

"GOD'S PSYCHOLOGY"

An Application of Hermeneutic Methodology in the Treatment of a Person who Hears Voices

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ABSTRACT
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This thesis aims to show how hermeneutic methodological principles have been used in the treatment of a person who hears voices. Hermeneutics has co-existed with clinical theoretical ideas about psychotherapy with little cross-over or exchange between the two paradigms. In recent years the application of hermeneutic inquiry has extended to the field of psychotherapy, offering methodological alternatives based on specific epistemological and ontological assumptions. This thesis attempts to outline the ontological, critical, and methodological components of hermeneutics, and show how these translate into a methodology for psychotherapy. Through the outline of a single case study with a person who hears voices, I have shown how hermeneutic methodological principles were operationalized in psychotherapeutic practice. Results focus on the theoretical, practical and philosophical implications of the study. It is argued that a true application of hermeneutic methodology to psychotherapy will require a primary ontological, epistemological and methodological shift in contemporary therapeutic practice.

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## CHAPTER ONE - INTRODUCTION

This research will focus on hermeneutic methodology and its application to the treatment of a person who hears voices. Philosophy and psychotherapy have often been perceived as being two entirely different disciplines with divergent origins, goals and applications. More specifically, hermeneutic philosophy has coexisted side by side with psychoanalytic theorising with little interchange of ideas or applications between these two paradigms (Mook, 1990). Hermeneutics is defined as the science of understanding, or the theory and practice of interpretation. It constitutes a theoretical and philosophical approach to the human sciences that initially aimed to understand and interpret the meaning of written texts by following systematic principles and guidelines. Since the 19<sup>th</sup> Century it has broadened to include the understanding of philosophical theories of meaning themselves. Further, hermeneutics could be conceptualised as being part of a family of related approaches that have attempted to provide cultural, philosophical, and methodological alternatives to quantification, naturalism and objectivism (Chessick, 1992). Psychotherapy on the other hand, is a practical discipline which aims to understand and interpret the meaning of lived experiences and the patient's verbal text by means of specific interventions in the context of therapy. In recent years some attempt to establish links between these two traditions has occurred, and writers such as Chessick (1992), Mook (1990), and Bouchard (1991) have proposed a methodological alternative to psychotherapy based on hermeneutic principles.

Thus, hermeneutic methodology has only begun being articulated as a psychotherapeutic technique in recent years. Little clinical research is available in this area and it is felt that this is crucial for bridging the gap between the theoretical and philosophical domain and clinical practice. Through a case study of therapy with a person who hears voices, I will show how this method was used in practice. The origins of hermeneutics and the critical, ontological and methodological alternatives it offers to therapeutic practice will also be investigated. Based on the discussion of the case I will attempt to argue that hermeneutic methodology not only offers a powerful alternative treatment method; but that a true application of this technique ultimately requires a re-evaluation of the practice of psychotherapy.

Before discussing the relevant literature and the case itself it is important to explain the process that led to this research. I am a psychoanalytically- and psychodynamically-informed trainee psychotherapist who had little previous exposure to philosophical debate within psychotherapy, and even less awareness concerning hermeneutics and its applicability to psychotherapy. Initially my intention was not to use this case for studying the application of hermeneutic methodology to working with voice-hearers. It was through meeting and working with Jenny, a young woman who presented with a strange and extraordinary set of experiences that my preconceived ideas about hearing voices were challenged. In the course of our work together a specific process began to develop that I sought to conceptualise, understand and affirm. When I became aware of the field of hermeneutics, its long philosophical tradition, and the methodological alternative it offers psychotherapy, I was able to both ground myself and regain confidence in the work I was doing. Thus, it was through the actual experience with a client that I found myself reaching towards hermeneutics; finding it could offer a valuable and powerful method to understand and work with the case.

## CHAPTER TWO - LITERATURE REVIEW

There are three modern uses of the term hermeneutics: critical hermeneutics, ontological hermeneutics and methodological hermeneutics. Although this thesis focuses on the applicability of the methodological aspect of hermeneutics to psychotherapy, this can only be fully comprehended through an understanding of both its critical and ontological aspects, hence their detailed discussion in this section. The critical aspect of hermeneutics can be traced to, and conceptualised as being part of a larger philosophical and ideological movement within the social sciences. This background will be outlined in the first section of this review, with special emphasis on ideas regarding psychopathology. In the next section I will discuss, more specifically, the term hermeneutics: its ontological assumptions and some of its basic methodological underpinnings. Section three will focus on the intersubjective approach, an analytical clinical paradigm that has incorporated some aspects of hermeneutic thinking into its conceptualisation of clinical practice. The fourth and final section of this chapter will focus on the phenomenon of hearing voices; outlining both the analytic and psychiatric understanding of this condition, as well as discussing some contemporary research in this area.

### 2.1 Contextualising Hermeneutics

Hermeneutics is a philosophical tradition that, along with other movements in the social sciences, rejects the objectivism inherent in the scientific tradition. Although it preceded postmodernism, it shares many assumptions with that movement, and hermeneutics is often referred to in postmodernist writings. Because postmodernist philosophy shares similar critical and ontological ideas with hermeneutics, it is thus essential to consider these in a discussion of hermeneutics. The following discussion will outline the critical assumptions shared by postmodernism and hermeneutics. Special emphasis will be given to the way in which these paradigms conceptualise psychopathology.

Postmodernist thinkers attack objectivism and the isolated-mind ontology (the idea that we are ultimately separated from our environment). Through the process of deconstruction postmodernist thinkers attempt to show that prominent ideas and theories can only be understood

within a specific historical and social context (Foucault, 1965). Deconstruction has to do with procedures that challenge accepted realities and practices. Deconstruction, as articulated by Derrida (1976, 1978), was originally concerned with analyzing and understanding the meaning of written philosophical texts. The deconstructive method focused on understanding the way in which an argument was constructed so as to guarantee the existence of a fixed reference point. This “point” is perceived as an essential point of “truth” which the reader then takes for granted. Deconstruction in this pure sense “identifies conceptual oppositions, recovers notions that have been excluded, and shows how the ideas that have been privileged are dependent on those they dominate” (Parker et al., 1995, p. 4).

The use of deconstruction has been extended beyond the analysis of philosophical texts to also deal also with political ideas and professional practices; as well as ideas that individuals hold about themselves. In White’s (1986) narrative therapy, the method of deconstruction is often used to help the client question the painful and distressing ideas they learnt to have about themselves. Thus, through the method of deconstruction, taken-for-granted ideas that are dominant in a specific society are rendered strange and exposed to critical insight. One example would be the diagnostic criteria of mental illness. White (1995) argues that “through the process of deconstruction we might become aware of the extent to which certain modes of life actually shape our existence and we might then be in a position to choose to live by other modes of life and thoughts” (p. 87). Thus, through deconstruction, socially accepted practices and ideas are thrown into question. When ideas are questioned one is in a position to challenge existing paradigms and find alternative sources of knowledge.

One of the areas that has received much critical attention from postmodernist thinkers and which has been “deconstructed” in this way concerns contemporary ideas about mental illness. The western world holds very specific ideas about mental illness and abnormal psychology which are framed within classificatory systems, such as the DSM-4 and ICD-9. The notions contained herein are at variance with those of other cultures and historical periods. Foucault (1965) for instance, shows how “madness” in ancient Greece was thought to be divinely inspired. The change in conceptions that has occurred in western society is reflected in certain conditions now being defined as constituting “illness”; conditions which are not pathologized in other societal contexts. In “Madness and Civilisation”, Foucault (1965) shows how specific power practices inherent in traditional western philosophy, and reflected in social institutions

have repressed the creative force of “madness”. Parker et al. (1995), attributes the notion of presupposed “abnormal psychology” to be an outcome of the dominance of the biomedical model of illness that hypothesises a universal, biological basis for distress. In recent years there has been a degree of acceptance in the western world that the way we understand mental distress is specific to our society; and that when changes occur in our classificatory systems they are usually a reflection of changes in moral reasoning within a specific society. Thus, postmodernism argues that the way we understand mental illness is socially constructed. This implies that knowledge is always open to change especially when changes occur in a society (Parker et al., 1995). Similarly one of the main conclusions of Estroff’s extensive research into a psychiatric community in America, is that society, hospitals, and commonly accepted ideas are often responsible for “making people crazy”; with the emphasis on the construction of a crazy reality (Estroff, 1981). Yet despite these recent insights and acknowledgements, the biomedical model is still widely used: remaining the dominant theory that informs practice and treatment.

Another prevalent characteristic of postmodernist thinking perceives the relationship between language and experience to be a very close and intimate one, for the self requires language to be able to tell it what it is (Harvey et al., 1987). In this framework language is not simply seen as an instrument of communication, but is understood to play a central and constitutive role in the way we experience ourselves (Chessick, 1992). In his work, Similarly, the work of Derrida (1978) shows that no automatic link exists between language and meaning. Further, the language that we use is often part of a larger discourse within a specific discipline or context. For example, psychiatric diagnosis brings with it many related ideas about the likely course, prognosis and preferred intervention of a specific condition. According to this view, these categories or labels have a real effect on the patient’s subjective experience of their condition. This “effect” is often informed by the specific ideas linked to a particular label. Indeed Lacan (1977) saw the inescapable dominance of the language of others as constituting the core of psychological alienation. According to White (1986), diagnostic categories and labels that are assigned to a patient are incorporated into their lives and influence the ideas that they have about themselves. The problem is that psychiatric labels are often perceived to be extremely negative and are assigned negative connotations. These are incorporated into the patient’s lived experience and often make healing extremely complicated. Thus, helping people who have been labeled by psychiatric systems often involves deconstruction and exploration of the

way in which the language used by the establishment defines and contributes to their experiences.

Despite the claim that psychiatric ideas and related diagnoses are likely to maintain and construct the subjective experience of pathology, the mental health practice still operates under psychiatric rules, with a variety of different professions fighting for space and independence. In recent years clinical psychology has posed a strong challenge against the dominant medical model, which has been criticized for overemphasizing the organic basis of psychopathology (Parker et al., 1995). Nevertheless some psychoanalytic and psychodynamic theories share basic assumptions with the medical model: namely that psychopathology is internal to the individual. Furthermore, similarly to psychiatry, clinical psychology is largely based on the assumption that objective knowledge of the mind is possible; that is, it holds specific understandings about the origin and etiology of mental illness and psychopathology (Packer et al., 1989).

The above discussion describes a tradition of ideas that proposes that knowledge is socially constructed, and perceives a strong interconnection between language and experience. In order to become aware of the extent to which our understanding of reality is socially constructed, postmodernism attempts to deconstruct any ideas that are taken-for-granted. Similarly it challenges contemporary ideas about mental illness: cautioning against the role health-care practitioners may play in creating pathology.

## 2.2 Ontological and Methodological Hermeneutics

Having discussed the origins and ideological characteristics of hermeneutics, this section will provide a detailed outline of its ontological assumptions and methodological principles.

The term hermeneutics is derived from the name of Hermes, the messenger of the Greek Gods. He brought messages of advice, warning and instruction to humans from the gods. Since we do not have a godly messenger available to us we have to interpret things ourselves. Hermeneutics is defined as the science of understanding, or the theory and practice of interpretation. It emerged in the 17th century as a discipline that focused on establishing the correct interpretations of biblical scripture, aiming to uncover and reconstruct the message from God

that the scriptures supposedly contained (Chessick, 1992). By the end of the 18<sup>th</sup> Century the paradigm of hermeneutics as an interpretive mechanism was expanded to include understanding of philosophical theories of meaning themselves; as well as literary texts (Packer et al., 1989). The origin of modern hermeneutics is often attributed to Hegel (1807) whose ideas were later adopted and developed in various ways by the post-Kantian theoreticians Heidegger (1962), Gadamer (1982) and Habermas (1971) (Chessick, 1992).

