

CONVERSATION ANALYSIS: RITUAL IN EXPERIENTIAL SYSTEMIC
COUPLES THERAPY INVOLVING ALCOHOL DEPENDENCE

by

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ABSTRACT

This study was intended to fulfill three goals which will be described. Its method, subjects, results, and limitations will also be discussed.

Following Gale's (1989) lead, the first goal, was to contribute to application of the ethnomethodological technique of conversation analysis to the field of family therapy, specifically experiential systemic couples therapy.

The second goal was to discover themes emergent from the data. These characterized the process of therapeutic change, particularly with an alcohol-involved couple. This was achieved by noting details of conversational interaction, both verbal and nonverbal, between the members of the therapeutic system.

The third goal, was to highlight the nature of a ritual through the separation, liminal, and integration stages. The couple's problems were externalized, experienced, and resolved in the present through ritually burning symbols.

Conversation analysis was conducted on one session with an alcohol-involved couple. The session was videotaped, audiotaped, and then transcribed for intensive analysis. All other sessions with the couple and therapist were reviewed to add context to the interview on which this study focussed.

Twelve themes emerged from the analysis. These were the central theme of ritualization and its constitutive subthemes of personal and family myths, symbolization, experiential, externalization, intensification, contextual/systemic, constructivist meaning shifts, therapist empathy, therapist genuineness, collaboration, and therapist artistry. Each was discussed and supported with quotes from the transcript. These quotes demonstrated both positive or successful exemplars and deviant or unsuccessful examples.

Possible limitations which might be ameliorated by adding related studies to this line of research involve several points. These include the degree of representativeness of the participants, lack of random sampling, small sample size, reactivity to videotaping, and researcher biases.

In summary this investigation used conversation analysis with an alcohol-involved couple participating in ritualization in experiential systemic therapy. It has as its goal to add to the research regarding each of these topics so as to guide researchers and therapists in conceptualizing change through therapeutic interventions.

TABLE OF CONTENTS

ABSTRACT ii

ACKNOWLEDGEMENTS xiii

I. INTRODUCTION 1

 Statement of the Problem 1

 Definitions 2

 Conversation Analysis 2

 Experiential Systemic Therapy 2

 Therapeutic Ritual 3

 Alcohol Dependent 3

 Delimitations 3

 Hypotheses 4

 Significance of the Study 4

II. REVIEW OF THE RELEVANT LITERATURE 5

 Conversation Analysis 5

 CA and Related Ethnomethodological Research
 Methods 6

 Basic Premises of CA Theory 7

 Findings in CA Research of Everyday Talk 8

 Turn-taking 8

 Paired actions 9

 Adjacency 9

 Silence 9

 Preference, Pre-sequences, Delay, and
 Accounts 10

 CA Research in Institutional Contexts 10

 The Nature of Institutional vs. Everyday
 Talk 10

Transferability of Types of Talk Across Settings	11
CA Research with Psychotherapy	11
Experiential Systemic Therapy.	11
ExST and CA: Congruence of Approach	12
ExST and the Symptom of Alcohol Dependence	12
Alcohol Dependence, Family Stress, and Rigid Roles	12
Symptoms as Impetus for Change	13
The Nature of Symptoms	13
ExST's View of Alcohol Dependence and Personality	14
ExST's View of Symptoms as Messengers	14
ExST's Central Theoretical Dimensions	14
Systemic Dimension.	15
Experiential Dimension	15
Symbolic Dimension.	15
Guiding Principles of ExST.	16
Collaboration.	16
Therapeutic Mandate.	16
Here and Now Focus.	16
Developmental Perspective.	16
Novelty and Creativity.	17
Generalizability.	17
Systemic.	17
Transactional Classes of ExST.	17
Therapist-Client Relationship Enabling Class	17
Process Facilitation Transactional Class	17
Expressive Transactional Class	18
Symbolic Externalizing Transactional Class	18

	v
Meaning Shift Transactional Class	18
Invitational Transactional Class	18
Ceremonial Transactional Class	18
Ritualization.	18
Definition of Ritual.	19
Rituals in Anthropological Investigations	19
Rituals in Therapeutic Interventions	19
Removal of Labels with Externalization in Rituals	20
Constructivist Perspective: Meaning Shifts	20
Personal and Family Mythology and Ritual	21
Mythology as a Unifying Force	21
Mythology unifies individual, culture, and nature	21
Mythology integrates parts of the individual psyche	21
The Alienating Modern Mythology of Rationalism	22
Family Myths Altered through Ritual Performance	22
The ideational plane	22
The material plane	22
Altered States of Consciousness in Ritual	23
The Anthropological Viewpoint	23
The Psychological Viewpoint	23
Generalizability of Ritual Effects Across Contexts	23
General Qualities and Functions of Rituals	24
Qualities of Rituals	24
Experiential	24
Beyond language to symbol	24

Joining analogic and digital communication	25
Functions of Rituals	25
Realizing Goals	25
Entering the next stage of family life cycle	25
Restoring equilibrium during transitional crisis	25
Emotional expression and solace	25
Provision of symbols	26
Development of Ritual Symbols	26
Stages of Ritual	26
Separation Stage	27
Liminal Stage	27
Integration Stage	27
Disruption and Assessment of Family Rituals	27
Disruption of Regular Constructive Ritual Observances	27
Assessment of Ritualization in Families	28
Symptoms, AA Meetings, and Ritual	28
Symptomatic Behaviour as Ritual	29
AA and Associate Organizations as Ritualization	29
Designing Personalized Therapeutic Rituals	29
Therapist as Guide	30
Clients as Owners of the Ritual Experience	30
Aspects to Consider in Designing Rituals	30
Specific Applications of Therapeutic Rituals	30
Loss through Death or Ending a Relationship	31
Developmental Growth of a Family	31

	vii
Cross-cultural Issues	31
Women's Rites of Passage	31
Healing Past Abuse	32
Belated Acceptance and Celebration	32
Development of Healthful Family Relations	32
Children's Symptoms and Rituals	32
Adults' Symptoms and Rituals	33
Couples' Symptoms, Maintaining Relationships, and Ritual	33
III METHODOLOGY AND PROCEDURES	34
Method	34
Conversation Analysis	34
CA in Contrast to Traditional Empirical Approach	34
CA as Related to Giorgi's Method	34
Highly Intensive Nature of CA Research	35
CA is Grounded in Participants' Understanding of Interaction	35
CA Seeks and Supports Themes Emergent from Data	35
Validity: Derivation of Exemplars and Deviant Examples	36
Reliability: Comparison Across Contexts	36
Procedures	36
Client Sample	36
Therapist Sample	37
Selection of the Therapeutic Session Studied	37
Post Session Review Forms: Partial Guides to Session Selection	37
Transcription	39
Analysis	40

	viii
IV. PRELIMINARY ANALYSIS	41
Background to the Case	41
Earlier Successes in Addiction Control	41
Central Role of Alcohol to Other Relationships	41
The Husband's Struggle and Treatment	41
The Affair	42
The Husband's Parents	42
The Couple's Relationship	42
The Couple's Therapeutic Goals	42
The Husband's Goals	43
The Wife's Goals	43
The Flow of the Therapeutic Process	43
The Couple's Relational Themes in Session Seven	44
Divisive Relational Themes	44
Betrayal	44
Hostility	44
Distancing	45
Rejection	45
Unifying Relational Themes	45
Attentiveness	45
Caring	45
Honesty	45
Trust	46
Interactive Styles in the Therapeutic System	46
The Wife	46
The Husband	46
Therapist as Guide to Change	47
Evidence of Client Growth	48

	ix
V. DISCUSSION	49
Ritualization	49
General Effects of Ritual	49
Alcohol Dependence and Ritualization	50
Overview of the Ritual Enacted in this Session	50
Stages of the Ritualization	51
Separation Stage of Entering Ritual Space and Time	51
First Exemplar	51
Second Exemplar	52
Liminal Stage of Planning and Enactment	53
First Exemplar	53
Second Exemplar	53
Third Exemplar	54
Fourth Exemplar	55
Integration Stage of Incorporating Changed Roles into Life	56
First Exemplar	56
Second Exemplar	57
Third Exemplar	58
Deviant Examples of Ritualization Theme	58
First Deviant Example	58
Second Deviant Example	59
Third Deviant Example	60
Personal and Family Myths	61
Exemplars	62
First Exemplar	62
Second Exemplar	63
Deviant Examples	63

	x
First Deviant Example	63
Second Deviant Example	64
Symbolization	65
Exemplars	65
First Exemplar	65
Second Exemplar	67
Third Exemplar	67
Deviant Examples	68
First Deviant Example	69
Second Deviant Example	69
Experiential	71
Exemplars	71
First Exemplar	71
Second Exemplar	72
Third Exemplar	73
Deviant Examples	74
First Deviant Example	74
Second Deviant Example	74
Externalization	76
Exemplars	76
First Exemplar	76
Second Exemplar	77
Third Exemplar	78
Deviant Examples	79
First Deviant Example	79
Second Deviant Example	80
Intensification of Experience	81
Exemplars	81

	x i
First Exemplar	82
Second Exemplar	82
Third Exemplar	83
Deviant Examples	83
First Deviant Example	83
Second Deviant Example	84
Contextual/Systemic	85
Exemplars	85
First Exemplar	86
Second Exemplar	86
Third Exemplar	87
Deviant Examples	88
First Deviant Example	88
Second Deviant Example	89
Constructivist/Meaning Shift	89
Exemplars	90
First Exemplar	90
Second Exemplar	91
Third Exemplar	93
Deviant Example.	93
Therapist Empathy	94
Exemplars	94
First Exemplar	94
Second Exemplar	95
Deviant Example	96
Therapist Genuineness	96
Exemplars	97
First Exemplar	97

	xii
Second Exemplar	97
Deviant Example	98
Collaboration	99
Exemplars	99
First Exemplar	99
Second Exemplar	100
Third Exemplar	101
Deviant Examples	102
First Deviant Example	102
Second Deviant Example	103
Therapist Artistry	104
Exemplars	104
First Exemplar	104
Second Exemplar	105
Deviant Example	105
Assumptions and Limitations	106
Recommendations	108
Application to Clinicians	108
Learning from the Themes	108
Using Rituals in Therapy	109
REFERENCES	111
APPENDIX A: TRANSCRIPT NOTATION	119

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CHAPTER I

INTRODUCTION

Research into the characterization and evolution of therapeutic conversation is currently only beginning and promises to be a fruitful investigation. Conversation analysis (CA) is one of many contemporary ethnographic techniques used to research therapeutic interventions. CA is particularly well suited to examining the nature of collaborative problem resolution and healing occurring in Experiential Systemic Therapy (ExST) by noting the interactive patterns in conversation between members of the therapeutic system of clients and therapists.

CA can also be employed to reveal therapeutic concerns specific to alcohol-involved couples and be a guide toward potential resolution of difficulties in communication which tend to correlate with alcohol dependence and co-dependent behaviours.

The study offers a microanalysis of one counselling session with a male alcoholic, his wife and a female therapist who have taken part in ExST. The session analyzed consists of a representative ExST intervention of a ritualization of the couple's problems following the husband having an affair. CA research with therapeutic encounters is as yet quite novel. Consequently the results are both exploratory and descriptive, providing an initial contribution to the understanding of the process of change in ExST specifically with ritualization.

This chapter will elaborate the statement of the problem, definitions, delimitations, assumptions and limitations, hypotheses, and the significance of the study.

Statement of the Problem

This investigation will discover, with the help of CA, the specific ways in which an ExST therapist uses "speech acts" or "utterances" (Heritage, 1984, p. 139) such as questions, statements, commands, and requests as well as non-verbal sounds or actions to create therapeutic interventions. Possible interventions include summaries, tracking, probing, empathy, self disclosure, immediacy, blocking, coaching, framing, expressing underlying feelings, role playing, sculpting, metaphor, empty chair work, present and desired state symbols, reframing, and rituals. The clients' understanding of the therapist's verbal and nonverbal communications will be also be investigated. This will be suggested by noting the way clients respond, for example, by following the

therapist's lead, disagreeing, changing the topic, ignoring, or hesitating to respond. As well, the clients' speech acts and nonverbal communications will be noted along with the therapist's understanding of their intent indicated by the therapist's response. This interrelated circle of acts and understandings will form the shape of the larger therapeutic intervention of the ritual burning of symbols of the couple's past discord.

In the final analysis recurrent themes which have emerged from the above detailed analysis of interactive sequences will be elaborated and supported with positive or successful exemplars and deviant or unsuccessful examples selected from the session's transcript. These themes and quotes will help to guide therapists in learning the concrete characteristics of the therapist's style in the successful application of rituals in ExST.

Definitions

Conversation Analysis

CA is an ethnographic method for interpreting conversation as raw data. It inquires into the structural rules of verbal interaction which are understood by all societal members and which together represent conventions for producing or receiving communication. An example of such rules is that a request requires one of three possible responses. These are an acceptance, a refusal including an irrefutable excuse, or postponement of response. Another example is that a question requires an answer. Other such patterns will be described in the literature review. These rules are learned in childhood and are often used without conscious awareness.

The following two authors describe the nature of CA. Gale (1990) noted that CA views "talk itself" as "a performative action that helps to both interpret and produce behaviors" (p. 6). Heritage (1984) made a related point that each sentence is produced by and productive of its context.

Experiential Systemic Therapy

ExST views the therapist and clients in an egalitarian relationship, or therapeutic system, in which each member is mutually affected by and responsive to each other member. ExST is based on humanistic principles so that responsibility for the outcome of therapy is shared by all members. The systemic aspect of ExST also refers to the understanding that the therapeutic system is part of many larger levels of relationship with the extended family, community, nation, and the world.

Sessions are framed by the therapist as set apart from day to day interactions and involve a symbolic act, in this case a ritual. Clients' dysfunctional interactive patterns towards self and others are perturbed by various experiential interventions which are dramatic, active, and symbolic and which bypass clients' earlier cognitive and behavioural rigidity.

Friesen, Grigg, Peel, & Newman (1989b) noted that an important aspect of ExST is the attention to symbols "which hold a density of meaning" known to the clients "which words cannot capture". These symbols chosen by the client embody the positive goals of therapy. As well, symptoms in ExST are considered to be messengers of desired change or "communicative acts" so that "presenting problems are viewed compassionately" (p. 2). This therapy is brief, usually lasting 4 months.

Therapeutic Ritual

A ritual in the ExST context involves clients and therapist collaboratively creating a ceremony which uses symbols to externalize a problem requiring resolution. Clients interact with, experience, and manipulate the symbols so as to let go of past difficulties and embrace relational novelty in the future.

Alcohol Dependent

For the purpose of this study, an alcohol dependent will be defined as a male client who has been self-selected as physically dependent on alcohol by requesting treatment and entering the Alcohol Recovery Project (TARP).

Delimitations

As with other qualitative research projects, several delimitations are inherent in the design. These include the demographic characteristics of the sample, the author's personality, and the use of a videotaped session. First, the generalizability of the results will apply best to populations of alcohol dependent men and their wives, who are of approximately normal intelligence, who have children, and who reside in B.C.

Second, the author's personality will likely affect the direction taken in the analysis so that 2 more raters might have lent a balance to the interpretation. LeCompte and Goetz (1982) noted that "ethnographic process is personalistic; no ethnographer works just like another" (p. 36).

Third, conversely, the internal reliability should be enhanced by the use of videotaped data, thus preserving it for future confirmation or reanalysis. In the

long term, Gale (1991) noted that the reliability of findings can be tested by comparison with exemplars in investigations with similar samples, authors, and contexts.

Hypotheses

Due to the nature of this analytic method, it is difficult to hypothesize about the data before it is examined. It is possible to predict that conversation in the sample will share some characteristics with that generally described in the literature of CA research, hence it will likely demonstrate turn-taking, paired actions, adjacency, silence, preference, pre-sequences, delay and accounts. It will also include characteristics specific to the therapeutic setting.

Significance of the Study

The results of the study could guide future research into this therapeutic model, allow comparison with other models, and inform therapists of effective techniques as evidenced by the data. Parallel benefits of this study could be a contribution to the literature regarding C.A., treating alcoholism, and healing relationships between partners.

Now that the basic intent of the study has been introduced, the next chapter will provide a review of the relevant literature.

CHAPTER II

REVIEW OF THE RELEVANT LITERATURE

This study weaves three threads of areas of inquiry into a strong common cord. These threads are those of the research method Conversation Analysis (CA), literature regarding Experiential Systemic Therapy (ExST), and literature about Ritualization in therapy. Literature describing several aspects related to this investigation will be provided in this chapter. Each of these three aspects of the research will be discussed in turn.

The first research thread concerns CA. It involves transcription and microanalysis of each line of dialogue in the session looking for patterns of relationship with earlier and later statements. As a result of this ongoing intensive analysis, emergent themes are developed, described and exemplified. Several issues in CA research will be presented.

The second research thread is that of ExST. It involves the collaboration between the therapist and clients in experiences intended to intensify and transform clients' problems into novel relational patterns. The flavor of ExST therapy will be alluded to through discussion of several key concepts discussed in the literature.

The third thread and the central focus of this particular session is Ritualization, an intervention often used in ExST in numerous forms. Various sources from the literature which attend to aspects of applying ritual to therapeutic encounters will be presented.

These three theoretical threads will be discussed in turn in the following sections.

Conversation Analysis

CA is a research method which is relatively new to psychological investigations. Discussion of several aspects of its characteristics will be provided in the following sections. In the first section, background to related research methods will be given and CA will be compared with one other research method in some detail. In the next section, the basic premises of CA theory will be elaborated. The third section describes topics studied in CA's attention to everyday conversation. CA's application to institutional settings, specifically to psychotherapy, is the focus of the final section.

CA and Related Ethnomethodological Research Methods

CA is one example of process research which has been developing over several decades especially within ethnomethodology but also in psychology. Other related streams of research have also been developed as will be highlighted in the following section, especially discourse analysis (DA). As well, CA and DA will be compared and contrasted.

Several authors have pioneered research into various aspects of the process of therapy using methods other than CA. They attended to therapist behaviours (Rogers, 1942), coding and rating systems and therapist and client self-reports (Kiesler, 1973), interaction between therapist and clients (Gottman & Markman, 1978), task analysis (Rice and Greenberg 1984a, 1984b), interpersonal process recall (Bergin and Strupp, 1972; Kiesler, 1973; Rice and Greenberg, 1984b; Elliot, 1983, 1984, 1986), good moments in therapy (Mahrer, 1986) and paralinguistic features of conversation (Rice & Kerr, 1986).

Another technique of process research which has often been used in ethnomethodology and study of therapeutic interactions is discourse analysis (DA). It shares several features with CA. Labov and Fanshel (1977), proponents of this method, cite as their forerunners similar sociologist authors as those who have informed CA theory. First, they note the contribution of Sacks, Schegloff, and Jefferson (1974) in determining the general rules of sequencing in conversations. Second, they refer to Goffman (1971) in that "actions and utterances are regularly linked together in chains of exchanges" (Labov & Fanshel, 1977, p. 30). Third, DA is similar to CA in that it noted paralinguistic cues of tempo, volume and breathing especially with laughter. These ideas are some of the ways in which the two research methods are related.

DA investigations differed from CA research in several ways. First, DA examined the data at the level of a sequence of words bounded by topic shifts and attended to several minute details of paralinguistic aspects of speech such as pitch and quality of voice. This entailed a more expansive analysis than that of CA researchers who focus on the level of sentences. Second, Labov & Fanshel (1977) described how DA differed from CA in that the analysis involved expanding the notation of the meaning of the text, inclusion of references of pronouns, addition of related facts from other areas of the text and explicit statement of shared knowledge gleaned from conversations. Third, CA and ExST are less content-oriented and more process-oriented than DA, so that what is investigated is client experiences more than the topic discussed. Fourth, Heritage (1984) noted that with CA preconceived linguistic theory does not guide the analysis, unlike

with DA, but a fresh approach to the data is valued. The above points differentiate the two research methods quite clearly.

In summary, CA and DA share some features and diverge in other aspects. For the purpose of this study, CA offers the method of choice which can shrink discourse information into smaller manageable categories so as to see patterns of ExST themes in style of interventions and their relative successes.

Basic Premises of CA Theory

Several authors have contributed to the development of the basic premises of CA theory, each of which are described in this section. Attention to both verbal and nonverbal cues are then discussed. Following this discussion, specific areas of CA research and findings are touched upon. Finally, CA's application to specific conversational arenas is explored.

The basic premises of CA theory have been developed since approximately 1960 by a core group of authors whose individual contributions will be described below. Garfinkel (1967) has supplied the notion that common sense knowledge of social structure is evident in human interaction. Goffman (1971) has highlighted the social structure in which conversation takes place and described the joining of the verbal and nonverbal parts of conversations in related sequences. These theorists provided the initial premises.

Other theorists have added to the aforementioned ideas by describing the organizational rules of conversation. Sacks, Schegloff, and Jefferson (1974) have pioneered the method's attention to turn-taking in conversation. Levinson (1983) has contrasted CA to content analysis in that CA pays scant attention to content and places "emphasis on the interactional and inferential consequences of the choice between alternative utterances" (p. 287). He also described some details of the manner in which individuals are selected to speak. These initial premises have been developed into rules by Heritage as described in the following quote.

Heritage (1984) summarized the basic assumptions of CA that:

1. Interaction is structurally organized.
2. The significance of each turn at talk is double contextual in that
 - (a) each turn is shaped by the context of prior talk and
 - (b) each turn establishes a context to which the next turn will be oriented.
3. No order of detail in interaction can be dismissed *a priori* as irrelevant to the parties' understandings of what is occurring (p. 241).

Nonverbal and verbal cues are noted in CA. It first studied audiotapes of

telephone conversations, attempting to avoid confounding effects of visual cues on discourse. Current CA research recognizes, as do ExST studies, the importance of visual and auditory nonverbal cues so that it attends to all possible modes of communication. The notation of details of movements and several aspects of the quality of voices is integral to the process of videotape transcription.

In conducting an analysis of the transcribed information, themes are elaborated and supported with exemplars in the form of quotes. As well, according to Heritage (1984), "the analysis of deviant cases - in which some proposed regular conversational procedure or form is not implemented - is regularly undertaken" (p. 244). This allows further understanding of the structure of conversational procedures by examining what differed from successful exemplars.

CA's attention to detail has advantages over such traditional ethnographic and psychological research methods as interviews, paper and pencil tests, field notes, recollection of conversation, pre-coded schedules, or experimental behavioural manipulation. This is accomplished through detailed transcription of the conversation and the use of videotapes to preserve the data's complexity for future study. These features helped to avoid inadvertent influences on the participants or data by coders or experimenters. They also eliminated recall biases so that the analysis is relatively unaffected by linguistic conventions, intuition, common-sense, or theoretical preconceptions. As ExST studies the uniqueness of each family within the framework of systems theory, CA examines each piece of data from a fresh perspective and seeks to draw parallels between the findings it offers and the larger body of research findings.

Findings in CA Research of Everyday Talk

Various areas of CA research have illuminated conversational organizations including turn-taking, paired actions, adjacency, silence, preference, pre-sequences, delay, and accounts.

Turn-taking

Turn-taking is a basic aspect of all human communication in which the rules for who may speak and in what order may be informal or predetermined. In our society, and specifically in therapy, first speakers allow others to speak by pausing to let them self-select for the next turn, or by requesting comment from a particular individual. Overlap between speakers is rare and is soon repaired by particular conversational conventions. Levinson (1983) noted that in such a case,

one member speaks louder or faster than the others, who pause to let the first speaker complete the idea.

