapy relationship using an instructional account (as opposed to a theory) informed by social constructionist ways of talking. More specifically, I have argued that by viewing the therapy participants' changing understandings of "I" as less central to their situated, negotiated conversations than their ever developing understandings of "you" perhaps different understandings of the therapy conversation may be created. In other words, by decentering the rather hidden assumption of possessive individualism, perhaps some different views of

therapy (and, as I argue earlier, supervision) will be possible, views that might be seen as more from "within" the therapist-client-researcher conversation.

While the bulk of the "results" have outlined some of the tools used by the client and therapist to position each other, I believe some of the more interesting "results" concerned the influence of this project on the therapy relationship, and the light I believe it sheds on the divided therapy conversation (i.e., divided into therapy conversations and supervision conversations). Finally, one last caveat, what I have offered here I do not offer as "truth" but rather as one other sort of somewhat "orderly way of speaking, reading, writing, seeing, acting, reasoning, and evaluating" (Shotter & Gergen, 1994).

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Appendix A

What follows is a summarizing choreography of the therapist-client sessions with a focus on the second-person and first-person narratives of the client and the therapist.

Session One

Preface: This session began with and was primarily focused on the client's problems with getting his roommates to carry through on previous agreements around the issue of getting the housework done.

- 1 The client offered this first-person narrative (FPN): if his home is "less than organized, other areas [in my life] begin to fall apart."
- 2 The therapist offered a first-person narrative about how he knew about having roommates and about knowing that it is "hard to coordinate who is going to do what."
- 3 Therapist request for a FPN from client: "What is it like to be more organized this past week? . . . Do you feel like that is something you can transfer to other areas of your life?" This question implies a second-person narrative (SPN) of the client as being more organized this past week, and it is a skill he can extend to other areas of his life.
- 4 Client's FPN: "I take those first steps [toward getting organized] and then I slack off."

- 5 Therapist's SPN: "You hit a wall."
- 6 The client did not accept the therapist's description of him, preferring the FPN of seeing himself as "slacking off."
- 7 Client's continued FPN of himself getting started and then slacking off. Specifically, he discussed how he had made an organizing list of his bills two years ago, lost it, and then had found it recently. The therapist asked if the client had shortened this list.
- 8 Therapist request for a FPN from client: "What was going on this week where you got motivated, decided to unpack, and organized some things?" This question implies a SPN of the client as "motivated." The therapist might be seen as borrowing from the client's perception of himself as taking "first steps" toward getting organized (paragraph 4).
- 9 Client's FPN: The client responded by discussing his participation in the research project. Specifically, the client stated that the research interview was like a second session of "therapy, where I have to think about what I talked about in here, actively. I wouldn't do that at home."
- 10 Client's FPN: The client stated that because of the therapy and research conversations, he "felt really good. For the first time in a long time I felt like I was

gaining ground. Not so much in, um, the actual act of getting out of my problems but that I was accomplishing a means of getting out of them that made me feel better."

11 The therapist reiterated SPN of the client as "taking a step to at least talk about [the problems]."

12 Client's FPN: The client then returned to the issue of his problem with his roommates, and proceeded to describe himself as frustrated that he "can't change anybody" and how he was scared of his own vindictive desires.

13 Therapist request for a FPN from the client: "How do you communicate your upsetness?." Question implies SPN of client as someone with options about how he communicates to others.

14 The client offered this FPN, one with a past, present, and future: "I made the mistake of approaching this roommate last night on the housecleaning thing" and "I got mad and stomped my foot when the roommate said he couldn't do it." The client continued: "I know it's one hundred percent predictable what he would have done because he was tired. I have a lot of experience, having lived outside of my parent's house, kind of predicting what other people are going to do," thus the client appears to be taking responsibility for roommate's behavior. In accordance with this view of himself as someone who has "a lot of experience" in reliably

predicting how others are going to respond to his directly confronting them, he felt he should try to be more indirect, "try to be casual, try to make the conversation seem accidental . . . I don't want to be anybody's mother."

15 The therapist offered two alternative SPNs: 1) "You're in a position where you don't want to be too overbearing yet you would like things to be done," and 2) "Your part in this is your empathy . . . Sometimes you get into the position of being too understanding."

16 Client's FPN: "I am understanding to the point . . . it's a flaw." However, the client then offered "understanding" reasons why his roommates are not doing their part of the housework.

17 Therapist's request for a different FPN from the client: "Does that mean you have to take over full responsibility at home?" This inquiry also seems to imply that the therapist sees the client as someone who is taking too much of the responsibility.

18 The client responded to this request for a different FPN by offering a different FPN: Specifically, the client became more physically and emotionally animated and stated "No, I can't go on taking that responsibility. I'm getting to the point where . . . I'm thinking it would be good for them to know what it's like when I get mad about

something." The client then discussed the option of handcuffing one of his roommates to a skillet, which the therapist and the client laughed about. In contrast to what the client had said about his roommates behavior in paragraph 16, he stated that while this had been a bad week for his roommates, he did not "feel too sorry for them because they all knew it was coming."

19 Therapist's SPN: "I don't know, maybe [your roommates] make you feel guilty sometimes. Since you are not doing anything [the client was unemployed at this time], why don't you just go ahead and clean the rest of the house?"

20 The client did not accept this view of himself, responding that he did not feel guilty, but that he did what he did "because of the way I like things." This statement seems to imply a FPN of himself as a self-responsible agent, acting out of something other than guilt.

21 The therapist request for a FPN from the client: "When you think about other situations you have been in, other roommate situations or even in your own family, how would you deal with these kind of situations?" This question could be seen as inviting the client to produce some first-person descriptions that rely on constructed remembrances as an explanatory resource for present actions. Furthermore, it is important to note that the

question itself invites a certain type of self-description, one where the client is seen as acting in his world, not just acted on by his past or labels people have given him.

22 Client's FPN: " . . . that might be what's bad for me. I will get upset and I'll think about it and stew on it. Then the feelings just kind of, just kind of all turn bad. And it's hard for me to get over that, and I can't think of a time I have successfully gotten over that." The client's first-person narrative seems to be a description of someone who does not confront others directly when he is upset, but instead is a stewart, someone who may tend to view his upsetness as something he simply needs to get forget, and views his "unforgetfulness" as personal failure.

23 Client's SPN of others in his life he has gotten angry with, using a second-person narrative that he had, up to this point, reserved for himself: "Yeah, where somebody has slacked off in their responsibility so long that I have gotten pissed off, and they know I'm pissed off and they have told me that they know what we are trying to accomplish is the right thing, yet they still don't do anything."

- 24 The client's FPN: He described himself as feeling "awkward" when trying to directly approach people who have slacked off in their responsibility.
- 25 Therapist's request for SPN from client about how his parents dealt with conflict: "Was it [conflict] something that was done in a real open way, or . . . ?" Perhaps asking the client to construct remembrances (or offer remembrances that might be then further co-constructed by the therapist and client) might serve as an explanation for his FPN of himself as feeling awkward in the face of overt conflict.
- 26 Client's FPN: The client described himself as "a lot more emotional with my mom, and even though I'll argue with both my parents, I can work things out better with my mom." This suggests that he had at times been directly confrontational in the past with his parents, and perhaps feels the results were positive with his mother, but not necessarily positive with his father. He went on to say that he viewed his mother as "a real asset to me sometimes," and further offered a somewhat positive view of his parents as "happily married" and that he had "never heard them yell or scream at each other."
- 27 At this point, the client shifted the conversation away from his relationship with his parents, re-offering this FPN: "I'm fed up with this roommate thing."

- 28 Therapist's request for a different SPN of his roommates:
"When you think about how you would like them to be, how would you describe that?" This question seems to position the client as someone who is capable of thinking about the future and able to create a picture of the future that will help guide the therapy conversation.
- 29 Client's SPN of roommates: discourteous (e.g., "my roommate [name], he just doesn't think about dishes." "Something you don't find anymore is courtesy, nobody is courteous anymore."), and rather set in their habits.
- 30 Client's FPN: The client then described himself as unable to make people courteous stating "How do you change that about somebody? That's just the way they are." The client then indicated that there was a first-person description (or a second-person description given to him by others) that he would prefer to avoid: "I don't want to be a nag, either." Client does not seem to accept the therapist's view of him as someone who can act to change the problem with his roommates.
- 31 Therapist's SPN: "My guess is you would describe yourself as being a very courteous person."
- 32 The client's FPN seems to be an acceptance of this, describing himself as someone who will "go out of my way to be courteous."

- 33 Therapist's expanded SPN: "You come across to me as a very passionate person, someone with a lot of energy, someone who is very respectful of other people . . . I guess many people would love to have you as a roommate, and, um, I sometimes wonder if it becomes too comfortable for them . . . I don't know if you have had a roommate like that who just would have been more than happy just to do anything for you, to clean up."
- 34 Client's expanded FPN: "I've often wondered if I've needed assertiveness training or something like that."
- 35 Therapist's alternative SPN of the client's roommates: He wondered "if they [the roommates] even realize it's [the housework issue] a problem for you," and asked the client when was the last meeting he had with his roommates over this issue. The client indicated it had been over a week.
- 36 Client's FPN (and request to therapist): "In the past I've been accused of not dealing with new situations very well, and I want to figure out what I can do to deal with this better . . . In the past I've got mad and vindictive, and ended up hating myself and doing things that made me feel guilty."
- 37 Therapist's SPN, and request for a different SPN of the client's roommates: "I think you're taking a lot of responsibility for this, and I'm wondering what in this situation your roommates contribute to this, contribute

to you going downhill like that. Can you think of anything they might be doing?"

38 Client's FPN: The client responded by indicating that perhaps he was spending too much time with his roommates and, therefore, needed to find a job as a distraction. This response seemed to continue to focus on what he could do, and fit with his view of himself that he needed to be more indirect (see paragraph 14).

39 Therapist's re-request for a different SPN of the client's roommates: "When you get into a situation and you feel like it is getting worse and worse, um, I mean do you think a part of it is a reaction to who you are with? I mean, obviously, you are not living in a vacuum, you are not having these feelings by yourself. They are a reaction to what is going on."

40 As the therapist said this, the client appeared to be uncomfortable, i.e., he hid his face with his hands, he moved his arms around more, and he had a seemingly questioning look on his face. The client's FPN: "I don't know. Something else? I don't know."

41 Therapist's re-request for an alternative view of client's roommates, but in what seems to be a markedly different fashion, a fashion that seems to invite the client more into a co-construction of this view: First, the therapist asked if, while living with his roommates,

"there have been times it's been okay?" The client responded by saying "Oh, yeah! Times it's been just great! I couldn't have had more fun with anybody." The therapist offered this SPN of client: "But there are times you've had when you struggle a little bit." Again, the client agreed. The therapist continued: "So things go on in the house, you get frustrated. Not just necessarily at yourself but frustrated at your roommates, frustrated because the house is not clean, frustrated because they are not considerate."

42 Client's FPN: "Inconsideration bothers me more than anything." This also seems to be the beginning of a different SPN of his roommates.

43 Therapist's FPN (his second first-person narrative of the session): "Often what happens, and I mean this is something I've experienced myself, and I've talked to a couple of other people about it, you know when you are frustrated how you really don't talk about it, how you really don't tell someone how you are feeling, and you bottle it up? I know that when I do that, the situation seems to get worse because I get more and more upset. And it's like a bottle, and you keep sticking things in the bottle, you put the cork in there and eventually the cork is going to blow? Um, so sometimes dealing with these situations in a more open manner, where you can kind of

talk about it, that can alleviate some of the frustration." This FPN could also be seen as a SPN of the client, a narrative that invites the client to see talking directly with his roommates as a next step in dealing with what the therapist has constructed as bottled-up frustration, rather than being indirect.

44 Client's FPN: "But I don't know what to do. I don't - since I value how courteous people are to me, I can't really stop being that way myself."

45 The therapist requested an alternative FPN from the client: "Does confronting them mean you can't be courteous?"

46 Client's FPN: "I don't know, I can't, I don't like confrontation too much."

47 The therapist offered to substitute the word "confrontation" with "having a discussion with them about the house." Offering a new definition is the same as offering an alternative FPN of the client.

48 Client did not accept alternative view of talking directly with roommates: "that's almost confrontational."

49 The therapist requested alternative behaviors (since the request for an alternative view of what he was already doing seemed to be going no where): He asked the client if there was "anything that would not feel confrontational aside from not saying anything at all

. . . Does it feel like there are only two options? One is to not say anything at all, and the other is to confront the other person and be disrespectful?"

50 Client's FPN: The client indicated that while one of the options was to not say anything at all, the other was "risking getting some kind of response I don't want." This seems to indicate that the client saw himself as perhaps fearful.

51 Client's FPN: "I don't want to be inconsiderate to him [one of the roommates]."

52 Client's SPN of his roommate: This same roommate was a procrastinator and had odd sleeping habits (i.e., the roommate slept "all day long") that made it hard for the client to not to be inconsiderate. This SPN seems to indicate some acceptance of the therapist's view of the client's roommates (see paragraph 41).

53 Client's FPN: "I need to start doing other things, start doing some exercises, getting rid of some of the stress that way." The client seems to have shifted back to a discussion that seemed to redirect the focus away from confronting his roommate's behavior back to changing his own behavior.

54 Therapist request for alternative actions: "How do you want to approach the issue with your roommate?" Question

implies the therapist sees the client as someone with some options.

55 Client's FPN: The client described himself as yelling a lot, and that because of this, his roommate "can't tell if I'm serious or not." The client seems to be taking responsibility for his roommate's behavior, and he appears to have ignored the therapist's request.

56 The therapist re-requested options, asking the client to do a small role-play about approaching his roommate, where the therapist acted as the roommate. "How do you think you might approach me with that, in a way that didn't feel too confrontational?"

57 Client's FPN: "Maybe I just need to get over my fear of confrontation or something, and say whatever is on my mind. You know, maybe take a second to use my best judgement and figure out how I'm going to say it. Because I do, I bottle up so much."

58 Therapist's SPN: "My guess is you don't want to feel like you're not being courteous. So, I'm sure you will find a way to get your message across in a very courteous way."

59 Client's FPN: "I try to be. Sometimes I don't even have to try to think about it. I like doing things for other people."

60 Therapist's SPN (combined with his fourth FPN narrative of the session): "But sometimes you get into a position

of doing a little too much, and you feel resentful. But hey, listen I've been in that situation, too . . . this is my personal opinion, but I don't think too many people like confronting, we don't want to be disrespectful, we don't want to be discourteous to other people. But, um, there sort of comes a time when you have to sit down with them and say "Listen, you know we've tried to talk about coordinating, um, these chores around here, and it seems like things aren't getting done, and I'm wondering what is going to make it work a little bit better."

61 Client's FPN and SPN of roommates: "We'd discuss it, but implementation seems to be the problem." The client described his roommate's as failing to "remember to do anything."

62 Therapist's SPN (and request that client reflect on what the consequences are of being fearful): "When you say you fear confrontation, you may need to think about what it is you fear, what could the result be that would be, would be uncomfortable for you, or could cause you to feel a certain amount of fear. Like I said, I don't think this is easy for a lot of people." This last statement seems to express the therapist's belief in what he stated earlier about many people not liking confrontation, normalizing the client's apprehensions.

63 Client's FPN: "It [the fear] probably comes like from arguing with my dad or something like that. I finally figured out how to argue with my dad. All I have to do is involve emotions, and his logic scheme doesn't apply anymore. That screws his arguments all up." This rather spontaneous explanation of his fear of confrontation is remarkable at several levels: 1) it indicates an awareness of how he has learned the habit of avoiding confrontation, as well as an awareness that he was probably rarely successful in those confrontations with his father; and, 2) it suggests that he found a solution that worked with his father (becoming emotional, perhaps getting angry), a solution he seems to have tried with his roommate (e.g., yelling), but it has not seemed to be effective.

64 Client's FPN: The client further commented on his relationship with his father, saying "we don't argue too much. We've figured out how much time to spend around each other, and then we spend around exactly that much time, then we go our separate ways for a while." This statement seems to indicate the second solution to conflict that the client learned to employ: find other things to do than a direct discussion.

65 Client offered a solution: that he was "thinking of calling [the roommate's] mom," that she might be able to give him some pointers in dealing with her son.

66 The therapist indicated that this might not be effective, too indirect.

67 Client's FPN: "I guess I'll just have to be more like [his roommate] . . . if there is something on [his roommate's] mind, he says it."

68 Therapist's SPN: "It's worth a shot, a try."

69 Then the client and therapist mutually agreed to end the session. The session was 74 minutes, 30 seconds in length.

Session Two

Preface: This session began by the client reporting that "everything at home [the housework issue with the roommates] worked itself out pretty much." However, most of the session was focused on labels given to the client by therapy professionals, and how these labels have effected him.

1 Therapist requested a first-person narrative (FPN) from client: "How did you approach this? What did you do different?" This question seems to suggest the therapist had a second-person narrative (SPN) of the client someone acting as an agent of change, in contrast to the initial

comment by the client that seemed to imply that the client FPN of himself is that he had little to do with the resolution of this issue.

- 2 Client's FPN: "I remember, um, last time we were talking about doing it courteously and stuff like that, and I was thinking maybe I was trying to be too courteous." This FPN suggests that the client had been reconsidering his earlier view of himself as someone who will "go out of my way to be courteous" (see session one, paragraph 32), and that he had acted upon this new FPN.
- 3 Client's SPN of his roommates: "You know, you had mentioned that, um, maybe my roommates had become sort of dependent on me or had forgotten that it needed to be done. It's a new situation for them, too, me only being there two months now. It worked out cool."
- 4 Therapist requested a FPN regarding the client's participation in the research project: "Things going okay with Chuck? You think the process is going ok, coming here and seeing Chuck?"
- 5 Client's FPN: The client responded by saying things were going ok.
- 6 Client's FPN: "I did pretty good this week as far as getting out of the house." He went on to report a number of the activities he had done in the past week (e.g., bike riding, wanting to start an exercise program).

- 7 Client's FPN: "But I didn't do a damn thing looking for a job."
- 8 Therapist requested another FPN from client: "What has been different so that you've been more active versus a couple weeks ago when you were staying at home?" This seems to be a request that the client expand on his view of himself as doing "pretty good this week."
- 9 Client's FPN: The client stated that the weather being better was one thing that was different. In addition, "Probably just knowing there is at least one time, well actually two times a week, you know, when I am setting aside time to, to try to go through this, come to some long-term goals, and get things organized, and see what is going on instead of sitting around stagnating." These comments suggest the client views himself as having more opportunity for having a good week, as well as acting to make things better.
- 10 The client stated he hated the definition of therapy (and by implication, what the definition invites about how he is to view himself in the therapy relationship):
"Therapy. I hate that word."
- 11 The therapist offered another word, and, therefore, a different FPN of both the client and himself: "How about just having a conversation?."

12 The client agreed to this change, and stated, as if he were talking to a friend before coming to a session, "Yeah, I have to go to my conversation."

13 Client's FPN: "I'm still worried about some immediate needs, like food stamps . . . I didn't follow through well with that. I'm disappointed in me in that. I procrastinated . . . and not just about getting food stamps, but getting a job."

14 Client's FPN: "I have learning disabilities and a back problem."

15 Therapist requested a FPN from client: "How does that impact getting a job?."

16 Client's FPN: "I made a terrible waiter because I don't have a really good organizational short-term memory. I have a good long-term memory."

17 Therapist requested an expanded FPN from the client: "Have you noticed the limitation in yourself or have people sort of told you have limitations?" This question seems to invite the client to begin to look at the description he applies to himself (paragraphs 14 and 16) in a different way. The therapist seems to be offering two possible descriptions for the client to consider, suggesting the therapist was seeking to explore possible alternative descriptions the client may have about himself.

- 18 Client's FPN: "I would say that I have noticed that. That waiter thing was a job limitation."
- 19 Therapist offered a general SPN to the client, in the form of a justification: "I ask that question because sometimes kids grow up and maybe through this testing they'll be labeled as having a learning disability. And sometimes that's kind of unfair, um, they're labeled and put in a special section and treated differently." It seems the therapist is exploring an alternative view of the client, one where the client is less seen as having a learning disability and more seen as someone who is labeled as having a learning disability.
- 20 Client's FPN: "Yeah, I think that [labeling] does cause me some, some problem sometimes, but more with just general expectations I have of myself than as much with the jobs I might apply for; . . . If it is a learning disability or not, I don't really know."
- 21 The therapist re-requested an alternative FPN from client (see paragraph 17): "But sometimes do you sort of restrain yourself because you think "Oh, um, people tell me I have a learning disability" or because there is certain information I can't process very well on a short-term basis? Do you sometimes tell yourself you can't do something?" This seems like a second attempt by the

therapist to explore, and expand on, a specific alternative description of the client.