The central premise of hermeneutics is that meanings change and that the historical and cultural past is inextricably tied to the present orientation of the interpreter - this (orientation) is referred to as "prejudice", "pre-understanding" or "horizon". Thus the prejudice of the interpreter contributes fundamentally to the nature of the interpretation and the meaning assigned to the data. In this understanding, hermeneutics moves a step beyond the phenomenological assumption of the interpreter or investigator having no bias and conducting the process of data collection with no presupposition or prior theoretical commitment and demands (Giorgi, 1997). Hermeneutics recognizes that an immediate understanding of the world of the other is impossible, and accepts that all understanding is based on pre-understanding, and on an anticipation of meaning: that is the prejudice.

One of Heidegger's foremost contributions to both philosophy and science has been to show that there is a circularity to understanding which he terms the "hermeneutic circle". Unless a phenomenon is totally foreign to us we will have some preliminary understanding of what kind of phenomenon we think it is. This means that we both understand it, while at the same time we misunderstand it. We shape the phenomenon to fit a "fore-structure" that has been shaped by our expectations and preconceptions, as well as by our culture, tradition and life style. Understanding always takes place within this horizon or framework that is "projected" by the human being. Both the expression and the testing of the prejudice is part of the circular hermeneutic enquiry that reflects an ongoing dialogue between part and whole, whole and part. The circularity is realised when there is accommodation as well as assimilation of new meanings and ideas into one's prejudice (Mook, 1990), (Chessick, 1992).

Hermeneutic methodology involves the approach to reading a text that enables the intentions and meaning behind its (surface) appearances to be fully understood. Hermeneutic understanding occurs through the "hermeneutic circle", a dialectical process which allows us to

correct our prejudice and reach understanding. According to Titelman (1979), “the hermeneutic task is to find justifiable modes through which my experience and comprehension of the phenomenon being researched can serve as a bridge or access for elucidating and interpreting the meaning of the phenomenon” (p. 188). Thus hermeneutics is concerned with reaching understanding, while acknowledging the central part prejudice plays in this process.

Hermeneutic tradition preceded Derrida’s (1976, 1978) articulation of the concept of deconstruction. Nevertheless, one could say that, similar to the method of deconstruction, hermeneutic methodology also originated as an attempt to deal with written texts. In so doing it had to deconstruct taken-for-granted ideas in order to understand the text in a new light.

In recent years the object of hermeneutic understanding has extended to the broad field of human communication, especially verbal conversations, art and psychotherapy. For Gadamer, hermeneutic problems in the human sciences are concerned with achieving an agreement with someone else about our shared world. It has similarity to psychotherapeutic paradigms in that both disciplines hold the task of understanding and interpreting the meanings of various forms of communication to be of central importance (Mook, 1990). These similarities were acknowledged and extended by Chessick (1992) and Mook (1990), who attempted to introduce hermeneutics as an alternative methodological and conceptual framework for psychotherapy. The specific application of hermeneutic methodology to psychotherapy will be discussed in detail in the next chapter of this thesis.

### 2.3 Hermeneutics and Intersubjectivity

The intersubjective approach of Stolorow and Atwood (1987) is closely related to, and is itself an outgrowth of Self Psychology. It places special emphasis on the analytic situation, and on the way the analyst's presence and intervention is subjectively experienced by the client. Stolorow sees psychoanalysis as a science of intersubjectivity taking place between two individuals, involving the interplay between the differently organized subjective world of the observer and the observed. Both are observed and observers at the same time. Thus, clinical phenomena cannot be understood apart from the intersubjective context in which they take place. According to this approach, pathology is not viewed as being located solely within the patient (Orange et al., 1997). The two subjective experiences become an equally important

## 2.4 Contextualising Hearing Voices

This section focuses specifically on the phenomenon of hearing voices by outlining existing ideas in this area, as well as discussing some contemporary research in this field.

The phenomenon of hearing voices is usually perceived to be a central symptom of a psychotic state, being referred to as “auditory hallucinations” by the psychiatric establishment. Bleuler, who suggested the diagnostic criteria for schizophrenia, believed that delusions are a response to the dissolution of healthy mental life; and because delusions and hallucinations are so identifiable, they began to be seen as one of the primary symptoms of, and indeed as being diagnostic of schizophrenia (Freeman, 1979). Psychoanalytic theories conceptualize this phenomenon slightly differently in that they do not perceive the hearing of voices to be organically caused. Nevertheless, a psychoanalytically-informed therapist would be likely also to see it as an extreme pathological accommodation of emotional distress. For example, a Kleinian-informed analyst would understand the phenomenon of psychosis as being a regressive state in which external reality is coloured by one’s internal reality. The sense of the external reality is not intact (Klein, 1935). A Self Psychologist would most likely perceive the psychotic state to be a result of faulty selfobject experiences that led to a sense of fragmentation where the patient needs to “concretely symbolise” his/her internal world (Wolf, 1988). Thus in the case of Klein, the psychotic state is most likely to be perceived as a total regression to infantile and maladaptive modes of functioning; while Self Psychology will see it as a defence against fragmentation. What is in common to both is the notion that the psychotic state is a pathological condition, which is internal to the individual. Further, because the condition is perceived as being pathological, treatment would focus on eliminating the delusions.

In recent years research into the phenomena of voice hearing has suggested that the cause of distress often lies in the manner in which this phenomenon is approached and understood by mental health professionals. The Hearing Voices Network (HVN) in the United Kingdom assists and brings together people who hear voices. They have national meetings in which the different theories and coping strategies that have been developed are discussed. Marius Romme, Professor of Social Psychiatry at the University of Limburg, Maastricht is associated with the Hearing Voices Network, and has carried out research over the last five years in the

aspect of the analytic process. These are the subjectivities of both participants in the analytic encounter. This allows us to talk about a system of interacting subjective worlds, which Atwood & Stolorow have termed as "intersubjectivity" (Wolf, 1988). The ideas contained within this approach are similar to hermeneutic conceptualizations in that experience is seen as being partly constructed by the relationship with the cultural context, surroundings, and other people. Similarly, Gadamer (1982) proposes that the interpreter's prejudice will have an affect on the meaning created. Thus, intersubjectivity, in a similar way to hermeneutics, seeks to comprehend psychological phenomena not as a product of isolated intrapsychic mechanisms, but as forming at the interface of reciprocally interacting subjectivities. Psychological phenomena cannot be understood apart from the intersubjective context in which they take form (Harvey et al., 1987).

Further similarities between these two paradigms have been suggested by Orange (1993). In her paper "Countertransference, Empathy and the Hermeneutic Circle", she suggests that the idea of countertransference in the intersubjective approach is identical to that of prejudice in hermeneutics - the only difference being semantic in nature. She argues that "we must know and acknowledge our countertransference, our cotransference, our point of view or perspective, if we are to become capable of empathy and/or vicarious introspection. We must acknowledge the lenses through which we are reading the text in order to do authentic psychoanalytic work" (p. 253). Similarly, Kohut's Self Psychology method of empathy as a data gathering procedure is viewed as falling under the "epistemological version of hermeneutics" (Chessick, 1992, p.42). Empathy, according to Self Psychology, refers to the manner in which the analyst accesses what the patient is experiencing. Through empathy the analyst uses his/her own awareness to aid him/her in drawing conclusions about the patient's mental state. The analyst as a participant observer will attempt to put him/herself inside the patient's experience with the emphasis on trying to gain access to the patient's subjective experience/world (Wolf, 1988).

Netherlands and the United Kingdom. According to him, not all people who hear voices necessarily become psychiatric patients - and some people even use the voices to learn about, and understand themselves better. What makes these people different to those who become psychiatric patients is that, instead of becoming a victim to the voices, they take ownership of them. Further, he argues that often the voices are present long before the patient has developed other symptoms. This leads him to suggest that the negative symptoms of schizophrenia may actually be a strategy to cope with the positive ones. Therefore it is the symptoms that provoke the illness, not the other way around (Hearing Voices Network, 1996).

In a recent study, psychiatric patients with the diagnosis of schizophrenia who heard voices were compared with non-patients who also heard voices and fulfilled the same diagnostic criteria for schizophrenia (Romme, 1998). The research tried to establish the differences between these two groups, identifying why the one set became psychiatric patients while the other continued to operate adequately in society. It was concluded that the symptoms of auditory hallucinations lie on a continuum with normal functioning, and that it is not the hearing of voices that constitutes pathology, but the way the person copes with the voices. The research found that the non-patient group were able to develop a positive relationship with the voices and accept the voices as part of their lives; while the patient group were alienated from, and frightened of the voices.

Romme argues that the success of treatment lies in listening to the voices and focusing on their content. According to him, successful coping strategies will focus on understanding, challenging, celebrating and accepting the voices (Parker et al., 1995). "We must accept that the voices exist. We must also accept that we cannot change the voices, they are not curable, just as you cannot cure left-handedness or homosexuality - human variations are not open to cure - only to coping. Therefore to assist people to cope, we should not give them therapy that does not work. We should let people decide for themselves what helps or not" (Romme et al., 1993, p. 1).

These studies suggest the importance of approaching the phenomena of voice-hearing in an open-minded fashion. It also suggests that the voices cannot be treated, and that they constitute a part of one's personality. Thus, as with any other given characteristic or condition, the focus is on getting to know and understanding the voices. The importance of these

conclusions is that they suggest something completely at variance with the existing psychiatric and psychological conceptualisations concerning this condition. These conclusions show that the success of the treatment was rooted in its ability to deconstruct prevalent ideas about voice-hearing itself, acknowledging that the phenomenon lies in a continuum with normal functioning. Further, the deconstruction of the patient's "pathological" ideas about their condition allowed for the emergence of a new meaning more in tune with their needs.

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### CHAPTER THREE - METHODOLOGY

The purpose of this chapter is to describe the methodology adopted for this research: namely a clinical case study in the hermeneutic paradigm. In this chapter I will outline how hermeneutic ideas and principles have been translated into an alternative methodology for psychotherapy.

Chapter two described the tension existing between scientific reasoning and philosophy. It was emphasised how hermeneutics and its allied disciplines warn against the danger of what are often referred to as the “objective truths” of scientific knowledge. Similarly, these conflicts are also evident in the different methodological approaches these paradigms bring to research in the human sciences. The scientific method emphasises the importance of objectivity; assumes a direct link between cause and effect; and attempts to create ideas that can be generalised. In order to achieve these objectives, it employs quantitative research methods that generate data that is measurable; yet if it is to achieve the validity it is striving for this data must translate into generalisable ideas. In clear contradiction to the scientific approach, hermeneutics, which originated as an attempt to interpret the subjective meaning of written texts, is perceived as an essentially qualitative research approach (Moustakas, 1994). Dilthey (1894), a hermeneutic thinker, argues that “we do not know of this external world through an inference from effect to cause... cause and effect are only abstractions” (p.162). In this type of investigation the researcher is unable to claim that the interpretations have any validity (Thompson, 1991b).