Paired actions

Paired actions, which structure turn-taking, are evident in such sequences as greetings, question-answer, request-grant/rejection, invitation-acceptance/refusal, and assessment-reassessment. Research by Schegloff and Sacks (1973) has shown that the first speaker will usually provide the first pair-part, then hesitate for the second speaker to present the second pair-part. Pomerantz (1988) has studied the way a questioner can provide one or more candidate answers from which the respondent can select. This guides the respondent in the type of information the questioner is requesting. Candidate answers might give a model for, show knowledge of, or present an attitude toward the preferred response. Finally, Levinson (1983) has described "insertion sequences" through "which one question-answer pair is embedded within another" (p. 304), thus clarifying information before an answer is given. This study will also address such ubiquitous paired actions.

Adjacency

Adjacency has purpose in conversation besides indicating polite responses. Usually a statement is interpreted as related to the previous one, but may be understood in various ways as shown by the response given. For example, it may be heard as a question and given an answer, or taken to be a criticism and given an apology. After a misunderstanding, a first speaker will show the intended meaning by correcting or 'repairing' the statement, then allowing the respondent to react. The meaning of discourse is thus developed in terms of linked adjacent turns.

Silence

Silence in response to a question also has meaning as Heritage (1988) has described. It could mean that the rules for response do not apply in that circumstance. More commonly, it indicates "deafness, failure to recognize the question, rudeness, lack of willingness to answer," or "inability to answer without self-incrimination", and "*the failure is treated as requiring explanation*" (p. 140). As this phenomena is expressed in ExST, one might expect the counsellor to allow clients time to remain silent so as to process their emotions and formulate a response. If the client looked confused, the counsellor might rephrase the

question or comment, or summarize and invite information on the clients emotional state in reaction to the stimulus.

Preference, Pre-sequences, Delay, and Accounts

Finally four other topics have been addressed in CA research to date. They are preference, pre-sequences, delay, and accounts. Preference refers to an affirmative response to a question, offer, invitation, or assessment which is given immediately, briefly, and without qualification. In contrast, Levinson (1983) noted that a negative response is often preceded by delay, pre-sequences such as appreciation of the former statement, a tentative negation, and an irrefutable account for the negation since it is beyond the speaker's control. In further elaborating on the complexity of framing a first pair part, Levinson (1983) has delineated such presequences as "prerequests" (p.327) and "preclosings" (p. 317). These conversational rituals advise the respondent that a proposal or closing is forthcoming. They allow individuals to 'save face' thus support social solidarity.

This section has highlighted several areas of attention in CA research with everyday conversations. The next section will address CA research applied to various institutional contexts, especially its use in psychotherapy.

CA Research in Institutional Contexts

Topics of institutional talk, transferability, and psychotherapy follow.

The Nature of Institutional vs. Everyday Talk

CA research in institutional contexts has indicated that talk is constrained by participants' unequal social roles and by specific activities in the setting. Heritage (1984) has proposed that:

institutional interaction involves two related phenomena: (1) a selective reduction in the full range of conversational practices available for use in mundane interaction; and (2) a degree of concentration on, and specialization of, particular procedures which have their 'home' or base environment in ordinary talk. (p. 239-241)

For example, one might expect certain aspects of conversation to be emphasized by an ExST therapist such as open-ended questions, offering candidate responses, reflective responses, invitations, requests, summaries, assessments and metacognitive statements. In a complementary manner one might expect clients to provide more personal information, answers, acceptances or refusals, and reassessments of their problems than in ordinary conversation.

Transferability of Types of Talk Across Settings

Heritage has also noted that activities specific to institutional setting such as cross examination or pedagogical dialogue may occur outside legal or educational settings respectively. Conversely he also noted that peer conversation may be heard in these specialized locales, positing that context is "*endogenously* generated within the talk of the participants" (p. 283). This point likely also applies to therapeutic discussions in that for example empathy can be used in a discussion between friends and therapists might also occasionally engage in everyday conversations with their clients before and after sessions.

CA Research with Psychotherapy

Recently CA has been adapted to interactions during psychotherapy. Three examples are presented here. Bilmes (1985), regarding an interaction in couples therapy, has argued that both "conversationally grounded analyst's interpretations" and the meaning understood by the hearer can be 'correct' so that any one comment has no absolute meaning. Davis (1986) examined how a psychiatrist restated and hence reformulated his female client's problem, although perhaps distorting the client's needs and wishes.

Finally, Gale (1990) used CA to describe O'Hanlon's solution-oriented therapy with a couple. Gale elaborated nine themes which characterized O'Hanlon's therapeutic conversational style. Gale found that O'Hanlon adhered to his previous description of therapeutic method in some regards, but that he also used techniques of which he had been unaware until they were noted by Gale. The planned study will add to the varied body of knowledge about therapeutic interactions developed through the use of the CA method. This method will be applied to an ExST session to discover themes which represent the process of this particular style of therapy.

This section has review various aspects of CA research as compared with other methods, its basic premises, areas of study of everyday conversations, and application to institutional contexts emphasizing psychotherapy. The next major area of review to be addressed will be that of ExST.

Experiential Systemic Therapy

ExST is a new branch of systemic family therapy which emphasizes the experiential nature of the therapy encounter. The following compilation of theoretical issues related to ExST will first discuss the similarities between ExST and CA theory. Second, the issues related to the symptom of alcohol dependence will be noted. Next, ExST's three basic dimensions; symbolic, experiential, and

systemic will be described. Fourth, the five basic principles of ExST; developmental perspective, present tense therapeutic focus, ecological assessment, collaborative therapist stance, and therapist spontaneity will be elaborated. Finally the seven ExST Transactional classes of therapeutic interventions will be highlighted.

ExST and CA: Congruence of Approach

Both ExST and CA emphasize the relational context of the interactions studied. ExST seeks to identify and to change repetitive damaging behavioural sequences and to bring new meaning into the relationship. In a similar vein, CA recognizes the recursive nature of each sentence; that it both affects, and is shaped by, its previous and subsequent contexts. Heritage (1985) has emphasized the close interrelationship between conversational components which allows for their constantly evolving meaning. Similarly, rather than imposing preconceived theoretical expectations of effects upon the data, both ExST and CA researchers look for patterns to emerge which are meaningful to the participants. In these ways, the theories are naturally compatible and complementary in this investigation.

ExST and the Symptom of Alcohol Dependence

ExST is a relatively new example of systemic treatments for alcohol abuse. The interrelationship of alcohol dependence and family stress, the impetus for change provoked by the symptoms, the rigidity of family roles, the nature of symptoms as ostensibly involuntary, and the ExST view of the symptom will be discussed.

Alcohol Dependence, Family Stress, and Rigid Roles

Systemic treatment of alcohol dependence, as well as the treatment of related symptoms which tend to interfere with healthful and satisfying family functioning, recognize the inherent emotional and behavioural interrelatedness of family members and of these symptoms. As Davis, Berenson, Steinglass, and Davis (1987) wrote that "in the family system of an alcoholic there is an unusual risk of disruption in members' lives and of morbidity" (p. 26). They quote research which indicates the causation is bidirectional; "that marriages do improve when an alcoholic simply stops drinking" (Burton & Kaplan, 1968; Paolino & McCrady, 1977) and "that interpersonal stress (such as marital stress) is more likely than other life stresses to lead to a renewed bout of heavy drinking among abstinent alcoholics" (Hore, 1971a, 1971b).

A relatively well-adjusted family will tend to exhibit flexibility in roles and, even after an unpredictable event such as a death or illness, will join forces to return to healthful and balanced functioning. In contrast, when one part of a troubled family system is disturbed or healed, another part of the family will tend to exhibit a symptom which will restore the negative status quo.

As an example of symptomatic rigid roles, Bowen presented the alcoholic as tending to "underfunction" while the partner tending to "overfunction" (Bepko, 1985, p. 16). Similarly the partner is often described as "overresponsible" in attending to the physical and emotional needs of others at the expense of his/her own needs and in maintaining the relationship. In summary, as Bepko (1985) wrote, the action of "ingesting a psychoactive drug affects and is affected by change and adaptation at many different systemic levels including the genetic, physiological, psychological, interpersonal, and spiritual" (p.5).

Symptoms as Impetus for Change

Such painful, seemingly intractable communication patterns within alcohol-involved couples bring a sense of despair to both members and are often a strong impetus for therapeutic change. Barnard (1981) noted the "prominence of tension, fear, isolation, rejection, incongruence, blaming, denial and inhuman rules which are operational" (p. 49). Howard and Howard (1978) wrote that "as the condition of the problem drinker deteriorates, the family suffers through lack of or distorted communication and decreasing levels of self-worth; the family pattern becomes less nurturing and more disturbed" (p. 140).

The Nature of Symptoms

As part of the systemic zeitgeist, ExST is a contemporary treatment which examines the relationship between the alcohol dependent, the co-dependent(s), and the substance as they relate to the symptom of alcohol dependence. Elkin (1984) defined a symptom as "any behaviour which" . . . "controls or defines the context in which interaction takes place" and "directly or indirectly makes the claim "I can't help it"" (p. 90). Elkin (1984) noted that in such interactions "the normally accepted rules of human intercourse do not apply . . . and there is no clear substitute set of rules". The new context is therefore established by the person with the symptom. In such a case, the partner "often feels both responsible for the welfare of the person and totally helpless" (p. 91).

Elkin (1984) continued that if a "behaviour either (a) failed to control the context of interaction or (b) was admitted to be voluntary, then it would not operate as a symptom" (p. 92). The effect of the symptom controlling family interaction is

often the case for family members of an alcohol dependent. In keeping with this argument, ExST seeks to perturb the family system particularly by externalizing symptoms and allowing the couple to visualize themselves in a satisfying relationship without the interference of alcohol. In this way, ExST emphasizes the clients' potential health, rather than an immutable disease of alcoholism.

ExST's View of Alcohol Dependence and Personality

ExST theorists view alcohol dependence as a core syndrome within a broad range of alcohol-related problems such as relational difficulties in the marriage, family, work, or community. In describing personality, Friesen (1992b) stated that "the self is divided into subpersonalities or parts" which "interact in ways similar to *external* families or other human systems" and which "are experienced in a number of ways such as thoughts, feelings and sensations" (p. 1). Friesen (1992b) noted that these parts develop over time and might consist of injured child or abusive adult components. Each part requires recognition. If this is not accomplished, parts may "become polarized" or "rigidly extreme and destructive" . . . "in relationship to the core self ". Symptoms of such polarization include "sexual deviance, alcohol dependency, eating disorders, etc".

ExST's View of Symptoms as Messengers

A last important issue regarding alcohol dependence as a symptom involves the ExST viewpoint of the symptom as messenger. Friesen et al (1989b) described that a function of symptoms is to teach the therapist and clients about "relationships in need of attention" (p. 42). It is as if the symptom takes on a life of its own and is treated with respect. For this reason, unless the symptom is life threatening, it's meaning is first thoroughly explored before impetus for the symptom's removal is begun. ExST techniques then externalize the symptom from the client thereby circumventing blaming the individual and allowing resolution of the problem.

This section has discussed the nature of symptoms from the ExST perspective. The next will elaborate the central theoretical dimensions of ExST.

ExST's Central Theoretical Dimensions

ExST theory is based upon three central dimensions; the systemic, experiential and the symbolic. They will each be described in the following text.

Systemic Dimension

ExST, as presented by Friesen, Grigg, and Newman (1991), is based on the premise that "relationships" are "the bedrock of human existence" (p. 2). These relationships exist not only with immediate family and friends but with the larger community and world, as well as within the individual as related psychological parts. The therapeutic system is a special example. ExST comes from the second order cybernetic perspective that the clients and therapist are equal partners for therapeutic change. Though therapists have expert understanding of the therapeutic process, they consider themselves as participants in, rather than observers of, therapeutic change. ExST theorists and therapists remain aware of all of these levels of systems as they affect and are affected by individual clients.

Experiential Dimension

The second, or experiential, dimension can best be expressed in a quote from Friesen et al (1991) that "clients do not need an explanation, they need an experience" (p. 6). Because of this awareness, clients in ExST are encouraged to act out their psychological experiences physically so that they can be experienced in the 'here and now'. Spontaneous and creative externalization of "aspects of self in relationship", "symptoms, problems, relational themes or relationship patterns" (p. 7) can bring the emergence of new heartfelt understandings and relational novelty for clients. In a similar manner, family histories are also explored in the present context so that clients can experience the effects of intergenerational themes in ExST sessions. In these ways, through experience comes transformation.

Symbolic Dimension

Metaphoric symbols are a third powerful aspect of change in ExST. Friesen et al (1991) noted that they may be represented as "words, actions", "projects" (p. 4), "feelings, thoughts and deeds" (p. 5). Friesen (1992a) described a symbol as "a term, a name, or even a picture that may be familiar in daily life, yet possesses specific connotations in addition to its conventional and obvious meaning". Friesen (1992a) continued that in exploring symbols clients' thoughts go "beyond the grasp of reason", "evoke attitudes and emotions", "are sensory", connect "to the unconscious" and "help bypass reflexive objections" (p. 1). Friesen et al (1989b) stated that a symbolic act offers a novel healing experience "which synthesizes behavior, cognition, perception, and affect" and that this experience "is deepened and enhanced in the therapeutic setting" (p. 3). Relational novelty can then be translated into change outside the therapy setting.

The characteristics of ExST have been presented in this section. The next section's presentation of the principles of ExST will add yet more of it's flavor to the discussion.

Guiding Principles of ExST

Friesen et al (1991) demarcated principles which combine to form the uniqueness of ExST as a therapeutic approach. These are; collaboration, therapeutic mandate, here and now focus, developmental perspective, novelty/creativity, generalizability, and systemic viewpoint.

Collaboration

First, the ExST therapist and clients share ownership of the therapeutic process and responsibility for the evolution of their relationship. Together they elaborate the clients' story. Friesen et al (1991) noted that with " mutual trust, respect and caring" the therapist "honours the clients' world" (p. 13) and accepts clients as they are. Through this approach, what might be called 'resistance' by other therapists is viewed as a necessary self protective stance by ExST practitioners.

Therapeutic Mandate

A second principle is that clients are guided by the therapist to view their difficulties relationally. Friesen et al (1991) described that clients develop a therapeutic mandate which is expressed as a "desired state metaphor", and which portends future change (p. 14).

Here and Now Focus

The 'here and now' focus is the third guiding principle. Clients explore events from the past or future by deeply experiencing their manifestations to the point of saturation in the present moment.

Developmental Perspective

A fourth principle, ExST's developmental perspective, views both hesitancy about and engagement in therapy as valuable examples of clients' relational patterns. Friesen et al (1991) noted that a practitioner of ExST "conveys appreciation and respect for the clients' potential" (p. 16) and helps them to grow through life cycle transitions.

Novelty and Creativity

A fifth aspect of ExST is that the counsellor, rather than developing rigid treatment plans, is open to co-creating novel modes of healing which will help clients transform painful recursive interactive patterns into mutually nurturing satisfying relational patterns.

Generalizability

A sixth important issue is that the relational novelty, developed in therapy meetings, is closely linked to extrasessional client activities. In this way, ExST theorists expect therapeutic change to generalize to the clients' wider context.

Systemic

The final principle is that ExST highlights the many ways in which clients are systemically interconnected. Friesen et al (1991) noted that aspects of the clients' context include the "intrapersonal, interpersonal, familial, sociopolitical and spiritual relevance" (p. 18) of therapy. The quality of these relationships is examined and transformed through the process of therapy.

This section has touched upon the principles of ExST. The actual therapeutic interventions which can be part of ExST encounters will be the topic of the next section.

Transactional Classes of ExST

ExST utilizes techniques drawn from seven transactional classes, elaborated in Friesen et al (1991), which roughly approximate the order of their emergence in the process of therapy. Each will be named and given examples.

Therapist-Client Relationship Enabling Class

Friesen et al (1991) described this class of interventions as concerned with "the creation and maintenance of the therapeutic alliance" characterized by "trust" (p. 25) and "commitment to the therapeutic process" (p. 26).

The quality of this relationship might be expressed through empathy, self disclosure, and immediacy.

Process Facilitation Transactional Class

Friesen et al (1991) wrote that clients are lead to be "spontaneously" and "directly involved with one another during the session" (p. 26) in these interventions. Examples are blocking, coaching, marking boundaries, framing expression of underlying feelings, role reversal, and repetition.

Expressive Transactional Class

Friesen et al (1991) described how the private is made public through "exploration, naming and owning of experiences" (p. 26) as they are expressed. Art, dance, storytelling, baking, and metaphor are representative examples.

Symbolic Externalizing Transactional Class

Various things or individuals are represented through externalized symbols and interacted with by the clients. Some examples are empty chair work, two chair work, and symbolic representations.

Meaning Shift Transactional Class

These conceptualizations of problems view clients as deserving of compassion at the same time as they perceive possibilities for change. Reframing, normalizing, circular questioning, and regressions belong to this class.

Invitational Transactional Class

These transactions are intended for enactment between sessions to promote new behaviours or to consolidate change. The results of the invited activity can also indicate how well changes are being incorporated into clients daily lives. Ideas for perturbation of the clients' system between sessions include prescribing symptoms, homework, quests, journal writing, and self-monitoring.

Ceremonial Transactional Class

These transactions use ritualization to formally honour changes clients have made during counselling. Ceremonies can take on many forms including closing celebrations, burials, penance, confessions, and handshakes.

This last section has described the seven transactional classes of ExST. A general introduction to the nature of ExST has been provide by this information along with that in the earlier sections about harmony between the premises of ExST and CA, ExST and the symptom of alcohol dependence, ExST's three dimensions, and the five principles of ExST. The next section deals in detail with many aspects of ceremonial transactions or ritualizations in therapy.

Ritualization

Numerous aspects of ritualization in therapy are alluded to in the literature. In the following section the areas of the definition of ritual, removal of labels by externalization, constructivism and meaning shifts, ritual and

mythology, altered states of consciousness, qualities and functions of rituals, development of ritual symbols, stages of ritual, disruption and assessment, designing therapeutic rituals, and applications to specific problems will be covered.

Definition of Ritual

Ritual has been used in both the wider cultural context and in therapy to symbolically externalize and alter or reinforce the meaning of various troubling or joyful experiences to the participants.

Rituals in Anthropological Investigations

Cooper (1987) summarized some characteristics of ritual found in the anthropological literature including "symbolism, enactment," and "repetition" (p. 12). She noted that acts in ritual are abstract or symbolic representations of another act, idea or belief. Cooper stated that the participant's belief system may be "culturally defined and shared by others" or can "refer to a more idiosyncratic set of assumption and beliefs influencing a person's thoughts, perceptions, and behavior" (p. 12).

Regarding repetition of rituals in the wider culture, Cooper drew attention to the concept that "even when performed only once," for given participants "a ritual can still convey a sense of tradition by stylistic performance, utilization of established symbols in a new context, and evocative presentation conveying a sense of unquestionable validity" (p. 16). A therapist may utilize similar but not identical ritual enactments for various couples as each enactment has an distinctly personal nature. In the next paragraph, it can be noted that ExST uses ritualization to realize similar goals.

Rituals in Therapeutic Interventions

In ExST, ceremonial transactions, or ritualizations, tend to occur near the middle or end of the therapeutic process when the therapeutic system is well developed. These interactions embody the spirit of ExST's approach to therapy as they externalize and bid farewell to problems in a solemn, playful and collaborative manner. The enactment of rituals can entail aspects of other transactional classes such as empathy, immediacy, marking boundaries, storytelling, metaphor, empty chair work, symbolic representations, reframing and normalizing. Rituals serve to perturb, summarize, or consolidate the changes realized within therapy, help pave the way for the disbanding of the therapeutic alliance, and facilitate integration of changes.

Removal of Labels with Externalization in Rituals

Externalization of inner processes is an important aspect of all ritual. Specifically couple's therapeutic rituals involve the creation of externalized symbols which represent problems as separate from the innate and desirable characteristics of the relationship and individuals. This goal is important because problems brought to therapy are often initially perceived by the clients as fatalistic immutable grounds for mutual blame. White (1989) found that for families "the continuing survival of the problem, and the failure of corrective measures, served to confirm . . . the presence of various negative personal and relationship qualities or attributes" (p. 5).

White (1989) supported the above stance by citing Foucault (1965, 1973), a systems theoretician, who traced the phenomenon of labelling problems as if they resided within individuals. White (1989) paraphrased that the "modern history of the objectification of persons, and of the bodies of persons, coincides with the proliferation of what can be referred to as the 'dividing practices' and the practices of 'scientific classification'" (p. 24). Foucault, as quoted by White (1989), argued that they had the effect of "'subjugation' of persons . . . as 'docile bodies'" (p. 24) which could be easily controlled. In this way individuals were disempowered.

Both White's ideas about treatment and those of ExST have among their goals to remove the effect of this labelling function and to place the responsibility for and control of change back within the power of the clients by externalizing the problem. They differ on the point that White discusses the metaphor of the problem with his clients while Friesen et al (1991), as ExST practitioners, have clients interact in a myriad of ways with the symbolized problem. ExST also externalizes various relationships. Nonetheless, both paradigms use externalization to engender joint optimistic refashioning of the relationship by clients and therapist.

Constructivist Perspective: Meaning Shifts

The alteration of meaning is a central goal of ritualization. White (1991) referred to meaning shifts in therapy generally as "deconstruction". White (1991) proposed that "deconstruction is premised on" . . . "'a critical constructivist'" or "'a constitutionalist' perspective"; that "persons' lives are shaped by the meaning that they ascribe to their experience, by their situation in social structures, and by the language practices and cultural practices of self and of relationship that these lives are recruited into" (p. 27). ExST theorists agreed that the way an individual

describes her/himself or a group, their relationship, or their narrative, has real impact on the way their lives are lived.

Other authors have also emphasized the importance of the meaning of the ritual to participants. Regarding the enactment of therapeutic ritual, Buckland's (1982) contention was cited by Cooper (1987) that "the purpose and meaning of the ritual to the practitioner is the most important element in the outcome of ritual practice" (p. 15). ExST theorists would stress the importance of both the therapist and the clients' belief in the efficacy of the ritualization process. Wallace (1966) was also paraphrased by Cooper (1987) that "when symbols are shared, rituals will not have the same meaning for all participants" (p. 15). Likely the important issue is that clients do experience through ritualization a construction of a new meaning to guide their future roles and behaviours.

Personal and Family Mythology and Ritual

Mythology is a topic which has recently been embraced as a healing source by researchers, therapists and laypeople. It is highly congruent with ExST theory. The topics of myth as a unifying force of clients' external and internal worlds, the stifling effects of the myth of rationality, and changing family myths in therapy will be discussed next.

Mythology as a Unifying Force

Mythology can not only unite individuals with their social and natural context, but it can also integrate parts of the individual psyche. The effect of myth goes beyond rational thought. According to Feinstein (1990), myth can "embrace the intuitive and spiritual dimensions of human consciousness that elude many of the constructs psychologists have used to describe the core components of experience" (p. 163).

Mythology unifies individual, culture, and nature. A first effect of mythology is that it serves to let the individual feel part of a larger whole. Campbell (1988) stated that "every mythology has to do with the wisdom of life as related to a specific culture at a specific time. It integrates the individual into his society and the society into the field of nature. It unites the field of nature with my nature. It's a harmonizing force" (p. 66)

Mythology integrates parts of the individual psyche. Mythology can also unify the psyche and guide individual lives with a spiritual anchor in the midst of chaos. May (1991) stated that myth guides our lives and unifies the conscious and unconscious. He held that "*myth refers to the quintessence of human experience, the meaning and significance of human life*" (p. 26). May (1991)

stated that the purposes of myth are to give a "sense of personal identity " and a "sense of community ", to "*undergird our moral values* " and to give us a way of "dealing with the inscrutable *mystery of creation* " (p. 26). As will now be discussed, the myth of rationalism stands in contrast to these healing myths.

The Alienating Modern Mythology of Rationalism

The lack of functionality of the modern myth of rationality has been described by several authors. Marlan (1981) contended that it "is not that modern man (sic) has become any less mythic, but that he has unconsciously lived the myths of logic and science" which "unduly restrict the deepening of human consciousness and help to foster the feelings of alienation and 'exile' so common in modern times" (p. 227).