22 Client's FPN, one with a present, a future, and a past:

"Yeah, um, that's probably what I tell myself, probably how I justify slacking off on my bills and all the problems that has caused me. I think, I think if I had however much money I needed to pay off all these bills . . . I would sort of wind up back in the same situation unless I change what it is about me that got me here; . . . I believe there are things wrong with me, no matter what they are, if they are learning disabilities or something else. I got labeled, um, MBD, minimal brain dysfunction, when that was a popular thing. Somebody told me that was a really heavy label to lay on a kid because it is very ambiguous, you know. You can, you can, um, make up your own problem to go with that. I guess as a kid, that's what I did, I internalized that. It has no parameters, I can make the problem whatever it is I want it to be. I can say this about it, but it's not like a tangible thing for me because it is still like an underlying part of what governs all my decisions."

23 Therapist requested an expanded FPN: "What has an impact on your decisions? The fact you were labeled?" The therapist have a SPN of the client as someone who has been labeled.

- 24 Client's FPN: "Labeled. Well, labeled so many times with this learning disability or that learning disability."
- 25 The therapist offered a FPN/SPN that seems to be somewhat of a reiteration and an expansion on his earlier general SPN (see paragraph 19): "The reason I'm interested is because I've just sort of noticed, and this is something that I have always disagreed with, was, um, when you put labels on people, I think it comes across as being like the truth, an objective truth. And it's really just one person's opinion in a sense. And when someone hears a label that is given to them, it, I have seen some people sort of live out the expectation of that label."
- 26 Client's FPN: "Yeah, exactly, a self-fulfilling prophecy. And in my case, I have so many diagnoses . . . there have been five, maybe more. There have been so many and they've all been different, so there are no parameters as to how this governs my behavior; . . . I know there is something to that, but whether it should be effecting my life the way it is, I don't know. I don't think so, but it is going to take a lot to change that."
- 27 Therapist requested an SPN from client about the client's parents: "How did your parents feel about all this when you were growing up, going to doctors, and getting labeled as you did? Do you remember?" The therapist seemed to be inviting the client to expand on his FPN by

asking him to construct remembrances about his past and others.

28 Client's SPN of parents: "The reason I went to all these doctors was obviously because of my parents. They knew there was something wrong. Um, exactly what, nobody knew, and everyone was giving it their best shot."

29 Client's FPN: "I was a little kid, and I remember actually being relieved when I got my first diagnosis, because it was like "Now I know what it is" . . . that there was a word for a specific set of behaviors that was my problem, and now that we had a name for it, we could work on it."

30 Therapist requested more constructed remembrances about how he saw his parents: "Did you feel your parents were supportive?"

31 Client's SPN of parents: "Yeah, very supportive. But they were from a different time, with different beliefs about kids." The client added that he "got along well" with his mother, but that his father had a "standard response" to the client when the client "would do something and it wasn't responsible," something like "It was something like "You've done something, we can't trust you, you're being irresponsible . . . irresponsible was always a part of what he said, 'You just can't be trusted.' While I lived at home I never got my driver's license, my parents

didn't trust me to get my driver's license." In this response, the client expanded on his description of his parents, and, perhaps more importantly, his narrative of how they described him.

32 Therapist requested more SPN about the client's parents: "What kinds of responsibilities did your parents give you?"

33 Client's FPN: "I had an average amount of chores."

34 Client's SPN of parents: "I don't know. They just expected me to keep things somewhat neat and organized, but didn't expect a whole lot. They came to track and football games." The client seems to indicate here that his parents expected him to be responsible about some things, but, in his view, not very much. He may also be expressing his view of his parents as responsible with his last statement.

35 Therapist's SPN: "So the message of irresponsibility is something you carry with you." This statement seems to be related to what the client had said about his father's "standard response" (see paragraph 31).

36 The client's FPN: "I can't seem to live that down, and I don't know how to confront it, to get it out of my head. I've been thinking about it for four or five years."

37 Therapist's request for expanded FPN: "Who else has given you the message that you're irresponsible?" The request

implies a view of the client as someone repeatedly given the message he is irresponsible.

38 Client's FPN: "The courts, for one thing. Or getting a letter from the bank for bouncing a check."

39 Therapist's request for expanded FPN: "Is it the same thing as when your dad told you you were irresponsible? Or is it different?"

40 Client's FPN: "I think it is sort of the same thing. My dad sort of planted the seed for that, and the rest that stuff is just fertilizer."

41 Therapist's request for client's SPN about his father: "Was your dad supportive, or was he just sort of?"

42 Client's SPN of his father: "He was disappointed mostly."

43 Client's FPN: "Which made me feel guilty. I had, I had the worst time communicating as a child, you know. My mother would go out and take these classes on how to communicate and use 'I-messages' and things like that which weren't supposed to make people feel guilty. And I never felt more guilty in my life than when she would come to me and say something like 'What you did hurt my feelings'. I never felt worse about anything."

44 Client's FPN: "I just misinterpreted it, um, or something . . . It wasn't like she was being overly guilty or something, she's very responsible . . . I don't know how I got all that stuff in my head."

- 45 Therapist's request for expanded FPN from client: "Is there ever a sense that, um, do you ever feel like you're still a disappointment to your dad? Do you still get those messages?"
- 46 Client's FPN: Client stated that he still did sometimes, and began to talk about how his father "never has been in debt ever."
- 47 Client's FPN: "I need to spend more time trying to find a job . . . I need some sort of waiting tables job so I don't have to borrow the money from my mom and dad."
- 48 This seemed to be a rather sudden shift in the conversation, and the two therapy participants spent the next few minutes discussing such practical issues as getting to the job service office and talking to an employment counselor. The therapist requested an FPN from the client: "What might prevent you from doing this?" This question implies that the therapist seems to view of the client as someone who might be able to act, an agent.
- 49 Client's FPN: "Procrastination."
- 50 Therapist requested an expanded FPN from the client: "How do you procrastinate?"
- 51 Client's FPN: "Talk to roommates, work on roommate's car . . . Go out and rake the yard."

53 Therapist requested a SPN about the client's roommates:
"Do your roommates know when you are procrastinating? I was wondering if your roommate could help you stay on task." This question seems to invite the client to expand on his descriptions of his roommates in two areas: 1) do the roommates see the client as procrastinating at those times the client might describe himself as procrastinating, and 2) can the roommates be a resource to help the client change those behaviors that the client uses as evidence to support this self-description of someone who is procrastinating.

54 Client's SPN about roommate: "He's not a leader person, but a follower."

55 Therapist's SPN of client: "But actually, you're, you're, at home, um, you're very organized. You don't procrastinate it seems to me. You're always the one kind of making sure that everything is cleaned up at home."

56 Client's FPN: "Pretty much."

57 Therapist's continued SPN of the client: "And maybe part of your thinking about that is 'It is preventing me from doing other things', but really you are very responsible at home, and maybe you can apply that to some other things."

58 Client's FPN: "Maybe."

- 59 Client's FPN: "I need to check with the employment commission . . . and I need to make a list to help with short-term memory stuff." The client seems to be offering a solution to his 'procrastination', seeming to ignore the therapist's description of him.
- 60 Therapist requests a FPN from the client: "Do you think you could, um, when you notice yourself procrastinating that you could, um, tell somebody you are procrastinating? Would that be helpful to you?"
- 61 Client's FPN: "I think if I was cognizant about how much I was procrastinating, I'd get really depressed."
- 62 Therapist requested an expanded FPN from client: "So how do you stay from getting depressed?"
- 63 Client's FPN: "I'm procrastinating, but I'm keeping myself occupied . . . but if I got occupied about thinking about whether I'm procrastinating."
- 64 Therapist's SPN about the client: "So it seems like you're wanting to find ways to, to really direct your energy to finding a job, and though you are getting stuff done at home, it is busy work for you." This description of the client seemed to rely on what the client had just used to describe himself (see paragraph 59).
- 65 Client's FPN: "Yeah. Exactly. So even though some of it is an accomplishment, like work on my roommate's car and stuff like that, it paid a couple bills."

- 66 Therapist's SPN of client: "My guess is when you make that first call to whoever it is, when you make that first call to your [job training] counselor or when you make the call to the employment authority, you are going to find yourself pretty busy just trying to organize all that." This also seems to be an invitation to the client to see himself as someone who has some options to act on.
- 67 Client's FPN: "That's really only two calls. I guess I'll have to call [my job training counselor] first."
- 68 Therapist requests a specific FPN from the client: "Can we make a deal that you will have contacted these places by next week?" This seems to indicate the therapist sees the client as someone who can decide to be accountable to the therapist.
- 69 Client's FPN: "I'll probably do that when I get home because we have talked about it so much."
- 70 The client and therapist mutually agreed to end the session. The session was 59 minutes, 58 seconds in length.

Session Three

Preface: This session began with a brief discussion about some of the movies the client had seen recently.

- 1 Therapist requested a FPN from client: "So what else is happening with you?."
- 2 Client's FPN: "I got a nasty-gram from the DMV [Department of Motor Vehicles]. They want me to go to court for something, for having more than three violations, for, um, driving suspended and, um, I'm not sure what for . . . [The letter] said something like 'habitual offender status' or something like that. It was all written in law-speak."
- 3 Client's FPN: "Other than that, everything has been going pretty well. I got a part-time job." The therapist and client spent almost eight minutes discussing this new job.
- 4 Therapist requested expanded FPN from client: "How significant is this for you to have this part-time job?"
- 5 Client's FPN: "Well, um, it's good. It gets me out of the house, which is good. Um, it's good to just be working again. I really enjoy working again."
- 6 Therapist inquiry: "Did you get a chance to talk to your counselor at JTPA?" The therapist seemed to be checking on the client's progress toward completing the contract he and the therapist had agreed to in the last session.
- 7 Client's FPN: "Yeah, I stopped by and talked to him."
- 8 Therapist's SPN of the client: "Gosh, you seem to be doing pretty well on your own at this point. I know this

is a part-time job, but I think it is a nice start; . . . things really seem to be moving along."

9 Client's FPN: "Yeah, they're moving along. But this thing with the DMV makes me feel like I'm sliding backwards as fast as, I don't know. What else, you know? Like what else?"

10 Therapist's revised SPN of the client: "Just when you get started, you feel like you are making these steps forward, suddenly you get a letter in the mail saying that - ."

11 Client's FPN: ". . . It had a lot to do with making me anxious. But I would, the whole day, the rest of the day my stomach was just like in knots, I couldn't eat anything. I'm just caught up in this system tow."

12 Client's FPN: "[Chuck] asked me an interesting question when we were talking, which made me think about, um, what we were talking about in one of my sessions, in one of our [therapy] sessions, when my dad used to say I was irresponsible, and, um, how that made me feel, and why I think that that is a part of why it's difficult for me to change the way I'm acting now."

13 Therapist's SPN of client: "Because you carry that message around with you."

14 Client's FPN: "Yeah, that baggage. And, um, [Chuck] asked me where else I got that message from, and I was like,

Well, when you get tickets, that's a message." The client and therapist seem to agree to view the client as someone carrying a message about himself like a piece of baggage.

15 Client's FPN: "I felt identical to the way I felt when my dad used to say that to, um, when I got this letter. And I hadn't felt that way in so long because I hadn't been around, at home, since Christmas." The client seemed to be expanding on his earlier FPN of "sliding backwards" (see paragraph 9).

16 Therapist requested the client expand on this FPN of himself: "Well, talk, talk to me about the similarities that you've kind of noticed. What are the similarities between this, um, this DMV situation and your father maybe coming into a situation such as, um, you and your brother fighting, for example, and talking about how irresponsible you are."

17 Client's FPN: "I, as I, there are no situational similarities other than there is something there to tell me I've done something wrong . . . I guess a feeling from like a respected or controlling, um, an authority who has some kind of degree of control in my life, telling me, you know, I'm just about to not have something, or telling me I'm going to be punished. I just have a feeling of dread that goes along with that."

- 18 Client's FPN: "When I feel like this, this is the time I just quit doing things. I just quite caring and let things happen to me, instead of being in control."
- 19 Therapist re-offered this SPN of the client (see paragraph 10): "It sounds like, just when you're starting to think you are making some progress, you know, like I said, you got this, got this part-time job, and, um, you've got some things worked out with your roommates, and you're starting to get some things organized, and then this sort of happens."
- 20 Client's FPN: "And this is a major problem; . . . I just remember hearing nightmail stories, nightmare stories of people getting letters like this from the DMV . . . I think you can lose your license for ten years because of being declared an 'habitual offender'; . . . ten years, that's so unfathomable, so why even care about the problems between myself and the DMV if that's what they are going to do."
- 21 Therapist's SPN: "That's one possibility," suggesting that the client possibly has some other options than to just quit caring.
- 22 Client's FPN: "Yeah, and that's the one I'm presupposed to doing because the letter I got from them took away like any hope I had, you know, of paying off the tickets

I had and getting my license back. I don't have hope for that anymore. So who the hell cares? Fuck it."

23 Therapist requested an expanded FPN from the client: "Is that the message you give to yourself, the message you tell yourself when, when these kind of things come up? Um, these kind of intrusions in a sense?"

24 The client asked "How do you mean 'intrusion'?" asking the therapist to expand on what he meant by that word.

25 Therapist's SPN of the client: "Well, it's sort of like, um, you sort of feel like you're out of the woods to a certain degree, at least you see a light, and then just as you're sort of making progress, someone steps in the way, and kind of intrudes into any kind of progress you are making."

26 During this explanation, the client loudly exhaled.

Client's FPN: "Well, it's more like my past is catching up with me." The client does not seem to be accepting this description of himself being intruded upon by others.

27 Therapist's SPN of the client: "But that's a real frustration for you. I mean, it's kind of like 'Well, I made these mistakes in the past, um, I'm trying to kind of get my life on course again, and I'm continually haunted'."

28 Client's FPN: "Yeah, that's, that's what's happened for twenty-eight years not, I'm continually haunted. I'm haunted by, by bills for things I can't even remember or certainly now have nothing to show for and . . . things that I didn't think were all that serious or I didn't understand; . . . My license is not suspended for like a DUI or having an accident. It's suspended because I was originally unable to pay a fine for a city sticker, and this has like snowballed; . . . I just thought if I got another ticket, I'd pay off the other ticket, and once I got a job, things would be working out okay. But there's a big problem around here with unemployment."

29 Therapist's SPN of the client: "And someone has sort of come in and slapped your hand and sort of said you screwed up again."

30 Client's FPN: "Yeah."

31 Therapist requested an expanded FPN from the client: "How do you let these intrusions kind of get the best of you?" This question seems to imply that the therapist views the client as someone capable of action, someone who is faced with 'intrusions', and someone who is capable of not letting the intrusions from the past hinder his progress.

32 Client's FPN: "I try not to, I've tried to just throw this one off, but I'm going to have to deal with it

sometime this month because my court date is the twenty-first."

33 Therapist's SPN of the client: "But I guess what I've noticed in your discussion about this is, um, is that sort of these people kind of get in your way, and are kind of telling you you have screwed up, and it's kind of like they rob you of your responsibility. Because what you tell me is that when these things occur, then you don't feel like doing anything, then you feel like screw everything, and then you give up all your responsibility."

34 Client's FPN: "It trickles down like that a lot of times."

35 Therapist request for an expanded FPN from the client: "And I wonder how you allow these intrusions to rob you of your responsibility."

36 The client asked for a clarification on what the therapist was inviting the client to expand on: "How, like what are the manifestations? Or how, like what is the process?."

37 Therapist repeated this SPN of the client (see paragraph 34), and expanded on it: "Well, I don't know, you can sort of take this whatever way you want. I mean, if these people, or these letters, or whatever it is, is sort of coming in and invading your life and telling you that you

screwed up, how do you then give over all your responsibility to these people? And sort of say screw everything. What's the point? Um, you're kind of coming in here and scolding me in a sense. And rather than just sort of taking control of the situation, you let them take control, and you give up all responsibility."

38 Client's FPN: "Yeah, exactly. That's the process. That's usually the process. I try to keep, to separate it. I really want to keep going, with doing, especially this last week, doing this because I feel like I've been doing this last week."

39 Therapist's SPN of the client: "See, there's an example of you holding on to your responsibility. When you got that letter in the mail from DMV, you could have said forget it, I'm going to blow this job off, I'm just going to sort of sit at home and do nothing."

40 The client began to discuss one of his options: "I suppose I could put this off longer."

41 Client's FPN: "It bothered me, too, that [the DMV] just, all the paperwork inside said [my full name], they mail it under [the name my father and I share], and my mom opens it. I didn't want her involved in this anyway."

42 Therapist's SPN about the client: "It seems like you're not even sure what [the DMV people] are talking about in

this letter . . . Somehow you need to get this clarified to you what exactly they are talking about."

43 Therapist's SPN about the client: "But I think personally what is interesting this week is how in the past you might have blown everything off, how you kind of maintained your composure."

44 Client's FPN: "Well, I think I maintained it for a while anyway, then let everything just keep going downhill. So I'm trying to forget about it, but it's bothering me. But if I forget about it, that's just a short fix."

45 Therapist requested expanded FPN from the client: "Yeah, I'm wondering what some of your other options are. What are some of your options aside from just forgetting about it, because I'd guess it'll come up again." The therapist seemed to be primarily responding to the client's last sentence, and is offering his view of the client as someone who may have other options he could choose to do.

46 Client's FPN: "Yeah, I'm going to have to go one day."

47 Therapist requested expanded FPN from the client: "Let me ask you, how would you like to deal with it? I mean, what is kind of your fantasy about how you would like to deal with it?"

48 Client's FPN: "I would like to go to the judge in person, and, um, just explain a lot of the things to him that I've explained to you, and explain that I'm trying to get

better, but every time - it's typical of what I feel like I am, this thing says habitual offender, that's what I've been charged with, and that what I am."

49 Therapist interjected a different view of the client:

"That's what you've been told you are for so many years. It's not like you are that, you've been told."

50 Client's FPN: "I'm habitually, well, I've been told I'm habitually irresponsible."

51 Therapist requested an expanded FPN from the client: "I want to go back to your discussion of a habitual offender. Was that something they, um, listed on the sheet?"

52 Client's FPN: "Yeah."

53 Therapist's SPN of the client: "So it's kind of like another label someone has given you, and it seems like you have internalized it like you have some of the other ones."

54 Client's FPN: "Yes, and I'm really not looking forward to carrying it around for ten years. I can't see past that. I'll get up everyday and think of it one hundred times a day."

55 Therapist's SPN of the client: "You identify with it. It seems like you say that's exactly what I am. I've been told that by my father, by several people that I'm a

habitual offender. It is almost as if your dad could have written that down."

56 Client's FPN: "Oh, yeah, exactly. Exactly, and I'm caught at the point now where I'm like, right now I feel like Aren't they right?. I want to believe them, because if I believe them - it's easy to believe them . . . because it is so true, because that's how I act."

57 Therapist requested the client to expand on this view of himself: "That's the way you act?"

58 Client's FPN: "It's circular logic. I believe that about myself, therefore I act that way, therefore I get caught, therefore I'm labeled, and so, therefore, that must be what I am. And so it goes right back into that loop again."

59 Therapist's SPN of the client: "It seems like you take on, in this situation, you take on a very responsible position with everyone: you make everyone look pretty smart. Because it seems as if people are labeling you, and you're living out their label of you, to a certain degree sometimes?"

60 Client's FPN: "Um-hum."

61 Therapist continued with SPN started in paragraph 60: "And so it seems like you almost sacrifice yourself to make other people look really good. I don't understand it, really. Do you know what I am -."

62 The client asked for clarification on this new description of himself: "How do I make anybody else look good?"

63 Therapist's expanded SPN of the client: "I mean if the courts are calling you a habitual offender, and your dad is calling you irresponsible, and, um, other people have said other things about you, given you other labels, and it's almost as if you, you work hard to prove them right in a sense, and that's a very responsible thing for you to do. I mean, it's sort of like sacrificing yourself to make them look good; . . . God, you make people look good! You make them look so good because they've said yeah, that is what he is!"

64 Client's FPN: "I guess I'm the perfect criminal . . . as far as a prosecutor or judge goes. I make them look perfect."

65 Therapist requested an alternative FPN from the client: "What I guess I am wondering is how you can give up that responsibility for yourself instead of making other people look good. How can you start making yourself look good?" The therapist seems to be wanting to begin a process of exploration of options the client may have to make himself look good.