Moustakas (1994) sees hermeneutics as a qualitative approach that shares similarity with various other modes of investigation that guide human science research. These include ethnography, grounded research theory, empirical phenomenological research and heuristic research. He shows that all of these qualitative approaches share similarities in that they:

1. Recognize the value of qualitative design and methodology; studies of human experiences are not approachable through quantitative approaches
2. Search for meanings and essences of experience rather than measurements and explanations
3. Formulate questions and problems that reflect the interest, involvement and personal commitment of the researcher
4. View experience and behavior as an integral and inseparable relationship of subject and object and of parts and wholes (Moustakas, 1994).

Hermeneutics has moved beyond its initial focus on interpreting written texts to penetrate the field of psychotherapy and other areas. This transformation into becoming an interactive activity involving a dynamic encounter with a living person, (as opposed to a written text), has required a more rigorous formulation of its methodological approach and applicability. Writers as Mook (1990), Chessick (1992), and Bouchard (1991) have devoted attention to this issue, and their writings have helped bridge the gap between hermeneutics as we know it and psychotherapy.

In psychotherapy the aim is often the expression of the experience of the client, which the therapist attempts to understand and interpret. However, according to hermeneutics, an immediate understanding of the world of the other is impossible. There will always be some prior anticipation of meaning, which constitutes the prejudice of the interpreter or therapist. Nevertheless, prejudice, in this framework and in the therapeutic activity, is not perceived as a limitation but rather as a basic, integral and essential premise for one's ability to understand (Mook, 1990). In fact, it could be suggested that the interpreter's or the listener's prejudices play a positive rather than a negative role because they help to produce meaning where the client is unable to do so (Chessick, 1992). Nevertheless, although interpretations are always based on understanding that is rooted in prejudice, Mook (1990) emphasizes that they should not come second to a theoretical frame of reference, as so often happens in psychoanalysis. Hermeneutic interpretation, in the therapeutic encounter, is never abstract or general but always a concrete application of understanding to the specific circumstances of the individual case. Fruitful interpretation should not generalize, but concretize. In practice the validity of an interpretation rests with the client rather than with the therapist. Thus an interpretation almost has the character of an hypothesis posed by the therapist that the client accepts or rejects (Mook, 1990).

Thus, in the therapeutic encounter, both partners attend and listen to each other; attempting to grasp what the other is saying, so as to reach understanding. In this process, the therapist enters with his/her client into a hermeneutic circle of questions and answers in search for understanding of the client's problematic world. Understanding takes the form of conversation in which both partners, that is the therapist and the client, offer their perspectives and interpretations on a topic or a theme. Understanding is born the moment an agreement between

the partners is achieved, in which the horizon of the one “fuses” with the horizon of the other. Thus understanding has a dialectical character and a circular nature which are encapsulated within, and expressed through the hermeneutic circle. When the horizons of both partners “fuse”, the perspectives of the individuals are *transcended*. This understanding is productive in that it leads to a broader and new perspective that will ultimately lead to progress in therapy (Mook, 1990). The goal of this enterprise is healing, not the emergence or creation of aesthetic meaning.

Finally, for hermeneutics, the dialogue between the client and the therapist is concerned with, and centered around the narrative of the client. The narrative metaphor suggests that people live their lives by stories, that these stories shape life, and that they have a real effect on the individual in that they provide the structure of life (White, 1986). In this sense the narrative concerns the entire life story of the client, encompassing their fantasies, memories, traumatic events, internalized object relations, character, and so on ... and it allows the establishment of connections between these diverse realities and the different factual events, personal symptoms, and objective degrees of adaptation experienced by the client (Bouchard, 1991). The narrative of the client is often constructed around, and shaped by prevalent ideas in society concerning mental illness; as well as by the tradition in which s/he has been raised in a particular culture. The work of psychotherapy could be seen as involving the gradual deconstruction of painful and unproductive stories and the creation of new ones on the basis of a new understanding of self and others (Mook, 1990). A hermeneutic understanding of a story, a text or a client always places it within a larger context, such as the cultural background of the client. The central premise of this is that truth is constructed rather than revealed (Bouchard, 1991).

Thus, according to hermeneutics, therapy is seen as an activity where understanding and interpretations play a central role. The aim of therapy is to achieve an understanding with the client around a specific issue that is agreeable to both partners. However this understanding will be influenced by both the therapist’s and the client’s prejudice. Through an ongoing discussion around meaning and any related ideas, prejudices should be allowed to be examined, discussed and deconstructed until the moment when a mutual meaning is reached. “The clinical task of the apprentice hermeneutic is to encourage the growth of new meaning, by taking an interest in the dramatic forms in which situations can be played out, in their internal logic, and

in their reciprocal translations. In short the apprentice-hermeneut is interested in narrative as therapy” (Bouchard, 1991, p. 391). This process is not predetermined by any particular theoretical framework; rather, it is a mode of inquiry that take precedence over any given theoretical knowledge.

An analytically-informed psychotherapist who works hermeneutically would be expected to listen to the story with a willingness to change some of his/her prejudice, as well as to use analytic ideas as an alternative explanation to the client’s understanding. This would take the form of an ongoing dialogue around meaning. Through the hermeneutic circle, understanding and meaning would be reached, enabling both the client and the therapist to hopefully widen their perspective and learn something new from one another (Bouchard, 1991).

In this thesis I will use the qualitative method of a single case study to illustrate the application of hermeneutic methodology, as outlined above. Case studies are traditionally concerned with the development of theory. Using Bromely’s (1986) and Eckstein’s (1975) continuum describing four types of case study, this case study could be conceptualized as being “descriptive-dialogic” in nature (Thompson, 1991b). The emphasis here is on the faithful description and portrayal of a phenomenon. In this type of case study the methodology applied can be expected to embody the principles articulated in the literature thus far. It aims to provide an informal test of the methodology suggested by different writers. This type of case study could be seen as an early stage in the process of theory construction (Edwards, 1990).

The outline of this case will focus on showing the direct application of the methodological ideas discussed so far; with special reference to the dialogues around meaning, the place of prejudice, the hermeneutic circle, and the construction and deconstruction of meaning. Data is drawn from a total of 36 sessions that were held over a period of 4 months; with two sessions taking place per week. All the sessions were taped and documented. In addition to describing the therapeutic process I will attempt to portray a “live” picture of the client, as this will assist the reader to find meaning in material that may at times be unfamiliar or seem incoherent.

CHAPTER FOUR - THE CASE STUDY
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My discussion thus far has focused largely on theoretical and philosophical ideas. Throughout this chapter I will attempt to portray as “live” a picture as possible of the lived experience of another person. Thus I have decided to begin this section with a quote from one of my sessions with Jenny, the value of which will become apparent as the discussion of the case unfolds:

“Now Jesus Christ has narrated a story to me, about when he died and they put him in the tomb, and that was supposed to be where he died; but he never died, like he told me that he was unconscious, he was unconscious and after two days he regained consciousness and; Anat, I can’t stand Christianity anymore! Anat, I just can’t stand it anymore because of the stories that Jesus Christ told me. And what happened to him is that he regained consciousness. According to the Christian faith he was dead; he was dead when they put him in the tomb! And what happened was he was **u-n-c-o-n-s-c-i-o-u-s**. He told me that, on the cross, when he was crucified, he lost consciousness and this is what happened: he was supposed to expose the barbarism of the crucifixion because apparently they were crucifying a lot of people and the people were not dying, and then there was that cave and they were putting the people in this cave and the people were unconscious. They were still alive and the people died in the cave, in this tomb. It was a massive place where they buried the people from the cross and these people were **a-l-i-v-e** and he was supposed to expose the barbarism behind it that these people were buried alive. And when they put him in the tomb he was still alive. They were unconscious but they regain consciousness and when they regain consciousness they are in this tomb - so they just die in the tomb. And then he told me that there were spiders in the tomb and these spiders ate up their bodies. Now this is the story that he told me - he narrated this story to me - now I am supposed to believe in that shit? Now what can I do when this guy who calls himself Jesus Christ is telling me that he was supposed to expose the barbarism of the crucifixion, how barbaric it was - how people survived the crucifixion. And what happened is when he came out of the tomb his wounds were all septic; like according to us he rose and his wounds were all healed and all of that; but he told me that all his wounds were all septic, and he was in PAIN, he

was in physical pain; and according to the Christian religion there was a thunderstorm and that tremor, and the rock that was in front of the tomb rolled away. He told me that he had to physically move the rock, it wasn't totally closed, there was a pebble and he had to move the thing himself. Like this is why I can't believe in Christianity anymore. I can't believe in that version of the truth, what he said made more sense. And when he came out of the tomb he was in pain and according to Christianity he was like walking around as if nothing had happened and all the wounds were healed ... Now this is the story that he narrated to me and the story in the Bible is a totally different story. Anat, the man was a human being, he lived in the flesh - so how can we think that this person will die for our sins and that type of business?"

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I first met Jenny in May 1998 while I was working in the female admission ward at Valkenberg hospital. She was not one of my patients, but was a member of one of the therapeutic groups that I ran. She arrived at Valkenberg after a serious suicide attempt where she had slit her wrists and drunk Mercury. This attempt followed seven years of hearing voices and having visions. While she had seen visions, heard voices and had premonitions on several occasions as a child, at the age of 29 she began hearing voices much more intensely. They interacted very intimately with her: discussing issues, chiding, admonishing and questioning her. Some of the things they said caused her immense distress, some intrigued her and made her think, while others frightened her. The voices would either speak to her directly or she would hear them discussing things among themselves. During almost the entire period of hearing voices Jenny was so consumed by her experience and isolated from her environment that she was unaware that only she could hear the voices. For seven years she drifted with no one to speak to about what was happening, as whenever she approached other people she felt either rejected or misunderstood.

On initially meeting, Jenny appeared detached and disillusioned, a loner with no interest in people or the world around her. In physical appearance she looked neglected and overweight; in dress she was unkempt, with masses of wild dark hair flowing everywhere and large glasses blocking the rest of her face. She spoke often, at times almost constantly, but did not really connect with anyone, as she was only able to speak about the voices, usually in great detail and often with focused intensity and purpose. Often visibly distressed and anxious, Jenny

sometimes had a habit of appearing startled, as if suddenly awakened from a dream. While her speech was often unconnected and her outward demeanour cold, sad and detached, she nonetheless showed certain positive signs of inner pride, conviction and strength in herself and her experiences. There were occasions when she managed to capture all of the ward staff with her intimate and animated, yet clear and coherent discussion of her experiences and interactions with the voices.

Over the course of the thirty six sessions I worked with Jenny, until her treatment was prematurely terminated due to hospital policies, she had recovered to a point dramatically different from that at her admission. Jenny was showing marked inner strength and confidence, and had gained insights into her interfamilial dynamics and position in her community. This informed a growing self-awareness that enabled her to start acknowledging her own needs and fears, and make meaningful connections between the experience of the voices and her history. Looking fresh and tidy, and showing focus and resolve, she had started work and decided to continue studying to complete her matric. She expressed humour and insight, as well as anger at some of the things she was subjected to by the voices, and by all the people who had misunderstood her or misinterpreted what she was saying. She acknowledged still having much confusion and many unanswered questions - sometimes appearing as a young child who had become aware of a complex reality for the first time. Although she had been put on powerful medication in hospital, the treatment was ineffective in eliminating the voices. During the entire period of therapy the voices continued talking to her, but with a diminished intensity.

Arising from the above are several important questions. How and why had these changes in Jenny happened? Had I played a therapeutic role? If yes, then how? Could Jenny be considered to have really recovered?