May (1991) agreed with this viewpoint and noted that we have largely been taught to think rationalistically and believe that this method is the most correct. He continued that in rationalistic communication the "*persons who are speaking the words are irrelevant to the truth or falsehood of what they say* " (p. 26). Thus the myth of rationality has alienated thought from its personal context and left some individuals bereft of spirituality.

To restore a wholistic approach through psychotherapy, May (1973) highlighted the importance of examining and refashioning the client's myths. In the next section, one formalized approach to changing family myths is described.

Family Myths Altered Through Ritual Performance

van der Hart, Witztum, and de Voogt (1988) described ritual performance as the "material plane" which symbolically represents the "ideational plane" of a culture or family; it's "beliefs, values, and affects shared wholly or in part by members" (p. 58).

The ideational plane. These authors attend to "family myths" which are "shared traditional oral tales told by the family and its members about themselves". They continued that, when there is conflict with reality, myths may slowly naturally evolve or change more rapidly when given impetus in therapy. Interventions on the ideational plane are "elaborating existing family myths . . . presenting the therapeutic myth . . . relabing and reframing" (p. 60).

The material plane. This aspect of family myths can be seen when day to day rituals are acted out by the family. van der Hart et al, (1988) suggested that interventions directed to changing the material plane are "the prescription of one-time rituals" (transitional ritual) or "the prescription or modification of repeated rituals" (daily patterns) (p. 60). Interestingly, these therapists develop rituals

aparently without incorporating the families' input into their design. In contrast, ExST practitioners guide families in joint responsibility for creating meaning in ritual form.

The positive effects of myths, rationality and changing family myths have been discussed. Next, attention will be given to altered states of consciousness in ritual.

Altered States of Consciousness in Ritual

Altered states of consciousness will be discussed from the anthropological and psychological perspectives, and generalizability across contexts.

The Anthropological Viewpoint

Cooper (1987) first emphasized altered states of consciousness (ASC), from the anthropological literature, as a central vehicle for changing belief systems in ritual. According to Ludwig (1969), quoted in Cooper (1987), ASC might appear as "alteration in thinking, disturbed time sense, loss of control, change in emotional expression, change in body image, perceptual distortions, changes in meaning or significance, a sense of the ineffable, feelings of rejuvenation, and hypersuggestibility" (p. 60). Besides ritual, Cooper cited other healing processes which use ASC's such as hypnotism, guided imagery, and meditation.

The Psychological Viewpoint

Second, Cooper (1987) described the study of consciousness in psychology which posited "a set of learned assumptions which limit experience, behaviors, and feelings" (p. 52-53). This field suggested that mental processing can be "sequential", "analytic" and "focal", or "wholistic" and "diffuse" (p. 54). Cooper continued that cognitive maps, influenced by culture, language, and social groups, tend to filter out some information during analytic processing. These maps may be incoherent, misperceive the world, and bring intrapersonal conflict. This echoes Marlan's (1981) and May's (1991) thoughts that rationalism can interfere with personal integration. Conversely, ritual tends to unify processing.

Generalizability of Ritual Effects Across Contexts

Some writers would emphasize the idea of state/context dependence; that learnings in one state are most easily recalled in that state, while other writers support the generalizability of effects. Regarding the latter position, Cooper drew attention to the substantial changes in behavior, cognition, and affect which follow transition rituals. Cooper (1987) noted that reduction in or suspension of

defenses through ritual can free individuals to experience powerful positive or negative emotions and to behave in novel ways. When an ASC experience is positive, new ways of seeing the world and integration of the client's personality and belief system can be the result. Cooper (1987) held that ritual may serve to both induce such states, structure the experience, and maintain related changes. This point of view is parallel to that of ExST.

Other theorists support this position. Kiefer and Cowan (1979) described rituals reducing state/context-dependence through the exclusion of other stimuli, using many of the senses, and repeating certain messages. In a similar vein, Turner (1969), as quoted by Cooper (1987), described "cross-linking" to other states by utilizing "an array of symbols, actions, words, and ritual objects that converge around a central theme and reinforce it in different ways" (p. 74), and which provide cues for retrieval. Finally, Weingartner, Hall, Murphy, and Weinstein (1976) noted that emotional arousal would tend to reduce state/context-dependence when paired with familiar stimuli. In these various ways ritual effects will likely be carried over into everyday experiences.

This section has described the anthropological and psychological approaches to ASC and the reduction of state/context dependence. The next area addressed will be the functions of ritual.

General Qualities and Functions of Rituals

Rituals have certain qualities and functions which distinguish them from other types of social intercourse. The following discussion will highlight some specific aspects of ritual.

Qualities of Rituals

Some qualities of rituals described in the literature will be discussed.

Experiential. Positive qualities of rituals have been alluded to by the next authors to be cited. Each of these ideas is also part of ExST theory. One desirable aspect of rituals was noted by Imber-Black (1988b) who emphasized their participant quality in that roles, rules, relationships and world views are changed through experiences rather than verbalization. Rando (1985) also highlighted the "power of acting out" (p. 237) and "learning . . . through doing" (p. 238).

Beyond language to symbol. A related positive quality, written by Laird and Hartman (1988), said that ritual can take participants "beyond language and beyond our conscious, cognitive categories because of its powerful use of myth, metaphor, and symbol" (p. 157). This is reminiscent of May's (1991) description of myth.

Joining analogic and digital communication. A third quality noted by Imber-Black (1988b) is "joining the analogic and digital aspects of communication" (p. 22) to provide a wholistic experience.

Related to these qualities are the functions of rituals which will be elaborated in the next discussion.

Functions of Rituals

Various authors have noted specific functions of ritual, some of which will be alluded to below.

Realizing goals. Cooper (1987) noted that therapeutic rituals are intended to maximize individual goals which have been "developed by the client, rather than externally imposed" (p. 41), an attitude concurred with by ExST theorists.

Entering the next stage of family life cycle. Second, van der Hart and Ebbers (1985) suggest that traditional and modern therapeutic rituals are useful in negotiating the next stage in the family life cycle. This issue is related to Imber-Black's (1988b) description of its purpose as linking the past, present and future." (p. 22).

Restoring equilibrium during transitional crisis. Third, ritual can center a person or restore equilibrium. Laird and Hartman witnessed that rituals brought order to our lives, controlled "the chaos of potential choices", held "paradoxical elements" with "opposite truths" and minimized or disguised "differences, inequities or injustices" (p. 159). Imber-Black (1988b) echoed this function of "holding duality" (p. 21). In a similar vein, Cooper (1987) stated that "both psychotherapy and ritual can function to restore equilibrium in times of crisis" (p. 41) when "old behavioral repertoires are no longer adequate for the new demands of the situation" (p. 42).

Emotional expression and solace. Emotional discharge and comforting is a fourth central function of ritual. Scheff (1979) noted that ritual could sooth anxiety regarding uncertainty. On a related issue, Imber-Black (1988b) described the expression of strong emotion in a safe setting to be part of the use of ritual. Rando (1985) agreed that ritual offers "legitimization of emotional and physical ventilation" (p. 237). In concurrence with this idea, Scheff (1979) said that our society tends to punish the expression of intense emotion. He proposed that ritual is one forum in which the expression of repressed emotion is encouraged. Scheff (1979) found that the collective catharsis through ritual will provide "relief from tension, increased clarity of thought and perception", a sense of community, and "will produce forces of cohesion and group solidarity" (p.53).

Provision of symbols. Rando (1985) noted the importance of "the provision of outlets and symbols upon which the griever" or participants in other rites "can focus" (p. 237). Rando said they provide "structure and form for ambivalent, nebulous, or poorly defined affect and cognition" (p. 238).

The functions of ritual described above were reaching goals, negotiating entrance into a new stage of life, regaining balance, emotional catharsis, and provision of symbols. These properties echo those of ExST interventions. The qualities and functions of ritual are achieved through symbolization, the next area of discussion.

Development of Ritual Symbols

This topic is related to the earlier discussion of the ExST dimension of symbolization. When effectively framed in ritual, the manipulation of symbols by clients can have powerful effect. As van der Hart et al (1988b) noted, "the way in which one treats the symbol is analogical to the way in which one would like to treat that which is symbolized" (p. 62). Cooper (1987) interviewed therapists who specified various manners of developing therapeutic symbols which will now be described for use in clients' healing rituals.

First, symbols might arise spontaneously to the client. Cooper (1987) stated that they may emerge from metaphors arising from client's descriptions of their troubles which can be intensified by enactment, focusing, drawing, meditation", or "assuming the posture of the metaphor" (p. 136). Second, dreams may suggest ready-made symbols. A third source is "linking objects" which represent relationships or "connect . . . to a particular attitude or behaviour of the past" (Cooper, 1987, p. 137). Finally, Cooper (1987) noted that clients' "power objects" associated with "success, empowerment, wisdom, joy or some other positive experience may be used as ritual symbols (p. 137).

Ritual symbols are experienced in the context of the three stages of ritual which will be described next.

Stages of Ritual

Rituals are composed of three stages which were originally described by Van Gennep (1909) and Turner (1969) in anthropology. Cooper (1987) quoted these as "separation"; "marge" or "liminality", and "aggregation", "reintegration" or "integration" (p. 27). Each of these stages is found in therapeutic rituals and will be described below.

Separation Stage

According to Cooper (1987), in the first phase, separation, "ritual space and action is set apart from everyday affairs . . . spatial and temporal as well as psychological" (p. 27). She suggested that this is achieved through a predetermined time and place, conditions of confidentiality and prevention of interruption. When these measures have been ensured, clients can be open to a more emotional than rational experience.

Liminal Stage

The second or liminal phase encompasses the beginning of transition into new roles and attributes up to the end of the enactment of the ceremony. Cooper (1987) stated that in therapy some social rules are set aside so that small talk gives way to "expression of intense and often suppressed emotions" and "clients set aside defenses and become open and vulnerable". She continued that elements of the "symbolic", "nonverbal" and "fantasy" take precedence over rationality (p. 47).

Integration stage

The integration or third stage emerges with the participants incorporating their new state into their world view and re-entering the wider society to apply their learnings and fulfill their new status. Cooper (1987) suggested that "integration is probably not so much a separate stage as it is a guiding value in the therapeutic process" (p. 49) so that insights are continually amalgamated into clients' world views.

These three ritual stages; separation, liminality and integration, tend to flow from one to another without clear demarcation between them. In the next section the use of rituals in family therapy will be discussed.

Disruption and Assessment of Family Rituals

This section will discuss disruption and assessment of certain aspects of family ritualization.

Disruption of Regular Constructive Ritual Observance

Several contemporary forces tend to interfere with the positive effects of rituals in bringing families members closer to each other and to the larger community in times of happiness and loss. van der Hart and Ebbers (1985) described some rituals as potentially "stultifying" when they are "dissonant with the times or with personal choices" (p. 157). For this reason, family rituals need

to embrace aspects of tradition as well as the quality of flexibility to allow them to change to fit the times and individuals taking part in them.

Some examples of forces which can disrupt the potential stabilizing effects of family rituals will follow. Wolin and Bennett (1979, 1984) have studied families in which one parent's drinking has disrupted the regular observance of rituals. Winslow (1990) demarcated another exception to the desired state which can occur when celebrations have been tainted by sexual abuse or incest. Rando (1985) noted another force, that of "geopolitical and social psychological trends" which tend to separate extended family and leave a nuclear family "isolated within the urban environment" (p. 237). These deleterious effects tend to break the continuity and interfere with the healing inherent in traditional rituals. The results of such disruptions can be assessed by therapists as described in the next section.

Assessment of Ritualization in Families

Imber-Black (1988b) recommended that therapists assess the types of rituals engaged in by families outside the therapeutic setting. This approach is in keeping with the work done by Wolin and Bennett (1984), who view family rituals as "symbolic forms of communication" which are repeated over time and can stabilize "family identity" (p. 401).

In assessing their clients, Wolin and Bennett suggested that therapists can look for ways in which families may not use ritual effectively. Imber-Black (1988b) summarized the aforementioned authors' work in that families might be "underitualized", engaging in few regular family activities or ceremonies; "rigidly ritualized", lacking flexibility of input from family members; or show "skewed ritualization", so that the style of only one family of origin is followed. Imber-Black (1988b) also described "hollow ritual", an event rather than a process; "ritual process interrupted" or not openly experienced; or limited "flexibility to adapt to rituals" (p. 25). As Imber-Black (1988b) noted, in-session rituals are particularly important for clients who are under-ritualized.

Disruption and assessment of rituals have been discussed.. The next area will describe symptoms and Alcoholics Anonymous (AA) as forms of ritual.

Symptoms, AA Meetings, and Ritual

Several authors have conceptualized symptomatic behaviour as ritualistic, albeit destructive and stultifying. Other authors have proposed that AA and related groups might serve to replace negative rituals with the regular consoling and healing rituals which are part of these group meetings.

Therapist as Guide

Effective therapeutic rituals, in contrast to every day rituals, religious observances, or generally celebrated rites of passage, emphasize personal meanings chosen by the clients. Such personalized ceremonies allow the therapist to both witness and take part in the clients' change. (Cooper, 1987) drew attention to the therapist's responsibility for timing the ritual according to the clients' readiness, and for ensuring that the effect will be growth enhancing.

Clients as Owners of the Ritual Experience

Both proponents of ExST and Whiting (1988) noted that in an effective ritual the therapist will shift from conducting to witnessing the clients create the ceremony. Whiting (1988) wrote that the hierarchy of the therapeutic system will ideally be either "eliminated" or "reversed" when clients take charge of their own healing process (p. 92). Whiting (1988) expected in-session rituals to "utilize the therapy session in an unusual and unexpected way to engage families, to break up rigid frames, and to introduce change" (p. 90).

Aspects to Consider in Designing Rituals

In 1988, development of therapeutic rituals was carefully detailed by Whiting in a generic plan which takes into account details regarding "design elements (symbols, open and closed aspects and time and space)", "ritual techniques and symbolic actions (letting go, utilizing differences, giving and receiving, ritualizing the game or prescribing the symptom and documenting)". Whiting (1988) also noted "other design considerations (alternations, repetition, combining themes and actions and use of teams)" (p. 85).

In the above discussion, therapists were characterized as guides but not directors, clients were viewed as authors of their own change, and ideas for creating rituals were noted. The next portion of the discussion relates to the application of rituals to various client problems.

Specific Applications of Therapeutic Rituals

Review of the literature reveals that rituals have been successfully applied to many types of therapeutic issues. Imber-Black (1988b) gave examples of the process of healing, identity, belief expression and negotiation, and celebration which are interwoven in the following specific themes of therapeutic rituals. These themes include loss, developmental growth of the family, cross-cultural issues, celebrations of women's rites of passage, healing past abuse, belated

acceptance and celebration, developing healthful family relations, transformation of symptoms in children, adults, and couples, and strengthening couples bonds.

Loss through Death or Ending a Relationship

The first theme of loss can be seen with shared grief over the deaths of loved ones. Examples were related to the death of a young child (Laird, 1984; van der Hart, 1983) or designing personalized therapeutic rituals for the bereaved as a result of suicide, auto accident, illness or old age (Rando, 1985). Other applications surrounding deaths involved partners audiotaping messages to children and staging funeral service in hospital for a bed-ridden spouse (Tomko, 1983), grieving a long-dead mother (Imber-Black, 1988b), and saying goodbye after missing a father's funeral (Burford Mason, 1992; van der Hart, 1988)

Coming to terms with loss is also a central part of resolving the end of relationships and is often the focus of rituals. In the therapeutic setting this can involve the release of hurtful relationship memories (Imber-Black, 1988a; van der Hart & Ebbers, 1985; Whiting, 1988), adjustment to an unexpected divorce (Imber-Black, 1988c), and processing emotions about a long-past divorce (van der Hart, 1983). In the larger community, holding a formal parting ritual to end a marriage and begin a new form of relationship can be an important step for the couple especially when parenthood is shared (Hardy-Lewis, 1983).

Developmental Growth of a Family

A second theme relates to the developmental growth of the family. Examples are of support for a handicapped young adult moving out to live with peers (Imber-Black, 1988a), a teenage daughter's individuation from her parents and permission of a son to be seen as a young adult by his sister and mother (Quinn et al, 1985), and a teenage daughter's departure, without malice, to live with her natural father (Whiting, 1988).

Cross-cultural Issues

Cross-cultural themes, a third issue, can also be externalized in ritual which might allow family members to become part of their new country, yet still honour their original culture (Imber-Black, 1988b).

Women's Rites of Passage

Rituals have addressed women's needs to celebrate accomplishments and movement through life stages. Successes might exist both within the traditional feminine roles of caretaking and nurturing, and beyond these into the male-

dominated public sphere. Formalized ceremonies might be incorporated into family therapy. Laird and Hartman (1988) recommended celebration of the onset of menstruation, leaving home, becoming a leader rather than a follower of parents' dictates, getting the first job, childbirth, becoming a mother, christening, marriage, and divorce. These are only some rituals which might be created or modified to mark changes in women's lives.

Healing Past Abuse

Promotion of healing past abuse is possible in rituals for prevention of generational transmission of alcohol dependence (Wolin, Bennett and Noonan, 1979), relinquishment of guilt about and symptoms of bulimia (Protinsky, 1987), and recovery from incest (Winslow, 1990). For a related issue, Agger and Jensen (1990) used the client's creation and eventual ownership of a written transcript of testimony regarding political torture as a form of healing ritual.

Belated Acceptance and Celebration

The celebration of the joyful aspects of various family life cycle changes, such as adoption, birth, or forming a couple, can be overshadowed by societal sanctions. Belated acceptance and celebration of the inclusion of children and of partners' unions may be needed. Examples include ceremonially marking a son's earlier adoption (Imber-Black, 1988a), transformation of shame about a premarital pregnancy to acceptance and honouring the birth and the marriage (Imber-Black, 1988c), and celebrating relationships of committed same-sex couples (Laird & Hartman, 1988).

Development of Healthful Family Relations

Still other rituals emphasize healthful family relations in place of destructive symptomatic behaviours. They may use playful encouragement of a family's truthfulness and relational change (Kobak and Waters, 1984), opening communication of negative emotions in family with an anorexic daughter (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1977), reframing fasting as a puberty transition ritual for an anorexic daughter (van der Hart, 1983), and removal of the label of 'eating disordered' from a daughter (Imber-Black, 1988b).

Children's Symptoms and Rituals

Several applications to children have also been described. Imber-Black (1988b) used limit-setting with children and reframed 'hyperactivity' as 'naughtiness'. Roberts (1988) employed ritual to encourage self-responsibility

with an infantilized child. White (1989) used ritual to make childhood monsters humorous, and to include children and adolescents, who had exhibited uncontrolled behaviour, into their families.

Adults' Symptoms and Rituals

Ritual might also help improve other types of relationships and symptoms in adults. Cooper (1987) described the uses of symbolic objects to help a client transform fear of criticism to self-confidence in relations with his boss. van der Hart (1983) described a ritual of detoxification of heroin addicts.

Couples' Symptoms, Maintaining Relationships, and Ritual

Couples may experience a renewal of marital relationship between parents or replacement of name-calling with humour (Imber-Black, 1988b). Other results might be the replacement of destructive with constructive couples rituals, the gain of emotional distance from an past affair, or the processing of many years of a couple's resentments (Imber-Black, 1988c). Finally, family rituals can serve to maintain satisfying relationships between members using planned shared times for dual-career couples (Paddock and Schwartz, 1986), to release a couple from outdated rigid sex-roles (Whiting, 1988), to allow time for solitude and togetherness on holidays (Imber-Black, 1988c), and to represent therapeutic goals with concrete symbols (Cox, 1989).

This section on ritual has discussed ritual's definition, use of externalization, meaning shifts, relation to mythology, altered states of consciousness, qualities and functions, development of symbols, stages, disruption and assessment, design, and specific applications. The next chapter will describe the methodology of the study.

CHAPTER III. METHODOLOGY AND PROCEDURES

This chapter will first present various characteristics of CA, including its contrast to empirical research, similarity to Giorgi's method, intensive nature, groundedness in participants' understanding, emergent themes, validity, and reliability. Second, the procedures of this study will be described. The sample of clients and therapists, the basis for the selection of the session, and finally the processes of transcription and analysis will be highlighted.

Method

CA as a distinctive method will be characterized in the following sections.

Conversation Analysis

CA was applied to one counselling session with a male alcoholic, his wife and a female therapist, centering on ritualization in the context of ExST. Aspects of CA to be described include its contrast with empirical research, relation to Giorgi's method, general description of the CA method, groundedness in participants' understanding, the development of themes, validity, and reliability.

CA in Contrast to Traditional Empirical Research

CA is a qualitative research method which originated as an ethnomethodological technique. As Sacks (1987) has noted, it is quite unlike typical empirical research which first develops hypotheses, then tests them under controlled conditions. CA, according to Levinson (1983), "avoids premature theory construction" (p. 287). It is similar to the style of research described next.

CA as Related to Giorgi's Method

CA is related to the method recommended by Giorgi (1985) who stated:

- (1) One reads the entire description in order to get a general sense of the whole statement.
- (2) . . . the researcher . . . reads through the text once more with the specific aim of discriminating "meaning units" from within a psychological perspective and with a focus on the phenomenon being researched.
- (3) . . . the researcher then goes through all of the meaning units and expresses the psychological insight contained in them more directly.
- (4) Finally, the researcher synthesizes all of the transformed meaning units into a consistent statement regarding the subject's experience . . . the structure of the experience. (p. 10)

As will be seen in the next segment, the CA research method, though related, appears to be more intensive than Giorgi's method.

Highly Intensive Nature of CA Research

CA research requires highly intensive analysis of the conversation studied. This process involves reviewing the conversation dozens of times to become familiar with the conversation and to attend to details of both verbal and nonverbal communication. The second stage of data interpretation requires numerous untallied hours to discover and support themes or patterns which represent the micro-process of therapeutic discourse. Each of these levels of data examination, as noted in the next segment, is dependent on the participants' interpretation of the talk in which they took part.

CA is Grounded in Participants' Understanding of Interaction

This method, as Levinson (1983) has suggested, rigorously reviews the data to distill from it "methods of production and interpretation of social interaction" (p. 295). The types of conversationally interactive patterns described were found by attention to the transcript as understood by the participants in this context. Further specifics of analytical categories depended on the nature of the data obtained, the author's frame of reference, and the awareness of emergent elemental, or noncontext-laden themes.

CA Seeks and Supports Themes Emergent from Data

Following Gale's (1989) method, the data was formed into descriptive themes which suggested qualities of the interactions between therapist and clients. Gale (1989) quoted Pomerantz's (1988) description of the "analytic process as beginning with observation of the details of interactions", the development of a "proposal concerning an aspect of the social organization" and examination of "all relevant cases to see if the proposal needs to be modified" (p. 36). In cases where exemplars and examples provided insufficient support for the proposed theme, it was either modified or discarded. When the theme seemed to reoccur several times in the session, it was retained and developed with the evidence of the related quotes. This continual sweep from data to theme and back to data characterized the analytic process. The next section will address the validity of this process.

Validity: Derivation of Exemplars and Deviant Examples

To lend validity to the CA method, Gale (1991) noted the process of deriving exemplars and deviant, or negative, examples from the raw data of the transcript. With a similar goal, no aspect of the data is discarded, rather it is reported in

great detail so as to preserve its entire meaning. The same method was followed in this analysis.

Analysts look for themes or patterns, taken from the richness of the data, which are then tested for falsification against each new case. Exemplars, derived in a manner both intuitive and analytical, provide evidence of successful examples of the themes. Likewise, "deviant cases" are "sought to indicate where established patterns are departed from" (p. 29), how the participants reacted to such deviations, and how they may have repaired their talk in order to follow the theme. Exemplars and deviant examples are published in the text of the discussion to provide concrete instances of the categories in the analysis. In this way, as Sacks (1987) described, each reader can see the raw data from which themes emerged and "verify the analysis in his/her own way" (p. 53). As will be seen in the next segment, the reliability of CA is determined through a similar process.