66 Client's FPN: "I have no confidence in my ability to change whatever is going to happen here. So, I don't

know, I, if I even begin to try to think or something, I just have a feeling I'd be setting myself up to fail. I mean, I would lose my track. I'd be, um, I'm just worried, really concerned. I guess I'm worried about even trying and failing. If I try I could fail again, and that's what I don't want."

67 Therapist requested an expanded FPN from the client: "And what is the worse thing that could happen if you were to try?"

68 Client's FPN: "I guess that I would fail."

69 Therapist asked the client to define a word, which is also a request the client expand on his FPN of himself: "What does failing mean? What does it mean to you?"

70 Client's FPN: "If I fail that would just reaffirm that I can't do anything right. Which is not something I was told, it was just something I came to believe by being so frustrated as a kid. I've always been frustrated, I've always been, just can't seem to do anything right, and I tried to be a perfectionist, and nothing would work right. So I got frustrated and gave up on that."

71 Therapist's FPN of himself: "That's a tough task to be a perfectionist; . . . sometimes when people talk on procrastination, it is because they are perfectionists. I sort of look at myself like that way a little bit, that I procrastinate, too. And sometimes I do that because I'm

partially perfectionist and I know I'll never get it completely right, so what is the point of even trying."

72 Client's FPN: "Yeah, exactly."

73 Therapist's SPN of the client: "And boy that's frustrating. I mean, just talking to you today I can tell how frustrated you are. And it doesn't surprise me considering what you've had to deal with the past twenty-eight years."

74 Therapist requested an expanded FPN from the client: "How can you hold on to your responsibility with these intruders in the way?"

75 Client's FPN: "The only thing I can think of is just to not deal with it right now. Put it off to the last minute and then call and get a continuance."

76 Therapist requested more FPN from the client: "How did you learn to do this? . . . Did you ever have a way of putting your dad off like this, also, if you knew you were in trouble with him?"

77 Client's FPN: "No . . . We lived together, so there was no getting away from him. No, this is just taking advantage of the system kind of thinking."

78 Therapist's alternative SPN of the client and his situation: "Well, it seems at this point you have a real opportunity. I mean, you have talked about how, how your past has kind of caught up with you so many times, and

slapped you on the hand and told you how badly you've screwed up. And it seems to me that you now have an opportunity to start to reclaim some of that. I mean, DMV is kind of at your door sort of saying you need to take care of this. And you can put it off, and maybe it will come up some other time, I don't know, but, um."

79 Client's FPN: "I don't want to do that. I mean, it's only delaying it. And it's going to, you know, my mind is like vacillating back and forth, like okay, don't put it off, or even go home to do it, or get them to transfer it here. But it's like do it here and put it off here or do it on the twentieth and deal with the consequences of it. What's a couple months when you add it to ten years [without a driver's license]?"

80 The therapist outlined the two options the client seemed to be vacillating on: "So you want to take care of part of this now? Or put it off for another year?"

81 The client corrected the last question: "Well, um, not for another year. Just maybe a couple months."

82 Therapist's SPN of the client: "You just told me how damaging this pattern is for you, how damaging it is to put things off."

83 Client's FPN of himself: "Well, I suppose. Well, that scares me to death, too, to know I've had bad experiences with the judge here. He was the first one to put me in

jail." This response seemed to indicate that the client continued to vacillate between these options.

84 Therapist's expanded SPN of the client: "Well, I think this is going to take a lot of courage on your part to do. I mean, you talked about taking risks; . . . you're kind of at one of those crossroads where you've been moving along and someone is kind of stepping in your way. And, um, do you want to deal with it? Or do you want to push it aside?"

85 Client's FPN: "I want to deal with it. I'm dealing with everything right now and things are getting done because I am dealing with them. But I just don't think I can take a setback right now."

86 Therapist's SPN of the client: "You're right. I think things seem to be moving along pretty well right now. I think the fact you got a job is great, and it's not just a job, God, it's a job anybody would like to have. It sounds really fun and interesting."

87 Client's FPN: "Yeah, I'm proud of myself for doing it. And that makes me feel good but I can't get out from underneath this feeling of impending doom, you know."

88 Therapist repeated SPN of the client: "Like I said, you have a real opportunity to start here at least. I mean, I wouldn't let that taint the importance of you getting a

job. That's completely separate, the fact you got this job."

89 Client's FPN: "I got to keep them separated, and I can do that okay."

90 The therapist repeated what he saw as the client's choices: "You just need to decide whether you're going to try or not. As you said, trying is a risk, a risk to sort of put yourself out there."

91 The client offered a plan of action: "Yeah. I guess I need to do some research, find out what is the average thing that happens to people."

92 Therapist's SPN of the client: "Well, I think you can kind of take control of this situation if you decide to try. I mean, like I said, I think people have always sort of come in and taken control, and I wonder how you can hold on to that."

93 The client continued to talk about a possible plan of action: "Well, see, the worst I can do is sort of talk to them, and then, maybe, I can try here first."

94 The therapist then moved to end the session: "Okay, let's see how things go from here. I hope your job continues well."

95 The client replied "I am pretty sure it will."

- 96 The therapist FPN and SPN: "Um, I'm sort of thinking about when Chuck stops his research," indicating he felt that both the client and himself had benefitted from participating in the project, and both would feel a sense of loss with the session interviews ending.
- 97 Client's FPN: "I've noticed myself changing my behavior because of how I think I look on the video. It's made me self-conscious but self-conscious in a good way. At first I didn't like it, I didn't like it at all."
- 98 The session was 62 minutes, 30 seconds in length.

Appendix B

This is a summary of the three research interviews with the client, paying particular attention to the first- and second-person narratives that seemed to be used.

Client Interview: Choreographing the first session

Interviewer's question: "Kind of tell me, tell me as if you were [the therapist], tell me about this session. What happened in this session? Give me a general overview."

Second-Person Narrative (SPN): The therapist "seemed to want to have a different approach than I wanted to have to dealing with my roommate situation problem . . . [The therapist], I don't know exactly what his approach was . . . we were talking about courtesy . . . [the therapist] had mentioned that sometimes when you're in a situation where people clean up after you all the time, they come to expect that or they just forget."

First-person narrative (FPN): "I remember I wanted, um, I was looking to, um, to probably, um, bolster my self-esteem enough to get into this, um, confrontation. Confrontation is not a good word, but the situation with my roommate . . . What I was looking for was trying to boost myself up enough to confront this issue with my roommate . . . I saw [my courteousness] as secondary to the problem. To go back to the stopped up sink analogy, that was more the water in the

sink, my frustrations welling up, but that wasn't the problem, the clog . . . That was not a solution, that was concentrating on my emotions . . . And I didn't think that was important . . . you could be courteous or not, but that wasn't going to get the dishes done."

FPN and SPN: "And we wanted to do things in a different order."

SPN: "He wanted to get rid of the water in the sink first before getting rid of the clog."

FPN: "And I wanted to get rid of the clog and let that get rid of a lot of the emotions."

SPN: "[The therapist] was reminding me that, um, it's important to me to be courteous . . . It went from there to the frustration I was having because it wasn't a mutually courteous situation with my roommates . . . I think [the therapist] wanted to talk about how that was bothering me, and the intricacies of why it bothered me."

FPN: "I just wanted to work on the issues of, on getting the damn dishes cleaned up, and just the whole house in general."

FPN: "We'd talk about my frustration, then we wouldn't talk about it, then we would. It was me who brought us back to the issue of my frustration."

SPN: "I'm guessing that [the therapist] was thinking that there was something here that needed attention. And, hind

sight, something here that needed attention than besides that mere problem. And he was trying to get me to sort of shift my thinking, my energy to my feelings and why I was feeling so frustrated . . . What beliefs or ideas I had that I might need to change or at least think about and adapt."

FPN: "I had a problem that was going on for two weeks . . . I was so involved with those frustrations, I couldn't take it on globally. I was micro-managing the problems."

SPN: "[The therapist] was trying to get me to move more subtly to think more broadly. Maybe if he had addressed it just like we have, I could have directed energy toward it."

Interviewer's question: "Imagine you are [the therapist], and you've walked out of this session. What have you learned from this session? What have you learned, what do you feel good about?"

SPN: "If I were [the therapist], I would feel good I had let me get so much off my chest, that I had vented those frustrations in therapy, and could now go home and could hopefully deal with those things."

FPN: "I came to this session knowing I had to deal with this, and to get my ideas out of my head and organize them, and that's a lot of what I did."

SPN: "If I were [the therapist], he tried two or three times, I think, to get me to take a macro-look, and I'd be frustrated that I didn't do it."

Interviewer's Question: "Is there anything [the therapist] did that was particularly helpful to you?"

SPN: "He did mention a situation where he could identify with, where he'd had some problems living with four other guys, three or four other guys, and that, that lightened up, you know, the situation some. And it was easy, made it easy to identify with him some on that."

FPN: "You don't feel the problem is, um, only yours, that you are the only person who has ever been through this . . . And he's obviously survived, so I guess he's doing okay

Interviewer's question: "What was the most helpful about what you did for [the therapist] that helped him act as a therapist?"

FPN: "That's a difficult thing for me to think about. If I see something I'm doing, I can tell you about it, but I can't think of anything."

*Viewed beginning of session on videotape for two minutes, twenty-five seconds; then viewed videotape for one minute, forty seconds.

- 1 Client's FPN: if his home is "less than organized, other areas [in my life] begin to fall apart."
- 2 Therapist's FPN: Therapist related how he knew about having roommates and about knowing that it is "hard to coordinate who is going to do what."

Interviewer's question: "What are you doing here if you are the therapist? What are you trying to accomplish?"

FPN: "I think I look really tense, anxious, and trying to get a focus."

SPN: "And I'd be curious about why."

SPN: "If I were [the therapist], I would have noticed at that point that I was already doing micro-management."

SPN: "[The therapist] has paid attention to what I am saying."

SPN: "I think he is going to let me blow off steam until he's listened to everything I have to say, and he can pick an issue out of it."

*Viewed videotape for fifty seconds (same section of tape; the therapist has asked "Do you sometimes feel like you need to get away [from roommates]?").

FPN: "I made the house sound crowded."

SPN: "He may have picked up on that, so that is a logical question."

*Viewed videotape for forty-seven seconds.

3 Therapist requested a FPN from client: "What's it like to be more organized this past week . . . Do you feel like that is something you can transfer to other areas of your life, that can overflow?"

SPN: "When [the therapist] started saying that, that was probably like a cue to me to talk about problems we had

talked about in our previous meeting . . . trying to refresh me."

*Viewed videotape for one minute, forty seconds:

4 Client's FPN: "I take those first steps [toward getting organized] and then I slack off."

5 Therapist's SPN: "you hit a wall."

6 The client did not accept therapist's description of him, preferring the FPN of seeing himself as "slacking off."

7 The client continued FPN of himself getting started and then slacking off.

Interviewer's question: "Can you tell me what you are thinking right now, I mean as the client? [The therapist] said something about you hitting a brick wall, and you said 'No, not a brick wall.'"

FPN: "No, it wasn't. I didn't feel like, you know, I had come head-long into problems I just couldn't solve. It was more a point where I've become either real distractable and can be taken away from an issue really quickly . . . I didn't think 'brick wall' was a very good analogy. I didn't feel like anything but me was keeping me from going any further than I have . . . So, 'brick wall' to me seems like an outside force kind of thing . . . If [the therapist] had said an anchor, it would have seemed more applicable because that would have been attached to me. A brick wall is an external thing. Mentally I would have attached a chain to me

and an anchor would have been at the end of the chain. A brick wall is like a barrier somebody else has put in your way . . . There is no conspiracy of people out there trying to keep me from achieving things. It's me and the behaviors I have."

FPN: "I always expect to fail at this point [after taking first steps], so I expect to fail now, even though I am trying to seem hopeful to [the therapist] that I won't [fail]."

SPN: "I think [the therapist] is still thinking that I am hopeful, but I don't think he sees I don't really expect to be successful . . . I've been disappointed with myself so many times."

FPN: "Maybe I'm drawing off his hope, but I almost feel like I'm being deceitful because I am not telling him that . . . I really do almost feel deceitful at this point in the videotape."

FPN: "I left [the session] feeling better. Definitely better."

*Viewed videotape for one minute, thirty-five seconds:

7 The client continued FPN of himself getting started, and then slacking off. Specifically, he was discussing how he had made an organizing list of his bills two years ago, and that he had found the list recently. The therapist

asked if client had shortened his list of bills that he owed.

FPN: "That was good for me . . . That's part of what I come to therapy for, to remind me, you know, to be accountable, and this is one of the things I want to be accountable for each week [getting finances straightened out]."

SPN: "I told [the therapist] the week before that's what I wanted, and he's trying to accommodate me in that."

*Viewed videotape for two minutes, fifteen seconds.

8 Therapist requested an FPN from the client: "What was going on this week where you got motivated, decided to unpack, and organized some things?" This seems to also be a SPN of the client as "motivated."

9 Client's FPN: The client responded by discussing his participation in this research project. Specifically, the client stated that the research interview is like a second session of "therapy, where I have to think about what I talked about in here, actively. I wouldn't do that at home."

10 Client's FPN: The client stated that because of the therapy and research conversations, he "felt really good. For the first time in a long time I felt like I was gaining ground. Not so much in, um, the actual act of getting out of my problems but that I was accomplishing a means of getting out of them that made me feel better."

11 The therapist reiterated SPN of the client as "taking a step to at least talk about [the problems]."

Interviewer's question: "[The therapist] is asking you to reflect on this. Um, was this something you wanted to talk about?"

FPN: "That was something interesting to talk about. I see this discussion [the research interview] as part of [the therapist's] and my relationship, something to talk about, something that effects both of us, and that it is offering me the chance to do some other things, some additional thinking."

SPN: "Something that effects both of us . . . We have something in common [the research project], which is good."

*End of Interview: 1 hour, 12 minutes.

Client Interview: Choreographing the second session

Interviewer's question: "What did you learn from the session? What did [the therapist] learn during the session? How did the session progress?"

SPN: "There was one key part in there, where [the therapist] asked me to, to sort of enter into a contract with him that I would do certain things like job hunting, and that was good. I guess [the therapist] thought I was ready to enter a contract with him and say I'd go out and do some constructive behaviors this week, go out and find a job."

FPN: "I was having a hard time like really narrowing in . . . I wasn't having anything too pressing . . . So I brought up some of my long-term goals."

SPN: "And I guess [the therapist] noticed that . . . He knows I have expectations of him, he knows that I want him to help coach me out of these long-term behaviors that I have. Contracting is an acceptable and well-used way to get someone started on a task, to get focused on a direction . . . It goes back again to the accountability that I feel when I come in."

Interviewer's question: "Were there any other key parts of the session?"

FPN: "No. In fact I thought the session was a little cumbersome until [the therapist] brought that up because I was having trouble, I wasn't focused. I couldn't macromanage this one, I needed to pick a specific area, make a small step. Because the more I talked about it, the more I felt overcome by the wholeness of the problem and couldn't see a small step . . . I told him I was having a hard time during the session getting, um, a focus."

SPN: "So [the therapist] focused me down on one spot and said 'Let's work on this. This is the beginning of the trail to get yourself out of all this crap.'"

FPN: "It worked out well because I ended up getting a lot more organized than I had ever planned . . . Therapy

sessions should be efficient . . . I need to be accomplishing something and the more specific my plan is, the more likely I'll be able to follow through on it."

Interviewer's question: "What are the components of an efficient session?"

SPN: "The therapist knows the patient well enough to say, make some value judgements about what they need to talk about."

FPN: "As a patient, I'd expect the therapist to touch on things the client has brought up before."

FPN: "The first part of this past session was, um, I think there was a period in there where I wasn't too efficient and I was floundering."

SPN: "That's when [the therapist] took the session back to efficiency . . . I thought it was very perceptive of him to suggest that."

FPN: "Because I couldn't think of anything to talk about. I was just running my mouth . . . I couldn't bring myself down to any one particular point . . . I didn't occur to me to think of it one step at a time, to have a contract. I thought it was a good idea because I have responded well to contracts when I have had them with my mom and other people . . . It gave me a focus, something to work on."

SPN: "The first few minutes of any session are, I think, what happened this week? On the therapist's part, that's a

problem-spotting area of the session where the therapist can say what is this person saying that can give me something to pick out and something we need to talk about? And direct that, see how that is directed to this, either to this person's long-term goals or how that is blocking them from concentrating on accomplishing what they want to do . . . Anything that could have happened to this person during the week and that at least deserves some exploring."

SPN: "If nothing really happened, [the therapist] can see what other small step toward the long-term goals would be."

*Viewed videotape for one minute, thirty-eight seconds.

Preface: This session began by the client reporting that "everything at home [the housework issue with the roommates] worked itself out pretty much." However, most of the session was focused on labels given to the client by therapy professionals, and how these labels have effected him.

1 Therapist requested a first-person narrative (FPN) from client: "How did you approach this? What did you do different?" This question seems to suggest the therapist had a second-person narrative (SPN) of the client someone acting as an agent of change, in contrast to the initial comment by the client that seemed to imply that the client FPN of himself is that he had little to do with the resolution of this issue.

Interviewer's question: "Why did [the therapist] ask that question about what you will do the next time?"

SPN: "Because of the likelihood that that problem will come up again is very real. Well, [the therapist] knows based on his own experience. He told me in our session before last that he lived with three or four other guys, and he, he knows."

FPN: "Yes . . . I'm not sure I even remember him asking that question . . . I think I had worked out in my head that if [the problem with my roommates] happens again, I'm just going to be straight forward with my roommates . . . I knew what to do, so I wasn't too worried about it . . . It's like changing the brakes on your car. The first time takes forty-five minutes to an hour, and the second time takes fifteen minutes because you know exactly what you were doing."

*Viewed videotape for thirty seconds.

2 Client's FPN: "I remember, um, last time we were talking about doing it courteously and stuff like that, and I was thinking maybe I was trying to be too courteous." This FPN suggests that the client had been reconsidering his earlier view of himself as someone who will "go out of my way to be courteous" (see session one, paragraph 32), and that he had acted upon this new FPN.

Interviewer's question: "Had [the therapist] said to you that you were too courteous?"

SPN: "Um, no. He just said it was something I should think about. Or it was just something he made me think about. He was like cautioning me, but he was not saying I was too courteous . . . I didn't say this to him, but I'm not sure we didn't belabor the part of courtesy when we talked about it . . . I'm concerned that [the therapist] might be thinking about that too much, be concentrating on that too much."

FPN: "I guess I'm kind of concerned, and maybe it doesn't take too much courtesy on the part of my roommates to make me happy . . . I don't want him to think that I'm so overly courteous that, um, that's all I think about . . . I hope he notices from my brevity that, you know, it is not something that is bothering me so much."

FPN: "You [all clients] are thinking things and you're saying things all at the same time, and I wish it were possible to have two mouths and two sets of ears so that one could be saying what you are thinking, and the other would be saying what you are saying, actually."

*Viewed videotape for forty-four seconds.

2 Client's FPN: "I remember, um, last time we were talking about doing it courteously and stuff like that, and I was thinking maybe I was trying to be too courteous." This FPN suggests that the client had been reconsidering his earlier view of himself as someone who will "go out of my

way to be courteous" (see session one, paragraph 32), and that he had acted upon this new FPN.

- 3 Client's SPN of his roommates: "You know, you had mentioned that, um, maybe my roommates had become sort of dependent on me or had forgotten that it needed to be done. It's a new situation for them, too, me only being there two months now. It worked out cool."

FPN: "At that point where I said that things were going pretty well, I think I was thinking I need to, um, I need to like, I need to change the conversation to long-term problems."

Interviewer's question: "So what if [the therapist] had said no, I want to talk about this more?"

FPN: "I may have obliged him."

SPN: "Because trusting his judgement as a therapist, he may think, I may assume he may think there is something there worth pursuing."

*Viewed videotape for thirty-six seconds.

- 4 Therapist requested a FPN regarding the client's participation in the research project: "Things going okay with Chuck? You think the process is going ok, coming here and seeing Chuck?"

- 5 Client's FPN: The client responded by saying things were going ok.

SPN: "I think [the therapist] just wants to make sure it is not interfering with our therapy, what you and I are doing here. Because if he felt it was interfering he'd be obliged to stop it . . . He's just giving me a security blanket, checking with me, making sure I'm comfortable in our therapy situation, putting safeguards in our situation."

FPN: "I'm here for therapy, and I'm doing this secondary to therapy, but I'm primarily here for therapy."

*Viewed videotape for seventeen seconds.

6 Client's FPN: "I did pretty good this week as far as getting out of the house." He went on to report a number of the activities he had done in the past week (e.g., bike riding, wanting to start an exercise program).