This chapter will illustrate my use of hermeneutic principles in the therapy with Jenny. I will attempt to argue that, given the details of her case, this was the most effective intervention possible. In the first section I will outline Jenny's history, summarising its main aspects. This will be followed by the story of the voices. I will conclude the section with a brief formulation which attempts to explain the dynamics that led to her breakdown and suicide attempt. In the second part of this section I will begin discussing how we practically worked - this will be

followed by a specific example. The focus of this entire discussion will be on the use and usefulness of hermeneutics ideas and techniques.

#### 4.1 Background Information

##### 4.1.1 History

Jenny was born in 1962, growing up as the second youngest of 10 children in Crawford. Both her parents are alive. Father is 72 and a pensioner. She describes him as being a very religious person for whom the Bible is the only truth: a man whose whole life is dedicated to the church. Mother is 69, a house-wife who Jenny remembers as being a depressed and often hysterical person who could not cope with raising 10 children. Jenny describes her family as being a fundamentalist Christian family whose entire value system was based on teachings from the Bible. Similarly, the community she grew up in and the people she interacted with almost exclusively for most of her life were strongly religious and very conservative. As a child she was forced to be present at regular charismatic church gatherings. She feels that these experiences damaged her and caused her great emotional pain.

Growing up in a small and closely-knit religious community Jenny was hardly ever exposed to other ideas or world views, a fact that was reinforced by her attendance of Christian schools. Being one of the youngest children and a female, most of the scarce family resources were dedicated to advancing her older brothers. As a result she had to sacrifice some of her interests and hobbies, (such as playing the violin); although she retained her interest in music and was involved in various community art projects. From a young age Jenny experienced feelings of premonition - these included seeing visions and hearing voices occasionally. She often approached people trying to explain and understand these experiences, but she was misunderstood, criticised, feared or rejected. People in her family and community made no concession to her individuality, but instead isolated and ostracised her. She describes having suicide ideation at this time. Jenny left school without completing her matric, thereafter spending her days at home. Her questioning, challenges and other expressions of her individuality were met with ongoing rejection, disdain and contempt and her relationship with those around her became progressively poisoned. This situation worsened greatly when she

spoke of having met with the souls of dead family members; and claimed that she could predict death in the family. When the immediate family member whose death she had predicted died a week later, she was blamed for “wishing him dead”. Although the matter was never discussed openly, it led to her being cut from the fabric of the family.

At 18 years of age she met John, a black African artist. Soon after, she left her parent’s home and moved with him to a commune in Observatory. She fell pregnant, giving birth the following year to a son, Danny, now 18 years old. Her relationship with John lasted for just over two years, after which they separated and he left to further his studies in Italy. She returned to her family’s home with her son. Living in a conservative “coloured” community while unmarried with an “illegitimate” black child led to her becoming further outcast and isolated. At age 22 she married Mark, a respectable, older Christian man in a union arranged by her parents. They were incompatible as partners and divorced two years later.

Jenny started working as an art designer at a textile factory during the day, spending the evenings isolated from the world in her own space at home. At one point she lived alone with her son in a small house close to that of her parents. It was around this time, when Jenny was 29 years old, that the experience of hearing a new set of voices began to exert a significant influence on her life. Consuming much of her focus while she was at home, they also disturbed her concentration at work by demanding that she engage with them at inappropriate times. As the voices increased in their intensity, her ability to work became so constrained that she was forced to give up her job. Two years later she reunited with John, now a school teacher, and lived with him in Soweto for just over a year. In 1997 she returned to Cape Town because both she and her son Danny experienced a severe language barrier in Soweto. She also felt a profound sense of inner aloneness in Soweto and found herself engaging for long periods with the voices. She reported feeling fine about leaving John, saying that she has no strong emotional ties with him. After having left Soweto Jenny moved back to her parent’s home.

It was at this time that the voices became overtly cruel and dominating. Terrified by the power and content of her experiences Jenny became increasingly passive and helpless in her relationship with the voices. It was this situation, combined with her detachment from the world around her that led Jenny to attempt suicide in a frantic, desperate bid to escape.

#### 4.1.2 The Story of the Voices

The relationship with the voices started with beautiful music Jenny began hearing when she was 29 years old. The music just played and played for a few days and Jenny described it as being medieval music. She wondered where it came from and after a few days she was told by one of the voices that she had composed it in a previous life cycle. This was the start of a complex relationship that Jenny developed with these voices. The voices introduced themselves as Arthur, Jesus Christ and John the Baptist.

“At first I met up with Arthur ... a whole group of these males ... they are Arthur’s immorable sadism ball of friends ... there are three of them: John the Baptist Jesus Christ and Arthur...”

These three voices whom she also saw in visions spoke to her about different things, especially about her previous life cycles and religious issues. They argued that the Bible’s stories, myths and law were all man-made and not true messages from God. It was the voice of Jesus Christ especially that spoke to her at length about his life as Jesus, and how it had been misinterpreted and twisted by people. This process was named by the voices the “nullification of the Scripture verses”:

“Jesus told me that there were no miracles, ... and what happened was, like the conspiracy against the truth was what they did, and people tried to mythesise it and turn it into a whole mystery...”

Confronted with these new ideas that challenged her strongly held previous beliefs, Jenny found herself fundamentally questioning the values and the stories that she had been brought up to believe in. She felt confused as these new ideas were foreign to her and strictly taboo within her environment; but at the same time the content of their arguments made completely logical sense to her:

“You know ... let me see ... you must understand that the nullification, when they nullified like the Scriptures, these voices they counteracted whatever it was, like the mystery and they substituted the mystery with rational thinking, like logic; like they

didn't just nullify the Scriptures verses, just like that, they substituted it with logic; like there is no mystery there is no miracles and that, and it made sense to me."

Not only did the voices nullify her most deeply held beliefs, they also provided alternatives; speaking about individuality, existentialism and the importance of being true to oneself:

"Like all those things they said about individuality, I like these things, I like what they said to me like that you are responsible for your own actions and that you must work out your own personality, and that you can't quote Jesus Christ and make it your own..."

"They said to me that all my life I was pretending and I must become an individualist, a total existentialist, a total artist: I am not being true to myself..."

Being confronted with a new way of seeing things, Jenny began questioning the values and ideas she had been brought up to believe in:

"Like you know what was happening. Like everything becoming like a load of shit; like when I listen to my father speaking when they have conversations about religion and that. Now I am lying in my room and I am listening to my father going on about "love your neighbour" and I am thinking to myself, now what this voice said to me, what Jesus Christ said to me. Like you have to live out your opinion; like if you make a statement now you have to live it out in the next life cycle. So what happens when you have a terrible neighbour, like how can you love your neighbour? Like just because what he said when he lived as Jesus Christ."

The voices also spoke to Jenny about reincarnation. According to them people have to live again and counteract things that they have done, said or believed, in their previous life cycles. Every statement that people make affects others and these statements often have to be counteracted in other life cycles. The process of reincarnation begins in the animal kingdom and stretches into other areas and spiritual realms. Jenny was told that she lived through many other life cycles. In the medieval cycle (the central life cycle spoken about by the voices), she is Jezebel, the wife of Arthur (one of the three predominant voices). Jezebel's life was narrated to

her in minute detail, and included information about her entire existence at this time; such as details of her personality, friends, relationships, place of burial, etc.

“...he said I was Jezebel in that life cycle and, like the poetry from this period, everything that he said rhymed and he just spoke in poetry to me. He told me that I was very evil ... like I play a violin in this life cycle and in that life cycle I played an instrument that was similar to the violin ... like apparently I used to say things like “off with their heads” ... I was very evil in this life cycle and he is telling me how I torture people ... this is all the voices telling me, this is Arthur narrating the whole story to me from my medieval life cycle and this is what I, I drank poison in this life cycle and I had to commit suicide. Also at this age I committed suicide - I slit my veins and I slit my vein in my neck and I drank poison and that was how I died. So he told me that this is my personality sadism. My sadism is that I commit suicide in every life cycle. I chose to die ... either I go against myself or commit suicide and in all my life cycles I chose to commit suicide.”

In addition to Arthur, Jesus Christ and John the Baptist, there existed what Jenny described as “the mocking voices”. These voices were unidentifiable, with no names or specific personalities, although at times they sounded like they belonged to a family member or a close relative. They were cruel and derogatory and were what eventually led her to attempt suicide. When she began seeing me the experience of the mocking voices was still vivid, and although the mocking voices were silent she remained in a profound state of shock and fright.

The three principal voices defended Jenny against the mocking voice, this took the form of an ongoing discussion about her personality, karma and faith:

J- “Arthur’s sadism all ball of friends are against this mocking ... There two groups, its like a duel...”

A- “Is Arthur part of this duel? Is he on your side?”

J- “Yes Arthur is on my side, he is defending me; like when the mocking goes on Jesus Christ and Arthur and that ball of friends start mediating, like they set me free ... There is another group of people ... I feel like I am in a ball ... Its like a ball with two sides.”

The voices explained to Jenny that they were the souls of the dead that can never live again. They explained to her that when she hears them she is listening to interplanetary mediation.

“Like this is what they said: you broke through a realm and it’s like you know, like a radio, like when you switch off the radio like you can hear the voices, and its like you just move through another realm, you just pass to another realm.”

They explained to her that some of the souls are good and others are evil. The three main voices are good souls while the mocking voices are the evil ones:

“Like they told me that there are good personalities that can’t live again, like Jesus Christ, he can’t live again, there are other planes that are on higher levels. There are also bad personalities that can’t live again, the mocking voices are the souls of the death that can’t live again, their personalities were so low, and now they can’t live as anything.”

On one occasion, while in therapy with me, Jesus Christ told her that what she was experiencing with the voices is “God’s psychology.”

#### 4.1.3 Formulation

Jenny grew up in a community where most aspects of life were predetermined by biblical laws, values and customs. Her attempts to challenge or question these values and their attendant way of life were rejected, leading to her slowly being cast out by her family and community. In addition, her status as a young female in the family was deemed to be less important than that of her older brothers, resulting in little attention being paid to acknowledging and mirroring her needs, desires and aspirations. This situation was further exacerbated by her progression of seemingly bizarre spiritual experiences that frightened and alienated her parents and members of the church. Out of these circumstances emerged her rebellious behaviour (marrying an African artist, moving out of home, falling pregnant, etc.), that created an unbridgeable gap between her and the family and community in which she lived.

It could be hypothesised that Jenny's feelings of being so profoundly misunderstood, different and excluded within the world of her childhood led to her becoming increasingly consumed by her world of the voices and visions. The voices explicitly challenged many biblical ideas and values, offering her some measure of freedom through providing alternative explanations to the Bible and the meaning of existence. Yet while this often made sense to her, her lack of guidance, support and overall insight in relation to the voices resulted in terrible feelings of guilt, fear and persecution. Thus her essential inability to integrate the message of the voices led to her relationship with them becoming increasingly ambivalent and confusing, resulting in a more and more passive style of interacting with them. Finding herself almost completely detached from the outside world while exposed to such conflictual messages and ideas led to Jenny attempting suicide as a desperate attempt to escape.

This formulation focused on explaining Jenny's relationship with the voices, rather than examining the phenomenon of the voices themselves. No judgement is taken in relation to the voices themselves. Rather the focus is on showing that the source of the pathology was in the ambivalent and passive relationship that Jenny developed with the voices instead of the experience of hearing voices itself.