Reliability: Comparison Across Contexts

The reliability of findings in CA can also be determined through the examination of exemplars. In this case, exemplars are compared between contexts to look for similar patterns. In this way the possibility of the effect of the idiosyncratic view of a researcher is avoided. This issue supports replication of Gale's and this study.

This section has attended to various aspects of the CA method. The next will elaborate details of the procedures.

Procedures

A detailed description of the sample, therapist training, the purpose of the Post Session Review Forms, selection of the session studied, transcription, and analysis will now be given.

Client Sample

Potential consenting participants in this investigation, presented to one of two B.C. Drug and Alcohol Treatment Centres to be involved in the Alcohol Recovery Project (TARP) and in treatment related to alcohol dependence. Those families who met the project's screening criteria; alcoholic husband, non-addicted partner, living together for a minimum of 2 years, with at least one child over 4 years of age, and a normal range of intelligence (Friesen, Grigg, Newman, & Wier, 1990), were invited to join the research project.

Therapist Sample

Therapists included in TARP hold degrees of MEd or MA in Counselling Psychology, or MSW. All have several years of experience in the treatment of substance abuse and related issues and were trained in ExST for at least 2 years. Senior members of the research training team assessed each participant therapist as competent in the model, thus enhancing treatment fidelity.

Selection of the Therapeutic Session Studied

Several parameters were used to ensure that the session selected was of high quality.

Therapists taking part in TARP were asked to provide examples of sessions which involved the use of ritual. The individual who conducted this session suggested it as a focus of study.

Another indication of the quality of the session was given in the therapist's and clients' assessments of each session's impact written on the Post-Session Review Forms. They indicated that this seventh session was rated as important and successful by all parties.

Further support for the selection of the session was that it came from the middle of treatment. This allowed time for sufficient rapport to be developed in the therapeutic system.

Increased insurance was also sought of the session's representativeness of the spirit of ExST theory and interventions. The session was reviewed and approved by Dr. John Friesen, Project Director, TARP.

Details of the contents of the post session review form will be noted next.

Post Session Review Forms: Partial Guides to Session Selection

A brief assessment of each session was requested of all participants immediately following each meeting. Friesen et al (1990) titled the documents the Post-Session Review Form for Therapist and the Post-Session Review Form for Client. They utilize a 7-point Likert scale ranging from completely agree = 1 to completely disagree = 7. The participants' high ratings of the session selected indicate that it was successful in their opinion. The responses of the wife, husband, and therapist are provided below.

Session 7 was rated by the wife in the following manner:

1. I have made some valuable changes in this session. (2)
2. I was open with my feelings/thoughts in this session. (2)
3. In this session, I became more aware of how my usual ways of feeling, thinking or behaving are connected to the problem. (2)
4. This session has helped me make significant changes in my personal relationships. (2)
5. This session will help me deal more effectively with the problem in my everyday life. (2)
6. What was the most significant part of today's session? (Be specific)
(The burning of the book and basket (symbol))
7. Please give your session a "title": (New beginnings)

Session 7 was rated by the husband in the following manner:

1. I have made some valuable changes in this session. (1)
2. I was open with my feelings/thoughts in this session. (2)
3. In this session, I became more aware of how my usual ways of feeling, thinking or behaving are connected to the problem. (2)
4. This session has helped me make significant changes in my personal relationships. (3)
5. This session will help me deal more effectively with the problem in my everyday life. (2)
6. What was the most significant part of today's session? (Be specific)
(Burning of symbols)
7. Please give your session a "title": (Eagles)

Session 7 was rated by the therapist in the following manner:

1. My client has made some valuable changes in this session. (Male 2)
(Female 3)
2. My client was open with his/her feelings/thoughts in this session.
(Male 2) (Female 2)
3. In this session, my client became more aware of how his/her usual ways of feeling, thinking or behaving are connected to the problem. (Male 3) (Female 3)
4. This session has helped my client make significant changes in his/her personal relationships. (Male 3) (Female 3)
5. This session will help my client deal more effectively with the problem in his/her everyday life. (Male 3) (Female 3)
6. What was the most significant part of today's session? (Be specific)
(Fear of letting go)
7. Please give your session a "title": (Letting go)

The next section describes the process of transcribing the conversation.

Transcription

Once the videotaped session was selected, it was viewed by the researcher in the video format on two occasions to gain a general impression of the session's process. It was then recorded in audio format and transcribed using a portable audio tape player. Gale's (1991) transcript notations were used as a guide. Only the length of time of pauses were measured differently in that they were estimated in .5 rather than .1 second intervals. Although Gale used .1 second intervals, equipment was not available for this degree of precision which was not considered important for purposes of this study.

The initial transcription, which was completed over the period of four weeks, included dialogue, overlapping comments, some notation of quietness or loudness of talk, phrases which were emphasized by speakers audible inhaling and exhaling and the location of pauses. More complete notations of lengthened vowels, timing of pauses, clarifying information, rising inflections, animated tones, stopping falls in tones and quicker talk were then added. Notations were double checked in the original transcription copy for correctness and completeness. Details of these notations used are provided in Appendix A.

At this point of familiarity with the session, the videotape was viewed for the final time and most gestures were noted on a printout of the transcript. They were then typed into the computer and a second transcript was printed out. The addition of this information stands in contrast to early conversation analysts' attempts to avoid or give cursory attention to intentional or inadvertent nonverbal communication. Watzlawick, Beavin and Jackson (1967) have noted the importance of attending to both digital, or verbal, and analogic, or gestural, aspects of communication. They emphasize that analogic information, unlike the digital mode, has neither morphology nor syntax and cannot be interpreted with confidence as having any particular concrete meaning. It only suggests the sender's intended message which, in translating analogic into digital messages, must be supplied by the translator.

The last stage of transcription involved timing the pauses, noting these in increments of .5 sec on the transcript, and printing out the third copy. Finally, louder talk, rising inflection, animated tone and stopping fall in tone were noted and a fourth and final copy was printed. All these indications of changes in the nature of the conversation were later used to support assessment of the conversation. They indicated interrelationships between the key ideas and positions taken by the therapist and clients. The total process of transcription noted above took approximately 90 hours to complete.

The next section will give details of the process of analysis.

Analysis

All identifying information about the participants, their activities, and location were substituted for generic terms in the transcript. As interpretive notations were made of impressions which arose during transcription, a rough copy of these ideas was formed. Such aspects as overlapping talk, topic changes, emphasized phrases, emotional expression, quieter talk, pauses and faster speech were also studied.

At this stage, the six videotaped sessions which preceded session seven were each viewed once, and notes were taken. This additional step to Gale's method provided further insight into the fuller contextual meaning of the session studied.

The data was then analyzed in more exacting detail for themes. Following Gale (1992), each theme arising from the transcript was described and supported with "repeated exemplars" and "deviant examples" (p. 155). This section reviewed several facets of the procedures employed in this study.

This chapter presented several detailed characteristics of both the general method of conversation analysis and the procedures utilized in this particular application of the method. The next chapter will provide the content of a preliminary analysis of the session.

CHAPTER IV. PRELIMINARY ANALYSIS

The ceremonial transaction upon which this study focused was used to heal the effects of the husband's extramarital affairs with both alcohol and another woman. Before the details of this session are addressed, this chapter will afford information to frame the case. Topics to be covered are background to the case, the couple's therapeutic goals, the flow of the first six sessions, the couple's relational themes, the styles of the wife, the husband, and the therapist, the interactive style of the therapeutic system, and evidence of client growth.

Background to the Case

This review will cover earlier successes in addiction control, alcohol's central role in relationships, and the nature of the couple's relationship. Some information has been left out or changed to maintain the anonymity of the clients.

Earlier Successes in Addiction Control

Both individuals had a history of successful addiction control. The husband proudly reported having quit smoking completely but said that drinking presented a much more difficult habit to overcome. The wife had also quit smoking several years earlier and had cut down her alcohol consumption many years ago from a high to a very low amount.

Central Role of Alcohol to Other Relationships

Alcohol affected all aspects of the husband's life including his self-image, his associations with friends, the affair, his interactions with his parents, and the marital relationship. Each of these issues will be discussed in turn.

The Husband's Struggle and Treatment

Both partners had acknowledged the central role alcohol played in the husband's life. The husband first entered a detoxification centre some years earlier and reported this to be a positive experience. At the time of the first therapy appointment, the husband had stopped drinking for several months, having 'slipped' on three occasions. He said that his memory was better but that he was troubled by strong emotions. His wife reported that he would not discuss these inner struggles with her. The husband reported much peer pressure to go for a drink. Both spouses described most of his friends as 'drinking buddies'.

The Affair

Compounding his drinking pattern, the husband had engaged in an affair with a woman he also described as a 'drinking buddy'. Recently, the wife had given him an ultimatum to choose between herself and the girlfriend. Though he continued seeing the girlfriend, the husband told his wife the affair was over.

The Husband's Parents

The husband's visiting parents also strongly enabled his alcohol dependence by criticizing him, by lecturing him to stop going out to drink with his girlfriend, and by supplying him with beer which the family drank together at home. By the sixth session the wife reported that her husband's alcohol consumption had returned to its highest level.

The Couple's Relationship

At the time they entered therapy, the couple's relationship with each other was tenuous. Disagreements between the pair involved the ongoing affair, finances, and the dangers and lack of dependability brought on by drinking. The wife criticized and tried to control various aspects of her husband's behaviour. These attempts by the wife to influence her husband paradoxically helped to enable his drinking.

As relationship building activities the partners had gone away on two trips together in the previous year. They reported usually being too busy or angry to spend time together as is typical of alcoholics and their spouses. Both agreed that they needed more time together having never been without children in the home.

To summarize the background to the case, the husband's and couple's problems all interacted with his alcohol dependence to form a longstanding negative and painful pattern for the couple. Next the goals of each partner will be elaborated.

The Couple's Therapeutic Goals

The couple stated different goals for therapy. At first the husband planned to control his alcohol consumption while the wife desired abstinence. Later in therapy they reversed these positions. The husband also wanted to engage in self reflection and enhance his self-esteem. He voiced that his interest in these goals was greater than his concern for his relationship with his wife. In contrast, the wife placed improvement in their relationship at the top of her goals. She tended to focus on the husband's issues at the expense of self-examination.

The Husband's Goals

The husband said he wished to control his alcohol consumption but voiced doubt that this would be possible. Later he said that he wanted alcohol out of his life completely, but that choosing between it and his wife would be difficult.

He also said he wanted to understand his motivations for drinking and having the affair. He speculated that drinking allowed him relaxation, an excuse to go out, time away from his wife and children, a cultural tradition, and a reaction to depression and stress.

Finally he said that he wanted to feel good about himself before being concerned about their relationship. He wished to gain peace, quiet and happiness.

The Wife's Goals

The wife initially wanted to gain 'peace and quiet' as a result of therapy. She voiced a desire for a stable relationship characterized by no fighting, lying or deception and with sharing, loving, companionship, honesty, and understanding. In the last session she summarized these desires into the main goals of closeness and trust with her husband.

She initially also wanted her husband to stop drinking completely, but later requested that he control his consumption, citing his ability to control smoking. She suggested they might go to a gym together as a substitute activity.

These two sets of goals, though not contradictory, held different priorities for each spouse. The next section will describe the flow in the therapeutic process over the seven sessions.

The Flow of the Therapeutic Process

Optimism and emotional closeness within the couple's and therapeutic systems had appeared to be steadily growing from sessions one to five. The characteristic of 'structured unpredictability' was very much in evidence. The possible outcomes of therapy seemed alternately positive or negative to varying degrees during the process, thus allowing for many forms of change. In the first four sessions the husband appeared to place his own healing before the survival of the relationship. The fifth session provided a remarkable change in that it was full of warmth, optimism and evidence of cooperation and pleasure between the partners.

In sharp contrast, session six saw the husband unable to attend. The wife revealed to the therapist that she had recently discovered that the affair was still

continuing. She also disclosed that her husband's drinking was again heavy. After completion of the seventh session the couple dropped out of the research project and, although they picked up the post-treatment questionnaire package, did not provide any more information about the outcome of their goals. The research data collector attempted unsuccessfully to contact them for their impressions of the process of therapy on at least eight occasions by telephone and twice by mail.

The following section will discuss the couple's relational themes which were evident in session seven.

The Couple's Relational Themes in Session Seven

ExST theorists propose that negative themes are evident in early sessions with clients. In the same vein, Frye's (1966) model of "narrative themes" of "tragedy, irony, romance, and comedy" (p. 210) was referred to by Pieracci (1990) who also listed several themes emergent from his analysis of clients. In the process of therapy clients are encouraged to take another look at their lives and, through healing experiences, move toward positive themes such as "love, nurturance, acceptance and belonging" (J. D. Friesen, personal communication, June 30, 1992). Both divisive and unifying themes evident in session seven will be discussed below.

Divisive Relational Themes

This couple, at the beginning of the session, powerfully portrayed the themes of betrayal, hostility, distancing, and rejection.

Betrayal

In this session, one of the strongest evident themes was that of the wife's feelings of betrayal and lack of trust toward her husband for having the affair. The wife seemed to expect that the girlfriend would betray her. The wife revealed both of these deep betrayals and related feelings of hurt and sadness during the sculpt.

Hostility

Equally intense was the anger and hostility the wife directed toward her husband regarding the affair. Her critical approach matched his defensive pattern of withdrawal so that the behaviour of each partner became more extreme.

Distancing

The husband's central relational theme appeared to be insecurity and his need for distance rather than psychological intimacy. He seemed quite adamant about keeping his secrets safe from his wife's knowledge. He tended to tease her about their inaccessibility in his security box, thus exacerbating her suspicion. On several occasions he avoided discussion of painful topics by remaining quiet. A third manner in which the husband attempted to maintain distance was through discussing concrete topics rather than his experience.

Rejection

Despite the husband's apparent wish for security and distance, he was also equally concerned with avoiding feelings of loneliness, hurt, abandonment, and rejection. He showed this theme during the sculpt when markedly troubled by the therapist moving away from him to sit beside his wife. He also described his feelings of rejection by his wife and her mother who had served him a summons to be removed from the family home.

Unifying Relational Themes

New relational themes were beginning to be generated near the end of the session. After many previously unshared emotions had been experienced, the couple's sense of betrayal, hostility, distancing, and rejection gave way to increased attentiveness, caring, honesty, and trust.

Attentiveness

'Listening' was emphasized by both the wife and husband in their discussion after the ritual. The husband recognized his tendency to not attend to his wife and he committed to change this pattern.

Caring

When the husband disclosed, with difficulty, that he cared about his wife's feelings and was getting rid of the book for this reason, another new relational theme was born between them. The wife appreciated hearing this feedback.

Honesty

The therapist provided a positive reframe or new relational theme for the husband's disclosure of his angry and hurt feelings as 'being real'. It supported the couple's discussion of emotions rather than acting to hurt each other.

Trust

The wife's renewed sense of trust was indicated by her playful rather than ridiculing laughter. This resulted from her debriefing the affair with her husband, having her husband listen, and enacting of the ritual.

In summary, the negative themes evident at first between the pair evolved into more unifying themes by the end of the session. They enabled the couple to have an initial experience of safety and closeness. The next section will note the participants' interactive styles in the therapeutic relationship.

Interactive Styles in the Therapeutic System

Each member of the therapeutic system exhibited a personal interactive style, described below, which affected, and was affected by that of the others.

The Wife

This woman, like many married to alcohol dependent men, at first showed a limited range of emotions. She tended to be critical, threatening, angry, and ridiculing toward her husband. In the therapeutic setting, she appeared cold to her husband, showing few smiles and little tenderness. In session seven, she showed another aspect of her persona when she appeared sensitive, injured, quiet, and teary in describing her reaction to the affair. Also, after the ritual she sometimes laughed in a playful rather than a rueful manner.

The wife's behaviour involved frequent caretaking or overfunctioning, allowing her husband to underfunction. She behaved as directive, controlling and parental toward him, apparently in an attempt to prevent his drinking, spending, and seeing the girlfriend. Other examples of her attempts to control him involved her husband's insurance documentation and appointment times.

Finally, she seemed comfortable in the therapeutic setting and was articulate, concise, and able to express and describe emotions with ease. She was aware of the symbolic aspects of their behaviours, and entered wholeheartedly into the symbolic elimination of the couple's troubles.

The Husband

The husband's personality contrasted with that of his wife in several ways. He showed mostly positive emotions generally presenting as chatty, playful, and carefree. He tended to lie or avoid discussion of problematic behaviours or emotions. Seeming to function as an entertainment committee and storyteller for his wife, he placated her anger and watched closely for her approval or

disapproval. At times the husband used anger to avoid both his feelings of shame and his wife's relentless demands for atonement.

The husband's behaviour was both destructive and constructive. By engaging in drinking, spending, and the affair, he tended to underfunction relative to his wife. Conversely, he demonstrated successful negotiating skills during the planning of the ritual.

Appearing uncomfortable in therapy, the husband displayed a concrete world view. In sessions, he showed a limited willingness to describe or express emotions except occasionally showing some anger or nervousness.

The Therapist as Guide to Change

Generally this therapist exhibited a very high skill in the ExST model. She demonstrated empathy, respect, positive regard, support and gentleness for the clients. On some occasions she was directive. Some conversations were made more challenging by both the husband's and the therapist's accents which each occasionally misunderstood. Aspects of the therapist's approach will be noted below.

The therapist engaged in a collaborative approach to guide clients in setting their therapeutic agenda. She showed her belief in the capabilities of the clients, welcomed their input, and gently rejected the self-abrogating labels they voiced which indicated their low self-esteem. She tended to lead them to a new endeavor with a respectful invitation.

The therapist avoided alliances to one or the other spouse by balancing her allegiance to the spouses. The couple's original communicative pattern demonstrated symmetrical blaming, ridicule and hurt. In response, the therapist modelled and encouraged nonconfrontive communication and expression of emotion.

Specifically, she helped the husband to learn to hear his wife's emotions, to avoid defensiveness, to comment on his understanding and to empathize with his wife's pain. Originally his feelings of guilt seemed to result in his angrily emphasizing his own complaints, withdrawing, or laughing about issues.

The therapist also short-circuited the wife's criticism and blaming of the husband. Discouraging the wife's emotional withdrawal from her husband and her refusal to talk, the therapist regularly engaged the wife's reactions. The therapist encouraged the wife to look for the positive changes the husband made or intended to implement in the future.

On some rare occasions, the therapist seemed to be a little too directive with the clients. An example was indicated by the wife's reaction of giving

explanations for not fulfilling an invitational transaction for a desired state symbol. This also occurred during the ritual when the therapist clarified over several turns with the husband his understanding of the meaning of the act of burning the symbolic paper book.

Generally the therapist's level of collaboration, balanced allegiance, and encouragement for each partner was very high. The clients responded with trust, cooperation and creativity.

Evidence of Client Growth

Exemplars of good moments in therapy, characterized by positive growthful transformation, were evident in this session. Their qualities and outcomes will be noted below.

Moments of change were especially evident during the ritual enactments. They were indicated by speech paced by long pauses, moderate volume, slower talk, few interruptions and few topic switches.

Their effects was seen in the more jocular, optimistic, introspective, and concessional discussions at the end of the session. After the ritual the wife readily laughed at the husband's jokes in contrast to her previous reservedness and minimal movement. She also voiced her expectation that her husband would listen to her more carefully.

Optimism and introspection were also expressed in the husband's positive comments about the process of therapy. As well, the husband had begun to concede his trespasses in the affair and to encourage their discussion with his wife. By the end of the session, he had declared his intent to relinquish all vestiges of the affair. Finally, the husband demonstrated relational novelty by admitting that he failed to listen to his wife on occasion and that he intended to change this pattern. In summary, the clients demonstrated much growth in this session.

This chapter has provided some information gleaned from the initial analysis of this therapeutic interaction. They include, background to the case, the couple's therapeutic goals, the flow of the first six sessions, the interactive styles of the participants in the therapeutic system, and evidence of client growth. The next chapter will deal in minute detail with the process of development of the ritual. Quotes from the transcript will examine the way in which burning the symbols represented putting the affair in the past and starting afresh as a couple. Characteristics of each of the other themes derived from the session will also be related and supported.

CHAPTER V. DISCUSSION

This chapter will provide the heart of the analysis of the process of change through ritual in which the couple and therapist engaged. It will identify the themes which have emerged from the data, provide a conceptual background for each, and discuss the specific process evident in each exemplar and deviant example provided for each theme.

As described in the third chapter, themes were gleaned from the data through an intensive analytic method. Those discovered include ritualization, personal and family myths, symbolization, experiential, externalization, intensification of experience, contextual/systemic, constructivist/meaning shift, therapist empathy, therapist genuineness, collaboration, and therapist artistry.

Each of these themes, which will be discussed in turn, was represented several times in the session. As described earlier, several successful exemplars and deviant or negative examples were quoted. The first theme to be addressed will be ritualization.

Ritualization

The first theme of ritualization occurred most frequently in this session as it is the focus of this study. For this reason, the other themes might be considered to be subthemes. The first section below will describe the variety of effects of ritual acts or ceremonies. Next, alcohol dependence as a special case of the need for ritualization will be noted. In the third part, an overview of the process of this ritual will be given. The stages will be described and exemplified in the fourth section. Finally the deviant or negative examples will be provided and discussed.

General Effects of Ritual

In addressing the general anthropological uses of ritual, Campbell (1988) wrote that "a ritual is the enactment of a myth and that by participating in a ritual, you are participating in a myth" (p. 103). In this case, the ritual is intended to transform the couple's myths so that the pair are reconnected in a new, constructive, nurturing relationship. In fact, taking part in the process of therapy, whether formally identified as such or not, can be seen inherently as a ritual act which is emotionally, relationally, physically and temporally set aside from everyday activities and can hence have such a strong effect of change (Kobak and Waters, 1984; Blom, 1988; & Imber-Black et al, 1988).

Alcohol Dependence and Ritualization

An issue which lends itself to ritualization is that of alcohol dependence. Imber-Black (1988b) recommended in-session rituals for under-ritualized families. In fact, Imber-Black (1988b) characterized symptomatic behaviour itself as ritual. This conceptualization applies to the clients studied here. The regularly enacted symptoms of the husband's drinking, the wife's demands and criticisms, and the couples frequent arguments over the husband's recent affair served to prevent them from either confronting or distancing from this painful experience. The symptoms also prevented the day to day ritual contact between family members which might have helped heal this rift. The in-session ritual was a good choice of intervention as it filled the couple's need for structure and healing positive contact.

Overview of the Ritual Enacted in this Session

The particular ritual which is the focus of this thesis culminated in cremation of representations of marital infidelity through burning paper symbols of gifts which had been given to the husband by the girlfriend. This permitted the 'letting go' of the painfully divisive effects of the affair and enabled joining the husband and wife in a renewed relationship.

It was important that the husband fashioned and burned each of the ritual objects to expunge the affair. The book symbolized the girlfriend's and husband's friendship. For the husband, the eagles in the book were a powerful symbol of freedom and nature. The basket represented the husband's and girlfriend's affair. For the wife, both symbols stood for the depth of pain and disillusionment the wife suffered after this violation of the marriage. In the ritual, the couple discussed this rift between them for the first time.

In planning the ritual, the husband committed to end the affair saying that part of his life was over and that he felt no further connection with the girlfriend. During the ritual he was relieved of some of his guilt by attending to his wife's emotions and needs and sharing his own process with her and the therapist. Significantly, when asked to by his wife, the husband gave up the book which he highly valued. The therapist emphasized that the husband keep the eagles in his heart. To the wife's great satisfaction, the husband also apologized to her.