FPN: "I changed the point pretty abruptly there"

SPN: "[The therapist] had mentioned something in our last session I had thought about. He'd, he'd asked me how much time I, um, take for myself."

FPN: "I don't remember a whole lot of discussion on it, but it was a question that, um, it was something I thought might, might need to be addressed. Because it made me evaluate how much I was staying in my house and not really doing anything, and I needed to get out and do something. So I sort of acted on it a little bit and got out of the house some."

SPN: "He got me thinking. He primed me. 'What do I need to talk about?'. He, he just got my, got my ideas flowing in my head where they might have been stagnant before. Stir it up and see what floats to the top, I guess."

*Viewed videotape for one minute, two seconds; then client fast-forwarded tape; viewed tape for twenty-three seconds.

7 Client's FPN: "But I didn't do a damn thing looking for a job."

10 The client stated he hated the definition of therapy (and by implication, what the definition invites about how he is to view himself in the therapy relationship):

"Therapy. I hate that word."

FPN: "Oh, this is where I say I hate the name 'therapy' . . . It just implies that, um, it's like physical therapy, it implies that something is broken. Or not, you know, it just seems like the word 'therapy' has a whole lot of negative implications . . . The stigma, you know, the stigma of being in therapy . . . We were coming up with a name that was more acceptable to me . . . conversationalist. I'll have to go to my conversationalist, as if I was saying that to one of my friends. Because that's what it is. There seems to be something dark about the word therapy, the stigma I put on it. But conversationalist, well, number one, it hasn't had a chance to be stigmatized yet. It's kind of funny in and of itself . . . That really changes the connotation for

me, from specifically assuming there is something wrong kind of conversation to more like a conversation I would have with one of my friends."

SPN: "And, um, that's all we do anyway . . . Have conversations!"

FPN: "I'm the conversationalist that has something to work out . . . That employer, employee thing is still there, that my expectations of confidentiality are still there."

FPN: "Um, you know, it's not a situation where he is asking me what kind of hallucinations I am having, or something more organic. It's not a psychological problem like that, in a medical context, it's more a behavioral thing."

FPN: "I'm pretty sure my self-image is sort of at the root of my problems, ok. And during the week I had been thinking on and off of the situation where you asked me to switch myself around with [the therapist] so much, and I end up putting myself right back in there. It's sort of like incubated this ability to like look at how I'm acting outside of myself, and I'm like, sometimes I'm walking around and thinking what does it look like that I'm doing right now? And I'm thinking it doesn't look like there is anything wrong with me. I'm, and where as, I'm so my focus on myself is coming away from my self-image problem and looking at me outside of myself, and I'm starting to think of myself at least looking like a person there is not that

much wrong with. Whereas I feel like, there's just this internally, I feel like there's, there's a whole, you know, shit load of problems I just can't get over and everybody must see these . . . It is, it's actually, you know, hard and tough. I haven't gotten good at it yet, at looking at myself from the outside. But it looks better from the outside than it does from the inside (ha). It's something I'm doing more and more. Not consciously. I might now, now that I've thought about it . . . This is a time when I have to sit down and actively try and be somebody else. Based on the signals I think I'm sending, I have to sit down and be somebody else. And I suppose people have to do that a little bit all the time, but nobody I know has to sit down for a couple hours every week, actively . . . So it is a strange thing, but it's developing some neat abilities in me, and the more I become comfortable outside of myself, the more I take that feeling back home and say 'Well, maybe it's not so bad', and, um, 'It's okay. If this doesn't look so bad from the outside, maybe it's not' . . . I'm thinking more in terms of outside of my relationship with [the therapist], of doing this with friends at home than I am thinking of doing it with [the therapist]. Because this, our conversationalisms, are like an isolated situation. Because there is an assumed problem there, that is a given. If it weren't there, I wouldn't be here."

*Viewed videotape for twenty-seven seconds.

11 The therapist offered another word, and, therefore, a different FPN of both the client and himself: "How about just having a conversation?"

12 The client agreed to this change, and stated, as if he were talking to a friend before coming to a session, "Yeah, I have to go to my conversation."

Interviewer's question: "So what did you think of [the therapist's] response? Why did he respond the way he did?"

SPN: "I think he was real receptive to the idea, and I think he recognizes, you know, that therapy has to be adaptive. You have to make the client comfortable for the maximum benefit."

*Viewed videotape for two minutes, forty-six seconds.

13 Client's FPN: "I'm still worried about some immediate needs, like food stamps . . . I didn't follow through well with that. I'm disappointed in me in that. I procrastinated . . . and not just about getting food stamps, but getting a job."

FPN: "I hope [the therapist] picked up that it's important I find a job. I didn't realize I had said it that many times . . . I wouldn't have said that to a friend of mine. But where I said that, if I hadn't been with [the therapist] I would not have said that . . . In this particular situation I know I have a short-coming here, as far as really having

any intent of finding a job, or at least I feel like I haven't looked hard enough or something."

*Viewed videotape for fifty-one seconds; then viewed videotape for eighteen seconds.

14 Client's FPN: "I have learning disabilities and a back problem."

15 Therapist requested a FPN from client: "How does that impact getting a job?"

16 Client's FPN: "I made a terrible waiter because I don't have a really good organizational short-term memory. I have a good long-term memory."

FPN: "My learning disability frustrates me . . . I talk about them with everybody . . . But it's not part of the reason I come to therapy . . . I don't think therapy can do anything about it . . . It wasn't something to be delved into."

*Viewed videotape for forty-six seconds.

17 Therapist requested an expanded FPN from the client:

"Have you noticed the limitation in yourself or have people sort of told you have limitations?" This question seems to invite the client to begin to look at the description he applies to himself (paragraphs 14 and 16) in a different way. The therapist seems to be offering two possible descriptions for the client to consider, suggesting the therapist was seeking to explore possible

alternative descriptions the client may have about himself.

18 Client's FPN: "I would say that I have noticed that. That waiter thing was a job limitation."

Interviewer's question: "Why did [the therapist] ask you that question? Take [the therapist's] position again."

SPN: "I didn't know why he asked me that question at first. Then he explained why he asked that question . . . He'll explain it better than I can, but what he says I agree with."

FPN: "His explanation of why he asked and my experience are identical. Typically you'll get a diagnosis from somebody for some learning disorder or some particular behavior problem, and, um, and just kind of, you got a name for it, a whole set of behaviors."

*Viewed videotape for twenty-three seconds.

19 Therapist offered a 'general' SPN to the client, in the form of a justification: "I ask that question because sometimes kids grow up and maybe through this testing they'll be labeled as having a learning disability. And sometimes that's kind of unfair, um, they're labeled and put in a special section and treated differently." It seems the therapist is exploring an alternative view of the client, one where the client is less seen as having a

learning disability and more seen as someone who is labeled as having a learning disability.

SPN: "I think he was curious for his own information."

*Viewed videotape for three minutes, twenty-eight seconds; then viewed videotape for one minute, seven seconds.

19 Therapist offered a 'general' SPN to the client, in the form of a justification: "I ask that question because sometimes kids grow up and maybe through this testing they'll be labeled as having a learning disability. And sometimes that's kind of unfair, um, they're labeled and put in a special section and treated differently." It seems the therapist is exploring an alternative view of the client, one where the client is less seen as having a learning disability and more seen as someone who is labeled as having a learning disability.

20 Client's FPN: "Yeah, I think that [labeling] does cause me some, some problem sometimes, but more with just general expectations I have of myself than as much with the jobs I might apply for; . . . If it is a learning disability or not, I don't really know."

21 The therapist re-requested an alternative FPN from client (see paragraph 17): "But sometimes do you sort of restrain yourself because you think oh, um, people tell me I have a learning disability, or because there is certain information I can't process very well on a short-

term basis? Do you sometimes tell yourself you can't do something?" This seems like a second attempt by the therapist to explore, and expand on, a specific alternative description of the client.

22 Client's FPN, one with a present, a future, and a past:

"Yeah, um, that's probably what I tell myself, probably how I justify slacking off on my bills and all the problems that has caused me. I think, I think if I had however much money I needed to pay off all these bills . . . I would sort of wind up back in the same situation unless I change what it is about me that got me here; . . . I believe there are things wrong with me, no matter what they are, if they are learning disabilities or something else. I got labeled, um, MBD, minimal brain dysfunction, when that was a popular thing. Somebody told me that was a really heavy label to lay on a kid because it is very ambiguous, you know. You can, you can, um, make up your own problem to go with that. I guess as a kid, that's what I did, I internalized that. It has no parameters, I can make the problem whatever it is I want it to be. I can say this about it, but it's not like a tangible thing for me because it is still like an underlying part of what governs all my decisions."

23 Therapist requested an expanded FPN: "What has an impact on your decisions? The fact you were labeled?" The

therapist have a SPN of the client as someone who has been labeled.

24 Client's FPN: "Labeled. Well, labeled so many times with this learning disability or that learning disability."

25 The therapist offered a FPN/SPN that seems to be somewhat of a reiteration and an expansion on his earlier general SPN (see paragraph 19): "The reason I'm interested is because I've just sort of noticed, and this is something that I have always disagreed with, was, um, when you put labels on people, I think it comes across as being like the truth, an objective truth. And it's really just one person's opinion in a sense. And when someone hears a label that is given to them, it, I have seen some people sort of live out the expectation of that label."

FPN: "I think right here we are striking at the core of what I came to therapy for, or conversation for . . . Changing these beliefs, these labels that go along with what I believed about myself as I was growing up."

SPN: "I think he just said exactly what I think I am doing [paragraph 25] . . . Actually, this isn't anything that any other therapist I've talked to had ever mentioned . . . This is something he told me he had recognized independently . . . It sounds to me he thinks pretty much what I think about all this stuff . . . And he's recognized the same problem that I have, that people just come to believe that

things are expected of them, the way you act in a particular situation . . . Or an excuse to act that way, one way or the other . . . I respect that he recognized that because it seems that it is commonsense to me."

FPN: "And, um, that's like refreshing to me. That makes me really trust his judgement pretty well because, I mean, I thought of it as well . . . It is just that now I'm twenty-eight years old and there are things I don't think about anymore that govern my behaviors."

*Viewed videotape for one minute, forty seconds; then after some rewinding, viewed videotape for thirty-four seconds.

26 Client's FPN: "Yeah, exactly, a self-fulfilling prophecy. And in my case, I have so many diagnoses . . . there have been five, maybe more. There have been so many and they've all been different, so there are no parameters as to how this governs my behavior; . . . I know there is something to that, but whether it should be effecting my life the way it is, I don't know. I don't think so, but it is going to take a lot to change that."

27 Therapist requested an SPN from client about the client's parents: "How did your parents feel about all this when you were growing up, going to doctors, and getting labeled as you did? Do you remember?" The therapist seemed to be inviting the client to expand on his FPN by

asking him to construct remembrances about his past and others.

Interviewer's question: "Why is [the therapist] asking about your parents?"

FPN: "They had a lot to do with putting me in the doctors situation where I got labeled, but I didn't think about that while I was sitting there [in the session] . . . I'm talking about things that went on in my formative years."

SPN: "So it is a logical question to ask about my parents."

*Viewed videotape for one minute, seven seconds; then viewed videotape for twenty-two seconds.

28 Client's SPN of parents: "The reason I went to all these doctors was obviously because of my parents. They knew there was something wrong. Um, exactly what, nobody knew, and everyone was giving it their best shot."

29 Client's FPN: "I was a little kid, and I remember actually being relieved when I got my first diagnosis, because it was like now I know what it is . . . that there was a word for a specific set of behaviors that was my problem, and now that we had a name for it, we could work on it."

FPN: "I'm thinking internally for me that it would be good for [the therapist] to know this, to see if there is anything here he recognizes about it, to give him an

understanding of, um, how I feel about my problem and how long it's been going on and how ingrained it is in me."

*Viewed videotape for twenty-nine seconds.

30 Therapist requested more constructed remembrances about how he saw his parents: "Did you feel your parents were supportive?"

31 Client's SPN of parents: "Yeah, very supportive. But they were from a different time, with different beliefs about kids."

FPN: "I feel obligated to defend my parents a lot, especially in this situation. Um, I guess because of some predisposition I have to, you know, about what you say about your parents when you are in, that's one of the things that make me feel like I am in therapy, is when you go talking about your parents, and I am trying to tiptoe around that and get out what I'm really trying to say at the same time . . . They [the client's parents] did the best they could, but what they did wasn't right for me all the time . . . I'd hate to be asked that 'Why do you hate your mother?' question. And I don't know, that's part of the stigma. I don't hate my mother but there's something about child abuse and all that goes on in, in nursery schools and kindergartens, and I don't want anyone to think something like that happened to me. My parents tried as hard as they could with the best tools and resources they had, but they

still did the wrong thing for me . . . There's nothing there and I just can't come out and feel comfortable saying that in this situation, and I don't know why. Probably because I'm kind of on the defensive . . . I don't know why I don't feel comfortable enough to say that, but, um, I can't say it here and feel like he'd believe me."

Interviewer's comment: "Feel like he'd believe you . . . There is this idea that therapists believe that if there is something wrong with your childhood that your parents were doing something wrong."

FPN: "Yeah, and I really loved my parents and I don't want anybody to think that of them . . . This goes into like what I'm worried about what [the therapist] thinks of me . . . I guess my problems come from my parents some."

FPN: "It is easy only now because I have analyzed what I was doing. Not because, if I was feeling now the way I was feeling when I was saying that because I was in the delves of a, of trying to explain all the frustration I was going through, and I felt like I was right at the core or my problem and didn't feel I could address the issue."

*Viewed videotape for two minutes, thirty-eight seconds.

31 Client's SPN of parents: "Yeah, very supportive. But they were from a different time, with different beliefs about kids." The client added that he "got along well" with his mother, but that his father had a "standard response" to

the client when the client "would do something and it wasn't responsible," something like "It was something like you've done something, we can't trust you, you're being irresponsible . . . irresponsible was always a part of what he said you just can't be trusted. While I lived at home I never got my driver's license, my parents didn't trust me to get my driver's license." In this response, the client expanded on his description of his parents, and, perhaps more importantly, his narrative of how they described him.

32 Therapist requested more SPN about the client's parents:

"What kinds of responsibilities did your parents give you?"

Interviewer's question: "Put yourself in [the therapist's] position. Why do you think he asked this question? Why is he curious about the responsibilities your parents gave you?"

SPN: "Responsibilities are definitely an issue here, so he's trying to get me to refocus, find another way into this, to explore it . . . When he asked me about my responsibilities at home I guess he was trying to see if I wasn't keeping up with my chores, whatever chores my parents gave me, or to see if I had an inordinate number of chores to keep up with."

*Viewed videotape for one minute, twenty-four seconds; then viewed videotape for one minute, twenty-two seconds; then

viewed videotape for one minute, fifteen seconds (see Appendix A, session two, paragraphs 33, 34, and 35).

33 Client's FPN: "I had an average amount of chores."

34 Client's SPN of parents: "I don't know. They just expected me to keep things somewhat neat and organized, but didn't expect a whole lot. They came to track and football games." The client seems to indicate here that his parents expected him to be responsible about some things, but, in his view, not very much. He may also be expressing his view of his parents as responsible with his last statement.

35 Therapist's SPN: "So the message of irresponsibility is something you carry with you." This statement seems to be related to what the client had said about his father's "standard response" (see paragraph 31).

36 The client's FPN: "I can't seem to live that down, and I don't know how to confront it, to get it out of my head. I've been thinking about it for four or five years."

37 Therapist's request for expanded FPN: "Who else has given you the message that you're irresponsible?" The request implies a view of the client as someone repeatedly given the message he is irresponsible.

38 Client's FPN: "The courts, for one thing. Or getting a letter from the bank for bouncing a check."

39 Therapist's request for expanded FPN: "Is it the same thing as when your dad told you you were irresponsible? Or is it different?"

40 Client's FPN: "I think it is sort of the same thing. My dad sort of planted the seed for that, and the rest that stuff is just fertilizer.

41 Therapist's request for client's SPN about his father: "Was your dad supportive, or was he just sort of - ?"

42 Client's SPN of his father: "He was disappointed mostly." FPN: "I worry about disappointing people. I don't want to but also think I will anyway."

Interviewer's question: "Do you ever think you might disappoint [the therapist]?"

FPN: "Only now that we have entered a contract. Um, I don't really expect him to be disappointed, overtly disappointed, but I don't know how that will effect his opinion of my commitment toward therapy."

*End of interview: two hours, two minutes, and forty-six seconds.

Client Interview: Third session

Interviewer's question: "First, tell me a little bit, um, from your perspective, what happened in this session?"

FPN: "Well we got back to like the more serious topics, the long-term problems I'm having . . . I just had DMV

[Department of Motor Vehicles] throw a monkey wrench into things going smooth for me . . . During this meeting I felt a lot of the same as I - when you asked what is the bad part of therapy? - this was a bad part of therapy for me because I was being confrontational with something that had caused me a lot of problems in the past . . . This stress, in my opinion, is what's, what's causing, sort of solicits me to say 'I just don't give a damn' and just go on being the way that I had been, which is unsatisfactory . . . I worked out what I needed to do to handle the situation while I was in the meeting, but I didn't leave with the conviction I usually have to go out and do it, because I was still dealing with the bad part of therapy . . . I really didn't want to deal with this problem right then . . . I was forced to deal with this problem and verbalize it and, you know, do some mental manipulation with it, and I couldn't manipulate. I got frustrated because I couldn't manipulate it into anything I felt was manageable."

Interviewer's question: "What do you think [the therapist] would say about this session? Kind of take his place."

SPN: "I think [the therapist] can feel good about this session because he got me up, he made me deal with something that obviously needed dealing with. Um, I think he would be hopeful that I would go out and do the things we talked about . . . If I do that, he can feel good in the next

session knowing that I'm moving along, that I'm keeping up with my accountability."

SPN: "I guess he could tell I wasn't finished . . . [The therapist] might be a little frustrated, too."

FPN: "I get frustrated when I hear horror stories about getting caught up in the system. You know, you just hate to hear things that happen, that might happen to people."

SPN: "So that might be something he's experiencing because I'm sure everybody has to deal with stuff like that . . . He didn't make it apparent in the session or anything, but I would just assume that, like wow, just another case of wrong place, wrong time."

Interviewer's question: "Um, is there anything you would say, any point in the session, any event in the session you would say was pretty significant?"

SPN: "[The therapist] asked me questions about . . . procrastination, putting things off further and further. He asked me, um, how I would have used to have dealt with it."

FPN: "It was good that I was able to have to deal with knowing that there's a way that I'm trying, that I used to behave and a way that I'm trying now to behave. That's a good marker for me, and so is this to say this now."

Interviewer's question: "Was there anything you learned in this session that you might not have learned or learned more slowly?"

FPN: "This was real reaffirming for me that I am trying to change something here . . . It's making me cognitively deal with it. Should I go back and do this the way I used to? Or, and I'm saying used to do it because I am trying to change in my head my perception of how I am or how I could be."

*Viewed videotape for one minute, thirteen seconds.

Preface: This session began with a brief discussion about some of the movies the client had seen recently.

1 Therapist requested a FPN from client: "So what else is happening with you?"

2 Client's FPN: "I got a nasty-gram from the DMV [Department of Motor Vehicles]. They want me to go to court for something, for having more than three violations, for, um, driving suspended and, um, I'm not sure what for . . . [The letter] said something like 'habitual offender status' or something like that. It was all written in law-speak."

Interviewer's question: "What's going on for you right here?"

FPN: "This is an uncomfortable thing for me . . . I'm not exactly feeling like being open with [the therapist] right now, but I am going to have to force myself through it . . . I'm not to the point where I want to discuss this with everybody . . . I'm not sure I want [the therapist] to know it . . . That goes to my self-image thing . . . I know it

has a lot to do with what I need to do to work through this, and so, um, I had to bring it up, I had to get it out in the open . . . I know for efficiency's sake that I really cannot be worried about what [the therapist] thinks of me . . . I don't talk about it with anybody, it's a real lever. It can be if somebody gets mad at you."

SPN: "But [the therapist] is not going to get mad at me and do something like that . . . I can't feel he's not, which stresses the importance of confidentiality in our relationship."

SPN: "I think [the therapist's] is just listening. I think he knows that because I came to the point so quickly that, that this is really something here I think I need to talk about . . . If someone comes in and gets right to the point, I think that would be impressive that that is an area that needs to be addressed then and there."

*Viewed videotape for fifty-one seconds; then viewed videotape for twenty-five seconds; then viewed videotape for seventeen seconds.

3 Client's FPN: "Other than that, everything has been going pretty well. I got a part-time job." The therapist and client spent almost eight minutes discussing this new job.