## 4.2 Working Hermeneutically

### 4.2.1 The Therapeutic Deconstruction of the Voices

The initial step in the therapy with Jenny was to try and find some common ground for any dialogue to take place. This took place over roughly the course of the first 6-8 sessions of therapy.

Confronted by both Jenny's subjective experiences and the prejudice of my academic and theoretical background created a conceptual dilemma concerning how to approach the therapy and how to work with the phenomenon of the voices. Being psychodynamically educated, my initial hypothesis about the case conceptualised the voices as being internal to Jenny and an expression of severe pathology. In this section I will discuss both Jenny's experience and my prejudice; showing the process that eventually lead to a conceptual movement away from some

of my preconceived, theoretical assumptions - and the alternative uses I was able to make with them.

Jenny's history made it clear that from childhood, and throughout her life she was unheard and misunderstood by people in her world. Since she experienced hearing voices of varying kinds from a young age, she had attempted to understand and explain the reality in the past. Nevertheless, people tried to avoid the issue and when she was given explanations they were experienced as being inadequate:

“There is nobody that ..., there's absolutely nobody ... Because, like, look I come from that background where this type of business is evil. When you speak about spirits its all evil - like there's not openness to it - like in conversation, now if I will tell my mother that I spoke to the souls of the dead they will think I am into some witchcraft, they will immediately think evil.”

“If I could just speak about it, if I could speak to my father about it; not that I want him to see the logical, the rational; like what Jesus Christ told me, but if I could just share it, you understand, then they will see that these voices were real. You see it's been years and years since I cut myself off, but I don't want to hurt their feelings, I tried to speak to my brother and he said he doesn't want to hear anything that is controversial, and you see this is controversial, and he is a priest you see. Because they don't want to and I think I'm entitled to share and to speak about it. I want them to understand what happened when I was at that room and I was speaking to myself, I wasn't speaking to myself I was speaking to the voices. They don't want to accept it - I just want to talk about it - I just want to get what Arthur and them said out - I want to get some of the things they said out of my system.”

People's refusal to engage with Jenny in discussion about the voices led to her being completely overwhelmed and isolated within her experience; to such an extent that for most of the time she did not realise that only she could hear the voices. For years she had drifted away from people and it was only after her suicide attempt that she realised how detached she had become from her surroundings.

“My reality is totally contradictory to what the voices said; look, like I’ve been in this state now for many years, like just walking around not knowing what ... Like other people went on with their lives, it was only me with all this sadism. Like, I lost my job as a result ... like I started speaking to myself; like you hear voices and it doesn’t come from the people that I am working with; but when I was arguing with these voices - and when you argue you argue verbally, you are arguing outwardly - and these people in the studio where I was working, they could hear me speaking and they couldn’t stand it anymore and I couldn’t understand why they couldn’t hear what the voices were saying, and then they told me I should see a psychiatrist and I couldn’t see anything wrong with what I was doing; as far as I was concerned there was nothing wrong with me.”

Despite, or maybe because of the loneliness and lack of guidance in her experience, the voices provided a full and rich world that captured her over a long period of time. When we started working together, and while in hospital, Jenny devoted lots of energy to describing the voices, almost as if she was talking about a reality foreign to mine, a reality of a different kind, a reality that, although it caused her distress, also made complete sense to her. At this stage of the therapy the words “do you understand?”, “do you believe me?” followed almost everything she said, and I felt that she was asking me, in some magical way, to help them - her parents and the whole world - to understand and believe.

My experience at this stage was one of confusion: the coherence and clarity with which she described the voices and what they said left me with both a feeling of curiosity and a measure of amazement. At the same time my preconceived ideas about the phenomenon of hearing voices, and my need to do the “right thing” as a therapist complicated my ability to truly understand. I was guarding against getting “over-involved in the patients delusional system” - (as so often said by therapists). Further, when Jenny arrived at Valkenberg hospital after her suicide attempt, she had an opportunity to speak about her experience - and for the first time she was given an explanation from the therapeutic team who treated her. She was told that the voices she heard were in her head and that she suffers from “schizophrenia.” When we started to see each other after her discharge, the idea that she may have created this entire experience “in her head” made no sense to her, but left her profoundly terrified. In our first session she felt

suicidal, not because of the voices this time, but rather because of the explanation given to her in the hospital:

“Now what happened is I went to hospital and I talked to the psychiatrist ... and when I told him about the voices he tells me its coming from, from my head and that hurt me because I really thought it was a serious matter - it was really Jesus Christ that I was speaking to; and they told me in hospital, that, that it was in my head. Now it was very confusing because it was male voices that were from my previous life cycles. I don't want it to be in my head because in my head means that there is something wrong with me. Then why would these voices speak about my previous life cycles? I don't want to be mad, that's why I was reading books about the supernatural. It must be separate if it is separate from my head - I can understand why they came through the medication ... Like this is also what they said to me in the week: 'the Stelazine has no effect on the souls of the dead', now this is what the voice said to me, now what do I do if the Stelazine has no effect on the souls of the dead?”

Here Jenny is clearly stating that she does not want to accept that the voices are in her head - that accepting this will have detrimental implications to her state of mental health; as well as prolonging a long and painful experience of being misunderstood. As she spoke about the explanation she had received in hospital concerning her experience, there was a heavy sadness in her voice - a sense of disillusionment - a need to almost beg me to believe her. It felt as if my non-acceptance would induce desperation, a sense of panic. I began to realise that no dialogue could take place between us as long as Jenny felt that she was not being understood or accepted; and as long as I refused to listen with more openness.

The confusion and dilemma that I faced reflects the traditional tension existing between the form and the content of hallucinatory material. The psychiatric understanding of the phenomenon centred on the definition of the form of the experience. No real attention was paid to the content of the voices as this was largely seen as being paranoid and persecutory, and a symptom of schizophrenia. This, as I argued earlier in this paper, maintained the client's psychical status quo of despair and fear, prohibiting the potential for growth, undermining her experience and ignoring her explicitly stated need to speak about the voices and believe in their separateness from her.

Thus, I was becoming aware of the damaging effect this way of conceptualising her experience had; as well as how being misunderstood all her life had cast her almost completely adrift from society. Faced with this polarity and insight, and aware of my own curiosity, I began to accept the separateness of the voices - allowing her to determine what she needed to speak about and understand in our therapy sessions. Jenny wanted to understand what the voices said and why - thus much of the discussion initially took place around the content, the material of the voices. One could say that I decided to make the narrative of the voices the initial object of our interpretations and the focus of our work. Further, my decision to take this line of action was not only a "strategic" maneuver. In essence one could say that, through the dialogue with Jenny, my ideas about hearing voices began to be deconstructed - giving rise to a non-judgmental and accepting attitude that allowed me to let go of my preconceived ideas about the phenomenon. Nevertheless, my analytic and dynamic understanding was never abandoned in favour of any other explanation, but rather started to operate in conjunction with the story of the voices, without attempting to judge or impose categorisations.

Thus in the initial phase of the therapy a dialogue was not yet possible. Approaching Jenny and her experience in a similar way to that in which she was approached and understood in hospital would have caused a complete disagreement between us. In other words as soon as one explanation robbed another of its basic right to existence, no new meaning could develop that could possibly contain elements of both of our perspectives and orientations. It was only after accepting her reality that work could truly begin.

#### 4.2.2 Establishing a Hermeneutic Dialogue

Having prepared the ground for a dialogue to start we began working with the practical story of the voices. We tried to understand what the voices said, who they were; and how what they were and what they said affected her. This began taking place around the 6<sup>th</sup> session and continued throughout the therapy. Initially I had to familiarise myself with the story - thus much of my effort in the beginning of the therapy was dedicated to orienting myself in the story. This usually took the form of concrete questions such as: "Who said what, when and how?" Through this process I began to discover an underlying structure and meaning in the story. I slowly got to know the different characters and was able to begin making hypotheses and forming interpretations. At the same time my ongoing enquiry allowed Jenny - for the first

time ever - to tell her story without being judged, rejected or ignored. As we progressed in the story the process often involved turning to history books and other texts in an attempt to understand historical periods mentioned by the voices as well as the concepts they used. This was often needed when we failed to achieve an understanding using our individual “pre-understandings”, or separate “pools of prejudice”.

My dynamic orientation often led my interpretations to point towards the symbolism inherent in the story, as well as to dynamically formulate her experiences and history with the voices. For example, we were able to ascertain that the mocking voices focused their dialogues with her on familiar personal issues that she had struggled with; such as her weight. We also agreed that the names, personalities and issues that the voices spoke about may have been influenced by her own experiences and background:

A- “I think that what happened to you is extraordinary and I don’t think that you are mad. I cannot explain what exactly happened, and why, but think that whatever it was, it was influenced by who you are. In other words the personality that came to you like Jesus, maybe for me as a Jew, I would have heard Moses speaking to me, or Abraham; but you spoke to Jesus and I think the reason for it is you. I also think that what the mocking voices said to you about your weight and about how insignificant you are is also affected by who you are. In other words your weaknesses and strengths have played a part in how those visions and ideas have expressed themselves to you.”

J- “I like the way you said these personalities, like I do understand why they said John the Baptist and Jesus Christ, because I would not have listened if it would not have been them.”

In this process we constructed a rather unusual hybrid between dynamically oriented interpretations and a spiritual world of souls, voices and recurring life cycles. By including her in the story - her history and experiences - she became increasingly empowered in finding her part and contribution in the dynamic relationship with the voices. This was done without undermining any of these different ideas.

Thus accepting the separateness of the voices also implied accepting that a relationship existed between her and the voices, and allowed us to examine and interpret this relationship. As the

therapy progressed Jenny's sense of guilt and shame for questioning divine biblical truths subsided dramatically. She was also able to voice her criticism of her parents and their religious world view. Her acceptance of the voice's version of the biblical "truth" gave her an alternative that she eventually owned and integrated because it made real sense to her:

"Like you know what was happening now. Like everything becoming like a load of shit; like when I listen to my father speaking when they have conversations about religion and that - now I am lying in my room and I am listening to my father going on about "Love Your Neighbour" and I am thinking to myself, now what this voice said to me, what Jesus Christ said to me: like you have to live out your opinion, like if you make a statement now you have to live it out in the next life cycle. So what happens when you have a terrible neighbour, like how can you love your neighbour? Like just because what he said when he lived as Jesus Christ and it does not make sense to me anymore."

"You know why its not bullshit, because when I listen to what Jesus Christ said, the rational versus this big mystery, it overpowers this great mystery. Now I also believed in this great mystery and all these miracles, I believed in that type of Christianity until these voices started out, and now the logic overpowered this great mystery in me and now its very lonely."

Being able to locate herself in the story, (in part through my dynamic interpretations), contributed to her sense of empowerment and control. As we progressed in therapy we were able to begin discussing other issues, often using the ideas of the voices as a door to other personal and familiar issues of hers.

Understanding the voices and what they said was not in itself sufficient, and Jenny still experienced them as being intrusive and inappropriate at times. In my formulation I emphasised that it was through never being heard that Jenny slowly became a victim of the voices - adopting an increasingly passive role in her interaction with them that eventually led to her suicide attempt. She would be forced to engage with them as soon as they spoke to her which distracted her from her work and made it impossible to sustain other relationships. Thus we began exploring strategies where she could become more proactive in her relationship with the

voices. This involved the establishment of boundaries, questioning them about certain topics, and expressing disagreement if she felt it appropriate. The purpose was not to “get rid” of the voices, which was not possible anyway because the medication was ineffective and because Jenny was not prepared to completely separate from them. Rather we attempted to construct a manageable relationship that would enable her to integrate them into her life. As the therapy progressed she began to hear the voices in certain contexts only; she was able to function and work without them intruding; and engage in discussion with them only when she was alone. At this time the mocking voices completely disappeared. At certain times she was unable to completely shut the voices off, but learnt to ignore them. She began reading about people who had had similar experiences and saw the ways they dealt with it. This gave her a great sense of confidence and renewed her strength.