The wife expressed her hurt, resentment, and wishes for both retribution and reconciliation with her husband. Through listening to each other, jointly negotiating plans, and performing the ritual burning they symbolically cleansed the effects of the affair from their relationship. The wife allowed that she could

now let this painful experience go from her thoughts. Each showed playfulness and relief after the burning which can be taken as a positive sign of growth.

Stages of the Ritualization

The symbolic externalizing interventions as preamble to the ritual or 'separation phase', the planning and enactment or 'liminal phase', and processing and resolution or 'integration phase' collectively constituted all but a few minutes of the total interview. Because of the central nature of the ritualization theme to the session it will be described below by stages and in greater detail than the other themes. Exemplars will highlight the many successful aspects of the ritual's conception, introduction, planning, enactment, processing and initial integration. Finally, deviant examples will demonstrate some less successful parts of ritualization.

Separation Phase of Entering Ritual Space and Time

By attending therapy sessions, clients open themselves up for experiences which are set apart by time and space from mundane concerns and experienced as special and memorable. This part of the ritual saw the members set aside everyday ways of interacting to prepare for the ritual.

A guide to transcript notation used in quotes cited and discussed can be referenced in appendix A.

First exemplar of separation stage of ritualization. The ritual began with the emergence of the symbols of the book and the basket. The following excerpt attested to the different and powerful meanings of these symbols for the spouses. The wife's agitation regarding these symbols was evident in her faster talk and few pauses. The husband demonstrated the strength of his feeling about the book in emphasizing certain words and his leaning away from his wife.

- 564 W: =but part of G is still in your bo' in your around your box
(.5) you've still got that book from her.
H: Yes I do. ((nods))
W: >And the basket ((nods)) and everything else I asked
you to please get rid of<.
H: Well the basket I don't need but the bo' the book I wanna
570 keep
W: But there's more books in the store you can buy a new
one. (.5) I don't want any part of her in my life.
T: So you wanna keep her book this particular book
H: Mmm ((nods))
T: because
H: ((opens arms and leans R)) Not because she bought it for
me it's because it's a book I really like it's a thing I

578 really like.

Second exemplar of separation stage of ritualization. Here the therapist noted the meaning of the newly conceived symbols, introduced the the ritual, and received the clients' agreement. She used emphasized words, frequent pauses, and moderate volume. Collectively, these respectfully set the tone for ritual.

- 830 T: ((moves a chair between her two other chairs equidistant from spouses)) (It's only a book that's hard) (2) You see I hear (.5) I hear that for W it has another meaning (1.5) ((H puts chin on R hand and looks at W)) I hear that for W it has ((W puts R hand behind head and strokes hair)) another meaning (1) and (2) when I went into W's shoes (3.5) you know what I feel like doing right now (1.5) symbolically I don't know if you feel ready to do this but I want you to answer from your heart (1.5) from your heart (1) symbolically burning the food pardon me the food the book and the basket here right (1.5) If you feel ready to let go of that both of you from your own (2) experience ((H nods twice)) because the book and the basket have very different meanings to both of you (2) for (.5) you H the book ((makes circles at shoulder level)) is just a book ((again)) and it has a love note.
- H: [pretty book
pretty book.
- T: a pretty book (.5) and it has the love note.
- 850 H: I'm not worried about that
- T: [and you W it has very deep meaning.
- H: ((puts R hand on forehead, chin and looks at W))
- W: a symbol of the tababetrayal
- T: [a symbol of the betrayal of the marriage (4) and I (.5) I I feel like a I want to I'm wondering whether you feel ready to to burn (1.5) that object that has kept you apart (1) and the meaning of a of those of those objects that have that keep you apart that keep you in pain.
- 860 W: (I always wanted to burn it).
- H: ((laughs and places forehead in R hand then lowers hand)) (I always wanted to get rid of the basket) why not tell me about it (1) just haven't gotten around to it but the
- 866 book I wasn't going to throw away.

Once the ritual was proposed and accepted, the separation stage was complete and the liminal stage was entered.

Liminal Stage of Planning and Enactment

This stage permits defenses being let down, suppressed emotions being expressed, and symbolic rather than rational thought being engaged in. At this time, clients and therapist collaboratively plan and enact the ceremony.

First exemplar of liminal stage of ritualization. The ritual planning was appropriately lengthy, allowing the couple to process and relinquish past experiences. This excerpt involved generation of options. The wife attended to her husband's wishes, presenting a more acceptable idea. Few pauses, overlapping talk, faster talk, animated tone, and the husband's echoes of his wife's phrases indicate the member's excitement in collaboratively planning.

- 1204 H: [just to burn 'em (.5) that'd be a shame
(best).
T: Yeah
W: Let's leave it to somebody else.
H: Yeah we'll we'll do that that >why don't we just rip the
1210 page out and give it to the library <(3) ((gestures outward
with L hand)) or give it to a school=
T: =OK eh cut the pictures and give them to the school?
H: Cut the the the note ((motions L hand)) of the front.
W: And burn it.
H: And burn it (.5) burn the note ((broad gesture L)) burn
the note (.5) ((repeats)) give the book to the school.
((lowers L hand))
T: OK to one of the schools (.5) whichever school that you
think needs books that in your area.
1220 W: Let the children enjoy it.
H: That's it why not let the children enjoy it ((motions to
W)) it's a beautiful book.
T: So you've burned the front page is that
H: ['s no problem
((repeats gesture))
T: that that good and then you're gonna give it to the the
school!
1229 W: Yeah

Second exemplar of liminal stage of ritualization. Overlapping talk seemed to show excitement, nervousness, and unresolved emotion. The therapist emphasized key constructive words and summarized the couple's unresolved patterns. In this way, she soothed the couples' worries and received their final concurrence with the ritual enactment.

- 1249 T: Yeah (.5) yeah. (1) Now I want to us (2) to go through
1250 that experience in our session right ((nods)) now

- symbolically (1.5) I want us to have a I want just to
experience that experience of letting go (1) sort of letting
 go and see what you think emerges and and >do you
 have a lighter?<
- W: (Yes he does)
 T: Or matches?
 H: >You're not gonna light a fire in here are ya?<
 T: (Well ah well we) ((rises, stands nearer W))
- 1260 H: [Are ya?
 T: It's im' it's important this is=
 H: =OK=
 T: =It's a very important ceremony of letting go.
 H: What about if the smoke alarm goes off?
 T: [some something that is (.5)
- H: [OK. ((nods))
 1270 W: [(She's only gonna' light a little fire).
 T: [Something that
 that is very meaningful in
 H: [OK (.5) Sure ((nods))
 T: your in your relationship it's very very important that
 (1) that we let go of of something that has kept you very
far away. (1) ((to H)) () you don't want to continue
 1280 being there ((points to H's former distant chair)) and
 lonely because=
 H: =((nods)) Alright let's do it.
 T: ((to W)) And you don't want to continue be there.
 ((shakes L arm to far chair in mock reprimand)).
 H: Let's do it.
 T: [OK and hurting inside.
 1288 W: (You know I'm tired of that) ((strokes R side of head))

Third exemplar of liminal stage of ritualization. In the enactment, the husband fashioned symbols from paper, the couple debriefed related past events, and the husband cremated the symbols. The clients were relatively quiet and introspective during the enactment of the ritual burning of the book. Later they spoke slowly, in short phrases, with long pauses indicating the change of state they experienced. Repetition of each other's phrases suggests a sense of unity.

- 1511 H: not the birds, right? (.5) I's gone ((lights book on candle))
 T: (Here) (12) ((they watch the flames))

- H: I always wanted to do that. (3) ((looks at W, all three peer into the bucket, H leans back, W leans forward back))
- T: You always wanted to burn (a thing). (3)
- W: You said you smoked out the whole house one day. (3.5)
- H: I was tryin' to cook. (20) ((all watch the symbol burn))
- H: I's gone. (3) ((H looks at W)) ((W looks at wall))
- T: Just the ashes. (10.5)
- 1520 W: Just the ashes. (2) ((looks down))
- H: (.hhh) (.hhh)
- W: And they can go wherever they want (.5) *A long way away* ((H nods))
- T: *Yes* (5.5) I's gone.
- H: Mmhm
- T: (Yeah but) how is that for you?
- H: I's not a problem.
- T: No.
- 1529 H: No not not a problem at all. ((shakes head))

Fourth exemplar of liminal stage of ritualization. In this excerpt the therapist first observed the couple speaking about the affair and did not intervene. The husband's overlapping talk suggested tension prior to the burning. During the destruction of the symbolic basket, long pauses indicated the participants' reverence. At the last, the therapist's emphasis of certain words summarized the meaning of the act.

- 1589 H: ((looks at W)) You you got to admit you know it'd be
1590 pretty stupid it would've been very stupid of me to invite you around "holiday" if I'd knew she was going to be there wouldn't it. (1) Pretty dumb, right? (1.5) So I didn't know she was (still around)!
- W: (Yeah how about the car)
- H: [((Ah)) ((quickly lifts L arm to R shoulder, R hand cutting motion to neck))
- W: ((looks at H and laughs))
- T: Th' (hhh)=
- 1600 H: =No way I'm gonna I worried (about it you know) that would be a terrible thing for me to do.
- W: But the lies went along with it when I said how did she get in (1) This is what the basket symbolizes all those horrible lies.
- H: [(Give it here 'en. ((brings over candle, lights basket))
- T: (your handle's not goin'ta stay there).
- H: ()
- 1610 T: Tuck it in.

- H: Watch it it'll come all of a sudden. (1.5) It's government paper it burns real quick (2) before they can get (wanted). (11) ((they all watch it burn)) () (30)
- W: (hhh) >The basket smells worse than the page did<. (3) ((laughs, looks at T then H, waves L hand))
- H: ((continues to look down))
- T: The lies. (5.5) ((W nods several time then looks down))
Lies hurt more (1) than a note of a=
- W: Mhm
- 1620 T: =appreciation (1.5) and eh (6) ((leans forward and back slightly))
- W: They do (1) ((looks up at T)) lies hurt alot more than the
1623 note (3)

Since the enactment of the cremation was complete the couple began the stage of integrating their learnings.

Integration Stage of Incorporating Changed Roles into Life

Integration begins by processing the ritual experience after the enactment, and continues as clients incorporate changes into roles outside the therapy setting.

First exemplar of integration stage of ritualization. This quote demonstrated processing the ceremony with the therapist's use of immediacy and open-ended questions. All members were still and solemn, leaving several long pauses between phrases. The wife resolved her need to dwell on the affair and emphasized certain words to highlight the finality of the act. The circle of letting go of the issue was complete.

- 1638 T: How I wo'uh I noticed that (4) that as if it was you (4)
((raises L hand to H, leans back and forward)) you were
1640 kind of a (3.5) ((leans back)) something was happening
for you (2.5) ((leans forward)) You were deeply deeply
into your thoughts. (4.5)
- H: I always liked the fire I guess. (.5) ((leans forward)) I
wasn't (5.5) (hhh) (.hhh) I'm glad the basket's gone too
actually. (4)
- T: You're glad the basket is gone too.
- H: I'm glad it's gone too. ((nods three times))
- T: How (1) how (1) how is that for you so you're feeling
somewhat glad the things are gone.
- 1650 [
- H: [Mmm
- T: (and for you) ((to W))=
- W: =It's (just really) (4) (hhh) (.hhh) that's one thing (I can)
put aside ((R hand gestures forward)) an' I don't have to
think about it.
- T: *Yeah*

1659 W: There's other things that (1.5) You idle that get thought about but those things I don't have to think about (2) because with them (1) she goes.

Second exemplar of integration stage of ritualization. Further processing of cremation involved the therapist emphasizing key words in requesting clients' new symbols of change and growth. The wife provided a phrase. The husband envisioned eagles which he had seen in the wild and symbolized freedom for him. As the therapist had suggested they had stayed in his heart. The husband's excitement in sharing his inspirational vision of the eagles carrying the basket was shown by emphasized words, laughter, overlapping turns, rising inflections, and animated tone.

1672 T: =explore now. (1) And I just want to explore for one minute (1.5) the new symbol comes up for you after you've let go of that (1) now that you've (1) that that it's gone from you're experience from your reality.
 W: ((lifts head a little, looks at T)) New beginnings.
 T: New beginnings.
 H: ((leans back, puts arms behind head)) You know what I saw when I burned that thing in in the bucket?
 1680 T: Pardon me yeah?
 H: I I 'k'sort of fibbed 'cause I did see something you know what you know what I think I was thinking about?
 T: *What?*
 H: ((leans forward, arms on knees, turns to W)) I was thinking about the eagle carrying the basket away! ((laughs happily, L hand to W, looks at T and W))
 W: ((turns head away from H))
 T: Yeah (.5) yeah=
 H: =Yeah?
 1690 T: [[*So (4.5) That's what you were that was*
 H: [[Mmm that's what I was thinkin' about I had a picture (2) the basket and the eagle!=
 T: Yes
 H: [[holding the basket and flyin' off (1) ((R hand forward and up)) but the basket was alot bigger! ((leans on R knee away from W))
 1700 T: *Yeah (1) yeah *(1) so they're gone. (2) that wa' that is your metaphor that is your symbol for for that experience and they're gone. (1.5) and eh (6.5) New beginnings. (2.5) I like that (.5) I like new beginnings I like
 1705

Third exemplar of integration stage of ritualization. Integration began with the therapist extending a vowel, and emphasizing key words and gestures to create a final amalgamation of clients' optimistic metaphoric symbols.

- 1763 T: Yeah nearly (.5) but there is not patches like? And and as the eagle was leaving I was left with this bi:g (1.5) strong blue sky (1) ((waves once after each of four words)) and (1) many opportunities (1) that's that's and and that suits like new beginnings is part of that (1) ((waves hands)) of that blue well from my experience I'm (surely) just sharing my experience in (.5) in your relationship because I am part of your (.5) (for only) this time in therapy your process and your experience. (2.5)
- 1771 W: Yeah ((nods))

This concludes the exemplification of positive ritual interactions which show intense experiencing of pain and a promise of change. In the next section deviant examples will be discussed.

Deviant Examples of Ritualization

Deviant examples occurred when the solemnness of the moment, in which the partners were deepening their experiences and strengthening their bond, was temporarily supplanted by another agenda. On such occasions the therapist, to use CA terms, 'repaired her talk' to again guide the interaction smoothly toward therapeutic goals. Illustrative excerpts will be given and explained.

First deviant example of ritualization theme. This excerpt saw the couple invited to symbolically let go of the gifts with the therapist as witness and aid in processing the ritual. She emphasized important words and used long pauses to set the tone. The husband pragmatically suggested they throw out the actual objects but the wife disagreed. The therapist misunderstood his intent (or accent). She successfully repaired her attempt by overlapping her talk, clarifying her understanding, and inviting other options.

- 1145 T: I want to (5.5) I want to (2) symbolically (3.5) I don't know if you feel ready and I want you to be honest with your heart (1) ((nods to both)) you feel ready to (.5) to let go and to have a ceremony (.5) ((H scratches L arm)) symbolizing the letting go of the book and (1.5) and the basket.
- 1150 H: Why don't you just do the real thing why don't you just get rid of it. ((looks at W and T))
- T: You do what?
- H: We just do the real thing and get rid of it (1.5) Wanna do that (5) That's easy

- T: [I I didn't hear you I didn't hear anything.
- W: We can't do that.
- 1160 H: We can do it together if you want () in the bag? (2.5) it's sitting in the same place you put it. (1.5) ()
- T: [You want to give it back to her you?=
H: =No no=
T: =Is that what you said ()
- H: [No I said we'll get we'll get rid of it (1.5) we'll throw it in the thing together () or
1170 but if you wanna do it if you want if it's important let's do that ((lowers head)) (.5) I don't mind (2) ((raises head)) It doesn't mean anything to me anymore.
- T: So what options how can you let go (1) ((H lowers head and looks at W)) what options do you have let's explore the options that you have to let go of of a
- W: I'd actually like to see it burn (2) >That's the way I feel
1177 I'd like to see it burn<=

Second deviant example of ritualization theme. Here, the therapist unsuccessfully probed the husband's emotional experience of giving up the book. He responded laconically. The therapist then very strongly emphasized her confusion. The husband defensively and superficially explained, while nervously moving and pausing very briefly. The therapist repaired her approach by softening her tone and accepting his explanation without further probing.

- 1526 T: (Yeah but) how is that for you?
H: I's not a problem.
T: No.
H: No not not a problem at all. ((shakes head))
- 1530 T: An' when you say it's not a problem I have no idea what you mean.
H: ((spreads arms wide, crosses arms on chest then puts them behind head)) It's not a problem I don't it's the way (.hhh) (hhh) (.5) the book was only important to me because I ((W looks at H)) I' liked the pictures in the book (.5) not by whom ((W lowers head again)) bought it for me or anything else (1) So it wasn't a problem destroyin' that uh the book or anything else but the book that upset W (1.5) (hhh) ((W raises head)) So it wasn't a problem.
- 1540 T: OK.
H: I's just a problem that I have to destroy somethink so beautiful.
- T: Yeah (hhh) ((H lowers arms)) now do you feel like (1.5)
1544 (doing the) ((W lowers head))

Third deviant example of ritualization theme. In this quote, the therapist attempted to facilitate processing the ritual experience, but the wife spoke of the affair's details. The therapist returned the topic to the husband's experience. He followed suit by voicing satisfaction. The therapist finally elicited an optimistic, constructive response from the wife. The wife's excited gestures indicated her emotional intensity. The husband's silence, movement, and aversion of his eyes suggested his discomfort.

- 1614 W: (hhh) >The basket smells worse than the page did<. (3)
 ((laughs, looks at T then H, waves L hand))
 H: ((continues to look down))
 T: The lies. (5.5) ((W nods several time then looks down))
Lies hurt more (1) than a note of a=
 W: Mhm m
- 1620 T: =appreciation (1.5) and eh (6) ((leans forward and back slightly))
 W: They do (1) ((looks up at T)) lies hurt alot more than the note (3)
 H: ((looks at W, then quickly down))
 W: ((looks at T)) 'Cause I know (1)
 H: ((looks at W))
 W: even if he thinks I don't know (1) ((L hand gestures to H)) that the phone call that he received that night while I was there was from her. (2)
- 1630 H: ((looks down again leaning on R knee))
 W: He said it was from someone else but I knew (1.5) ((L hand to head)) []
 H: [((shuffles L foot, hand behind head))]
 W: that it was her. (2) I'm not I'm I'm a woman (1) and I know (1) ((L hand points twice to head)) what was going on I know ((nods, L hand twice to heart)) what she was doing.
 T: How I wo'uh I noticed that (4) that as if it was you (4) ((raises L hand to H, leans back and forward)) you were kind of a (3.5) ((leans back)) something was happening for you (2.5) ((leans forward)) You were deeply deeply into your thoughts.(4.5)
- 1640 H: I always liked the fire I guess. (.5) ((leans forward)) I wasn't (5.5) (hhh) (.hhh) I'm glad the basket's gone too actually. (4)
 T: You're glad the basket is gone too.
 H: I'm glad it's gone too. ((nods three times))
 T: How (1) how (1) how is that for you so you're feeling somewhat glad the things are gone.
- 1650 []
 H: [Mmm
 T: (and for you) ((to W))=

- W: =It's (just really) (4) (hhh) (.hhh) that's one thing (I can put aside ((R hand gestures forward)) an' I don't have to think about it.
- T: *Yeah*
- W: There's other things that (1.5) You idle that get thought about but those things I don't have to think about (2) because with them (1) she goes.
- 1659

These deviant examples have demonstrated the manner of repairing talk to meet a given purpose in ritual following an initially unsuccessful attempt. The unsuccessful attempts might be due to either the therapist's inappropriate approach or the clients' lack of understanding or differing agendas. Along with the earlier exemplars of the separation, liminal, and integration stages of ritual these negative examples provide a characterization of the process. The next section will address exemplars and deviant examples of myths.

Personal and Family Myths

The second theme to arise from the analysis is that of personal and family myths. Unlike the other themes which attend to the nature and effects of the therapist's approach, it relates specifically to the interactions within the couple's relational system. Myths can be defined as core beliefs about the individual or the family which guide clients' thinking, emotions, and behaviours.

A myth which informs this case, described by May (1992), is of the "narcissistic" client as "the modern myth of lonely individualism"; one who has "few relationships and lacks the capacity for satisfaction or pleasure in the contacts he does have" (p. 112). Both the husband and the wife in this case fit this pattern of limited intimate contacts. They were seldom psychologically intimate with each other, clung to their views of the world, and struggled to defend their positions against the other.

The husband held fast to the myth of his right to the privacy of his thoughts and activities and to personal ownership. To him, it seemed imperative to remain separate and keep secrets from his wife. On the other hand, the wife ascribed to the belief that fidelity, revealing most emotions and experiences, loving each other, and sharing bringing up children in a spirit of communion defined a healthy and desirable relationship. She demanded that her husband share his experiences so that she could be sure he would remain faithful to her. Each partner could be seen as adopting a viable myth and role in the relationship to defend the important aspects of personal boundaries and of intimate sharing respectively.

The therapist, through examining these beliefs, seemed to have the goal of eventually modifying each and blending them into a harmonious balance between individuation and joining as a couple. In a similar vein, May (1992) discussed "a balance between individualism, with its perilous freedoms, and commitment to the common good, which should lower depressions as well as make life more meaningful" (p. 123). May (1992) also noted that such balance might ameliorate the negative effects of drug addiction. In this case both alcohol and the affair were competing with the wife for the husband's affections and a better balance was in order. The ritual was one means toward this balance.

The following exemplars will elaborate the clients' myths after which deviant examples will be offered.

Exemplars of Personal and Family Myths Theme

These exemplars contrast the husband's wish for distance with the wife's need for closeness.

First exemplar of personal and family myths theme. In this quote, the spouses demonstrated the struggle to defend their myths. Each time the wife increased pressure on her husband to reveal his secrets, he became more resolved to securely conceal them. The intensity of their interactions can be seen in the content of the talk, the husband's louder, emphasized speech, his nervous movements, and the wife's ridiculing laughter.

- 253 H: Inside a drawer (.5) inside my toolbox so I got a DRAWER and it's on the side of my toolbox (1.5) I pull the drawer out put that in (1) lock it (1) put it in (1) shut the drawer (1) shut this flap (1) round the other one and lock it (1) it's NO WAY in the world anybody can get in there
- T: Yeah
- 260 H: no way. ((turns head quickly to W and back, shakes head from side to side and brushes R hand away from body and back))
- T: Yeah yeah (.5) And when you say no way you look at your wife.
- H: Oh=
- T: =What was that look about.
- H: Well you s' you said it mine.
- T: Yeah.
- H: so that's mine (1) that's the rest.
- 270 W: But at some point in time you're going to have to share your secrets.
- H: Well ('m I can but that's) ffair enough uh=
- W: =(W turns to T) Like this weekend I want to find out how many tools he's got.

- H: ((laughs nervously))
 W: and we have to tell the insurance company ((laughs))
 H: ((leans forward)) 'Cause that's nothing so this weekend we've gotta do an inventory on my toolbox (1) so what I have to do is I have to unlock my box (2) take out my box.
 280 T: Yes.
 H: ((leans back and crosses R leg over L knee again)) and put that somewhere else while we do the inventory on my tools.
 W: And I need photocopies of all your bills.
 H: Oh I can take 'em out before you come. ((wiggles R foot))
 W: [((laughs for some time
 288 with ridicule till her next turn))

Second exemplar of personal and family myths theme. The wife articulated her myth of the ideal family life in this excerpt. Her difficulty in speaking is shown by her pauses and tears. The husband's discomfort is shown in his movements.