Interviewer's comment: "Hold it. You switched subjects."

FPN: "I just needed to get away from it for a little bit."

Interviewer's question: "Why was [the therapist] asking you those questions, from your perspective? Or from [the therapist's] perspective?"

SPN: "Because I brought it up and we're in a patient, um, client-therapist relationship, and between me bringing it up and the way I said it, he realized that was something I wanted to talk about, and so that is why we discussed it."

*Viewed videotape for two minutes, fifteen seconds.

3 Client's FPN: "Other than that, everything has been going pretty well. I got a part-time job." The therapist and client spent almost eight minutes discussing this new job.

Interviewer's question: "If you could kind of take [the therapist's] position. Why is [the client] talking about these things?"

FPN: "The meeting before this one we had sort of had the contract at the end . . . And I was just trying to, even though [the therapist] didn't bring it up and ask me how I did, but I felt obligated to say I did something . . . I was kind of disappointed that he didn't ask me for another contract this session."

SPN: "Maybe [the therapist] was thinking about it but he never asked me about the contract."

*Viewed videotape for one minute, twenty-eight seconds.

3 Client's FPN: "Other than that, everything has been going pretty well. I got a part-time job." The therapist and client spent almost eight minutes discussing this new job.

4 Therapist requested expanded FPN from client: "How significant is this for you to have this part-time job?"

5 Client's FPN: "Well, um, it's good. It gets me out of the house, which is good. Um, it's good to just be working again. I really enjoy working again."

Interviewer's question: "Why is [the therapist] asking these questions?"

SPN: "I think to let me reaffirm to myself that I have done something good, to give myself some positive strokes."

*Viewed videotape for one minute, sixteen seconds.

4 Therapist requested expanded FPN from client: "How significant is this for you to have this part-time job?"

5 Client's FPN: "Well, um, it's good. It gets me out of the house, which is good. Um, it's good to just be working again. I really enjoy working again."

SPN: "I think by my body language that [the therapist] could tell I was still really uptight."

FPN: "And I have been thinking about that, too, during the sessions because I see myself on tape here doing it. You know, always playing with my mustache or playing with my hair . . . My perception on the motion of my body language

there is, I would like it to be, I guess, more masculine than it is . . . [I] would be sitting up straighter with my shoulders back. Um, I don't know, maybe more stoic would be a better word for it . . . It kind of looks feminine, like a little girl. I don't think I like it very much . . . It may be enhanced by the fact I'm really having to be in touch with things that bother me here."

Interviewer's question: "Are you thinking [the therapist] is thinking this?"

FPN: "I don't care what [the therapist] thinks about this. *Viewed videotape for four seconds; then viewed videotape for forty-six seconds; then viewed videotape for four minutes, twenty-one seconds.

6 Therapist inquiry: "Did you get a chance to talk to your counselor at JTPA?" The therapist seemed to be checking on the client's progress toward completing the contract he and the therapist had agreed to in the last session.

7 Client's FPN: "Yeah, I stopped by and talked to him."

8 Therapist's SPN of the client: "Gosh, you seem to be doing pretty well on your own at this point. I know this is a part-time job, but I think it is a nice start; . . . things really seem to be moving along."

9 Client's FPN: "Yeah, they're moving along. But this thing with the DMV makes me feel like I'm sliding backwards as

fast as, I don't know. What else, you know? Like what else?"

SPN: "[The therapist] was just giving me the chance to pat myself on the back . . . It's important to give someone a chance to build their self-esteem."

Interviewer's question: "If [the therapist] had a different approach like saying something like, and I'm not saying he'd ever say anything like this, but saying something really negative or really stupid, okay, like is that all you did, you know?"

FPN: "If he had said something like that, that would have really screwed up our whole relationship. He could have joked about it, you know, because I feel good enough about it where he wouldn't have diminished me, if I could tell he was joking. But if I thought he was serious, I'd probably ask him to explain what the hell he meant a little bit further before I got up and walked out."

*Viewed videotape for one minute, one second.

10 Therapist's revised SPN of the client: "Just when you get started, you feel like you are making these steps forward, suddenly you get a letter in the mail saying that - ."

11 Client's FPN: "It had a lot to do with making me anxious. But I would, the whole day, the rest of the day

my stomach was just like in knots, I couldn't eat anything. I'm just caught up in this system tow."

12 Client's FPN: "[Chuck] asked me an interesting question when we were talking, which made me think about, um, what we were talking about in one of my sessions, in one of our [therapy] sessions, when my dad used to say I was irresponsible, and, um, how that made me feel, and why I think that that is a part of why it's difficult for me to change the way I'm acting now."

FPN: "You know, probably my self, my self-image is probably not my self-image, it's probably more what I think other people's images are of me. Except in here, when I try to work my way through the - In here and in there, in the other room when I am talking to [the therapist]."

SPN: "I think I expect that therapists know that somebody is in therapy voluntarily, that they at least deserve respect and recognition for wanting to deal with the god-damned problem. Um, as frustrating as it may be to keep a focus on the problem, you've got to do like [the therapist] did there. He let me go off and do something that let me boost my self-confidence and then come back to the point. He let me direct it. He let me come back to it when I was comfortable with it."

Interviewer's question: "So you kind of know that [the therapist] doesn't think that way about you, that he doesn't see you as an habitual offender?"

SPN: "I'm not trying to worry about what [the therapist] is thinking. I need somebody out there I'm not worried about what they are thinking so I can get these damn things out. If I worry about that, I'm not going to say them."

FPN: "I, I think this has been more probably more helpful than any, I'm not, the collection, the collected sessions between here and [the therapist] has been of more benefit to me than any of the doctors my parents took me to. Because I spend so much more time in analyzing. I, it's interesting to get really different perspectives on myself like this gives me the chance. And I probably, 99.9% of other clients don't have this opportunity, so it's definitely an advantage to me. Um, it makes me feel special that I'm able to participate in it, too. So that's good, too, that's real reaffirming for me."

*Viewed videotape for two minutes, forty-nine seconds.

13 Therapist's SPN of client: "Because you carry that message around with you."

14 Client's FPN: "Yeah, that baggage. And, um, [Chuck] asked me where else I got that message from, and I was like, well, when you get tickets, that's a message." The client

and therapist seem to agree to view the client as someone carrying a message about himself like a piece of baggage.

15 Client's FPN: "I felt identical to the way I felt when my dad used to say that to, um, when I got this letter. And I hadn't felt that way in so long because I hadn't been around, at home, since Christmas." The client seemed to be expanding on his earlier FPN of "sliding backwards" (see paragraph 9).

16 Therapist requested the client expand on this FPN of himself: "Well, talk, talk to me about the similarities that you've kind of noticed. What are the similarities between this, um, this DMV situation and your father maybe coming into a situation such as, um, you and your brother fighting, for example, and talking about how irresponsible you are."

17 Client's FPN: "I, as I, there are no situational similarities other than there is something there to tell me I've done something wrong . . . I guess a feeling from like a respected or controlling, um, an authority who has some kind of degree of control in my life, telling me, you know, I'm just about to not have something, or telling me I'm going to be punished. I just have a feeling of dread that goes along with that."

18 Client's FPN: "When I feel like this, this is the time I just quit doing things. I just quite caring and let things happen to me, instead of being in control."

FPN: "Did you hear how I raised my voice there? I think that, then again, I'm trying to, I suppose at this point I am needing [the therapist] to pay attention because I need, because I'm presenting my problem and I'm needing some kind of suggestion or affirmation here, or something. Because this is what I feel goes to the genesis of all of these behaviors. This is right at it . . . To tell [the therapist] watch me here . . . because this is the point I've reached ten thousand times where I want to go out and do things the right way, but this is, this is where I usually fail and let myself down. So this is where I need to change."

*Viewed videotape for forty-eight seconds; then rewound part of videotape and viewed it for twenty-one seconds; then viewed videotape for four seconds.

19 Therapist re-offered this SPN of the client (see paragraph 10): "It sounds like, just when you're starting to think you are making some progress, you know, like I said, you got this, got this part-time job, and, um, you've got some things worked out with your roommates, and you're starting to get some things organized, and then this sort of happens."

SPN: "I didn't realize it the first time, the first time I listened to it, or the second time, but, um, he's recounting for me the affirmations I made for myself earlier. And he's doing it real briefly, but I guess he's just building me back up a little bit. I didn't even realize that till now. But he's also giving me the chance to think about something else and kind of hit the reset button. Reboot but stay where I am."

SPN: "And he's, he's, what's a good word for it? He's putting the problems in like in, he's organized them for me, you know? Um, so I don't feel like they are scattered all over the place. He's organized them for me, he's got them together. He said 'You do this good, and this good, this good, this good', and he let me know he was listening because, um, he's just told me everything I just told him . . . And it's simple . . . He just put it in a real simple, logical order, and kind of made it more manageable."

FPN: "I'm probably like a bunch of other people out there, you know, think something 'I know all these thoughts aren't real tied together."

*Viewed videotape for twenty seconds.

20 Client's FPN: "And this is a major problem; . . . I just remember hearing nightmail stories, nightmare stories of people getting letters like this from the DMV."

FPN: "I don't know why I said 'nightmail' stories. I think it was just a slip of the tongue or something. But I changed it here and I said something about the mailbox because I was worried that [the therapist] would misinterpret which mail I was talking about. I could see the letters in my head, it was m-a-i-l. I was wiggling that [the therapist] would think something like I was having some kind of gay relationship or something . . . I have no qualms with gay people, but that's not a popular trend of thinking . . . I just wanted to straighten that out before [the therapist's] thoughts had a chance to wonder . . . If you want to know an example of me trying to give [the therapist] an impression, this is it right here . . . I didn't want to be misunderstood."

*Viewed videotape for two minutes, fifteen seconds.

20 Client's FPN: "And this is a major problem; . . . I just remember hearing nightmail stories, nightmare stories of people getting letters like this from the DMV . . . I think you can lose your license for ten years because of being declared an 'habitual offender'; . . . ten years, that' so unfathomable, so why even care about the problems between myself and the DMV if that's what they are going to do."

21 Therapist's SPN: "That's one possibility," suggesting that the client possibly has some other options than to just quit caring.

22 Client's FPN: "Yeah, and that's the one I'm presupposed to doing because the letter I got from them took away like any hope I had, you know, of paying off the tickets I had and getting my license back. I don't have hope for that anymore. So who the hell cares? Fuck it."

23 Therapist requested an expanded FPN from the client: "Is that the message you give to yourself, the message you tell yourself when, when these kind of things come up? Um, these kind of intrusions in a sense?"

24 The client asked "How do you mean 'intrusion'?" asking the therapist to expand on what he meant by that word.

Interviewer's question: "Um, [the therapist's] kind of sweeping together again at this point, and you asked him what do you mean by intrusions?"

FPN: "I didn't see it as an intrusion. It was a reminder of having fucked up in the past, so it's not anything out of the blue."

*Viewed videotape for two minutes, twenty-seven seconds; then viewed videotape for two minutes forty-five seconds.

25 Therapist's SPN of the client: "Well, it's sort of like, um, you sort of feel like you're out of the woods to a certain degree, at least you see a light, and then just as you're sort of making progress, someone steps in the way, and kind of intrudes into any kind of progress you are making."

26 During this explanation, the client loudly exhaled.

Client's FPN: "Well, it's more like my past is catching up with me." The client does not seem to be accepting this description of himself being intruded upon by others.

27 Therapist's SPN of the client: "But that's a real frustration for you. I mean, it's kind of like well, I made these mistakes in the past, um, I'm trying to kind of get my life on course again, and I'm continually haunted."

28 Client's FPN: "Yeah, that's, that's what's happened for twenty-eight years not, I'm continually haunted. I'm haunted by, by bills for things I can't even remember or certainly now have nothing to show for and . . . things that I didn't think were all that serious or I didn't understand; . . . My license is not suspended for like a DUI or having an accident. It's suspended because I was originally unable to pay a fine for a city sticker, and this has like snowballed; . . . I just thought if I got another ticket, I'd pay off the other ticket, and once I got a job, things would be working out okay. But there's a big problem around here with unemployment."

FPN: "I wanted to convey to him I wasn't being intentionally negligent . . . I have caused some of my own problems, but I also have things that are running over me, too."

Interviewer's question: "So [the therapist's] job at this point is to kind of do what?"

FPN: "I guess I expect him to be understanding."

*Viewed videotape for six minutes, two seconds.

28 Client's FPN: "Yeah, that's, that's what's happened for twenty-eight years not, I'm continually haunted. I'm haunted by, by bills for things I can't even remember or certainly now have nothing to show for and . . . things that I didn't think were all that serious or I didn't understand; . . . My license is not suspended for like a DUI or having an accident. It's suspended because I was originally unable to pay a fine for a city sticker, and this has like snowballed; . . . I just thought if I got another ticket, I'd pay off the other ticket, and once I got a job, things would be working out okay. But there's a big problem around here with unemployment."

29 Therapist's SPN of the client: "And someone has sort of come in and slapped your hand and sort of said you screwed up again."

30 Client's FPN: "Yeah."

31 Therapist requested an expanded FPN from the client: "How do you let these intrusions kind of get the best of you?" This question seems to imply that the therapist views the client as someone capable of action, someone who is faced

with intrusions, and someone who is capable of not letting the intrusions from the past hinder his progress.

32 Client's FPN: "I try not to, I've tried to just throw this one off, but I'm going to have to deal with it sometime this month because my court date is the twenty-first."

33 Therapist's SPN of the client: "But I guess what I've noticed in your discussion about this is, um, is that sort of these people kind of get in your way, and are kind of telling you you have screwed up, and it's kind of like they rob you of your responsibility. Because what you tell me is that when these things occur, then you don't feel like doing anything, then you feel like screw everything, and then you give up all your responsibility."

34 Client's FPN: "It trickles down like that a lot of times."

35 Therapist request for an expanded FPN from the client: "And I wonder how you allow these intrusions to rob you of your responsibility."

36 The client asked for a clarification on what the therapist was inviting the client to expand on: "How, like what are the manifestations? Or how, like what is the process?"

37 Therapist repeated this SPN of the client (see paragraph 34), and expanded on it: "Well, I don't know, you can sort of take this whatever way you want. I mean, if these people, or these letters, or whatever it is, is sort of coming in and invading your life and telling you that you screwed up, how do you then give over all your responsibility to these people? And sort of say screw everything, what's the point? Um, you're kind of coming in here and scolding me in a sense. And rather than just sort of taking control of the situation, you let them take control, and you give up all responsibility."

38 Client's FPN: "Yeah, exactly. That's the process. That's usually the process. I try to keep, to separate it. I really want to keep going, with doing, especially this last week, doing this because I feel like I've been doing this last week."

SPN: "I think [the therapist] was trying to put the problem in perspective for me, again."

FPN: "Although I didn't really like his perspective on it this time, because I do feel a lot of accountability to this problem, and, um, he goes on and calls it an invasion."

SPN: "But he was listening, obviously he had been listening to what I said before. He paid attention to the fact that there's a process that goes on at this point where everything goes to hell all at one time . . . I've been so

good, even though it's been hard in the past to stay on track, since I've been, you know, having conversations with [the therapist]."

Interviewer's comment: "So some of the things [the therapist] offers you like, and some you don't like."

FPN: "I guess we're having sort of a little unspoken debate here. I didn't think about it at the time, but I don't like the way he is dealing with it. And usually if I think something like that I try to straighten him out, to give him a better idea of how it is that I'm feeling . . . I just didn't feel like explaining it anymore than I already had."

*Viewed videotape for three minutes, fifty-five seconds; then brief rewind and viewed videotape for thirty-three seconds.

39 Therapist's SPN of the client: "See, there's an example of you holding on to your responsibility. When you got that letter in the mail from DMV, you could have said forget it, I'm going to blow this job off, I'm just going to sort of sit at home and do nothing."

40 The client began to discuss one of his options: "I suppose I could put this off longer."

41 Client's FPN: "It bothered me, too, that [the DMV] just, all the paperwork inside said [my full name], they mail it under [the name my father and I share], and my mom opens it. I didn't want her involved in this anyway."

42 Therapist's SPN about the client: "It seems like you're not even sure what [the DMV people] are talking about in this letter . . . Somehow you need to get this clarified to you what exactly they are talking about."

43 Therapist's SPN about the client: "But I think personally what is interesting this week is how in the past you might have blown everything off, how you kind of maintained your composure."

44 Client's FPN: "Well, I think I maintained it for a while anyway, then let everything just keep going downhill. So I'm trying to forget about it, but it's bothering me. But if I forget about it, that's just a short fix."

45 Therapist requested expanded FPN from the client: "Yeah, I'm wondering what some of your other options are. What are some of your options aside from just forgetting about it, because I'd guess it'll come up again." The therapist seemed to be primarily responding to the client's last sentence, and is offering his view of the client as someone who may have other options he could choose to do.

SPN: "[The therapist] was trying to get me to like not do the problem globally, like we talked about before. And not just stand back and be amazed or dumbfounded by the whole thing. At least try and find out what my options are

FPN: "I enjoy working out problems like this and, um, coming up with creative solutions to them rather than just going by

the norm . . . But I kind of need a kick in the ass to get going."

SPN: "[The therapist] sort of narrowly defined the problem and kind of gave me a shove . . . The question is the shove."

*Viewed videotape for one minute.

46 Client's FPN: "Yeah, I'm going to have to go one day."

47 Therapist requested expanded FPN from the client: "Let me ask you, how would you like to deal with it? I mean, what is kind of your fantasy about how you would like to deal with it?"

48 Client's FPN: "I would like to go to the judge in person, and, um, just explain a lot of the things to him that I've explained to you, and explain that I'm trying to get better, but every time - it's typical of what I feel like I am, this thing says 'habitual offender', that's what I've been charged with, and that what I am."

49 Therapist interjected a different view of the client:

"That's what you've been told you are for so many years. It's not like you are that, you've been told."

FPN: "At this point, I'm still not convinced I am not [a habitual offender]. I think I was just giving [the therapist] he answer he wants, saying 'Yeah, that's what I've been told I am', but I can't, I still have that baggage . . . There are times when I am rid of it, and I notice it

is gone. Times when I have to, that this situation has led to me, you and I watching me and me thinking more, being conscious more of what I look like, and I realize sometimes I look okay to other people, sometimes. And then at that time it's gone, the baggage is gone."

FPN: "And in this case, it's probably not genetic or anything, it's probably just what I've been told I am. But it's so internalized."

*Viewed videotape for ten minutes.

50 Client's FPN: "I'm habitually, well, I've been told I'm habitually irresponsible."

51 Therapist requested an expanded FPN from the client: "I want to go back to your discussion of a 'habitual offender'. Was that something they, um, listed on the sheet?"

52 Client's FPN: "Yeah."

53 Therapist's SPN of the client: "So it's kind of like another label someone has given you, and it seems like you have internalized it like you have some of the other ones."

54 Client's FPN: "Yes, and I'm really not looking forward to carrying it around for ten years. I can't see past that. I'll get up everyday and think of it one hundred times a day."

55 Therapist's SPN of the client: "You identify with it. It seems like you say that's exactly what I am. I've been told that by my father, by several people that I'm a habitual offender. It is almost as if your dad could have written that down."

56 Client's FPN: "Oh, yeah, exactly. Exactly, and I'm caught at the point now where I'm like, right now I feel like aren't they right? I want to believe them, because if I believe them - it's easy to believe them . . . because it is so true, because that's how I act."

57 Therapist requested the client to expand on this view of himself: "That's the way you act?"

58 Client's FPN: "It's circular logic. I believe that about myself, therefore I act that way, therefore I get caught, therefore I'm labeled, and so, therefore, that must be what I am. And so it goes right back into that loop again."

59 Therapist's SPN of the client: "It seems like you take on, in this situation, you take on a very responsible position with everyone: you make everyone look pretty smart. Because it seems as if people are labeling you, and you're living out their label of you, to a certain degree sometimes?"

60 Client's FPN: "Um-hum."

61 Therapist continued with SPN started in paragraph 60:

"And so it seems like you almost sacrifice yourself to make other people look really good. I don't understand it, really. Do you know what I am -."

62 The client asked for clarification on this new

description of himself: "How do I make anybody else look good?"

63 Therapist's expanded SPN of the client: "I mean if the courts are calling you a 'habitual offender', and your dad is calling you irresponsible, and, um, other people have said other things about you, given you other labels, and it's almost as if you, you work hard to prove them right in a sense, and that's a very responsible thing for you to do. I mean, it's sort of like sacrificing yourself to make them look good; . . . God, you make people look good! You make them look so good because they've said yeah, that what he is!"