In the following section I will illustrate, through a specific example, how the search for meaning and our attempt to understand the material took place in practice. I will discuss an incident in which we needed to engage with the voices as we were unable to uncode the story without their input. I will also discuss my analytically informed prejudice, and how it came to be modified through the process of our negotiation of meaning over time.

#### 4.2.3 “Entering the Circle”- Understanding “Personality Sadism”

The concept of “personality sadism” was part of the discourse of the voices since the beginning of our work and was responsible for much of Jenny’s distress. The term “personality sadism” was used by the three main voices, as well as the mocking voices, and referred to different issues. It was used when the voices discussed her previous life cycle as Jezebel, when her “sadism” had led to her death and the death of others. It was used by the mocking voices who threatened to “knife her into her sadistical death bed”. It was also referred to often when the voice of Jesus Christ narrated his life and experiences to her.

Similarly to Jenny, I felt confused and unable to clearly understand the idea of “personality sadism”. My prejudice gave me a very specific understanding of this term. Within the psychoanalytic literature Klein uses the term sadism often in her theoretical conceptualisation. According to Klein the psychic life of an infant is characterised by a series of frightening and sadistic fantasies. In her understanding severe states of pathological functioning, similarly to

the world of the infant, will be characterised by sadistic and cruel phantasies (Bruch, 1988). Thus my initial theorising conceptualised the term “personality sadism” as a reflection of a disintegrated and infantile world of internal terror. With this idea in mind I tried to interpret and understand the different contexts where this term appeared. For example, I suggested that maybe it was a reflection and expression of her feelings of guilt that resulted from her adherence to some of the things that the voices said. This explanation appeared to hold water in some situations but in others was inadequate, making no sense in the context of what the voices said. The battle to understand “personality sadism” at times felt hopeless for both Jenny and I. At times I was tempted to attribute it to a chaotic, paranoid and disorganised psychotic world; giving up on ever finding a reasonable meaning to it.

Realising the importance of understanding the term for the effectiveness of the treatment and being unable to adequately understand it, I suggested to Jenny that she ask the voices directly what they meant by this term. This choice of action also reflected our attempt to get Jenny to become more proactive in her relationship with the voices. The following session she arrived with a more detailed explanation which had been provided to her by the voices.

In the following dialogue between Jenny and I, that took place in our 30<sup>th</sup> session, she explains to me, after speaking to the voices, the meaning of “personality sadism”. This dialogue reflects the hermeneutic creation of meaning - showing how - through questioning, interpretation and reflection, I was eventually able to understand the meaning of “personality sadism”.

The voices spoke to Jenny about several different types of “personality sadism”. There was “Judas Ascariat personality sadism”, “Palm Sunday personality sadism”, “Last Supper personality sadism” and the “Devils personality sadism”. She explains:

J- “The Judas Ascariat personality sadism, it is a betrayal, like when people betrayed each other they call it Judas Ascariat’s personality sadism, because that was what Judas Ascariat did, and ehhh the Devil’s sadism, it cheats you out of the truth that comes from God”

A- “OK...”

J- “ And ehhh the Palm Sunday sadism is when people praise you and then they mock you, like they praise you, this is what they said to me, the Palm Sunday sadism is they praise you very highly then they mock you down again”

A- "So this is not really genuine care?"

J- "Yes, and..."

A- "What is Palm Sunday?"

J- "Palm, what, like this is what Christianity..."

A- "Tell me, tell me?"

J- "Palm Sunday is when Jesus Christ, like ehheh this was before he was crucified, I think it was a week before he was crucified, he rode to Nazareth, or I don't know which city he rode to and it was pages praising and praising him, and the next week Judas Ascariat betrayed him, and led to his death"

A- "Yes .... so Palm Sunday was a Sunday as in Sunday?"

J- "The Sunday, when they praised him and then the next week they mocked him down..."

A- "So they, they got like symbols for every type of behaviour..."

J- "So this type of, yes, like sadism, and now its the Last Supper sadism"

A- "So you're learning a lot about life?..."

J- "Now this is the last supper sadism, (laughing), what is it about the last supper sadism?"

J- "And its, its like you never have to sit with these people again, the Last Supper sadism, you never have to eat with these people again"

A- "People who betray you?"

J- "People who betray you, like because Judas Ascariat ... now Anat like they're singing it, like every sadism has a different tune"

A- "Amazing ... Like its almost, it sounds to me as if, as if sadism is about things that you do and the way it affects other people"

J- "Yes"

A- "Its almost like everything that you do will have some impact on other people"

J- "Other people..."

A- "So in everything that you do there is some sadism?"

J- "Yes like ehheh Jesus Christ was called the true sadist..."

A- "Was it because he intended to cause pain to others?"

J- "No, its because he told the truth, when he told the truth it hurt a lot of people, a lot of people were affected by the church and ... yes, that's why they call him the true sadist. This is what is going on in my head"

A- "You have got such an interesting head"

J- (Laughing) "... the true sadist..."

A- "The true as if..."

J- "As if the true sadist..."

A- "So, so whatever you do you'll always be a sadist?"

J- "A sadist..."

A- "Whether you are going to be a true or a false sadist, or whatever, is another question"

J- "Yes!"

A- (interrupts) "Hold on, I am also a sadist, I mean I am creating a sadism in your life at the moment, because of the work that we do and the impact I have on the way you are thinking, and the way you are operating, my sadism is influencing you..."

J- "Yes like when you said to me that I was jealous of Donna Smiths (a person we discussed in previous sessions) it hurt me" (laughing)

A- "Did it hurt you?"

J- "Yes because I wasn't jealous of her but you could not accept that."

The above dialogue uncovered an entirely different explanation of the term "personality sadism" to that which I had initially conceptualised. "Personality sadism" in this context refers to the effect that our actions, beliefs and ideas have on others and on ourselves. It refers to incidents when even the truth has the potential to cause discomfort, pain and dislocation to others. It also implies that in everything we do, say or believe there is some "sadism"; and that even the most taken-for-granted ideas and practices could potentially have painful and unpredictable consequences.

This entire dialogue is a reflection of a mutual attempt to understand the concept and reality of "personality sadism", showing the dialectical nature of the communication that occurred. While together, using the narrative of the voices, we tried to find the meaning of this concept. The meaning was constantly negotiated: through the progression of the dialogue I offered my hypotheses and interpretations about the meaning, which were either rejected or accepted by her. In the early stages of this dialogue - when Jenny discussed the different types of "personality sadism" - I was still conceptualising it as being a reflection of cruelty that is intended to cause pain to others. When she discussed the idea of the "true sadist" I understood it to be an expression of ultimate cruelty - describing one who is specialised in causing pain, a phantasy of persecution. However, when I tried to confirm this hypothesis with her it was

rejected. Her explanation suggested something quite different to my initial idea. The 'true sadist' causes pain to others through the utilisation of the very same convictions that the other person(s) hold as true. Thereafter I reflected back to her my understanding which she confirmed. When I felt that I had grasped the idea of "personality sadism" I exercised this understanding by reflecting on our relationship. According to Gadamer's concept, true understanding occurs when the therapist or patient lets her/his own perspective be shaped and modified by what s/he learns (Mook, 1990). This happened when I was able to integrate the understanding of "personality sadism" and reflect on my own behaviour. At the moment when Jenny responded to my hypothesis and used it on an interpersonal level, our horizons fused. This led to the mutual enlightenment that enabled progress in therapy to occur.

Discussing this dialogue is incomplete without describing the interpersonal dynamic existing between us at the moment she explained it to me. She was confident - I was unclear - She was excited - I was suspicious. It was almost as if she was a teacher and I a student who refused to understand - forcing her to patiently explain to me. The power balance was completely reversed at this moment - but not in a negative way. As I questioned her it appeared that she became clearer about the concept herself; every question triggered a more coherent explanation. As we progressed in the dialogue her sentences suddenly became short, crisp and clear; so unlike the repetition in her words when she felt misunderstood.

#### 4.2.4 Concluding Remarks

Through the outline of this case and illustrating the way we worked, I have attempted to show how - due to Jenny's history, experiences and expressly stated needs - I had to re-conceptualise the voices and move them from the pathological domain to the domain of normality and health. By accepting this we worked with them as a normal part of her existence. I worked with their output and presentation as I would have worked with any other clinical material. Thus I continued using my dynamic orientation but focused on the content of the voices rather than their form. Similarly, behaviourally we searched for practical means of helping her exercise control over the voices and her responses to them. However, none of this would have been affective as a strategy on its own. The above therapeutic technique was only made possible through our ongoing process of negotiating meaning in our mutual attempt to understand reality as it unfolded.

Understanding the concept of “personality sadism” represented a turning point in our work. Thereafter Jenny’s relationship with the voices improved and she no longer felt persecuted when the voices spoke of “personality sadism”. It enabled us to understand some issues that had thus far remained incoherent. Most importantly, Jenny was able to investigate her own “personality sadism” and the effect it had on her and others:

“All the misconceptions that I had of other people I have to nullify and I have to nullify my own personality sadism, that is the misconception about myself, that is why I am going to do my matric; like that I will nullify my own personality sadism of what I thought of myself and limiting myself, because I limited myself by not progressing further academically.”

“Like before, Anat, I was angry when Jesus Christ spoke to me about him not dying for my sins, but now I found like peace; like I’m in peace that I am responsible for my own - that I have to undo the nullification and that I have to nullify it in this life or in the next life cycle. I understand the sadistical death bed now, that I am on - this is my own personality sadism.”

## CHAPTER FIVE - DISCUSSION

### 5.1 Practical Implications

#### 5.1.1 Is the Client “Cured”?

Earlier in this paper I raised several questions that I attempted to answer in the discussion and through the outline of the case. One question that remained unanswered is whether Jenny could be considered to have “recovered”; or whether the dramatic change in her mental state and level of functioning is merely a smoke screen covering a fragmented self awaiting its next breakdown. I suppose there are as many potential answers to this question as there were ways of conceptualising the experience of the voices themselves. Many would say that the fact that Jenny remained “psychotic”, (i.e. she continued hearing voices), is proof that she is nowhere close to “recovery”. My response to this is as follows: Because I did not conceptualise the voices themselves to be a sign of pathology, their existence alone does not reveal anything about Jenny’s mental state. Rather, I have suggested that Jenny’s mental health will depend in part on the manner in which she works with and understands the voices. I have also suggested that the development of this understanding gave her the freedom to explore other aspects of her life, personality, familial relationships, and ways of being in the world. Thus I feel that a beginning was made in Jenny’s journey to recovery, reaching a stage where the voices had slowly become incorporated into her life in a way which allowed her to function in the real world. This freed her to search for meaning in her life, releasing her from a passive and frightening dependence on the voices and her environment. In that sense I suggest that “recovery” did indeed occur. Nevertheless, “recovery” cannot be equated with quality of life and ongoing emotional growth. Jenny’s issues also involve more than just the voices, and as such would in all probability require a longer process to be fully dealt with. The outcome of this would depend on her commitment to continuing with therapy. Jenny presented with the voices as her core “problem”; the choice of whether or not she should continue with this journey rests with her.