- 677 W: It hurts too much.
 T: *Because*
 W: because he betrayed me (2) betrayed our marriage (3.5)
 680 ((H has R leg crossed over L knee, body still and formed circles with R foot, now crosses arms over chest and crosses ankles on floor)) betrayed everything that a (.5) marriage is supposed to mean.
 T: *What it means to me talk what it married to him means to you* (1) He betrayed what we had together
 W: The sharing of bringing up children and loving each other (1.5) You just you just can't (2) if I had (1) if I had something that a man gave to me (1) ((wipes eyes)) he wouldn't allow it wouldn't wouldn't accept it so
 689

Deviant Examples of Personal and Family Myths

Although the husband and wife had chosen polarized positions regarding distance and closeness, each member also wished for the aspect of the relationship for which the other was arguing. The therapist, through various interventions, highlighted these underlying myths as can be seen in the next negative examples.

First deviant example of personal and family myths theme. This quote clarifies the husband's equal interest in remaining close to his wife and in remaining apart. This is shown by his stated fervent wish to sit near her, his excited talk, and his gestures. Similarly, the wife's lack of trust, withholding her feelings, and wish to distance from her husband are suggested by her moving foot and her silence.

- 760 T: So (.5) it when it upsets you to see W hurt ((gestures to W)) you feel like going over there (1 ((points to original chair)) or you feel like still staying here.
 W: ((bobs R foot up and down))
 H: No I won't be stupid I'll go over there ((to original chair))
 T: OK so where do you want then you feel when it upsets you you feel like going over there?
 H: Yeah!
 T: *OK Let's go* ((brings chair to R of H's old chair))
 H: ((moves back beside wife after the sculpt)) I'll get rid of it
 770 (4) ((briefly touches W's R knee)) I didn't think it was that important. (2.5) ((waves R hand outward)) (.5) I haven't looked at it since its been back (1) ((waves R hand)) (And I'm gonna) put all the toolbox (.5) in a bag (1) ((lifts left arm)) and I'm going to bag off my box (.5) on to the floor (1.5) ((points L hand downwards)) And that's
 776 where its been

Second deviant example of personal and family myths theme. Though the wife expressed her wish to be close to her husband, her diatribes served to advance a different agenda of distancing from him. Her rapid, loud speech, emphasized words, short pauses, gestures, and metaphor of 'stolen money for candy' indicated her sense of violation and outrage.

- 500 W: =NO (.5) HUSBAND ((gestures R hand toward H)) hasn't apologized you know i it he's the one who was lying to me (.5) about everything that was going on and that really hurts (2) It's like the kids standing there taking money out of my wallet and saying that they didn't do it (.5) you know and yet they're standing there ((strokes hair once with R hand)) with ((holds fists up to level of head and shakes them)) two fist fulls of candy (1) and they they've got all this candy and you're saying well >where'd you get the money from< (.5) and they're saying (Oh well) Mom (1) >and then a couple of hours later they come up and say Mommy I'm sorry I took it out of my wallet then I then I can turn around and talk to them about it (1) But I still ((gestures to H with R arm)) can't talk to 'im about it <because he refuses to acknowledge that it actually went on!
- 510
- 515

This theme of personal and family myths has dealt with the contrast between the initial premises promoted by each partner and their coexistent opposite myths. While the husband spoke of his need for individuality and the wife for being in relationship, each also behaved in manners which showed their partial wish for the opposite positions of closeness and distancing respectively. Exploration of myths informs of their everpresent function to guide client choices. The next section will address the theme of symbolization.

Symbolization

Symbolization is the third theme which emerged from the analysis of this session and important part of the process of the clients' growth. Several sources discuss the use of symbolization in therapy. May (1973) held that "the underlying function of psychotherapy is the indirect reinterpretation and remolding of the patient's symbols and myths" (p. 324). ExST theorists agree with this premise and add that in so doing client relationships are explored and altered toward a positive outcome.

Jung (1964) defined a symbol as "a term, a name, or even a picture that may be familiar in daily life, yet that possesses specific connotations in addition to its conventional and obvious meaning. It implies something vague, unknown, or hidden from us" (p. 20). Jung (1964) continued that "we constantly use symbolic terms to represent concepts that we cannot define or fully comprehend" (p. 21). Important to both Jung's (1964) position and ExST is the concept that "no individual symbolic image can be said to have a dogmatically fixed, generalized meaning" (p. 30) but that the individual coining the symbol is the one to best interpret it.

In participating in ExST, clients use metaphors or symbols to bypass talk about a problem or experience. They can anchor the issues in imaginal or tangible form which can provide solutions to dilemmas through the senses rather than the intellect. Symbols allow clients to deeply experience and clearly express passionate issues and hopes for the future in a manner unencumbered by reliance on language.

Friesen et al (1989) remarked that ExST attends to both present state and desired state symbols. Present state symbols represent current relationships and problems in a palpable form. These manifestations often point to aspects of the relationship which need to be changed. Desired state symbols exhibit the goals of therapy in a physical form and suggest the positive nature of these changes. Exemplars and negative examples of symbolization will be discussed below.

Exemplars of symbolization theme

These exemplars will show the use of both present and desired state symbols.

First exemplar of symbolization theme. As a present state symbol, the husband wrote out secrets and locked them in a security box. It paralleled his father's box, the subject of an earlier session, which he had opened when he was young. He was punished then and labelled a 'bad boy'. The husband's box represented his felt need for boundaries with his wife. The wife alluded to the

effectiveness of this symbol when she voiced her fear that it withheld secrets. Tension is suggested as both spouses use loud speech, few pauses, overlapped talk, laughter, emphasized phrases, and punctuating gestures.

- 216 H: and there's other things in there too=
 T: =So (1) ((T takes tissue box from H, W looks at T)) so the
 the the secrets are here.
 H: Yeah and other things well I put other things in there
 220 T: too.
 T: And other things (.5) other secrets.
 H: Well y' well you know other things.
 T: You know what
 W: [OTHER SECRETS. ((looks at H))
 H: ((laughs)) Ah well (.5) yeah
 T: [You know what I think
 H: ((laughs)) yeah see
 230 T: You know what I think
 W: [OTHER SECRETS FROM ME.
 ((laughs))
 H: (and that)
 T: Is that what it is?=
 H: =Bills from my tool box (3) ((leans back in chair crosses
 R leg over L knee and gestures with hands while W still
 looks at H)) YOU SAID you said to me you said to me
 240 well every time I think of something or look bury all my
 secrets put 'em in there (1.5) s:o if I went out and spent
 (.5) fifty bucks on tools I didn't tell W about (3) put that in
 there (.hhh) take 'er out of my wallet you see 'cause (2)
 put 'em in the back there (.5) so its just like havin' 'em in
 my wallet (2) (an' out of the way).
 T: So all of the secrets from here to there.
 H: Mmhm
 T: and the wallet here.
 H: Yeap
 T: And then you lock it.
 250 H: *Yeap*
 T: And then you put (2) so this box box goes inside another
 box.
 H: Inside a drawer (.5) inside my toolbox so I got a
 DRAWER and it's on the side of my toolbox (1.5) I pull
 the drawer out put that in (1) lock it (1) put it in (1) shut
 the drawer (1) shut this flap (1) round the other one and
 lock it (1) it's NO WAY in the world anybody can get in
 there
 T: Yeah
 260 H: no way. ((turns head quickly to W and back, shakes
 head from side to side and brushes R hand away from
 262 body and back))

Second exemplar of symbolization theme. The book, another present state symbol, was a strong reminder to the wife of the affair as a betrayal. The therapist spoke very softly in short prompts. The wife exhibited relational novelty in sharing the book's meaning and telling her husband about the hurt underlying her anger. Quiet speech, moderate pauses, tears, gestures and content indicate the wife's pain and shame.

- 667 T: ((looks at W and gestures to H)) And that book is (2) that book keeps us apart. (2) that meanin' keeps us apart.
 H: Then I'll get rid of it.
 670 T: *(talking)*
 W: How do I feel?
 T: *(Try)*
 W: [The part the book reminds me of what went on between you and her.
 T: *(memory of me)*
 W: It hurts too much.
 T: *Because*
 W: because he betrayed me (2) betrayed our marriage (3.5) ((H has R leg crossed over L knee, body still and formed circles with R foot, now crosses arms over chest and crosses ankles on floor)) betrayed everything that a (.5) marriage is supposed to mean.
 680 T: *What it means to me talk what it married to him means to you* (1) He betrayed what we had together
 W: The sharing of bringing up children and loving each other (1.5) You just you just can't (2) if I had (1) if I had something that a man gave to me (1) ((wipes eyes)) he wouldn't allow it wouldn't wouldn't accept it so
 690 T: Just tell him ((gestures to H then to heart)) just tell him ((same gestures))
 W: ((wiggles R foot up and down)) I'm hurt and I'm
 T: [Tell
 W: ashamed that he doesn't think about how I feel I'm hurt and I'm ashamed that you don't think about me ((R foot motionless upwards)).
 697

Third exemplar of symbolization theme. Another present state symbolization, the tissue, stood for the husband not forgiving his wife for the summons. The therapist balanced the partners' discussion of hurt. She used much emphasis, overlapping talk, and an animated tone to portray the husband's strength of conviction. The husband then discussed forgiveness.

- 1019 T: [so W was asking you to leave the house.
 1020 H: [Yeah

- T: in that in that note in that envelope.=
 [
- H: [Mmhm and her Mom too.
 T: and her Mom.
 H: () get out (1) We don't want you anymore.
 T: So so you that is painful and still with you.
 H: That'll always be with me.
 T: That will always be with you.
 1030 [
- [Yeah there's no way of getting
 rid of that (3) ((W tips head to T)) I will never ever ever
 forget that!]=
- T: =So so you're really holding onto that=
 H: =Mmhm that's in my box
 T: That is in your books
 H: In my box at work=
 T: =In your box at yes that's in there
 [
- 1040 H: [that's in there
 T: You know what what you said it's like (1) can I just do
 something (4) ((reaches for a tissue and clutches it to
 heart with both hands)) That what W did with me it will
stay with me and I will never let it go! (1) and you're
 holding to it very tight.
 H: Mmhm.
 T: So you're saying to W (1.5) you gave me this and I will
never (1) never forget you for what you did the way you
 hurt me!=
 1050 H: =I don't forget that no (1) I don't hold it against her.
 [
- T: [And I wonder
 H: () ((clears throat))
 [
- T: [And I will ne' >This is yours ah ah not mi'< ((gives
 tissue to H)) but you're holding tight to it ((H moves R
 foot several times)) (1) I will never for' forgive you (2.5) I
 will never forgive you for=
 H: =I'll never forget it ((W touches L cheek)) (1) I didn't say
 1060 I'd never forgive her for it.
 T: *Oh*.
 H: I'll never forget it.
 T: You'll never forget it (1.5) OK (1) And have you forgiven
 W for that ? (1.5) and it my hy
 [
- 1066 H: [sort of yeah

Deviant examples of symbolization theme

On some occasions the clients declined to provide symbols when invited by the therapist. This might have been due to a lack of desire, understanding, or

ideas. The therapist then repaired her request to encourage a response as seen in these examples.

First deviant example of symbolization theme. In this quote, the wife sidetracked a request for a desired state symbol. Instead she provided a joking account for her failure to comply. When the husband spoke of his symbol, the therapist abandoned her request to the wife.

- 123 T: Mmhm Now I want to come in an' go to some eh moment eh (1) in our time that we've been together and eh I want to (2) kind of go back to that desired state that you had initially when you came here and eh eh I'm reminded that eh (1) I invited you to to bring that special symbol eh
- 130 W: [Yeah ((laughs))
T: and eh I'm curious that eh it's never arrived
W: [I keep on forgetting it.
T: it's never arrived and you keep on forgetting it=
W: =yeah it sits there on the desk ((waves L and R arm alternately as speaks)) well mine does anyway its sitting on my bedside and I just keep forgetting to take it cause I'm always in such a rush when I'm going I don't my mind doesn't think that today's the day you've gotta take it today's the day cause I put it in the car (1) I might never find it again ((laughs)) it might disappear. Sometimes he cleans it out and >sometimes I have the windows open and things go flying out the windows< so I just (1) I don't know what if he's drawn his I don't know what he's done (.5) he's done things at work I don't know what he's done.
- 140
- 146

Second deviant example of symbolization theme. In this excerpt, though the therapist repaired her request in several ways, the wife was not able to provide a desired state symbol for "closeness" between her husband and herself. The wife seemed to misunderstand what was asked and the therapist eventually withdrew the request. Likewise, the husband did not provide a response to a request for meaning.

- 870 T: =So (.5) what if the two of you ((leans back then forward)) burned the basket and the book (1.5) what will emerge out of that letting go (.5) letting go.
W: Well the closeness.
T: And what would symbolize that closeness for you.
W: His finally being real (2) trying to be real
T: No for you for your experience not him because what we do not know.

- H: ((lowers head))
- 880 W: seeing him let go (.5) let go of what what (G's)
- T: [and what
would it mean for you when you see closeness.
- W: Being able to to let it let it rest.
- T: for you (1) So for you being able to come closer to your husband and trust in your husband more
- W: Yeah.
- T: Is that what it means?
- W: That's what it would mean.
- T: That's what it would mean.
- 890 W: Like I don't I don't need () I'm not like that
- T: You don't need (1) And what would symbolize for you trusting your husband letting go of that (1) a little bit of that fear by burning (1) What would symbolize that new sense of trust (5.5) () *You don't know OK that's O * you can just stay with that right. ((To H)) I'm wondering how do you feel about that invitation I've given you?
- H: No problem (1) no problem getting rid of it at all
- 900 T: About us (1) symbolically here (1.5) burning the book and the basket. (3) what would it mean for you in terms of your relationship to W ((gestures to H then W))
- H: Well for once I didn't think it was such a big problem so I don't ((holds L arm))=
- T: =So this is all new for you=
- H: =I didn't understand it being a problem (1) so if I I just didn't see this as a big problem.
- T: Yeah
- H: and it obviously is a big problem (1) so ah (1) if it hurts that much then ah (1) um (2.5) I don't tie it to G anyway ((W picks up tissue, blows nose and straightens clothes for some time))
- 910 T: *you don't tie it to G*
- H: any more
- T: *Yeah*
- H: I don't even look at it don't even think about it (2) I just so (1) it's gone.
- T: *It's gone*
- H: It's gone!
- T: *It's gone*=
- 920 H: =It's going to be in the bin tomorrow mornin' (1) it's a pity cause it's a nice book (1.5) the other stuff didn't mean anything to me in the first place anyway (2.5) I'm not into baskets.
- T: You are into baskets?
- H: No.
- T: You're not into baskets.
- H: [the book no it doesn't mean anything
929 to me anyway ((looks at W))

The present and desired state symbols noted above emerged from the clients' ideas and engaged their creativity. They transferred the changes within therapy to the clients' larger world, engendering clients' responsibility for change, and suggested the development of relational novelty. The negative examples showed how the therapist repaired her request to receive a response. In the next section, the focus will be on this session's experiential theme.

Experiential

The fourth theme, which highlights the experiential nature or 'here and now' focus of this session, provided increased awareness of the clients' problem and solutions in the present moment. Acting out the clients' relationships in the 'here and now' powerfully manifested both their painful and pleasant characteristics.

Houston (1982) paraphrased Perls, the originator of Gestalt therapy that "we can very effectively . . . learn our own best ways of dealing with the world, by becoming more and more aware of what stands out for us from moment to moment, right here in the present" (p. 9). ExST, which has a kinship to Gestalt therapy, involves clients experiencing past difficulties, current problems, and future hopes in a visceral experience in the present. In this way problems are transformed to provide relational novelty and freedom from the tyranny of painful modes of interaction.

This style of perturbing the family system stands in contrast to the historical focus and interpretations of Freudian analysis (Coren, 1986) or Bowen therapy (Kerr and Bowen, 1988) which discuss clients' past experience in their families of origin. In ExST the past is addressed as it relates to the now and experienced in the present. It is also very different from O'Hanlon's style of offering his own solutions to the couple. ExST serves to promote clients' solutions in the process of experiencing their difficulties.

The exemplars which follow will provide a taste of the nature of experiential therapeutic techniques. Deviant examples will offer instances when deepening of the clients' experience was not achieved.

Exemplars of Experiential Theme

This important theme is particularly evident in the exemplars to be provided. They deal with the couples' relationships to the girlfriend, the therapist, and each other.

First exemplar of experiential theme. This excerpt showed how real the experience of the affair still was for the wife. She referred to the girlfriend's

continued presence in the room and set the stage for another externalization as in an earlier session. The depth of her experience of mistrust was indicated by her emphasis of certain words, few pauses, and louder talk.

- 384 T: It's very meaningful ((H places box on chair beside wallet)) eh in your from in your experience this this this is (1) this ah (2) security box has become your security box and (.5) but I'm aware that there is alot of tension here between you two of you about eh (1.5) ((to W)) certain things that are going on and and I'm wondering how are you feeling about the security box (exactly like)?
- 390 W: (Well) if that's what he wants (.5) I just wonder you know what other little secrets he's hiding that=
- T: =*Yeah*=
- H: ((H crosses arms on chest, looks at ceiling))
- W: =you know besides the secrets that's in the box like the secrets of Girlfriend (1) came up a couple of weeks ago
- H: ((moves R foot)) [O:h ((turns head away from W, turns head toward W))
- 400 W: the old Girlfriend (2) the chair that should have st' stayed right here (.5) instead of going to the back of the room.
- T: The the chair is right here for you.
- W: Yea:uh
- T: You wanna go and get's have a chair
- W: [She kaels she feels IT FEELS LIKE SHE'S STILL THERE (.5) you know things that are going on things that he that are said it feels like she's still there (1) even tho' oh I don't know she doesn't phone the house anymore there's no more suspicious phone calls from people that are phoning and hanging up now!
- 410

Second exemplar of experiential theme. In this piece, the therapist drew attention to the symbolic nature of the husband using the girlfriend's chair to hold his possessions. The husband denied intending any such symbolism. The wife experienced disgust at the thought of the girlfriend's presence as shown by her use of 'repulsed', her animated tone, and her overlapping talk.

- 413 H: (hhh) (.hhh) ((pulls the girlfriend's chair to his R side))
- T: Now the chair the girlfriend chair was kind of at the back hnn (1.5) and (.5) and H pulled the chair kind of to put his box and his wallet (1) very important possessions of his.
- H: I just didn't want to put them on the floor actually. ((gestures to chair then rubs nose with R hand))
- T: OK so you because it sounds (1) you want the ch' G=
- 420 W: No I'd like G's chair completely totally

T: [But it's it's here.
 W: [out of the
 425 room but I feel repulsed that she's still here!

Third exemplar of experiential theme. This quote followed the couple's deadlock about disposal of the book. The therapist began a sculpt by moving beside the wife. That this had the desired experiential effect of unsettling the husband was noted in his louder, stammering speech, emphasized words, and nervous gestures. The therapist then role played the wife's position using several long soothing pauses, emphasis of key meaningful words, and gestures toward both partners. Intensification of the experience of the the rift between the partners was achieved by having the husband sit in the far corner of the room. This resulted in the husband volunteering to dispose of the book.

640 H: =and throwing it away (.5) WHAT ARE YOU MOVIN' FOR! ((still fidgets)) (3) (hhh) Is tha' is that symbolic too you're movin' next to W?
 T: *And you don' like it.*
 H: Hmm ?
 T: And you don' like it. ((nods slightly))
 H: No (.5) no. ((R hand fidgets and shakes head far to R))
 T: ((looks at W)) *I I want I want to be with W ((gestures to W with hands)) for a little while* ((looks at H))=
 H: =OK ((nods strongly and still moves R hand))
 650 T: and from W's shoes ((gestures to W)) (3) imagine that I am (.5) you're wife (1) ((gestures to W)) that I am W right now (3) ((looks back and forth to H and W)) I feel very hurt (2) because that book means things to me (2) it means to me that you're far away from me.
 H: I'll get rid of it.
 T: And I want to have you close to me.
 H: (hhh) (.hhh) ((wiggles R foot))
 T: To look at the basket (2.5) tells me that you're far away from me ((W wipes eyes several times)) and I want you close to me (1.5) I want you in my heart (1) I want to be part of your heart (5) And that book means for me that you're far away (2) Can I just touch you for a minute? (2) *Can you just come.* ((holds H by R hand with both hands and guides to chair at back of room behind his place on H's right)) (5.5) Can you sit there?
 H: OK.
 T: ((looks at W and gestures to H)) And that book is (2) that book keeps us apart. (2) that meanin' keeps us apart.
 669 H: Then I'll get rid of it.

Deviant Examples of Experiential Theme

These examples showed the therapist's attempts to deepen the clients' 'here and now' experiences. In each case, this resulted was not achieved.

First deviant example of experiential theme. In this quote the therapist had difficulty keeping the wife from blaming her husband. The therapist attempted to focus on the present experience. Some confusion of the therapist's intent to role play the husband required that she repair her statements several times.

- 718 W: ((wipes eyes and wiggles R foot))
 T: *OK* and tell I want you to tell W (1) W are you there are
 720 you listening to me?
 W: [Yeah I'm listening. ((holds R foot up.
 stationary))
 T: ((both hand gesture near heart)) Do you hear that I am
 kind I am I never knew ((W lowers L foot)) how
 important this was to you?=
 W: =He didn't you didn't listen when I was telling you how
 important it was to me.
 T: Right now? You feel (important) to me?
 730 W: [Before.
 T: Right now I'm listening.=
 W: =Yeah I'm listening now=
 T: =Right now I have listened to you W (1) and I'm
 realizing how important it is to you. (2.5) It it's ((looks to
 H then back at W)) important to me what's goin' on right
 now for me (1) ((looks to H)) I want you to (about giving
 up th' book).
 H: I'll give it up first thing in the morning (1) () it
 740 obviously hurts with me to keep it so I'll get rid of it!
 741 W: ((wipes eyes and waves R foot from side to side))

Second deviant example of experiential theme. In this instance, the therapist attempted to create an experience of deepening the husband's feeling of rejection and the wife's feeling of betrayal. The wife negated this attempt by describing and defending her position. The therapist then attempted to frame the issue as a secret from the box. For some reason, both partners negated this conceptualization as well.

- 1097 T: [because you rejected me (1) you kicked me
 out=
 1100 W: =()
 T: No I just (.5) () I know it could be a million other
 things and (1) as (1.5) because in the same manner that
 when you were in touch with my with your pain right
 now I became in touch with my own pain (2) and (2) I

- haven't healed this wound that I feel that (.5) that you've created in my soul in my heart (3) and in the same manner that you, W that (2) you haven't healed that wound that cre created in your heart and=
- 1110 H: ((shifts in chair) [(hhh, .hhh)
 W: =that I gave to him
 T: Mmhm
 W: that he's talking about he precipitated himself=
 T: =by ((leans back a little))
 W: by telling me he took spoke to a lawyer.
 H: ((lowers head and scratches head with L hand))
 W: and how he was going to make sure
- T: [Yes
 1120 W: that I got nothing ().
 T: [Yeah
 W: I wanted to protect myself and my children 'cause he'd (.5) all the time he was telling me he'd speak to lawyers.
 T: [Yeah (.5) yeah so
 there has been=
 W: =so I was protecting myself.
 T: So there has been alot of hurt=
 1130 W: =Yeah
 T: alot of hurt on both (1) ((W leans head to T)) both and (.5) and I'm aware that (1) that H you have shared a secret with W right now ((W's L hand toys with hair, she looks under L side of chair and leans body to T)) (1) one of the secrets that was in the box. (3) Right?
 H: Actually it was on my mind yesterday and I mentioned it yesterday
 1138 T: Yeah yeah

This section provided several quotes regarding the experiential theme. The negative examples were unsuccessful, through role playing, in deepening clients' experiences of rejection and betrayal. The earlier successful exemplars did offer healing experiences related to the wife's feeling the girlfriend's presence, the wife's fear of the husband's relationship with the girlfriend, and the affair's effect of dividing the couple. Painful feelings of hurt, anger, and isolation emerged through these exemplars. These experiences later evolved into couple's relations characterized by forgiveness, reconciliation, attentiveness, humbleness, and trust.