64 Client's FPN: "I guess I'm the perfect criminal . . . as far as a prosecutor or judge goes. I make them look perfect."

65 Therapist requested an alternative FPN from the client:

"What I guess I am wondering is how you can give up that responsibility for yourself instead of making other people look good. How can you start making yourself look good?" The therapist seems to be wanting to begin a

process of exploration of options the client may have to make himself look good.

66 Client's FPN: "I have no confidence in my ability to change whatever is going to happen here. So, I don't know, I, if I even begin to try to think or something, I just have a feeling I'd be setting myself up to fail. I mean, I would lose my track. I'd be, um, I'm just worried, really concerned. I guess I'm worried about even trying and failing. If I try I could fail again, and that's what I don't want."

FPN: "I'm thinking as much as I can about what [the therapist] said about making people look good . . . It wasn't a way I had ever thought about it before, I never thought about making anyone else look good."

SPN: "It just came across as odd the way he said it . . . It was a new twist on it."

FPN: "But, um, I don't see that as having a lot of bearing on changing. I mean it makes sense, but I don't really feel that way. You know, I can see how that can be a perception, but I don't really feel that way. I don't feel like I'm, you know, doing what I am doing wrong to make other people look good. I do it because it is like the minimum that's expected of me, that's as much as is expected of me . . . I can do something wrong because I have an excuse. Those are expectations I have of myself, those are expectations

everybody has of me. I guess I expect too little of myself . . . If I can work through that stage at this particular point, I'll have it over and done with, and I'll handle this responsibly . . . And get a strong enough expectation from [the therapist], my perception of an expectation from [the therapist] that, you know, I need to go home and do something about it."

SPN: "[The therapist] is recognizing that I seem to be living down to people's expectations."

FPN: "[This project] has been very useful to me. It's augmented my therapy a hell of a lot."

*Interview ended after two hours, thirty minutes, and thirty seconds.

Appendix C

This is a summary of the three research interviews with the therapist, paying particular attention to the first- and second-person narratives that seemed to be used.

Therapist Interview: Choreographing the first session

Interviewer's question: "I wanted to get your reactions to the first interview [research interview about what it means to be a client and therapist], and what things you have noticed already."

First-person narrative (FPN): "I thought the interview was great. It's not often you sit back and analyze yourself and what you believe in, um, in a clinical sort of specific way. In terms of what I have noticed already, I don't always follow what, um, what I report as my beliefs . . . I was thinking about it even during the session, actually."

FPN: "I feel like I'm still in the process of joining with [the client], and that is difficult because, um, there have been other people involved . . . [A previous therapist who the client saw one time] and you, just in terms of him viewing his work with you as therapeutic as well . . . I guess I had this fantasy that, well, boy, his work with Chuck [the research interviewer] has been more therapeutic than his work with me."

Second-person narrative (SPN): "[The client] mentioned he had a good week . . . He said coming back to therapy was important . . . He just felt kind of invigorated to be back in therapy. And he said this is kind of a different twist now that I'm also seeing Chuck, and, um, although I know it is part of the research project, it kind of feels like therapy . . . The boundaries will get somewhat blurred. So in that sense, I think okay, well, is it going to be more therapeutic with Chuck than me? Am I doing the right thing? And does he like me as much as Chuck? And maybe I'll just have to go and have therapy with Chuck. So, those are just some of the fantasies I have."

FPN: "It made me analyze my work in a way that, that I don't often do. I felt much more accountable for what I was doing . . . I felt like I was trying to analyze what he wanted from me, and I felt like I was getting into the role of trying to fix his problem . . . I felt like it moved me into a more, um, solution-focused therapist . . . not that that's bad . . . I didn't feel as comfortable."

Interviewer's question: "I want you to summarize this session as if you were [the client]. What happened during this session?"

FPN (as client): "I've been having trouble with my roommates, and we, we talked a lot about some of my problems

with my roommates and how, how to alleviate the situation. You know, things I might do differently."

Interviewer's question: "Did you walk away from this session knowing something about yourself or your situation you probably wouldn't know if you hadn't come to talk to [the therapist]?"

SPN (as client): "[The therapist] had some ideas about ways I might approach this situation."

FPN (as client): "But I'm still not quite sure how, how to approach . . . I was talking, more or less, about how I have a real hard time being assertive and confronting people. I, um, usually bottle things up, and sort of see the alternative as being, as just kind of exploding."

SPN (as client): "And, um, [the therapist] was trying to come up with ways that I could find a middle ground."

FPN (as client): "And I sort of, I told him in session I kind of exhausted all those, all those efforts. And although he had some ideas, I'm still not sure how I want, how I want to approach everything . . . I did mention, near or around the end of the session, that I still wasn't quite sure how I was going to handle this, but I didn't come out at the end of the session and say I don't know what to do."

Interviewer's question: "How did you feel during the session?"

FPN (as client): "I felt okay. I mean, um, I felt a little anxious sometimes . . . I feel like I'm anxious a lot of the time, I think . . . [At the end of the session] I felt pretty good. It helps for me to just come and vent a little bit . . . It's kind of nice to have somebody to talk to and be supportive."

Interviewer's question: "Were there, um, any kind of particular parts of the session that stand out, from your point of view?"

FPN (as client): "We started talking a little bit about my, um, parents. Specifically, [the therapist] asked whether I had any difficulty, um, or conflict with my parents, similar to the way I have conflict with my roommates. Um, I just explained to him I can kind of be very emotional with my mother, and my dad is very rational and we can go around and around. But, um, to sort of talk about my family, I got a little emotional . . . It didn't last very long. I sort of felt it then we kind of moved back to the issue with my roommates. I guess I sort of feel uncomfortable getting into that right now . . . I kind of moved it back. He didn't really, he didn't really push the issue . . . I guess, um, it looked like I wasn't really ready to talk about some of those, some of those things."

*Viewed beginning of session on videotape for two minutes, twenty-one seconds.

1 The client offered this first-person narrative (FPN): if his home is "less than organized, other areas [in my life] begin to fall apart."

2 The therapist offered a first-person narrative about how he knew about having roommates and about knowing that it is "hard to coordinate who is going to do what."

Interviewer's question: "What are you doing here at this point? Is this something you planned to talk about?"

FPN: "No, I just asked him. I didn't really have anything on my agenda . . . I guess I just wanted to find out how the week went."

SPN: "Last session . . . he kind of mentioned he wanted to find out why he, he is the way he is, why he has such a hard time with responsibility."

FPN (as client): "I feel like I came in and, um, this had been something that had really kind of been bothering me, and I felt like it was pretty important to me, and, um, it seemed like there was really nothing [the therapist] wanted to focus on . . . I think I just kind of wanted to, maybe, figure out why, first of all, I get into these situations. And, um, I get upset and I can't really assert myself and talk to the people I really need to talk to, and why it is I don't do that . . . I am confused about why I am the way I am." FPN: "I don't really want him [the therapist] to tell me, I just kind of want to talk about it."

*Viewed videotape for two minutes, twenty-two seconds, with some fast-forwarding by the therapist.

1 The client offered this first-person narrative (FPN): if his home is "less than organized, other areas [in my life] begin to fall apart."

2 The therapist offered a first-person narrative about how he knew about having roommates and about knowing that it is "hard to coordinate who is going to do what."

3 Therapist request for a FPN from client: "What's it like to be more organized this past week? . . . Do you feel like that is something you can transfer to other areas of your life?" This question implies a second-person narrative (SPN) of the client as being more organized this past week, and it is a skill he can extend to other areas of his life.

4 Client's FPN: "I take those first steps [toward getting organized] and then I slack off."

SPN: "Let's just say that [the client] became very organized this week."

FPN: "I feel like I've driven this a little bit. I mean this has kind of gone from a discussion of his roommates to, so I am thinking, do you feel efficient at home? Because he is not very efficient outside of the home. I'm already thinking about the bill situation."

FPN (as client): "I think just actually going to sessions is part of my organization. Um, where I am accountable to somebody. I'm going to somebody, I'm feeling better about myself, I feel that motivates me to be organized in the area I can be organized in. Home is one of those areas I can be organized."

FPN (as client): "I think focusing on one thing or a couple things during one session really helps me out because that is not something I normally do at home. Sometimes I have trouble concentrating, and here I can come and I can be asked questions that really help me to form my thoughts . . . It feels a little overwhelming at times, but at the same time it really gets me thinking. This really helps me think."

Interviewer's question: "So what could [the therapist] do to completely ruin this for you?"

SPN (as client): "Probably getting into a lot of interpretation in terms of what I am saying. Um, I think there is a big difference between getting feedback and someone interpreting what I am saying."

*Viewed video for one minute, twenty-three seconds.

5 Therapist's SPN: "You hit a wall."

6 The client did not accept the therapist's description of him, preferring the FPN of seeing himself as "slacking off."

FPN: "I felt I had made an assumption about what this was like for him [the client]. He said "No, it's not a wall."

SPN (as client): "When [the therapist] offered the term "seems like hitting a brick wall" seemed a little misguided . . . I think he understands my position but not what it is really like for me."

*Viewed videotape for two minutes, seven seconds.

7 Client's continued FPN of himself getting started and then slacking off. Specifically, he discussed how he had made an organizing list of his bills two years ago, lost it, and then had found it recently. The therapist asked if the client had shortened this list.

8 Therapist request for a FPN from client: "What was going on this week where you got motivated, decided to unpack, and organized some things?" This question implies a SPN of the client as "motivated."

FPN (as client): "I feel like I am floating a little bit."

*Viewed videotape for one minute, fifty-one seconds.

9 Client's FPN: The client responded by discussing his participation in the research project. Specifically, the client stated that the research interview was like a second session of "therapy, where I have to think about what I talked about in here, actively. I wouldn't do that at home."

10 Client's FPN: The client stated that because of the therapy and research conversations, he "felt really good. For the first time in a long time I felt like I was gaining ground. Not so much in, um, the actual act of getting out of my problems but that I was accomplishing a means of getting out of them that made me feel better."

Interviewer's question: "As [the client], you were bringing this [the research project] up because . . . ?"

FPN (as client): "Just because it was kind of a different experience for me, and it felt really good to go over this stuff twice . . . I don't think it should effect it [the therapist-client relationship]."

*Viewed videotape for three minutes, five seconds; there was some initial rewinding of the videotape.

11 The therapist reiterated SPN of the client as "taking a step to at least talk about [the problems]."

12 Client's FPN: The client then returned to the issue of his problem with his roommates, and proceeded to describe himself as frustrated that he "can't change anybody" and how he was scared of his own vindictive desires.

13 Therapist request for a FPN from the client: "How do you communicate your upsetness?" Question implies SPN of client as someone with options about how he communicates to others.

Interviewer's question: "As [the client], why has [the therapist] picked up on this line of questioning ["How do you communicate your upsetness?"]?"

SPN (as client): "I guess he is trying to get me to be aware about how I communicate with my roommates."

FPN (as client): "I just assumed that they knew I was upset . . . Maybe I am making too many assumptions that they know how I feel . . . I have a hard time asserting myself and I have a hard time telling people how I feel."

*Viewed videotape for two minutes, eight seconds; then some fast-forwarding of videotape; then viewed videotape for one minute, thirty-three seconds; then a little more fast-forwarding; then viewed videotape for two minutes.

14 The client offered this FPN, one with a past, present, and future: "I made the mistake of approaching this roommate last night on the housecleaning thing" and "I got mad and stomped my foot when the roommate said he couldn't do it." The client continued: "I know it's one hundred percent predictable what he would have done because he was tired. I have a lot of experience, having lived outside of my parent's house, kind of predicting what other people are going to do," thus the client appears to be taking responsibility for roommate's behavior. In accordance with this view of himself as someone who has "a lot of experience" in reliably

predicting how others are going to respond to his directly confronting them, he felt he should try to be more indirect, "try to be casual, try to make the conversation seem accidental . . . I don't want to be anybody's mother."

15 The therapist offered two alternative SPNs: 1) "You're in a position where you don't want to be too overbearing yet you would like things to be done," and 2) "Your part in this is your empathy . . . Sometimes you get into the position of being too understanding."

16 Client's FPN: "I am understanding to the point . . . it's a flaw." However, the client then offered "understanding" reasons why his roommates are not doing their part of the housework.

17 Therapist's request for a different FPN from the client: "Does that mean you have to take over full responsibility at home?" This inquiry also seems to imply that the therapist sees the client as someone who is taking too much of the responsibility.

18 The client responded to this request for a different FPN by offering a different FPN: Specifically, the client became more physically and emotionally animated and stated "No, I can't go on taking that responsibility. I'm getting to the point where . . . I'm thinking it would be

good for them to know what it's like when I get mad about something."

Interviewer's question: "As [the client], you seem to have changed, that you are talking now that you don't let people know how you feel. Is this something that had happened for you in this session, that you have come to that realization?"

FPN (as client): "I made the assumption that I thought people knew how I feel . . . I have always known I have a hard time telling people how I feel, but maybe I see it a little differently."

*Viewed videotape for three minutes, thirty-two seconds, with some fast-forwarding during that time.

18 The client discussed the option of handcuffing one of his roommates to a skillet, which the therapist and the client laughed about. He stated that while this had been a bad week for his roommates, he did not "feel too sorry for them because they all knew it was coming."

19 Therapist's SPN: "I don't know, maybe [your roommates] make you feel guilty sometimes. Since you are not doing anything [the client was unemployed at this time], why don't you just go ahead and clean the rest of the house?"

FPN (as client): "If I was [the client], I'd say [the therapist] had made some assumptions there, and, um, it

seemed like he was off-base . . . I kind of turned off because [the therapist] went on and on."

*Viewed videotape for seventeen seconds.

20 The client responded that he did not feel guilty, but that he did what he did "because of the way I like things." This statement seems to imply a FPN of himself as a self-responsible agent, acting out of something other than guilt.

Interviewer's question: "What are you thinking there, as [the client]?"

SPN (as client): "I'm sort of thinking like [the therapist] didn't understand what I was going through. "

FPN (as client): "I do this [cleaned all the house] because I want to, not because I'm feeling guilty."

*Viewed videotape for five minutes.

21 The therapist request for a FPN from the client: "When you think about other situations you have been in, other roommate situations or even in your own family, how would you deal with these kind of situations?" This question could be seen as inviting the client to produce some first-person descriptions that rely on constructed remembrances as an explanatory resource for present actions. Furthermore, it is important to note that the question itself invites a certain type of self-description, one where the client is seen as acting in

his world, not just acted on by his past or labels people have given him.

22 Client's FPN: " . . . that might be what's bad for me. I will get upset and I'll think about it and stew on it. Then the feelings just kind of, just kind of all turn bad. And it's hard for me to get over that, and I can't think of a time I have successfully gotten over that." The client's first-person narrative seems to be a description of someone who does not confront others directly when he is upset, but instead is a stower, someone who may tend to view his upsetness as something he simply needs to get forget, and views his "unforgetfulness" as personal failure.

23 Client's SPN of others in his life he has gotten angry with, using a second-person narrative that he had, up to this point, reserved for himself: "Yeah, where somebody has slacked off in their responsibility so long that I have gotten pissed off, and they know I'm pissed off and they have told me that they know what we are trying to accomplish is the right thing, yet they still don't do anything."

24 The client's FPN: He described himself as feeling "awkward" when trying to directly approach people who have slacked off in their responsibility.

25 Therapist's request for SPN from client about how his parents dealt with conflict: "Was it [conflict] something that was done in a real open way, or . . . ?" Perhaps asking the client to construct remembrances (or offer remembrances that might be then further co-constructed by the therapist and client) might serve as an explanation for his FPN of himself as feeling awkward in the face of overt conflict.

26 Client's FPN: The client described himself as "a lot more emotional with my mom, and even though I'll argue with both my parents, I can work things out better with my mom." This suggests that he had at times been directly confrontational in the past with his parents, and perhaps feels the results were positive with his mother, but not necessarily positive with his father. He went on to say that he viewed his mother as "a real asset to me sometimes," and further offered a somewhat positive view of his parents as "happily married" and that he had "never heard them yell or scream at each other."

Interviewer's question: "As [the client], what is it like to talk about this now, for you?"

FPN (as client): "Um, I feel a lot of emotion. I guess I'm scared."

FPN (as therapist): "As [the therapist], I moved away from that because I felt some fear from [the client]."

FPN (as client): "I really hadn't expected to talk about this."

SPN (as client): "I sort of feel like [the therapist] got into trying to solve my problem for me, especially as we were ending the session I felt like he got into trying to fix it."

FPN (as client): "I had explained to [the therapist] I had already tried to do some things, the middle ground, and now it was time to do something a little more dramatic and extreme."

Interviewer's question: "What was [the therapist's] strengths, what was most helpful about what [the therapist] did?."

SPN (as client): "I think he kept me on track, on focus. And most of the time he understood what my situation was like. And I feel like he tried to, to give me some helpful ideas to rectify the situation."

Interviewer's question: "What's this process [the research interviews] like for you [as the therapist] right now?"

FPN: "Oh very rarely do I go through and sort of analyze my tapes this closely. And, um, I guess just watching this piece right here where he's talking about his family I get upset because I feel like I should have done more at that point. I guess I feel I lost ground in a sense, because how do I get that back? . . . I just sort of feel like this is a

scenario I can come back to without him feeling like he can't get emotional and I won't cut him off."

FPN: "It feels kind of nice, and says how much I've grown as a therapist."

FPN: "To me, this is the best kind of supervision I can ever have because I am going at it from both angles, and I am not just sitting here doing a little case report or showing you this little piece of video, trying to figure out what the problem was. We was just kind of talking about what each person's construction was. I think you could write on this process as a model for supervision . . . it is a form of supervision because just with the questions you are asking you are highlighting the things you think are important, and you are throwing your constructions in the questions . . . So I can tell what you feel is important, what you might have done differently, what you would do again. It is clear, yet it is done in a very unorthodox kind of way."

*End of interview: 1 hour, 21 minutes.

Therapist Interview: Second therapy session

Interviewer's question: "Tell me, in a real broad sort of way, what happened during this session?"

Second-person narrative (SPN): "[The client] mentioned that things had gone pretty well with his roommates during the week, that he, um, had started thinking a lot about, um, how

they perceived him. Maybe he was thinking of himself as being too courteous and working too hard and maybe they didn't see that, maybe they didn't understand what was going on with him."

SPN: "So then we kind of talked, more or less, about his search for a job and how he's kind of procrastinated and how he knows he's procrastinated."

FPN: "I went back to family-of-origin a little bit."

SPN: "We got into his learning disabilities, and how that impacts what he can and can't do and how he feels about himself. And so we went back and talked about labeling, his being labeled as a child and what that did for him. And, um, how he has kind of continued a story of disappointing himself and others, and irresponsibility and that sort of thing. And we sort of drastically switched from family-of-origin back to his search for a job."

Interviewer's question: "What would you say were some of the high points, significant events?"

FPN: "I think we kind of eased into family-of-origin, and I sort of felt that I pushed that one again. That's sort of my bias . . . We talked about how, what kind of responsibility he was given when he was growing up, um, the kind of support he received from his parents."

SPN: "But I could tell he was getting pretty uncomfortable talking about that, and once again I could tell he was

starting to get a little bit emotional . . . I thought it was fairly significant that he started talking strictly about finding a job."

FPN: "I felt like I was kind of pushing that issue, and so I sort of wanted him to take, I sort of wanted him to take the ball on that a little bit."

Interviewer's question: "Okay, you're [the client]. What did you learn from this session? What did you learn that you might not have learned or that you might have learned more slowly had you not come to this session?"

FPN (as client): "I guess I noticed ways in which, in which I procrastinate, and how maybe I don't like to acknowledge I'm procrastinating because it hurts me to think that I do that to myself. And so I think it allowed me to think more about that."

SPN (as client): "You know [the therapist] pushed me to contact the [State] Employment Authority, um, to really start looking for a job harder."

FPN (as client): "I sort of feel like I need that push even though, um, I should be able to do it for myself."

SPN (as client): "It was kind of nice that somebody was requiring me to do something . . . I don't expect [the therapist] to do it, but it kind of happened that way"

FPN (as client): "I have a better understanding of how I carry this irresponsibility with me. It is something I've

had for ever since I can remember, and I still continue the same, um, I just carry this same pattern of irresponsibility."

*Viewed videotape for one minute, forty-three seconds.

Preface: This session began by the client reporting that "everything at home [the housework issue with the roommates] worked itself out pretty much." However, most of the session was focused on labels given to the client by therapy professionals, and how these labels have effected him.