### 5.1.2 Working with Voice-Hearers

On a practical level, this therapy shows that in a relatively short period of time, a patient who was considered to be severely ill and untreatable by powerful neuroleptic medication managed to return to the outside world as a coping person who was much stronger than she had been before. I have argued that what allowed this was the alternative methodology employed in this therapy. The question therefore arises as to the potential applicability of this method to a larger number of people who hear voices. It is accepted that a single case study has limited general validity, and that any statements concerning the efficacy of this method would be premature. Nevertheless, this case has clearly documented this methodology in practice, and as such could provide a small stepping stone that will hopefully encourage more research in this area. The value of this method and the results of this research lie not only in their moral and theoretical implications, but also in their clear potential for treating people who hear voices in a more efficient and cost-effective manner. Indeed the Hearing Voices Network in the United Kingdom is an example of an organisation that manages to run workshops and offer alternative treatment for people who hear voices on a national scale. Its wide popularity and the research output of some of the people connected to it illustrate the efficacy of their approach. Further, this thesis has taken some of the ideas discussed by Romme (1993, 1998) and others about voice-hearing a step further, by offering a practical methodology that has the potential to assist the practitioner on both the theoretical and practical levels.

### 5.1.3 The South African Context

I feel that this research has a special relevance and value in the South African context. We live in a country undergoing rapid social change where diverse cultures with entirely different belief systems coexist closely with one another. In our attempts as health care professionals to contain such polarities of ideas, we often impose one set of values to understand phenomena that may seem foreign. This is especially evident in the field of mental health where the DSM-4 is still used for diagnosis and classification, as well as informing treatment. In this context the hermeneutic meaning creation process could be seen as a bridge between those different worlds. The value of this method lies not only in its empathetic and humanistic attitude, but also in its potential to help us create meaning which is inclusive of differing ideas and values.

This synthesising ability offers an alternative to which we can all relate because its product integrates “parts” of all of us.

## 5.2 Theoretical Implications

### 5.2.1 Could one Work Hermeneutically from within another Theoretical Paradigm?

In this paper I have discussed three main theoretical approaches and philosophical constructs: the method of deconstruction, narrative therapy and the intersubjective approach. I have attempted to show how many hermeneutic ideas are shared with, and expressed through existing therapeutic paradigms. I have shown, for example, how deconstruction, the hallmark of White’s narrative therapy, is an inseparable part of hermeneutic methodology. Similarly the narrative metaphor is also articulated in hermeneutic methodology, where the interaction with the client occurs and takes place around the client’s narrative. Special attention was given to the intersubjective approach in psychoanalysis where writers such as Stolorow (1998), Orange (1997), and others in many ways incorporated hermeneutic concepts within their conceptualisation of the process of analysis; while remaining faithful to its analytic tradition. I have chosen to focus on this approach because dynamic and analytical ideas in general represent my “prejudice”, and thus informed my understanding of the client. Through the outline of the case I have used this orientation to show how my theoretical prejudice was expressed in therapy, and how it often needed to be modified.

Thus, recent years have witnessed a convergence between the ideas of contemporary psychoanalysis and those of hermeneutics. Similarly, as discussed in this paper, various hermeneutic thinkers proposed an alternative way of conceptualising and working in therapy. This raises the important question as to whether hermeneutic concepts and methodological alternatives could be subsumed within a clinical analytic paradigm; or whether a hermeneutic application to psychotherapy implies an essential conceptual change in the understanding of therapeutic practice - as has been suggested by Mook (1990) and Chessick (1992).

I am arguing that while intersubjectivity and hermeneutics share a large measure of similarity concerning the therapeutic encounter; they differ because, through presupposing an understanding of pathology and development, intersubjectivity immediately contradicts the

basic assumption of hermeneutics that every “given” is open to change. For example, Orange (1993) suggests that the therapist’s theoretical background - be it in Self Psychology, Kleinian, or Drive Theory - will form part of the therapist’s prejudice (or preconceptions) through which the client will be understood. Although, similarly to hermeneutic conceptualisations, she argues that each therapist’s theoretical prejudice will give rise to a different intersubjective field, she does not challenge the truthfulness of these ideas, merely acknowledging their effect on the client. Nevertheless, Messer (1988), for example, argues that Self Psychological ideas, especially ones that are still rooted in Kohutian theory, take for granted the assumption that a healthy psychic life depends upon the existence of a certain quality and amount of selfobject experiences; as well as assuming that the “inner life” is innate. The issue here is not whether these assumptions are correct or not but rather whether accepting ideas as taken-for-granted truly allows one to work hermeneutically. I am suggesting that by accepting ideas about development and preferred treatment to be given, the intersubjective approach is unable to fully use deconstruction as part of its methodology. Herein lies its central divergence from hermeneutical practice.

Similarly, Mook (1990) recognizes this tendency, arguing that interpretation should never come second to a theoretical frame of reference. She argues that prejudice should be acknowledged and modified during the process of therapy: “The therapist lets her own perspective be shaped and modified by what she learns from her client and hopefully do the same for the client, and hopes to gradually also shape and modify the troubled perspective of her client. When they reach agreement in the communication of their mutual views, their horizons will fuse which will lead to a mutual enlightenment and a progress in therapy” (p. 4). Thus, if one’s prejudice is rooted in any *a priori* theoretical assumption, working hermeneutically will be impossible - unless these theoretical assumptions are challenged. My research shows in detail how my interaction with Jenny led to a fundamental change in some of my most basic theoretical constructs. Through this process I stopped perceiving the phenomenon of voice-hearing to be a pathology, let go of my initial formulation concerning “personality sadism”, and in so doing allowed a new and powerfully different meaning to emerge.

For Gadamer (in Mook, 1991), the concept of understanding as referred to in hermeneutics is not just an empathic feeling into the inner experiential world of another, as articulated by the

client-centred approach. Ultimately understanding requires the therapist letting their own perspective be shaped and modified by what they learn from the client, while hopefully doing the same for the client. In the outline of my work with Jenny I have shown how my perspective concerning the realness and separateness of the voices needed to change if I was to work effectively with her. Empathy alone may have helped me to gain insights into her experience of being misunderstood, but this was insufficient to sustain any ongoing dialogue. I needed to let my own perspective be “shaped and modified” by what I learnt from my client, as expressed by Mook (1991, p. 4).

Thus, I suggest that working hermeneutically ultimately implies incorporation of the intersubjective approach into hermeneutics. This implies that the intersubjective approach, or any other theorising, should be deconstructed, challenged and questioned during the search for meaning in therapy. I believe that this would ultimately permit a more holistic intervention that would provide the freedom to explore, investigate, and use other types of knowledge and meaning - not purely analytic understanding. Mook (1990) argues that an application of the hermeneutic insights to psychotherapy, would demand a revision of the present psychoanalytic and humanistic theories and would necessarily lead to changes in therapeutic practice. This implies a primary ontological, epistemological and methodological shift. Similarly, Malcolm (1991) argues that “hermeneutic inquiry is not just a methodology that carries implications for psychotherapeutic discourse. Rather, it is a methodology that is emergent from an ontological perspective that has significant implications for a theory of mind and body” (p. 7).

### 5.3 Philosophical Implications

#### 5.3.1 The Integration of Opposites

The process of deconstruction gave birth to conceptualisations concerning mental illness that hold that illness cannot be understood outside of its social and historical context. White (1987) argued that the “illness” is actually in the society: the problem that led to the “condition” is external in that it lies in the person’s environment. Similarly, hermeneutics emphasises the central part that culture, history and language play in the experience of distress; arguing that it is only at this juncture that the healing process can begin. Nevertheless, one can logically and legitimately ask whether the conclusions concerning people society and illness arrived at

through the process of deconstruction might not also change in time: through being questioned and modified in a similar way.

Chessick (1992) acknowledges this, suggesting that the question of the development of hermeneutic psychotherapy rests on the issue of whether Heidegger and Gadamer have offered a chance to develop a middle way between humanistic glorification of subjectivity and individuality, and ideas which almost deny the “self” - where “I” is seen to be constituted solely by culture and society. What is essentially the issue here is the presence of two ideas that suggest almost completely opposite things.

The work with Jenny showed how, through the hermeneutic method, we were able to integrate what seemed to be unbridgeable and contradictory ideas. When Jenny arrived at therapy she faced a conflict and conceptual dilemma regarding the voices. The voices themselves suggested that they were completely external to her - while the hospital suggested they were completely internal. Both caused her distress and were unproductive in bringing about healing and change. Our work together ultimately facilitated the emergence of a middle way between these two extremes, the creation of a new set of explanations which were arrived at through a process involving a constant search for meaning: through the hermeneutic method. This process showed, through our attempt to contextualise the voices, that a “middle way” could be constructed even between seemingly opposite ideas. The relevance of hermeneutics to psychotherapy centers around its ability to actively mobilize the life energy of the client towards healing, not merely the creation of aesthetic meaning. The meaning created and the process of creation was neither exclusive, nor narrow in tendency, but rather inclusive of all other explanations, incorporating them in a changed and altered form along with new content. When the voices referred to her experience of hearing and talking with them as “God’s psychology”, they gave her a concept containing two opposites: God the external force and psychology as the internal psyche. Our work together gave this statement a meaning: it was integration of the opposites that enabled healing to begin. Thus the hermeneutic dialogue allowed for the integration of opposites.

This research has attempted to show that the integration of opposites is not only possible, but is essential for the emergence of a more holistic meaning that does not deny any pre-existing ideas. If one accepts this then ideas should not be perceived to be “opposite” to one another,

but rather seen as complimentary sets of possible explanations that ultimately have the potential to enrich a more holistic explanation or meaning.

### 5.3.2 What is “Madness”?

Throughout the outline of the case I have tried to show the subjective pain that the psychiatric diagnosis caused for Jenny; and through this how pre-existing ideas expressed in labels and diagnoses can cause distress, although they are commonly thought to be objective and truthful.

The highlight of my discussion of the case was to show how we came to understand the idea of “personality sadism” and especially the meaning assigned to the idea of the “true sadist”. One can see striking parallels between the idea of the “true sadist” and most of the ideas discussed in this thesis. The “true sadist” is one who, through telling their version of the truth causes pain to others, for whom this “truth” is meaningless. Similarly, the truth of the psychiatric establishment was to conceptualize the voices as being internal to Jenny and a sign of illness; however the communication of this “truth”, and the associations it had, caused much pain to Jenny. The idea and concept of the “true sadist” reflects what the process of deconstruction illustrates over and over again: that “truth” can change and that all “meaning” is relative. Thus, “deconstruction” actually began for Jenny long before the initiation of treatment. Essentially the voices deconstructed her beliefs and ideas, as well as literally deconstructing supposedly self-evident biblical truths. They questioned and provided alternative explanations for Jenny’s most deeply held beliefs. They offered her the alternative of free choice, individuality, and the freedom to explore her own inner being - not that of biblical personages such as Jesus Christ. The problem was that, despite the richness of ideas and opportunities heralded by the voices, her environment did not validate the meaning that they exposed her to. Throughout her life it was invalidated, reduced, and feared; a fact that was brutally confirmed with the hospital diagnosis of “madness”. What this course of events suggests could have far reaching implications, namely that “madness” occurs when reality is deconstructed and no alternative frame of reference or validation are offered or permitted by the environment; when everything is questioned and the most taken-for-granted realities are challenged, but nothing arises to take their place. Our therapy allowed the acceptance and emergence of a new meaning that ultimately restored Jenny’s control over her own life.