Externalization

Externalization, the fifth theme, allows clients to relate to aspects of themselves or other entities without the encumbrance of blame. In this session, externalization proved to be an effective technique to engage clients in resolving painful aspects of their relationship including the affair. The idea of externalization has been used by several schools of therapy to engender change. These contributions to the technique will be discussed and the unique aspects of ExST will also be presented.

Gestalt therapists use two chair and empty chair techniques to heal "splits" within an individual to bring them to "integrity" (Perls, Hefferline, & Goodman, 1980, p. xiv). Psychodrama and Gestalt interventions externalize another individual or individuals with whom the client may then interact and resolve some conflict (Corey, 1986; Houston, 1982).

Similarly, White (1989) stated the importance of externalizing couples' conflicts. White (1989) noted externalization serves to "objectify" or "personify . . . the problem" which "becomes a separate entity and thus external to the person who was, or the relationship that was, ascribed the problem (p. 5). Palazzoli (1974) concurred with this idea, noting the greater productivity of enacting ritual than of problem discussion.

The ExST approach expanded on White and Epston's (1990) approach. Friesen et al (1987) noted that " symptoms, objects, circumstances . . . events", relationships, emotions, behaviours, or thoughts can all be experienced in relationship to clients. "By placing the symptom, object or person in the chair, the client is able to bring feelings that are repressed, ignored or blocked into the present" (p. 56). In an earlier session with this couple, both alcohol and the girlfriend were externalized. In this way impasses were experienced and resolved more thoroughly than if only discussed. These ideas will be demonstrated in the following exemplars. Negative examples will show less effective attempts at externalization.

Exemplars of Externalization Theme

The following exemplars externalize the security box, the girlfriend's chair, and the therapist's balanced relationship with the clients.

First exemplar of externalization theme. During the externalization of the husband's security box, the therapist addressed the tension between the spouses and requested the wife's reaction. The wife referred to her current experience of the girlfriend's symbolic presence, emphasizing certain words. Meanwhile, the husband remained quiet, shifted position and sighed.

- 384 T: It's very meaningful ((H places box on chair beside wallet)) eh in your from in your experience this this this is (1) this ah (2) security box has become your security box and (.5) but I'm aware that there is alot of tension here between you two of you about eh (1.5) ((to W)) certain things that are going on and and I'm wondering how are you feeling about the security box (exactly like)?
- 390 W: (Well) if that's what he wants (.5) I just wonder you know what other little secrets he's hiding that=
 T: =*Yeah*=
 H: ((H crosses arms on chest, looks at ceiling))
 W: =you know besides the secrets that's in the box like the secrets of Girlfriend (1) came up a couple of weeks ago
 H: ((moves R foot)) [O:h ((turns head away from W, turns head toward W))
 400 W: the old Gi:rlfriend (2) the chair that should have st' stayed right here (.5) instead of going to the back of the room.

Second exemplar of externalization theme. The continued tension as the externalization of the girlfriend unfolded was shown by the frequent overlapping talk by both therapist and wife. The wife's emphasis of words, very animated tone, gestures, and short, infrequent pauses indicated the degree of the pain and rage which she felt. Her husband's quiet denial did not relieve her doubts. The therapist used a soft voice to deepen the experience of the externalization.

- 419 T: OK so you because it sounds (1) you want the ch' G=
 420 W: No I'd like G's chair completely totally
 T: [But it's it's here.
 W: [out of the room but I feel repulsed that she's still here!
 T: [for for you for you=
 W: =Yes eh she's ONLY the only reason that I feel that
 430 T: [I want to invite you
 W: her she's still here (.5) is all the lies and the deceit that went to cover up everything that he was doing (1) when he was meeting her (.5) ((waves hand back and forth in lap)) and all the time he was saying he wasn't having anything to do with her (.5) so that it's still there it still bothers me! ((pats heart with R hand))
 T: [Right yes
 H: ((plays with hands during this discussion))
 440 W: an' it's this went on ((shakes R hand three times once

- for each word)) so these were big secrets (2.5) that he was hiding (1) >so that h's got now ((gestures shape of box)) he's got this little tool box that he's hiding little secrets in<!
- H: (Nothin' in there now).
- W: [I'm wondering (.5) >what other kind of secrets maybe a card from G that she's dropped off maybe this maybe that what other secrets might there be (1) that 'e's slipped in there<!
- 450 T: [So I want to *invite you I want to invite you W to place the chair right in between the two G's *because from you from your experience she's still she's
- W: [she's still she's still right here. ((points to between H and W's chairs))
- T: *Yeah*
- W: That's where she is.
- 460 T: *Yeah would you like to (.5) I want uh*
- H: (hhh) (.hhh) ((opens up arms))
- W: Yeah ((R arm hanging from back of chair)) that's where she belongs still 'cause still still something hanging that's not finished
- T: [*Can can you*
- W: She still belongs right there.
- T: *Yeah*
- 469 W: ((rises and pulls chair between self and husband))

Third exemplar of externalization theme. This piece showed the therapist's balanced allegiance to the partners in her moving to the husband's side. She helped him express to his wife that he was listening and cared about her. Soon the husband was teary eyed and spoke quickly with animation, indicating his engagement in the externalization. He was visibly relieved to move back beside his wife.

- 734 T: =Right now I have listened to you W (1) and I'm realizing how important it is to you. (2.5) It it's ((looks to H then back at W)) important to me what's goin' on right now for me (1) ((looks to H)) I want you to (about giving up th' book).
- 740 H: I'll give it up first thing in the morning (1) () it obviously hurts with me to keep it so I'll get rid of it!
- W: ((wipes eyes and waves R foot from side to side))
- T: It hurts you?
- H: It hurts W that I have it=
- T: =So and=
- H: =and that upsets me so I'll get rid of it!

- T: It upsets me to see you hurt.
 H: Aye that's right. (.5) >I didn't think it was that important.<
 T: I never thought that it was important. *Now what does it mean to see her hurt* tell her.
 750 H: *(I don't know)*(6) It does >I mean I don't like to see her hurt< (.5) she's my wife.
 T: She's your my wife what else (2.5) so it upsets me to see you hurt=
 H: =Mmhm=
 T: =because you're my wife=
 H: =Mmhm=
 T: =because
 H: ((wipes eyes, places hands in lap, legs crossed)) (hhh)
 760 T: So (.5) it when it upsets you to see W hurt ((gestures to W)) you feel like going over there (1) ((points to original chair)) or you feel like still staying here.
 W: ((bobs R foot up and down))
 H: No I won't be stupid I'll go over there (to original chair)
 T: OK so where do you want then you feel when it upsets you you feel like going over there?
 767 H: Yeah!

Deviant Examples of Externalization Theme

In these examples the therapist tried to engage the husband's strong emotions related to his externalized security box and the summons. In the first example he instead joked and in the second, withdrew his complaint.

First deviant example of externalization theme. Using a tissue box to externalize the security box, the therapist attempted to circumvent the husband's teasing and concrete description. Though she solemnly presented it to him and emphasized words to create a deeper experience, he continued in a superficial vein.

- 348 H: [Well you see I've got a (trick)=
 T: =This is
 350 H: Actually uh I I enjoy that.
 T: [What what is. You you like your box=
 H: =Oh yeah I do I do that's a great idea.
 T: [An' as I was I was holding it eh I thought it's it's almost like a privilege for me to hold (.5) the box right now because (1) it (1) it keeps (.5) very very significant secrets very significant things very meaningful things for you (1.5) and I almost feel like
 360 givin' it to you
 H: ((laughs))

- T: I want to give it to you because it's yours and I want you it's very important. ((does so))
- H: Yeah it's similar a pretty similar uh size too (2) but its a good idea because I think it's rea' it's a it's good It's like I'm not all (1) you know when you ah (2) go swimming or something to a locker you put stuff in the locker (1) and you know it's () you pin another key to your swimming costume and you know its safe (1) still safe where you're going and I mean it's bizarre like it's alot like it it's called a security box that's what it's called (2) It's called a security box.
- 370 T: Security box.
- H: It's made by the people who make my tools and it's s'posed to be (1.5) where you put your you know mechanics don't wear rings and watches when they're workin' or their wallet there's somewhere safe to put your things while you're workin'.
- 378

Second deviant example of externalization theme. Here the therapist attempted to externalize with a tissue the envelope holding the summons. She tried to strengthen the experience, emphasizing words, and using gestures and an animated tone. The husband relinquished his position rather than enter the experience more deeply.

- 1027 T: So so you that is painful and still with you.
H: That'll always be with me.
T: That will always be with you.
- 1030 [Yeah there's no way of getting rid of that (3) ((W tips head to T)) I will never ever ever forget that!=
- T: =So so you're really holding onto that=
H: =Mmhm that's in my box
T: That is in your books
H: In my box at work=
T: =In your box at yes that's in there
- 1040 H: [that's in there
T: You know what what you said it's like (1) can I just do something (4) ((reaches for a tissue and clutches it to heart with both hands)) That what W did with me it will stay with me and I will never let it go! (1) and you're holding to it very tight.
- H: Mmhm.
T: So you're saying to W (1.5) you gave me this and I will never (1) never forget you for what you did the way you hurt me! =
- 1050 H: =I don't forget that no (1) I don't hold it against her.
T: [And I wonder

- H: () ((clears throat))
- T: [And I will ne' >This is yours ah ah not mi'< ((gives tissue to H)) but you're holding tight to it ((H moves R foot several times)) (1) I will never for' forgive you (2.5) I will never forgive you for=
- H: =I'll never forget it ((W touches L cheek)) (1) I didn't say
- 1060 I'd never forgive her for it.
- T: *Oh*.
- 1062 H: I'll never forget it.

To summarize, the theme of externalization in ExST can allow the clients to symbolically invite an entity into the room. Through interacting with it in the present, they can resolve relational conflicts. Positive exemplars showed quotes which successfully externalized the husband's need for security, the wife's continued experience of the aftermath of the affair, and the husband's caring for and attention to his wife. In negative examples, the therapist's lead to deepen experiences through externalization of the security box and the summons was not followed by clients. The next section will show how the related effect of intensification can be achieved.

Intensification of Experience

The sixth theme, intensification, is a necessary part of any experiential therapy. It was achieved to a high degree in this session. Friesen et al (1989) noted that intensification can identify "underlying emotions" and "dramatize relationships" (p. 36). Friesen et al (1989) suggested using concrete words, "externalizations, metaphors or "staying with a situation", amplifying "bodily aspects", and use of "action oriented techniques" (p. 36).

Friesen et al (1989) noted the significance of such deepening experience is the "transformation of the rigid interpersonal or self pattern into a new form" (p. 35). This "results in new behaviours", "reframing" of "the world", activation of "creative and adaptive potential", and attainment of a "precious moment" of "actualization" (p. 35).

The effect of intensification can be achieved through various techniques including repeating phrases, reframing meaning, self-disclosure, empathic responding, sculpting, coaching, or immediacy. Some of these are shown in the following exemplars and deviant examples.

Exemplars of Intensification Theme

These quotes show intensification through repeating words, externalization, role playing and empathy.

First exemplar of intensification theme. In this excerpt, the therapist repeated the issue of secrets which she had introduced earlier. After several turns the wife aggressively stated her worry about secrets, overlapping the therapist's turns and laughing critically. The husband defensively discussed the box. By repeating words, the therapist had deepened the experience. The spouses showed intensification with their loud talk and gestures.

- 217 T: =So (1) ((T takes tissue box from H, W looks at T)) so the
the the secrets are here.
H: Yeah and other things well I put other things in there
220 too.
T: And other things (.5) other secrets.
H: Well y' well you know other things.
T: You know what
W: [OTHER SECRETS. ((looks at H))
H: ((laughs)) Ah well (.5) yeah
T: [You know what I think
H: ((laughs)) yeah see
230 T: You know what I think
W: [OTHER SECRETS FROM ME.
((laughs))
H: (and that)
T: Is that what it is?=
H: =Bills from my tool box (3) ((leans back in chair crosses R
leg over L knee and gestures with hands while W still
looks at H)) YOU SAID you said to me you said to me
240 well everytime I think of something or look bury all my
secrets put 'em in there (1.5) so: if I went out and spent
(.5) fifty bucks on tools I didn't tell W about (3) put that in
there (.hhh) take 'er out of my wallet you see 'cause (2)
put 'em in the back there (.5) so its just like havin' 'em in
244 my wallet (2) (an' out of the way).

Second exemplar of intensification theme. After much expression of anger shown by emphasis, animated tone, and short pauses, the wife voiced her deeper feelings of 'hurt' and began to cry. Her long pause after saying the word and her self-soothing gestures indicate the intensity of the pain she experienced. The therapist summarized the betrayal.

- 534 W: Maybe in a few months I won't bother with the=
T: =Yes=
W: =that anger but right now that's the way I feel (1) If I
saw her on the street I would actually get out of the car
and beat her up for all of the pain she put me through (2)
and it's (.5) that's the way it is. (1.5) Right about now I

- 540 don't need that you know and I don't need any of that
aggravation and I it just still hurts! ((strokes hair twice
with R hand)) (11)
- T: Yeah yeah (.5) So right now it's hurting.
W: Mmhm
T: The betrayal from (2.5) from your best friend
W: [Yeah
T: The betrayal from your (.5) from your husband ()
W: [Yeah?
- 550 W: My husband's supposed to be my best friend (2) G was
just a friend (.5) she wasn't a best friend (1.5) She tried to
553 be. ((wipes tears and rubs thighs))

Third exemplar of intensification theme. In the next quote, the therapist used role playing, empathy, emphasis of central words, long pauses, and several new phrases which the couple later repeated. Like the therapist, the wife later gestured to her heart. Her quiet tears indicated that she felt the therapist accompanied her through the pain. The husband's quiet acceptance and movements suggested his feelings of guilt.

- 650 T: and from W's shoes ((gestures to W)) (3) imagine that I
am (.5) you're wife (1) ((gestures to W)) that I am W right
now (3) ((looks back and forth to H and W)) I feel very
hurt (2) because that book means things to me (2) it
means to me that you're far away from me.
H: I'll get rid of it.
T: And I want to have you close to me.
H: (hhh) (.hhh) ((wiggles R foot))
T: To look at the basket (2.5) tells me that you're far away
from me ((W wipes eyes several times)) and I want you
660 close to me (1.5) I want you in my heart (1) I want to be
part of your heart (5) And that book means for me that
you're far away (2) Can I just touch you for a minute? (2)
Can you just come. ((holds H by R hand with both
hands and guides to chair at back of room behind his
place on H's right)) (5.5) Can you sit there?
H: OK.
T: ((looks at W and gestures to H)) And that book is (2) that
book keeps us apart. (2) that meanin' keeps us apart.
669 H: Then I'll get rid of it.

Deviant Examples of Intensification Theme

These examples occurred when the clients avoided entering the depth of their feelings of anger or loss of friendship.

First deviant example of intensification theme. In this quote, the therapist addressed the couple's relationship and the wife's anger. The wife switched to

unrelated facts and avoided the issue. For several turns she threatened to find out the husband's secrets. The husband was quiet.

- 287 W: [(laughs for some time
with ridicule till her next turn))
- T: And I and I hear you gettin' joy from this. (.5) What
290 what is goin' on here.
[
- W: [It's funny (1) ((continues laughing)) it's funny that he's
he's he's trying to be so secretive about all these tools
because in the end I I'll find out in the end because (2)
((H taps R hand on chair arm and wiggles R foot)) it's
costing just about eight hundred dollars now it's costing
(1) he's got twenty thousand dollars worth of tools and
[
- H: [at
300 least
- W: it's costing us (2) because the companies don't cover the
the (.5) the tools if they're stolen or lost or anything we
have to insure them ourselves.
- T: *Yeah*.
- W: So I'm insuring them with our house.
- H: Mmhm.
- W: And they phoned me I didn't think that they wanted it
(.5) but now they phoned and said we need an inventory.
- H: (hhh) ((pulls chair up from behind to his R side and
310 places wallet firmly on it))
- W: and we need pictures (2) so they want (2.5) so now I
have to go spend two hours (.5) writing down everything
he has inside his box and what its worth.
- 314 H: ((clears throat)) ()

Second deviant example of intensification theme. On another occasion the therapist attempted, by repeating statements, the husband's experience of giving up the book and losing the girlfriend's friendship. This failed to generate new information or intensity.

- 908 H: and it obviously is a big problem (1) so ah (1) if it hurts
that much then ah (1) um (2.5) I don't tie it to G anyway
910 ((W picks up tissue, blows nose and straightens clothes
for some time))
- T: *you don't tie it to G*
- H: any more
- T: *Yeah*
- H: I don't even look at it don't even think about it (2) I just
so (1) it's gone.
- T: *It's gone*
- H: It's gone!
- T: *It's gone*=

- 920 H: =It's going to be in the bin tomorrow mornin' (1) it's a pity cause it's a nice book (1.5) the other stuff didn't mean anything to me in the first place anyway (2.5) I'm not into baskets.
 T: You are into baskets?
 H: No.
 T: You're not into baskets.
 H: [the book no it doesn't mean anything
 929 to me anyway ((looks at W))

To summarize, intensification can be achieved through many qualities of interactions, all of which seek to strengthen the present experience of clients' concerns. The above exemplars showed clients responding to the therapist's encouragement to express their anger, hurt, and loneliness. Occasionally, as in the deviant examples, clients may avoid exposing the strength of their anger or the depth of their loss. The next section will highlight the contextual nature of clients in therapy.

Contextual/Systemic

The seventh theme is of the contextual/systemic embeddedness of clients. It entails attention to the context of the social and physical systems in which clients live, and plays an important part in family therapy. As Friesen et al (1989) stated, "the living process is characterized by a complex, multidimensional, dynamic interactional process in which individuals are both affected by and affecting a continually developing environment" (p. 21). ExST theory holds that relationships are the bedrock of human existence. Relationships can be with parts of self, people, experiences or objects. Therapists can use various linguistic techniques to bring clients to attend to the nature of their relationships.

Clients' contexts might be accessed, for example, through Egan's (1986) "open-ended questions" (p. 113), summary, immediacy, behaviour description, or self-disclosure. Such techniques which elicit clients' present experience of relationships with various aspects of their context can ameliorate these relationships. Therapists might draw attention to an emotional undercurrent, perturb the clients' interactive sequence in some manner, or blend new behaviours into a new meaning or experience for the couple. Exemplars and deviant examples of this process will be provided next.

Exemplars of Contextual/Systemic Theme

The following exemplars will attend to the couple's relationships with the husband's parents, each other, and the girlfriend.

First exemplar of contextual/systemic theme. The therapist using circular questioning and summary to ask clients about the involvement of the husband's parents. The wife had suggested earlier that they were exacerbating the husband's drinking problem by insisting the husband's end the affair and save money by drinking at home. The excerpt gives a positive connotation to the clients as active agents in their own healing. The positive effect of this line of questioning was reflected in the husband's noting the issue of his father's drinking at the end of the session.

- 90 H: So they're now they're at the mall walking around
 ((leans to L toward W))=
 T: =So what did they say about your session about your
 therapy.
 H: ((turns head toward W))
 W: ((laughs)) (nothing at all)
 [
- H: [()]
 W: They know we're having problems.
 H: Ye:ah didn't say too much.
 100 T: They weren't surprised though or not really which
 [
- W: [I'd already told them
 T: Which
 [
- W: [I told them
 H: Yeap.
 T: You're doing something real and concrete about (hhh)
 H: Yeah=
 W: =Well they don't realize its for H's drinking (1) you see.=
 110 H: =Yes
 W: they're from "another country" so drinking over there is
 OK (1.5) and (its I keep) trying to explain it.=
 T: =You were saying to me yesterday that uh yesterday not
 yester but last week that (1) you're inlaws had been
 talking with H about his drinking and ()
 [
- W: [Yeah they shouldn't
 drink too much they find his his father can't drink
 either you see and his ffather's got high blood pressure
 120 so he's not supposed to drink too much beer (2) He's not
 supposed to drink period but (1) being the stubborn man
 122 that he is he does it anyway.

Second exemplar of contextual/systemic theme. In this piece, the husband's loud statements and emphasized phrases about the impenetrability of his security box demonstrated his great need for protection, privacy, and safety. The therapist used behaviour description and immediacy to encourage him to

explain the import of this issue to the marital relationship. The couple's discussion then alluded to the affair in a veiled manner as suggested by the wife's criticism and the husband's hesitant, nervous response.

- 253 H: Inside a drawer (.5) inside my toolbox so I got a DRAWER and it's on the side of my toolbox (1.5) I pull the drawer out put that in (1) lock it (1) put it in (1) shut the drawer (1) shut this flap (1) round the other one and lock it (1) it's NO WAY in the world anybody can get in there
- T: Yeah
- 260 H: no way. ((turns head quickly to W and back, shakes head from side to side and brushes R hand away from body and back))
- T: Yeah yeah (.5) And when you say no way you look at your wife.
- H: Oh=
- T: =What was that look about.
- H: Well you s' you said it mine.
- T: Yeah.
- H: so that's mine (1) that's the rest.
- 270 W: But at some point in time you're going to have to share your secrets.
- 272 H: Well ('m I can but that's) ffair enough uh=

Third exemplar of contextual/systemic theme. In this excerpt, the therapist asked if the husband discussed the affair with his wife. The therapist's soft tone of voice mitigated an interpretation that she was blaming the husband, and called out his honest response. The husband's extension of vowels indirectly invited the wife to discuss the contents of the box. Her quick response and rapid speech suggest her agitation regarding the affair. This talk began the search for common ground, and set the stage for later resolution of the couple's differences.

- 554 T: ((brings W tissues, looks to H)) Have you talked anything at all about G with a' (1) W, H?
- H: ((has been mostly holding still now looks at T)) No not really I try (.5) try and keep out of the way.
- T: *Try to keep out*=
- H: =I push it to one side. (.5) She's not mentioned in it she's not in (.5) she's not in my box.
- 560 T: *G is not in your box.*
- H: My box goes back a lo:ng ti:me= ((T positions her chair facing W and H equally))
- W: =but part of G is still in your bo' in your around your box (.5) you've still got that book from her.
- H: Yes I do. ((nods))
- W: >And the basket ((nods)) and everything else I asked you to please get rid of<.

570 H: Well the basket I don't need but the bo' the book I wanna keep.

Deviant Examples of Contextual/Systemic Theme

In these examples, the therapist tried and failed to elicit the couple's attention to certain aspects of their relational context. The first was directed at the husband's experience of losing the relationship with the girlfriend, and the second sought to note the positive aspects of the couple's relationship.

First deviant example of contextual/systemic theme. Here the therapist asked the husband how burning the symbols might affect the marriage. The husband vaguely disclosed that he understood his wife's pain and denied residual thoughts of the girlfriend. He did not directly discuss the couple's relationship.

899 T: About us (1) symbolically here (1.5) burning the book and
900 the basket. (3) what would it mean for you in terms of your relationship to W ((gestures to H then W))
H: Well for once I didn't think it was such a big problem so I don't ((holds L arm))=
T: =So this is all new for you=
H: =I didn't understand it being a problem (1) so if I I just didn't see this as a big problem.
T: Yeah
H: and it obviously is a big problem (1) so ah (1) if it hurts that much then ah (1) um (2.5) I don't tie it to G anyway ((W picks up tissue, blows nose and straightens clothes for some time))
910 T: *you don't tie it to G*
H: any more
T: *Yeah*
H: I don't even look at it don't even think about it (2) I just so (1) it's gone.
T: *It's gone*
H: It's gone!
T: *It's gone*=
920 H: =It's going to be in the bin tomorrow mornin' (1) it's a pity cause it's a nice book (1.5) the other stuff didn't mean anything to me in the first place anyway (2.5) I'm not into baskets.
T: You are into baskets?
H: No.
T: You're not into baskets.
[
H: [the book no it doesn't mean anything
929 to me anyway ((looks at W))

Second deviant example of contextual/systemic theme. In this example, the therapist mentioned the couple's cooperative behaviour in the ritual. The attempt was ineffectual as both spouses repeatedly focused on historical details of "lies".