- 1 Therapist requested a first-person narrative (FPN) from client: "How did you approach this? What did you do different?" This question seems to suggest the therapist had a second-person narrative (SPN) of the client someone acting as an agent of change, in contrast to the initial comment by the client that seemed to imply that the client FPN of himself is that he had little to do with the resolution of this issue.
- 2 Client's FPN: "I remember, um, last time we were talking about doing it courteously and stuff like that, and I was thinking maybe I was trying to be too courteous." This FPN suggests that the client had been reconsidering his earlier view of himself as someone who will "go out of my way to be courteous" (see session one, paragraph 32), and that he had acted upon this new FPN.

Interviewer's question: "From your perspective [as the client], why did the therapist start there?"

SPN (as client): "I guess [the therapist] just wanted to see how my week is going . . . We talked about things last week that were occurring with my roommates, and, I don't know, I guess [the therapist] was curious, wanted to know if anything had changed around that."

FPN (as client): "Because for me things change so much during the week I kind of need to recap a little bit."

FPN: "As [the therapist], I think I do that with all my clients. I rarely start out with a specific question . . . I sort of find if I come in with a specific question then I am kind of driving therapy and directing which way we're going to go."

SPN: "I'd rather have them [the clients] direct what they want to, want to use the session for . . . Many times people come in, I think, from my point of view, they come in with ideas about what they want to talk about."

FPN: "And, if not, I can bring in something that maybe we talked about the week before . . . I've evolved to the point that I don't like to predict what is going to happen during the sessions. I used to like to plan things out . . . A lot can happen during the week, and I can't make the assumption that the way they left the week before is exactly the way they're coming in this week . . . I've gotten to the point

that I can't determine what's important and what's not important, what's meaningful and what's not meaningful. That goes along with me getting away from the idea of trying to fix clients."

SPN: "And they are paying for the session, and if they want to talk about what happened at work that week rather than the presenting problem they came in with, that's fine with me."

SPN: "A client I did an exit interview with, one of the things he pointed out to me is he said that sometimes he just wanted to come in and talk about what had happened at work that week."

*Viewed videotape for one minute, thirty seconds.

3 Client's SPN of his roommates: "You know, you had mentioned that, um, maybe my roommates had become sort of dependent on me or had forgotten that it needed to be done. It's a new situation for them, too, me only being there two months now. It worked out cool."

4 Therapist requested a FPN regarding the client's participation in the research project: "Things going okay with Chuck? You think the process is going ok, coming here and seeing Chuck?"

5 Client's FPN: The client responded by saying things were going ok.

Interviewer's question: "As [the client], what do you think about why [the therapist] brought Chuck up?"

SPN (as client): "I guess [the therapist] just wanted to make sure there weren't any problems I wanted to talk about . . . I don't know, maybe he's concerned about me."

SPN: "[The client] is, um, he's coming here to see me for therapy and he's coming here to see you to sort of reprocess what happened in the therapy, and he mentioned last week that after the first session with you that it stirred some things up for him again. That he was able to look at things in a different way, come up with a different perspective and that helped him."

FPN: "And so if the process with you is going to help him of he's going to change perspective, I'd sort of like to know. And if he runs into a real problem with it, it's going to impact our therapy. So I don't want to treat them as two distinct processes because they are not. They are the same process, at least in a little different way, but they're related . . . I'm not anticipating any problems, I'm just more or less wondering, you know, he may go home, um, not a problem with you, he may have a problem with something that he noticed in the tape that I was doing or he was doing, and I just want to know."

*Viewed videotape for thirty seconds.

6 Client's FPN: "I did pretty good this week as far as getting out of the house." He went on to report a number of the activities he had done in the past week (e.g., bike riding, wanting to start an exercise program).

SPN: "I think [the client] has multiple issues, and it helps him to think 'Well, I've sort of settled that so let's move on to this other thing'. I think that is part of his organization."

*Viewed videotape for two minutes, six seconds.

7 Client's FPN: "But I didn't do a damn thing looking for a job."

8 Therapist requested another FPN from client: "What has been different so that you've been more active versus a couple weeks ago when you were staying at home?" This seems to be a request that the client expand on his view of himself as doing "pretty good this week."

9 Client's FPN: The client stated that the weather being better was one thing that was different. In addition, "Probably just knowing there is at least one time, well actually two times a week, you know, when I am setting aside time to, to try to go through this, come to some long-term goals, and get things organized, and see what is going on instead of sitting around stagnating." These comments suggest the client views himself as having more

opportunity for having a good week, as well as acting to make things better.

10 The client stated he hated the definition of therapy (and by implication, what the definition invites about how he is to view himself in the therapy relationship):

"Therapy. I hate that word."

11 The therapist offered another word, and, therefore, a different FPN of both the client and himself: "How about just having a conversation?"

12 The client agreed to this change, and stated, as if he were talking to a friend before coming to a session, "Yeah, I have to go to my conversation."

Interviewer's question: "As [the client], you're saying something about you don't like the word therapy. What's that about?"

FPN (as client): "Um, I guess it has a negative connotation to it, like there is something wrong with me. Um, I don't know, it just sort of seems a little too technical . . . I've had to deal with professionals for so long with my diagnosis of learning disabilities and all sort of other labels. It just doesn't sound very positive to say you are in therapy."

SPN (as client): "It seemed like [the therapist] was thinking along the same lines as I was. It wasn't as if he, um, thought there was something strange about that comment

or something wrong with me making that comment . . . He can be more of a support instead of trying to diagnose what's wrong with me."

FPN: "I feel I can be a little more comfortable in sessions."

*Viewed videotape for two minutes, ten seconds.

13 Client's FPN: "I'm still worried about some immediate needs, like food stamps . . . I didn't follow through well with that. I'm disappointed in me in that. I procrastinated . . . and not just about getting food stamps, but getting a job."

Interviewer's question: "As [the client], what is the goal of telling [the therapist] this? What is your reason for telling [the therapist] this?"

FPN (as client): "I guess I want a little support. To say that maybe I screwed up, but it is not the end of the world . . . I guess I am more or less disappointed in myself . . . I guess I need to stop making excuses for my irresponsibility."

SPN (as client): "[The therapist] didn't seem as sympathetic as I wanted him to be though . . . I felt [the therapist] challenging me a little bit."

FPN (as client): "I guess sometimes I want just something, a little different response."

*Viewed videotape for two minutes, fifty-three seconds.

14 Client's FPN: "I have learning disabilities and a back problem."

15 Therapist requested a FPN from client: "How does that impact getting a job?"

16 Client's FPN: "I made a terrible waiter because I don't have a really good organizational short-term memory. I have a good long-term memory."

17 Therapist requested an expanded FPN from the client: "Have you noticed the limitation in yourself or have people sort of told you have limitations?" This question seems to invite the client to begin to look at the description he applies to himself (paragraphs 14 and 16) in a different way. The therapist seems to be offering two possible descriptions for the client to consider, suggesting the therapist was seeking to explore possible alternative descriptions the client may have about himself.

18 Client's FPN: "I would say that I have noticed that. That waiter thing was a job limitation."

Interviewer's question: "Why is [the therapist] asking you that question?"

SPN (as client): "I suppose to find out if these are things I truly believe about myself or if it's kind of been ingrained by someone else telling me that I, um, have limitations."

FPN (as client): "These are things I've noticed, yeah. It's not just someone telling me that I'm limited based on my learning disabilities."

*Viewed videotape for two minutes, eight seconds.

19 Therapist offered a general SPN to the client, in the form of a justification: "I ask that question because sometimes kids grow up and maybe through this testing they'll be labeled as having a learning disability. And sometimes that's kind of unfair, um, they're labeled and put in a special section and treated differently." It seems the therapist is exploring an alternative view of the client, one where the client is less seen as having a learning disability and more seen as someone who is labeled as having a learning disability.

20 Client's FPN: "Yeah, I think that [labeling] does cause me some, some problem sometimes, but more with just general expectations I have of myself than as much with the jobs I might apply for; . . . If it is a learning disability or not, I don't really know."

21 The therapist re-requested an alternative FPN from client (see paragraph 17): "But sometimes do you sort of restrain yourself because you think oh, um, people tell me I have a learning disability, or because there is certain information I can't process very well on a short-term basis? Do you sometimes tell yourself you can't do

something?" This seems like a second attempt by the therapist to explore, and expand on, a specific alternative description of the client.

Interviewer's question: "This question is to [the therapist]. You've asked [the client] a similar question three times. Or do you see them as different questions?"

FPN: "Yeah, I guess I really wanted to get into, um, based on my own bias, I really wanted to get into what kind of story is he carrying around. Are they his stories or are they somebody else's stories about him?"

SPN: "[The client] talks about his limitations on a very sort of surface level, and I have the feeling he has been labeled so many times, and been labeled such harsh things that he lived out those, those labels at times."

SPN: "I thought it was interesting that through this question [the client] gets into how bad he uses this as an excuse. Um, these excuses prevent him from paying his bills, whatever . . . Actually, later on in the tape he'll say yeah, it's kind of like a self-fulfilling prophecy."

FPN: "So that's what is interesting, that he was able to get into that because that is what I was looking for."

FPN: "I tried to do it from more of a family-of-origin kind of aspect . . . At this point I feel like I am driving the therapy. I mean as the session sort of progressed, I gradually started taking over . . . I didn't want to use the

whole session to just process what he had been doing during the week."

Interviewer's question: "So you wanted to take it to another level, level, expand the conversation beyond what he was doing during the week. So this was kind of like the spot. You chose this spot because it was - why?"

FPN: "When [the client] talked about his learning disabilities, um, I guess I have a bias against any kind of label like that to begin with because I think it terrorizes kids."

SPN: "And what I didn't realize, and what he gets into is how he was labeled five different things, and all the sudden sort of thinking okay, what has this guy had to deal with all of these years?. Um, so I mean I think that is a big part of his story."

FPN: "So maybe I am contradicting myself. When I come in and ask the client how the week is going, I think that is part of my way of getting into the session, but I surely don't plan to just sit back there and kind of let the client drive the whole session. I feel like a participant, I can kind of drive the session, too."

SPN (as client): "It seems like [the therapist] is interested, so I'm going to let him go with it."

FPN (as client): I think it allows me to sort of think a little more clearly about some of these things, too."

*Viewed videotape for twenty-five seconds; then viewed video tape for one minute, sixteen seconds.

22 Client's FPN, one with a present, a future, and a past:

"Yeah, um, that's probably what I tell myself, probably how I justify slacking off on my bills and all the problems that has caused me. I think, I think if I had however much money I needed to pay off all these bills . . . I would sort of wind up back in the same situation unless I change what it is about me that got me here; . . . I believe there are things wrong with me, no matter what they are, if they are learning disabilities or something else. I got labeled, um, MBD, minimal brain dysfunction, when that was a popular thing. Somebody told me that was a really heavy label to lay on a kid because it is very ambiguous, you know. You can, you can, um, make up your own problem to go with that. I guess as a kid, that's what I did, I internalized that. It has no parameters, I can make the problem whatever it is I want it to be. I can say this about it, but it's not like a tangible thing for me because it is still like an underlying part of what governs all my decisions."

23 Therapist requested an expanded FPN: "What has an impact on your decisions? The fact you were labeled?" The therapist have a SPN of the client as someone who has been labeled.

24 Client's FPN: "Labeled. Well, labeled so many times with this learning disability or that learning disability."

FPN: "I was shocked [the client] was able to articulate it that well, I really was. And amazed he took this much responsibility for internalizing those labels as he did. I was just floored. At that point I was in a hypnotic kind of state because, um, it usually takes people six months of therapy to say something like that. So I was really surprised."

SPN: "I can tell [the client] has thought a lot about it . . . I mean it's almost like a therapist was describing him there."

*Viewed videotape for two minutes, twenty-nine seconds.

25 The therapist offered a FPN/SPN that seems to be somewhat of a reiteration and an expansion on his earlier general SPN (see paragraph 19): "The reason I'm interested is because I've just sort of noticed, and this is something that I have always disagreed with, was, um, when you put labels on people, I think it comes across as being like the truth, an objective truth. And it's really just one person's opinion in a sense. And when someone hears a label that is given to them, it, I have seen some people sort of live out the expectation of that label."

26 Client's FPN: "Yeah, exactly, a self-fulfilling prophecy. And in my case, I have so many diagnoses . . . there have

been five, maybe more. There have been so many and they've all been different, so there are no parameters as to how this governs my behavior; . . . I know there is something to that, but whether it should be effecting my life the way it is, I don't know. I don't think so, but it is going to take a lot to change that."

27 Therapist requested an SPN from client about the client's parents: "How did your parents feel about all this when you were growing up, going to doctors, and getting labeled as you did? Do you remember?" The therapist seemed to be inviting the client to expand on his FPN by asking him to construct remembrances about his past and others.

FPN: "Major transition. And I was looking for that opening."

Interviewer's question: "Why, from [the client's] perspective, why did you ask that question?"

FPN (as client): "Well, obviously, I'm going to these doctors and someone's got to take me, um, and so they [the client's parents] must have something to do with it. If I'm getting labeled MBD at the age of seven, and I'm obviously not living by myself, so someone else has got to think it is a problem, too."

SPN: "[The client's] been so attached to labels for so much of his life."

SPN: "Maybe we can construct a real nice positive label. Not maybe with a title, but a new description."

*Viewed videotape for two minutes, thirteen seconds.

28 Client's SPN of parents: "The reason I went to all these doctors was obviously because of my parents. They knew there was something wrong. Um, exactly what, nobody knew, and everyone was giving it their best shot."

29 Client's FPN: "I was a little kid, and I remember actually being relieved when I got my first diagnosis, because it was like now I know what it is . . . that there was a word for a specific set of behaviors that was my problem, and now that we had a name for it, we could work on it."

30 Therapist requested more constructed remembrances about how he saw his parents: "Did you feel your parents were supportive?"

31 Client's SPN of parents: "Yeah, very supportive. But they were from a different time, with different beliefs about kids."

Interviewer's question: [The therapist] brought you back around to your parents, and that is when I started noticing you slow down and start doing the pauses, and the, the - What did you, why is [the therapist] asking these questions?"

SPN (as client): "[The therapist's] just trying to get an idea of what's going on and who else was there to support me during this sort of frustrating time."

*Viewed videotape for two minutes, forty-three seconds.

31 Client's SPN of parents: "Yeah, very supportive. But they were from a different time, with different beliefs about kids." The client added that he "got along well" with his mother, but that his father had a "standard response" to the client when the client "would do something and it wasn't responsible," something like "It was something like you've done something, we can't trust you, you're being irresponsible" . . . irresponsible was always a part of what he said, you just can't be trusted. While I lived at home I never got my driver's license, my parents didn't trust me to get my driver's license." In this response, the client expanded on his description of his parents, and, perhaps more importantly, his narrative of how they described him.

32 Therapist requested more SPN about the client's parents: "What kinds of responsibilities did your parents give you?"

33 Client's FPN: "I had an average amount of chores."
FPN: "I wanted to get away from the problem-saturated description."

SPN: "[The client] talked about his parents being supportive and I wanted to get back to a little bit more about how maybe they were supportive, how maybe they gave him some responsibility, how it wasn't such a negative kind of experience for him. At least get him to start thinking about that."

*Viewed videotape for sixteen seconds.

34 Client's SPN of parents: "I don't know. They just expected me to keep things somewhat neat and organized, but didn't expect a whole lot. They came to track and football games." The client seems to indicate here that his parents expected him to be responsible about some things, but, in his view, not very much. He may also be expressing his view of his parents as responsible with his last statement.

SPN: "I almost felt a shred of anger from [the client], really. Not directed at me, but just anger, I don't know, that we were staying on this topic, or, that, um, he had to move away from the irresponsibility and more toward where he was getting, where he was given responsibility. I mean even as you sort of think about what responsibilities they gave him, he's having a hard time with that. I don't know if he is getting angry that I asked that, or if he's getting angry that no, his parents really didn't, or that he can't remember, or what it was."

*Viewed videotape for fifty-eight seconds.

34 Client's SPN of parents: "I don't know. They just expected me to keep things somewhat neat and organized, but didn't expect a whole lot. They came to track and football games." The client seems to indicate here that his parents expected him to be responsible about some things, but, in his view, not very much. He may also be expressing his view of his parents as responsible with his last statement.

SPN: "I think it is interesting that he can't come up with much considering he is the oldest child, too . . . From more of an Adlerian perspective, always the oldest, well not always, the oldest is given a lot of responsibility, and, um, kind of the perfect child. And, um, so that's why the theme of disappointment is permeating my thoughts about him, as I review his parents and how they feel about their oldest son. Um, given these labels, and then even talking to him about how irresponsible he is, um, throws a lot of red flags up for me and how, um, he was viewed as a real disappointment and if that would have been different if he had been the youngest child."

*Viewed videotape for twenty-eight seconds.

34 Client's SPN of parents: "I don't know. They just expected me to keep things somewhat neat and organized, but didn't expect a whole lot. They came to track and

football games." The client seems to indicate here that his parents expected him to be responsible about some things, but, in his view, not very much. He may also be expressing his view of his parents as responsible with his last statement.

SPN: "But it doesn't seem he really feels that way [that his parents were supportive] . . . I don't think he views them as bad people. I don't think he believes they want to hurt him. I believe he has some understanding of how hard it was for them, even though he really resents them . . . If you continue to try to debase them, that, um, it will look like he's trying to not take responsibility for his behavior."

SPN: "I think [the client] takes a lot of responsibility for what he's done to himself. He had a lot of excuses, but the excuses are yeah, I just kind of screwed up. Very rarely would you hear him say yeah, my parents were poor role models for me, or treated me like crap and that's why I turned out the way I am. I think, as I said earlier, he internalized a lot of the messages and probably takes too much responsibility for some of the things he has had to deal with . . . It's kind of an isomorph to what is going on with his roommates where he kind of does everything, at least that's the way he presents it to me, and, um, takes a lot of responsibility for things that go wrong."

*Viewed videotape for three minutes.

- 35 Therapist's SPN: "So the message of irresponsibility is something you carry with you." This statement seems to be related to what the client had said about his father's "standard response" (see paragraph 31).
- 36 The client's FPN: "I can't seem to live that down, and I don't know how to confront it, to get it out of my head. I've been thinking about it for four or five years."
- 37 Therapist's request for expanded FPN: "Who else has given you the message that you're irresponsible?" The request implies a view of the client as someone repeatedly given the message he is irresponsible.
- 38 Client's FPN: "The courts, for one thing. Or getting a letter from the bank for bouncing a check."
- 39 Therapist's request for expanded FPN: "Is it the same thing as when your dad told you you were irresponsible? Or is it different?"
- 40 Client's FPN: "I think it is sort of the same thing. My dad sort of planted the seed for that, and the rest that stuff is just fertilizer."
- 41 Therapist's request for client's SPN about his father: "Was your dad supportive, or was he just sort of - ?"
- 42 Client's SPN of his father: "He was disappointed mostly."
- 43 Client's FPN: "Which made me feel guilty. I had, I had the worst time communicating as a child, you know. My mother would go out and take these classes on how to

communicate and use 'I-messages' and things like that which weren't supposed to make people feel guilty. And I never felt more guilty in my life than when she would come to me and say something like what you did hurt my feelings. I never felt worse about anything."

44 Client's FPN: "I just misinterpreted it, um, or something . . . It wasn't like she was being overly guilty or something, she's very responsible . . . I don't know how I got all that stuff in my head."

SPN: "See, once again, [the client's] continuing to take responsibility for all this rather than saying that 'My mom was really difficult at times'. You know, I feel guilty, I misinterpreted . . . I think he's having a tough time sort of saying yeah, there are other people involved here, it's not just me."

FPN: "I don't want him to blame others . . . And typically, I mean, you want people to take responsibility for what they do."

SPN: "But here it sort of seems like he did the exact opposite: rather than blaming, he's internalizing everything."

*Viewed videotape for four minutes, thirty-four seconds.

45 Therapist's request for expanded FPN from client: "What's it like for you when you go home, now that you are an adult? . . . Is there ever a sense that, um, do you ever

feel like you're still a disappointment to your dad? Do you still get those messages?"

Interviewer's question: "Um, why did you [as the client] do this 'humph' thing? When [the therapist] said now that you are an adult, you went humph.

FPN (as client): "Maybe I don't feel like an adult."

*Viewed videotape for two minutes, forty-nine seconds.

46 Client's FPN: Client stated that he still did sometimes, and began to talk about how his father "never has been in debt ever."

47 Client's FPN: "I need to spend more time trying to find a job . . . I need some sort of waiting tables job so I don't have to borrow the money from my mom and dad."

FPN (as client): "I really needed to talk about my problems with getting a job. I mean, we spent fifteen or twenty minutes with this and I didn't see the point."