### 5.3.3 Deconstructing “Expertness”

When discussing the potent hold that pre-existing ideas can exert over an individual's ability to heal, I have mentioned the power relationship existing between the “expert” and the “client”, suggesting that at times this could be a reflection of a political status quo. I have shown that in the course of our interaction it was Jenny who determined what she needed from the therapy; while I accommodated her needs. Further to this, it was Jenny's story, experience and account of the voices that eventually helped facilitate the deconstruction of my preconceived ideas about hearing voices. I have also shown that only by allowing this could a dialogue between us begin. This reality reflected a change in the traditional “balance of power” inherent in the therapeutic relationship. Postmodernism shows that all power relationships are by their nature social constructs that are by no means fixed or immutable. Instead, they reflect societal norms and values that change over time. Foucault (1965) examines the power structures underpinning current western ideas about “reason” and “madness”; showing that as soon as “reason” is defined, the policing of its opposite, “madness” begins. This was the trap facing Jenny and I. What I ultimately did was to give the supposedly “mad” person the rudder to steer the course of therapy. Nevertheless, as so much postmodernist research has revealed, “madness” is much more a social construction than an objective term. Thus, what this suggests on a practical level is that a therapeutic practice is needed which is based on equality, accommodation and the sharing of ideas. This stands in direct contradiction to many pre-existing and currently accepted ideas in analytic theorising and other fields. This *a priori* indebtedness to a theoretical paradigm potentially denies the patient the chance of having freedom to determine what is good for them, and potentially denies practitioners the chance to grow and to learn from their clients.

### 5.4 Concluding Remarks

To conclude, the above discussion focused on three areas: the philosophical, theoretical and practical implications emerging from the research. Through my discussion of the practical aspects of the research I have tried to emphasize the need for more research in this area. This would allow the development of a sound methodology with the potential to save resources; as well as being open-minded towards the needs and experiences of other people. I have also

suggested that this method has the potential to help us in the South African context by offering a way of working that allows for a new set of meanings to emerge, while accommodating diverse inputs.

Through my discussion of the theoretical implications of this research, I suggested that hermeneutics could only stand on its own if it is used in its true sense. The purpose of this discussion has not been to put currently accepted ideas, concepts and theorizing to trial, nor to try and change them. Hermeneutics does not attempt to provide a new theoretical conceptualization of development or pathology; but rather offers a mode of inquiry that allows, and indeed requires, the use of pre-existing ideas. Nevertheless, hermeneutic inquiry demands the ability to shift between ideas and allow them to change if they are not productive in facilitating change and bringing about new meaning. Thus, whatever is taken for granted within analytic or any other pre-existing conceptions is open to questioning and deconstruction in hermeneutic investigation. Further, the meaning created is always subject to the acceptance or rejection of both client and therapist. In the discussion of the philosophical implications of this research I have alluded to the potential for this method to expand, through rigorous research, and offer alternative ways of conceptualizing psychopathology.

REFERENCES
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American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (4<sup>th</sup> ed.). Washington, DC: Author.

Atkin, L., & Kaufman, J. (1992). "So Little Truth was Told: The Meaning of Delusions and Hallucinations of an Adolescent Girl". In A. Goldberg (Ed.), Progress in Self Psychology. (pp. 57-73).

Benedetti, G. (1979). "The Structure of Psychotherapeutic Relationship in the Individual Treatment of Schizophrenia". In M. Christian (Ed.), Psychotherapy of Schizophrenia. (pp. 31-39). Amsterdam: Excerpta Medica.

Bouchard, M.A.G.L. (1991). Psychotherapy as a Hermeneutical Experience. Psychotherapy, 28(3), 385-394.

Bromley, D.B. (1986). The Case-Study Method in Psychology and Related Disciplines. Chichester: Wiley.

Chessick, R.D. (1992). What Constitutes the Patient in Psychotherapy: Alternative Approaches to Understanding Humans. Northvale, New Jersey, London: Jason Aronson INC.

Crossley, N. (1996). Intersubjectivity: The Fabric of Social Becoming. London: SAGE Publications.

Dallmayr, F. R. (1981). Twilight of Subjectivity: Contributions to a Post-Individualist Theory of Politics. Amherst: University of Massachusetts Press.

Derrida, J. (1978). Writing and Difference. London: Routledge and Kegan Paul.

Dilthey, W. (1976). Selected Writings. Cambridge: Cambridge University Press.

Companions on a Journey; An Exploration of an Alternative Community Health Project (1997) Dulwich Centre Newsletter, 1.

Eckstein, H. (1975). Case Study and Theory in Political Science. In F. I. Greenstein, & N. W. Polsby (Eds.), Handbook of Political Science: Strategies of Enquiry. Addison-Wesley.

Edwards, D. (1990). Case Study Research Method: A Theoretical Introduction and Practical Manual. Grahamstown: Department of Psychology Rhodes University.

Estroff, S.E. (1981). Making it Crazy: An Ethnography of Psychiatric Clients in an American Community. Los Angeles, California: University of California Press.

Foucault, M. (1965). Madness and Civilisation: A History of Insanity in the Age of Reason. New York: Random House.

Foucault, M. (1973). The Order of Things: An Archaeology of the Human Sciences. New York: Vintage Books.

Foucault, M. (1980). Power/knowledge. Selected Interviews and Other Writings 1972-1977. Brighton: Harvester Press.

Freeman, T. (1979). Clinical and Theoretical Considerations which Result from Psychotherapeutic Intervention in Schizophrenia. In M. Christiam (Ed.), Psychotherapy of Schizophrenia. (pp. 19-31). Amsterdam: Excerpta Medica.

Gadamer, H.G. (1982). Truth and Method. New York: Crossroads.

Gadamer, H.G. (1984). The Hermeneutics of Suspicion. In G. Shapiro & A. Sica (Eds.), Hermeneutics: Questions and Prospects. (pp. 54-65). Amherst: University of Massachusetts Press.

Gaines, A.D. (1992). From DSM-1 to 4-R; Voices of Self, Mastery and the Other: A Cultural Constructivist Reading of US Psychiatric Classification. Social Science and Medicine, 35, 3-24.

Giorgi, A. (1997). The Theory, Practice, and Evaluation of the Phenomenological Method as a Qualitative Research Procedure. Journal of Phenomenological Psychology, 28 (2), 235-260.

Habermas, J. (1971). Knowledge and Human Interests. (J.J. Shapiro, Trans.). Boston: Beacon Press.

Harvey, I.E., & Glass, J.M. (1987). Pathologies of the Modern Self: Postmodern Studies on Narcissism, Schizophrenia, and Depression. New York: New York University.

Hearing Voices Network. (1996). Hearing Voices Network. [Brochure]. United Kingdom.

Heidegger, M. (1962). Being and Time. (J. Macquarrie, Trans.). London: SCM Press.

Ingleby, D. (1981). Critical Psychiatry: The Politics of Mental Health. New York: Penguin Books Ltd.

Klein, M. (1935). "A Contribution to the Psychogenesis of Manic-Depressive States". In Khan, R. & Masud, M. (Eds.), M. Klein: Love, Guilt and Reparation, and Other Works 1921-1945. London: Hogarth Press.

Lacan, J. (1977). Ecrits: a Selection (A. Sheridan, Trans.). London: Tavistock.

Laing, R.D. (1960). The Divided Self: An Existential Study in Sanity and Madness. Maryland: Penguin Books.

Malcolm, C. (1991). The Hermeneutical Dialectics of Empathy and Imagination in Psychotherapy: Imaginative Empathy and Empathic Imagination. Unpublished Manuscript.

McGowan, J. (1991). Postmodernism and its Critics. London: Cornell University Press.

- McNamee, S., & Gergen, K.J. (1992). Therapy as Social Construction. London: SAGE Publications.
- Messer, S.B., Sass, L.A., & Woolfolk, R.L. (1988). Hermeneutics and Psychological Theory: Interpretative Perspectives on Personality, Psychotherapy and Psychopathology. London: Rutgers University Press.
- Mook, B. (1990, April). Towards a Hermeneutic Approach to Psychotherapy. Paper presented at the Symposium on the Application of Phenomenological and Hermeneutic Methods, Utrecht.
- Moustakas, C. (1994). Phenomenological Research Methods. London: SAGE Publications.
- Neal, J.M., & Oltmanns, T.F. (1980). Schizophrenia. New York: John Wiley & Sons.
- Orange, D.M. (1993). Countertransference, Empathy, and the Hermeneutical Circle. In Goldberg, A (ed) Progress in Self Psychology, 9, 247-256. Hillsdale, NJ: The Analytic Press.
- Orange, D.M., Atwood, G.E., & Stolorow, R.D. (1997). Working Intersubjectively: Contextualism in Psychoanalytic Practice. Hillsdale, London: The Analytic Press.
- Packer, M.J., & Addison, R.B. (1989). Entering the Circle: Hermeneutic Investigation in Psychology. New York: State University of New York.
- Parker, A., Georgaca, E., Harper, D., McLaughlin, T., & Stowell-Smith, M. (1995). Deconstructing Psychopathology. London: SAGE Publications.
- Ricoeur, P. (1984a). Time and Narrative. Chicago: University of Chicago Press.
- Romme, M. (1998). Listening to the Voice-Hearers. Journal of Psychosocial Nursing, 36(9), 40-44.
- Romme, M., & Escher, S. (1993). Accepting Voices. London: MIND.
- Stolorow, D.R., & Atwood, G.E. (1992). Contexts of Being: The Intersubjective Foundations of Psychological Life. London: The Analytic Press.
- Stolorow, R., Brandchaft, B., & Atwood, G.E. (1987). Psychoanalytic Treatment - An Intersubjective Approach. London: The Analytic Press.
- Swartz, S. (1992). Sources of Misunderstanding in Interviews with Psychiatric Patients. Professional Psychology: Research and Practice, 1, 24-29.
- Szasz, T. (1961). The Myth of Mental Illness. New York: Harper and Row.
- Thompson, P. Counter-Transference in the Intersubjective Mode. (unpublished manuscript).
- Thompson, P. (1991b). Counter-Transference in the Intersubjective Mode: an Experiment". In Goldberg, A (ed) Progress in Self Psychology, 7 Hillsdale, NJ: The Analytic Press.
- Titelman, P. (1979). "Some Implications of Ricoeur's Conception of Hermeneutics for Phenomenological Psychology". In Giorgy, A. Knowles, R. & Smith, D. L. (Eds.), Duquesne

Studies in Phenomenological Psychology. (pp. 182-192). Pittsburgh: Duquesne University Press.

White, M. (1981). "Deconstruction and Therapy". Dulwich Centre Newsletter, 3, 21-40.

White, M. (1995). Re-Authoring Lives. Adelaide: Dulwich Centre Publications.

White, M., & Epston, D. (1990). Narrative Means to Therapeutic Ends. New York: W.W. Norton.

White, M., & Epston, D. (1992). Experience, Contradiction, Narrative & Imagination. Adelaide: Dulwich Centre Publications.

Wing, J.K. (1978). Schizophrenia: Towards A New Synthesis. London: Academic Press.

Wolf, E. (1988). Treating the Self: Elements of Clinical Self Psychology. New York: Guilford Press.

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