SPN: "Huge, huge, huge [shift in conversation] . . . I could sort of sense that [the client] was getting put out with the discussion, that he didn't want to talk about it anymore . . . I sort of felt like I had taken it as far as I could during the session, and so I decided to pause as well, and waited to see where he wanted to go."

Interviewer's question: "Anything you would like to add?"

SPN: "I think that [the client] carries around many negative stories from his childhood with him, and, um, continues to

live with those disappointments even today . . . I see him living out the legacy of disappointment, and he continues to disappoint his dad, even today . . . He needs to come to some acceptance of himself and his own ability, and stop carrying around this theme of disappointment . . . but I don't think he sees the connection of solving some of these problems right now and resolving the issue of disappointing his father. I think he sees them as two distinct issues."

Interviewer's question: "How is this [research process] so far?"

FPN: "This is gold for me because, um, it allows me to, I mean, very rarely do I go through my videotapes this close and this analytically. And, I mean, and then have someone else to bounce things off of. I realize this is part of your research, but really it has turned into, turned into a nice supervision for me."

*End of interview: 1 hour, 45 minutes, and ten seconds.

Therapist Interview: Choreographing the third therapy session

Interviewer's question: "Tell me what happened in this session."

SPN: "[The client] got a letter from DMV indicating that he has like three outstanding tickets he needs to take care of . . . So he feels like he has hit another, um, wall . . .

This is where he has typically sort of blown things off. And actually I think he sort of did a good job this week."

FPN (as client): "I'm talking about just blowing it off."

SPN (as client): "And I get the impression from [the therapist] that he doesn't think I should do that . . . He was just sort of asking me how I could handle this a little bit differently than I have in the past."

FPN: "I don't think I should put it off either, but if I'm going to lose my license for ten years what's the point?"

SPN (as client): "[The therapist] was working really hard. I thought he was, um, doing a lot of interpretation, and trying to help me understand things in a different way."

FPN (as client): "It was a little intimidating. I didn't quite understand what he was talking about sometimes. And I really didn't ask him to clarify."

Interviewer's question: "Was there any point in the session you would consider key or significant [as the client]?"

SPN (as client): "When we were talking about this pattern of irresponsibility. I guess, um, I felt like [the therapist] understood what that was like . . . He kind of identified the pattern for me."

FPN (as client) "And it seemed to fit for me pretty well."

Interviewer's question: "What did you learn by coming to this session with [the therapist] that you might not have

learned without coming, or you might have learned more slowly?"

FPN (as client): "I guess part of it is I see how these, [the therapist] called them intrusions, how these intrusions get in the way of me and I kind of give up responsibility at the same time . . . But then we talked about how I am very responsible in the sense that I make people look good . . . I mean they've given me these labels and I've kind of lived, I've kind of lived them out to make them look good."

FPN: "I still don't know what I want to do about the DMV. It seemed like we were trying to come up with solutions at the end of the session."

Interviewer's question: "How are you [as the client] seeing, at this point, what you are doing here with me effecting what is happening between you and [the therapist]?"

FPN (as client): "I kind of come back and reanalyze things, and you kind of ask questions that give me a little different perspective on things. And just seeing myself on videotape, I'm more cognizant of myself and kind of my self-image, and how I look on TV. And I'm trying to change that also, so just watching myself on videotape makes a difference."

*Fast-forwarded through beginning of session videotape, then viewed tape for two minutes, thirteen seconds.

3 Client's FPN: "Other than that, everything has been going pretty well. I got a part-time job." The therapist and client spent almost eight minutes discussing this new job.

Interview question: "Why are you telling [the therapist] all this?"

SPN (as client): "I guess he wants to know all about my job . . . I haven't had a job since December . . . I guess because he's interested in what I'm doing."

*Viewed videotape for thirty-five seconds.

3 Client's FPN: "Other than that, everything has been going pretty well. I got a part-time job." The therapist and client spent almost eight minutes discussing this new job.

4 Therapist requested expanded FPN from client: "How significant is this for you to have this part-time job?"

5 Client's FPN: "Well, um, it's good. It gets me out of the house, which is good. Um, it's good to just be working again. I really enjoy working again."

FPN: "You see at this point I was feeling a little kind of detached. It was just sort of like we were having a little conversation, and kind of wondering if we were going to continue with this or go on to anything else . . . I specifically remember in this piece sort of wondering 'Okay, exactly what am I doing here?' . . . I was interested in it,

just in terms of me asking him how significant it was for him to have a job. I was hoping maybe he would fill that out a little bit. And I wasn't looking for anything specific, just what it was like for him to have a job. Whether he was scared or whether he was excited."

*Viewed videotape for two minutes, forty-six seconds, with some fast-forwarding initially; then viewed videotape for one minute, forty-one seconds.

9 Client's FPN: "Yeah, they're moving along. But this thing with the DMV makes me feel like I'm sliding backwards as fast as, I don't know. What else, you know? Like what else?"

10 Therapist's revised SPN of the client: "Just when you get started, you feel like you are making these steps forward, suddenly you get a letter in the mail saying that - ."

11 Client's FPN: " . . . It had a lot to do with making me anxious. But I would, the whole day, the rest of the day my stomach was just like in knots, I couldn't eat anything. I'm just caught up in this system tow."

12 Client's FPN: "[Chuck] asked me an interesting question when we were talking, which made me think about, um, what we were talking about in one of my sessions, in one of our [therapy] sessions, when my dad used to say I was irresponsible, and, um, how that made me feel, and why I

think that that is a part of why it's difficult for me to change the way I'm acting now."

13 Therapist's SPN: "Because you carry that message around with you."

14 Client's FPN: "Yeah, that baggage. And, um, [Chuck] asked me where else I got that message from, and I was like, well, when you get tickets, that's a message." The client and therapist seem to agree to view the client as someone carrying a message about himself like a piece of baggage.

15 Client's FPN: "I felt identical to the way I felt when my dad used to say that to, um, when I got this letter. And I hadn't felt that way in so long because I hadn't been around, at home, since Christmas." The client seemed to be expanding on his earlier FPN of "sliding backwards" (see paragraph 9).

16 Therapist requested the client expand on this FPN of himself: "Well, talk, talk to me about the similarities that you've kind of noticed. What are the similarities between this, um, this DMV situation and your father maybe coming into a situation such as, um, you and your brother fighting, for example, and talking about how irresponsible you are."

Interviewer's question: "Why is [the therapist asking you this question?"

SPN (as client): "I guess he wanted me to elaborate on the feeling and what were the similarities . . . Maybe he wanted to find out more about relationship with my father? . . . It seems like that may be a part of [the therapist's] agenda."

*Viewed videotape for four minutes, ten seconds.

17 Client's FPN: "I, as I, there are no situational similarities other than there is something there to tell me I've done something wrong . . . I guess a feeling from like a respected or controlling, um, an authority who has some kind of degree of control in my life, telling me, you know, I'm just about to not have something, or telling me I'm going to be punished. I just have a feeling of dread that goes along with that."

18 Client's FPN: "When I feel like this, this is the time I just quit doing things. I just quite caring and let things happen to me, instead of being in control."

19 Therapist re-offered this SPN of the client (see paragraph 10): "It sounds like, just when you're starting to think you are making some progress, you know, like I said, you got this, got this part-time job, and, um, you've got some things worked out with your roommates, and you're starting to get some things organized, and then this sort of happens."

20 Client's FPN: "And this is a major problem; . . . I just remember hearing nightmail stories, nightmare stories of people getting letters like this from the DMV . . . I think you can lose your license for ten years because of being declared an 'habitual offender'; . . . ten years, that's so unfathomable, so why even care about the problems between myself and the DMV if that's what they are going to do."

21 Therapist's SPN: "That's one possibility," suggesting that the client possibly has some other options than to just quit caring.

22 Client's FPN: "Yeah, and that's the one I'm presupposed to doing because the letter I got from them took away like any hope I had, you know, of paying off the tickets I had and getting my license back. I don't have hope for that anymore. So who the hell cares? Fuck it."

23 Therapist requested an expanded FPN from the client: "Is that the message you give to yourself, the message you tell yourself when, when these kind of things come up? Um, these kind of intrusions in a sense?"

24 The client asked "How do you mean 'intrusion'?" asking the therapist to expand on what he meant by that word.

25 Therapist's SPN of the client: "Well, it's sort of like, um, you sort of feel like you're out of the woods to a certain degree, at least you see a light, and then just

as you're sort of making progress, someone steps in the way, and kind of intrudes into any kind of progress you are making."

26 During this explanation, the client loudly exhaled.

Client's FPN: "Well, it's more like my past is catching up with me." The client does not seem to be accepting this description of himself being intruded upon by others.

FPN: "I'm surprised I sound as clear as I do. I was working extremely hard at this point . . . Trying to make connections with this feeling he had with his father, and trying to deal with the intense frustration and the feelings he wants to give up."

FPN (as client): "I'm really feeling helpless with my situation, like there is not enough therapy in the world that can fix this for me. But I really don't think it's hopeless with the therapy because I want to get a lot of this frustration off my chest."

Interviewer's question: "When [the therapist] brought up the question and talked about intrusions, um, what was, what were you thinking?"

FPN (as client): "I thought it was a strange word. I don't know what he meant by it. I guess I had never thought of my the DMV or the bank or even my father as an intrusion."

*Viewed videotape for three minutes, twenty seconds (see Appendix A, session two, paragraphs 29, 30, 31, 32, 33, 34, 35, and 36).

27 Therapist's SPN of the client: "But that's a real frustration for you. I mean, it's kind of like well, I made these mistakes in the past, um, I'm trying to kind of get my life on course again, and I'm continually haunted."

28 Client's FPN: "Yeah, that's, that's what's happened for twenty-eight years not, I'm continually haunted. I'm haunted by, by bills for things I can't even remember or certainly now have nothing to show for and . . . things that I didn't think were all that serious or I didn't understand; . . . My license is not suspended for like a DUI or having an accident. It's suspended because I was originally unable to pay a fine for a city sticker, and this has like snowballed; . . . I just thought if I got another ticket, I'd pay off the other ticket, and once I got a job, things would be working out okay. But there's a big problem around here with unemployment."

29 Therapist's SPN of the client: "And someone has sort of come in and slapped your hand and sort of said you screwed up again."

30 Client's FPN: "Yeah."

31 Therapist requested an expanded FPN from the client: "How do you let these intrusions kind of get the best of you?" This question seems to imply that the therapist views the client as someone capable of action, someone who is faced with intrusions, and someone who is capable of not letting the intrusions from the past hinder his progress.

32 Client's FPN: "I try not to, I've tried to just throw this one off, but I'm going to have to deal with it sometime this month because my court date is the twenty-first."

33 Therapist's SPN of the client: "But I guess what I've noticed in your discussion about this is, um, is that sort of these people kind of get in your way, and are kind of telling you you have screwed up, and it's kind of like they rob you of your responsibility. Because what you tell me is that when these things occur, then you don't feel like doing anything, then you feel like screw everything, and then you give up all your responsibility."

34 Client's FPN: "It trickles down like that a lot of times."

SPN: "You see at this point I feel like [the client] is feeling like he needs a little guidance, a little focus, and I think he is sort of beginning to feel a little frustrated

with me that I'm not giving it to him . . . Maybe he's needing something I am not giving him, I'm not sure."

SPN (as client): "I wasn't really sure that [the therapist] understood what I was going through . . . He can't figure it out for me, [but I do want him to] help me to sort out my thoughts a little bit."

*Viewed videotape for four minutes, fifty-eight seconds.

35 Therapist request for an expanded FPN from the client:

"And I wonder how you allow these intrusions to rob you of your responsibility."

36 The client asked for a clarification on what the therapist was inviting the client to expand on: "How, like what are the manifestations? Or how, like what is the process?"

37 Therapist repeated this SPN of the client (see paragraph 34), and expanded on it: "Well, I don't know, you can sort of take this whatever way you want. I mean, if these people, or these letters, or whatever it is, is sort of coming in and invading your life and telling you that you screwed up, how do you then give over all your responsibility to these people? And sort of say screw everything. What's the point? Um, you're kind of coming in here and scolding me in a sense. And rather than just sort of taking control of the situation, you let them take control, and you give up all responsibility."

38 Client's FPN: "Yeah, exactly. That's the process. That's usually the process. I try to keep, to separate it. I really want to keep going, with doing, especially this last week, doing this because I feel like I've been doing this last week."

39 Therapist's SPN of the client: "See, there's an example of you holding on to your responsibility. When you got that letter in the mail from DMV, you could have said forget it, I'm going to blow this job off, I'm just going to sort of sit at home and do nothing."

FPN: "I was sort of trying to externalize his, his responsibility and how people come in and take his responsibility from him."

SPN: "And I don't think he caught on to what I was trying to get at."

FPN (as the client): "If I am [the client], I didn't really understand what he was saying at first. It was kind of like describing what I had already told him . . . It was sort of like okay, we have an idea what the problem is, so what do we do about it? . . . All we're doing is sitting here and re-defining what the problem is."

FPN: "Later on I switched it."

SPN: "He's very responsible, he makes other people look really good by, by sort of living out the labels that people

give him . . . Once again, I think he didn't really quite understand that."

SPN: "But then it was interesting how he got into, um, how he's really sort of afraid to even try, that if he tries, that means that he will fail. And then that just reaffirms what a problem he really is, he really has. Um, so I think that allowed, when we talked about him being very responsible, that allowed him to sort of step back and maybe say yeah, well, maybe it's because I'm afraid to try. I thought that was fairly significant."

FPN (as client): "For the first time I think I was sort of able to really take responsibility for some of this, although I take a lot of responsibility for my problems. I think in terms of a solution, I tend to sort of use a lot of excuses, rather than just say I'm sort of scared."

SPN: "I talked to [the client] about how much courage it would take for him to try . . . He said I have to try, I have to do this, and I thought oh, this is great! . . . I think he felt like he had the control to take a step in whatever direction he wanted to, rather than people getting the best of him. And I think that's what he was coming in really frustrated about is that he loses control. So if anything, I think he left feeling like he could have control over his decisions at least."

FPN (as client): "I'm still really frustrated and I don't know what to do about this DMV letter, this DMV problem, but I know that I have options that I can at least explore. It's not like I have to sit back and do nothing. That used to be the only option I thought of, but now I know there are other things I can do."

SPN (as client): "I thought [the therapist] was pretty encouraging . . . He was supportive and I thought that was important."

FPN (as client): "I thought it was a good session."

FPN: "I thought it was our best session."

SPN: [The client] started to make some connections on his own, and, um, that helped out quite a bit. It went beyond just, um, kind of gathering information to, to sort of making connections and coming up with possibilities of change."

*End of interview: 1 hour, forty-one minutes.

Appendix D
INFORMED CONSENT FOR PARTICIPANTS
OF INVESTIGATIVE PROJECTS

Title of Project: An investigation of second-person narratives: The construction of "you" and "I" in a family therapy case study.

Principal Investigator: Charles West

I. THE PURPOSE OF THIS RESEARCH/PROJECT

You are invited to participate in a study about what it is like to be a client and therapist during the therapy process, and how you view yourself and the other during the therapy process. This purpose of this study is to gain some understanding about how our views of ourself and the other unfold or progress over the course of three therapy sessions.

II. PROCEDURES

The procedure to be used in this research is a series of unstructured interviews. The first interview will be an individual interview asking you to discuss what it means to be a client and therapist in therapy. You will then be asked to complete three videotaped sessions with your therapist/client, and you will be interviewed individually soon after each session. I will ask you to review the tape

of each session, stopping, fast forwarding, or rewinding the tape to any point on tape you believe may shed light on how you viewed the other person. Finally, I will ask you to review a copy of the narrative I will produce about your responses and the responses of the other, and you will interviewed with your therapist or client about your experience in the research process. Altogether, there will be a total of five interviews each (or a total of nine for both the therapist and the client). This means there will be a total of six to ten hours of interviewing for each participant.

Confidentiality will be strictly maintained, as stated in the section covering confidentiality. Another possible risk or discomfort to you as a participant may be when the therapy partners read the researcher's narrative of the interviews. The safeguard that will be used to minimize your risk or discomfort is to inform you now, and remind you of throughout the project, that this will happen. You are encouraged to modify your responses accordingly, and to make known what responses you wish to not be included in the narrative. You will also be asked if there are any parts of the narrative you wish to not have included in the dissertation narrative submitted to the researcher's committee.

III. BENEFITS OF THIS PROJECT

Your participation in the project will provide information that may be helpful, especially to other therapists and clients. This project may also enrich your experience as a client or a therapist. However, no guarantee of benefits has been made to encourage you to participate. You may receive a synopsis or summary of this research when it is completed, simply by requesting it from me, the researcher.

IV. EXTENT OF ANONYMITY AND CONFIDENTIALITY

I will be videotaping the interviews and transcribing parts of the interviews. The videotapes will be kept strictly confidential, locked in a safe place when not being reviewed, will only be reviewed by Charles West. At no time will the researcher release the videotapes to anyone without your written consent. The information you provide, as well as any transcripts, will have your name removed and "therapist" or "client" will be substituted for your name in any transcribed parts, any analyses, and any written reports of the research. In other words, your names will not be included in this study in any way, i.e., written, verbal, or otherwise. No quote will be associated with a named individual.

V. COMPENSATION

If as a result of this project, you or the investigator determine that you should seek additional counseling or medical treatment, the following is available: 1) if you are the client, you are encouraged to continue with your present therapist, if it seems appropriate, or you may use a therapist at the Center for Family Services in Blacksburg, VA., or, 2) if you are the therapist, you may also use the Center for Family Services in Blacksburg, VA. The cost of any services provided by the Center for Family Services will be paid by the researcher.

VI. FREEDOM TO WITHDRAW

You are free to withdraw from this study at any time without penalty. If at any time you decide you no longer wish to participate in the interview, or the study, you are encouraged to pause, postpone, or cancel as you see fit.

There may be some circumstances under which the investigator may determine you should not continue as a subject of this project. One such circumstance is if participating in this study appears to threaten the emotional well-being of either or both participants.

VII. APPROVAL OF RESEARCH

This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University and by the Department of Family and Child Development.

VIII. SUBJECT'S RESPONSIBILITIES

I know of no reason I cannot participate in this study. I have the following responsibilities: to commit to the best of my ability to follow through on this study until it is completed and to let the researcher know should I decide to withdraw.

Signature

Vita

Charles K. West

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Oxford, Mississippi 38655

601-236-5393

Education

Ph.D., Marriage and Family Therapy, December, 1994.

Virginia Polytechnic Institute and State University,
Blacksburg, Virginia.

M.S., Clinical Psychology, 1981.

Indiana State University,
Terre Haute, Indiana.

B.A., Psychology, 1976.

Mid-America Nazarene College,
Olathe, Kansas.

Experience

Assistant Professor, Department of Home Economics,
University of Mississippi, August 1994 to present.

-Teach Graduate-level Family Relations course in
human sexuality, and undergraduate Family
Relations courses in Marriage and Family, and
Human Development Across the Lifespan.

Graduate Teaching Assistant, Virginia Tech, 1993-1994.

-Taught family studies course in Human Sexuality.

Graduate Teaching Assistant, Virginia Tech, 1992-1993.

- Taught family studies course in Marriage and Family Dynamics

Internship, Lewis-Gale Psychiatric Center, Salem, VA.

- Family Therapy Intern. Worked with families, groups, and individuals on an in-patient adolescent unit of a private psychiatric hospital.

Graduate Assistant, Virginia Tech, 1991-1992.

Therapist (Registered Masters Level Psychologist),

Northeast Kansas Mental Health and Guidance Center, Leavenworth, Kansas; June, 1988, to August, 1991; and January, 1981, to February, 1986.

- Conducted individual, group, marital, and family therapy in a community mental health center.
- Worked with different groups of clients who have experienced of abuse, been involved in domestic violence, or been accused of sex offenses.
- Clinic Coordinator, Tonganoxie, Kansas, 1989-1991.
- Clinical Director, Community Support Program, 1984-1986.
- Executive Committee Member.
- Substance Abuse Team Member, 1988-1991.
- Led Supervision Team, 1991.

Therapist (part-time), All Faith Counseling Center,
Atchison, Kansas; March, 1990, to August, 1991

-Conducted individual, marital, and family therapy in
a private outpatient setting.

Awards

-Graduate Student Teaching Award for Contributions to
Undergraduate Education, 1993. Department of
Family and Child Development. Virginia Polytechnic
Institute and State University.

Professional Affiliations

-Student member, AAMFT.

Interests and Specializations

-Social constructionism, narrative therapy, the client-
supervisor relationship, gender issues, human
sexuality, and family violence.

Charles