- 1548 W: Yeah it's the "holiday" basket. (1.5) ((H picks up extra paper)) the basket of deception. ()=
 1550 H: =It had a handle you know.
 T: The basket of deception.
 W: *Yes*.
 T: It had a handle.
 H: Alright H'h'here ((places handle on basket))
 W: Right.
 H: (A'right there there you go). ((Looks at T)) ((W still looks down))
 T: ((gently)) You're doing this together (1) That's the first time that I see you doing something together.
 1560 H: That's not bad. ((Nods))
 T: *Yeah.*
 W: This basket's lied alot a lies ().
 H: ((laughs quietly)) (hhh)
 W: I think you know (what all the lies are talking) about (4.5) of how she got into the apartment and how the bath was drawn and ((lifts head and looks at H))
 H: No I actually didn't know about that (.5) That was a quite a surprise to me.
 W: O:h. (1) She had keys. ((lowers head))
 1570 T: Do you wanna' burn the the basket or do you feel like H=
 W: No H didn't didn't find the basket I did (1) I found the basket.
 T: So you wanna burn it=
 W: ((looks at T)) =So I wanna burn it.
 H: Yeah she knew about the basket before I did.
 T: Mhm
 1577 H: 'Cause it was left in my apartment for me

Clients are part of many ever wider systems of their extended families, friends, communities, ethnicities, etc. Therapists need to attend to clients' contexts, as well as to parts of the individual. The above exemplars attended to the couple's relationship with the husband's parents, their marital relationship, and their collective relationship with the affair. Deviant examples described efforts to examine the impact of end of the affair on the husband and the cooperative aspects of the couple's system. Constructivist/Meaning Shift is the next focus.

Constructivist/Meaning Shift

Constructivist/meaning shift, the eighth theme which arose from this analysis, alluded to the idea that clients can understand their life experiences in a

multiplicity of ways. Individuals, in a therapeutic or everyday setting, construct their own reality from the information at hand. Clients are often locked in a stalemated world view which allows them no hope for change. The therapist's task is to help them experience alternative views of reality which can lead to healing and opportunity for growth.

According to Kvale's (1990) discussion of postmodernism, meaning is automatically defined by the group considering it. Subtle shadings of meaning shifts, more dramatic reframing of the meaning of behaviour, and emphasis on specific aspects of the client's message are all important themes evidenced by therapists to help clients construct new understandings of their experiences. These might be achieved through positive connotation, reframing, roleplaying, feedforward, or framing to name a few techniques.

In the following exemplars, meanings are reconstructed through reframing and role playing. Reframing reworks the clients' perceived initial meaning for certain behaviours giving them new labels and a positive valence. Friesen et al (1987) noted that the new frame also brings an "array of related thoughts and feelings" (p. 60). This has a parallel with Gale's (1991) elaboration of O'Hanlon's reformulation procedure or "summarizing with a twist" "which transforms the facts of a previous assertion into something different", thus providing "a new meaning that would be more suitable to achieving his agenda" (p. 81).

Therapists role playing the clients' dilemmas serves a modelling function. It allows clients to observe someone else communicating their thoughts and secret emotions openly, safely, and non-judgementally with their partner. They can also interact with the therapist playing the partner, imagine being the partner, and gain insight into his/her experiences. This is somewhat related to O'Hanlon's style of Posing Questions or Possible Problems and then Answering these Questions Himself, though the latter style allows less input from clients. Exemplars and deviant examples of this theme will be provided in the following discussion.

Exemplars of Constructivist/Meaning Shift Theme

These excerpts demonstrate how the therapist can redirect the focus of clients' anger, demarcate relational novelty, and guide framing questions in a positive light.

First exemplar of constructivist/meaning shift theme. In this piece, the wife used a metaphor to represent her outrage at her husband for not speaking of or apologizing for the affair. Several aspects of the wife's talk indicated her rage

including the increased volume, emphasized words, few and short pauses, and rapid speech. In reframing the situation using the word 'understand' the therapist directed attention away from blaming the husband toward the wife's hatred and disgust for the girlfriend. She also framed the girlfriend as the active agent who came between the spouses. The wife agreed with the summary and began to focus her ire toward the girlfriend.

- 500 W: =NO (.5) HUSBAND ((gestures R hand toward H)) hasn't apologized you know i it he's the one who was lying to me (.5) about everything that was going on and that really hurts (2) It's like the kids standing there taking money out of my wallet and saying that they didn't do it (.5) you know and yet they're standing there ((strokes hair once with R hand)) with ((holds fists up to level of head and shakes them)) two fist fulls of candy (1) and they they've got all this candy and you're saying well >where'd you get the money from< (.5) and they're saying (Oh well) Mom (1) >and then a couple of hours later they come up and say Mommy I'm sorry I took it out of my wallet then I then I can turn around and talk to them about it (1) But I still ((gestures to H with R arm)) can't talk to 'im about it <because he refuses to acknowledge that it actually went on!
- T: So you would like I hear you saying I want an apol'
[
- W: [I'd love
- 520 T: I want to understand you better and I want I feel that I deserve and apology (1) ((W stokes hair several times with R hand)) from you for what went on (2) between you and G (1.5) and I hear you sayin' (1) G I really hate you and I am dis
[
- W: [Oh yeah
- H: ((continues to use L hand to toy with R foot))
- T: disgusted by what you've done the way you've come between me and my husband.
- 530 W: ((regularly nods head slightly and looks at T)) *Mhm* >'cause if I saw her on the street I wouldn't hesitate to get out of the car and beat her up< (2) I really wouldn't .
- 532 because that's the way I feel right now!

Second exemplar of constructivist/meaning shift theme. This sample showed the use of open-ended questions about emotions, role playing, and coaching. The wife's perceived meaning of the couple's current interaction was shifted subtly by the therapist's choice of phrases. Examples included "acknowledging", "right now", and "you feel important to me", all of which positively connoted relational novelty and mitigated blame on the husband. The

husband's use of faster speech, animated tone and louder speech indicated his engagement with the discussion. The wife's overlapping talk showed her continued tension in this interaction. She later came to believe his concern for her.

- 703 W: You don't you're not stopping to think of how I see it
 ((holds R foot upwards)).
 T: OK
 W: It hurts.
 T: OK. (7) ((goes over to H's L side)) *Now what do you feel*
 What is your experience ((points to heart then W looks at
 H)) (that you are feeling) as you hear it?
 710 H: Well I didn't know it was that important to ya'(2.5) If it's
 that important to you I'll get rid of it.
 T: I I OK so I am acknowledging (1) ((R hand raised, L
 hand draws circles near heart)) how it hurts you.
 H: Yeah, sure >I I didn't know it was that important (1) I
 mean I happen to like those pictures in the book I mean
 (but there's to)< NO SYMBOLIC VALUE TO ME WHAT
 SO EVER.
 W: ((wipes eyes and wiggles R foot))
 T: *OK* and tell I want you to tell W (1) W are you there are
 you listening to me?
 720 W: [Yeah I'm listening. ((holds R foot up
 stationary))
 T: ((both hands gesture near heart)) Do you hear that I am
 kind I am I never knew ((W lowers L foot)) how
 important this was to you?=
 W: =He didn't you didn't listen when I was telling you how
 important it was to me.
 T: Right now? You feel (important) to me?
 730 W: [Before.
 T: Right now I'm listening.=
 W: =Yeah I'm listening now=
 T: =Right now I have listened to you W (1) and I'm
 realizing how important it is to you. (2.5) It it's ((looks to
 H then back at W)) important to me what's goin' on right
 now for me (1) ((looks to H)) I want you to (about giving
 up th' book).
 H: I'll give it up first thing in the morning (1) () it
 740 obviously hurts with me to keep it so I'll get rid of it!
 W: ((wipes eyes and waves R foot from side to side))
 T: It hurts you?
 H: It hurts W that I have it=
 T: =So and=
 H: =and that upsets me so I'll get rid of it!
 T: It upsets me to see you hurt.
 H: Aye that's right. (.5) >I didn't think it was that
important.<

- 750 T: I never thought that it was important. *Now what does
it mean to see her hurt* tell her.
H: *(I don't know)*(6) It does >I mean I don't like to
see her hurt< (.5) she's my wife.
T: She's your my wife what else (2.5) so it upsets me to see
you hurt=
H: =Mmhm=
T: =because you're my wife=
757 H: =Mmhm=

Third exemplar of constructivist/meaning shift theme. Reframing of an issue by role playing and coaching occurred when the therapist helped the wife create a question with two answers. Each answer positively connoted the husband's motivation for giving up the book. In this way the wife's doubt and criticism was circumvented and she appreciated her husband's caring response. This technique is related to Gale's (1991) explanation of O'Hanlon's Offering a Candidate Answer.

- 789 W: [are
790 you getting rid of it because we're discussing it now=
H: ((touches R forehead))
T: =or or=
W: =or because you really want to?
T: You see because you see its meaningful for you to give it
up (1) because you care for me and our marriage (1) is
that what ya that's what you want to know.
W: [[Ye:ah ((faces H))
T: I want you to ask him over again ()
800 W: Are you are you gonna give are you giving it up (2)
because its (5.5) (hhh) (.hhh) because its you don't care
about it (1) and our marriage is more important or are
you just giving it up because it bothers me?
T: and you care for me (1.5) you care about my feelings.
W: and you care about my feelings yeah. ((raises R foot))
H: ((leans away from W, nods looks at W)) I'm givin' it up
because I care about your feelings and its obviously
808 meaningful to you so I'm gonna give it I'll get rid of it.

Deviant Example of Constructivist/Meaning Shift Theme. This example offers an instance in which the therapist attempted to shift the meaning to highlight the wife's constant thoughts of the affair in contrast to the husband wanting to forget it. The wife did not concur with the therapist's contention.

- 476 W: I still she still it's still something (.5) I just know that
there's there's st' so'

480 T: [I almost feels like she's closer to you than (.5) to
 H=
 W: =*Well I sort of looked like it was in the middle*.
 T: Yeah ()
 W: [() (.5) It's the middle to me (2.5) I don't
 486 know but just (1) the what went on and I've got the lies
 that went with it really bothered me (.5) and it it still does

Clients' development of new perceptions of meaning for their behaviours is a central part of healing their differences and transforming them into understanding. The exemplars showed how the therapist helped the clients to reconstruct their views of instigator of the affair, the husband's attentiveness to his wife, and the husband's caring for his wife. The deviant example gave an instance in which the client disagreed with the therapist's proposed meaning shift. Therapist empathy will be described in the next section.

Therapist Empathy

Empathy, the ninth theme and an important aspect of every form of therapy, was particularly evident in this session. Egan (1986) defined empathy as being moved by another's emotional state, being able to understand their "point of view" or "role" (p. 95), and communicating this knowledge to the client.

Primary empathy links emotions with experiences. Advanced empathy, as described by Egan (1986), proposes deeper meanings of the experiences by giving "expression to what the client only implies", "identifying themes", connecting issues, "helping clients draw conclusions from premises" , and stating "concretely" what has been stated "vaguely" (p. 214-218). Next, exemplars and deviant examples of empathy will be provided.

Exemplars of Therapist Empathy Theme

At the beginning of the session both the husband and wife seemed self-protective. They later opened up to the therapist partly as a result of her showing understanding of their emotions and motivations through empathy. These exemplars will demonstrate this process.

First exemplar of therapist empathy theme. In this piece, the therapist reflected the wife's wish for an apology and helped the client intensify her emotions by using strong words such as hate and disgust. The wife responded affirmatively, indicating her intensity by speaking quickly and excitedly overlapping her talk with the therapists.

- 516 T: So you would like I hear you saying I want an apol'
 W: [I'd love
 T: I want to understand you better and I want I feel that I
 520 deserve and apology (1) ((W stokes hair several times with R hand)) from you for what went on (2) between you and G (1.5) and I hear you sayin' (1) G I really hate you and I am dis
 W: [Oh yeah
 H: ((continues to use L hand to toy with R foot))
 T: disgusted by what you've done the way you've come between me and my husband.
 W: ((regularly nods head slightly and looks at T)) *Mhm*
 530 >'cause if I saw her on the street I wouldn't hesitate to get out of the car and beat her up< (2) I really wouldn't because that's the way I feel right now!
 T: *OK*

Second exemplar of therapist empathy theme. In this quote, the therapist was quick to leave her previous examination of desired state symbols and demonstrate her empathy with the husband about the summons. The husband emphasized certain words to show the depth of his feeling. The therapist validated his pain, highlighted their importance as equal and parallel to the wife's, and emphasized the words "important" and "betrayed".

- 966 H: I wasn't thinkin' about that I was thinking about something else that happened (2) I was thinking about something else that she did to hurt me (1) I wasn't thinking about when she was talking about her I was thinking about something else that hurt me (1) and I was to I was off I drifted off.
 970 W: ((wipes eyes))
 T: So you were in contact with your own pain.
 H: And I drifted off.
 T: Yeah (.5) So you removed yourself from W's pain and went into your own pain.
 H: Yeah I started to thinking you know and I think she said that really hurt me when you did this (1) and I was bein' a bit selfish and I said well ah it really hurt me when
 980 you did this (2.5) you know and
 T: And your hurt is (.5) is very important ((both now have heads lowered))
 H: Mmmhmm
 T: because W's hurt (1) and betrayal the way she's been betrayed is very important and your hurt is also very
 986 important.

Deviant Example of Therapist Empathy Theme

In this instance, the client's responses seemed to require more direct empathic statements than voiced by the therapist. By echoing his comments, she intended to guide the husband to communicate the depth of his emotions to his wife. It seemed that the husband found it difficult to identify or express his deeper reactions and was close to tears and so was silent.

- 742 T: It hurts you?
 H: It hurts W that I have it=
 T: =So and=
 H: =and that upsets me so I'll get rid of it!
 T: It upsets me to see you hurt.
 H: Aye that's right. (.5) >I didn't think it was that
important.<
 T: I never thought that it was important. *Now what does
 750 it mean to see her hurt* tell her.
 H: *(I don't know)*(6) It does >I mean I don't like to
 see her hurt< (.5) she's my wife.
 T: She's your my wife what else (2.5) so it upsets me to see
 you hurt=
 H: =Mmhm=
 T: =because you're my wife=
 H: =Mmhm=
 T: =because
 759 H: ((wipes eyes, places hands in lap, legs crossed)) (hhh)

The therapist demonstrated empathy on many occasions through summary or through role playing and only a few of these instances have been quoted here. This empathy allowed the clients to feel heard and understood. In the exemplars, the therapist's empathic responses served to intensify the wife's rage at the girlfriend and to validate the husband's pain about the summons. The deviant example gave details of a rare instance in which the therapist achieved less empathic effect than the husband needed. The related topic of therapist genuineness will next be addressed.

Therapist Genuineness

The tenth theme emergent from this analysis was that of therapist genuineness. Therapists constantly monitor both their own and clients' emotional, behavioural, and cognitive reactions within the therapeutic system. In being genuine or authentic with their clients, they need to occasionally give voice to their inner process. As Rogers and Truax (1967) have described, "the therapist is what he (sic) *is*, during the encounter openly being the feelings and attitudes which at the moment are flowing in him (sic)". He or she "comes

into a direct personal encounter with his (sic) client, meeting him (sic) on a person-to person basis being himself (sic) not denying himself (sic)" (p. 101). This self-disclosure is done in the spirit of respect for clients' needs and feelings. Exemplars and negative examples of genuineness in this session will be given.

Exemplars of Therapist Genuineness Theme

The following exemplars involve the therapist revealing her reaction to the "love note", and the husband sharing his feelings and listening during the session.

First exemplar of therapist genuineness theme. In this quote, the therapist emphasized key words as she self-disclosed that she would be "very hurt" if her husband had received a "love note" from a woman. The effect of this information on the husband was shown by his movements, hesitant speech, and denial of the note's import. This disclosure also resulted in the wife later revealing her hurt.

- 629 T: =Is that a love note to you?
- 630 H: Yeah. ((small nod and looks to W))
- T: (hhh) *I would be very hurt if I were you're wife.*
((looks back and forth to H and W))
- H: I'd ((shakes head several times, looks at W glances at T))
(1) I don't read i' it's just the book I care 'cause I only g'
got the book back recently. (1.5) I get th' the book was
given back to G and then she brought it back to where I
637 work.

Second exemplar of therapist genuineness theme. Debriefing the session, the therapist noted her positive reaction to the husband listening to his wife, and to his inner experience. The therapist voiced being "impressed" with the couple "being real" as the wife had earlier requested. The wife's nodding indicated that she concurred. The therapist emphasized many key words and made several moderate pauses. She reiterated her choice to move to the wife in the sculpt.

- 1804 T: =((to W)) Yes I feel that today ah you were very real with
your feelings (1) and I'm very impressed that you
became close to you (1) to who you are (2) and eh (1) ((to
H)) I am really impressed by (2) by you listening to (1.5)
to your wife (1.5) and eh at times listening to you and uh
[
- 1810 H: [Mhm=
- T: =but really listening to her heart (1.5) rather than eh
((W scratches R hip)) to other things that's th th's to
really her heart and how her pain (1.5) and being real
with one another I was really impressed with how (1)
how real you became with one another an' with me (1) so

- that you were very real ((W nods)) (and I hear this)
why'd you going there!
 H: ((laughs, scratches L arm))
 W: ((tips head to T))
 1820 T: you got mad with me!=
 H: Mmmhmm
 T: But I wanted to be beside your wife I really wanted to be
 beside her (.hhh) (5.5) So how is anything that you'd like
 1824 to share?

Deviant Example of Therapist Genuineness Theme. This is the only example of the therapist self-disclosing in a manner which was less gentle. The hint of anger shown by her use of emphasis and choice of words, put the husband temporarily into a defensive stance. He assumed several postures, and seldom paused as he spoke.

- 1524 T: *Yes* (5.5) I's gone.
 H: Mmhm
 T: (Yeah but) how is that for you?
 H: I's not a problem.
 T: No.
 H: No not not a problem at all. ((shakes head))
 1530 T: An' when you say it's not a problem I have no idea what you mean.
 H: ((spreads arms wide, crosses arms on chest then puts them behind head)) It's not a problem I don't it's the way (.hhh) (hhh) (.5) the book was only important to me because I ((W looks at H)) I' liked the pictures in the book (.5) not by whom ((W lowers head again)) bought it for me or anything else (1) So it wasn't a problem destroyin' that uh the book or anything else but the book that upset W (1.5) (hhh) ((W raises head)) So it wasn't a problem.
 1540 T: OK.
 H: I's just a problem that I have to destroy somethink so beautiful.
 T: Yeah (hhh) ((H lowers arms)) now do you feel like (1.5)
 1544 (doing the) ((W lowers head))

Congruence or genuineness allows the therapist-client relationship to be built on honesty and intimacy which encourage client growth. This was evident in the above exemplars which served to support the husband's understanding of his wife's hurt feelings, and to encourage him to continue to listen and express his own emotions. The deviant example demonstrated an ineffective case of self-disclosure. The next section will attend to collaboration between therapist and clients.

Collaboration

The eleventh theme is of collaboration between members of the therapeutic system in joint responsibility for process and outcome. Collaboration was integral to this session, and was noted by several theorists. May (1975) stated that psychotherapy involves collaboration between therapist and clients in exploring clients' awareness of selves and others. Peyrot (1987) held that the "client and counselor collaborate in developing a new definition of the client's situation which incorporates the input of the counselor" (p. 249).

Practitioners of ExST demonstrate their collaborative approach in many circumstances. They often have an impression which they wish to confirm. As well, they might suspect that clients need to address and intensify an issue rather than avoid it. In other cases, therapists may wish to emphasize aspects of clients' interpretations of events to give them new light. ExST therapists address each of these intentions by sharing joint responsibility with clients for the direction the conversation takes.

This joint responsibility contrasts with the stances taken in O'Hanlon's solution-oriented therapy and in Ellis' rational emotive therapy (RET). O'Hanlon's greater tenacity and directiveness is evident in his theme of Pursuing a Response Over Many Turns. As Gale (1991) described this intervention, O'Hanlon "repeats this request many times throughout the session" (p.79) until he receives the desired client response. Similarly collaborative therapists do not take an expert position relative to their clients as is done in cognitive approaches such as RET which Corey (1986) described as "very directive" (p. 209). The collaborative theme will be supported by exemplars and deviant examples.

Exemplars of Collaboration Theme

Collaboration can take many forms which embody joint responsibility by the therapist and clients for the direction and outcome of therapy. These exemplars show collaborative interactions in generating options, debriefing the deception in the affair, and achieving consensus about desired state metaphors.

First exemplar of collaboration theme. In this sample, the therapist guided the couple in taking time to explore and modify options, rather than fighting or foreclosing on the first idea. To achieve consensus, the therapist frequently asked questions and summarized while the couple lead the discourse. In this process, the wife conceded a point very important for the husband, that the book be given away rather than destroyed.

- T: OK (.5) ((to H)) How would you like to see that go away
(1) disappear.
- H: I don't mind burnin' them (1) ((looks at both W and T))
The basket's no problem burnin' the basket its s' a
shame to destroy some a that pretty pictures underneath
them birds ehh
- 1200 T: A'right (.5) So you're hurting for the birds.
H: Oh yeah the birds=
T: =Your thinking of the birds.
H: Yeah the pretty birds its a pity=
T: =Pretty birds.
[
H: [just to burn 'em (.5) that'd be a shame
(best).
T: Yeah
W: Let's leave it to somebody else.
H: Yeah we'll we'll do that that >why don't we just rip the
1210 page out and give it to the library <(3) ((gestures outward
with L hand)) or give it to a school=
T: =OK eh cut the pictures and give them to the school?
H: Cut the the the note ((motions L hand)) of the front.
W: And burn it.
H: And burn it (.5) burn the note ((broad gesture to L)) burn
the note (.5) ((repeats)) give the book to the school.
((lowers L hand))
T: OK to one of the schools (.5) whichever school that you
think needs books that in your area.
1220 W: Let the children enjoy it.
H: That's it why not let the children enjoy it ((motions to
W)) it's a beautiful book.
T: So you've burned the front page is that
[
1226 H: ['s no problem
((repeats gesture))

Second exemplar of collaboration theme. This quote involved joint responsibility for the topic focus. At first, the therapist shifted the wife's discussion away from blaming her spouse and toward letting go of the affair in the ritual. When the couple returned to the topic of deception, the therapist supported their choice to debrief, build trust, and bring closure to this issue.

- 1562 W: This basket's lied alot a lies ()
H: ((laughs quietly)) (hhh)
W: I think you know (what all the lies are talking) about
(4.5) of how she got into the apartment and how the bath
was drawn and ((lifts head and looks at H))
H: No I actually didn't know about that (.5) That was a quite
a surprise to me.
W: O:h. (1) She had keys. ((lowers head))

- 1570 T: Do you wanna' burn the the basket or do you feel like H=
W: No H didn't didn't find the basket I did. (1) I found the basket.
T: So you wanna burn it=
W: =(looks at T) So I wanna burn it.
H: Yeah she knew about the basket before I did.
T: Mmhm
H: 'Cause it was left in my apartment for me
[
T: [Mmhm
1580 H: And balloons on the front porch ((quick look at W, T))
W: Oh yes (.5) the balloons on the front porch and the (va') hot tub drawn. (2) ((looks down while H looks at her)) All the rest () an' the car parked discreetly ((H looks down)) in the carpark (2) All on "holiday" the day we were going to spend together (.5) ((W looks at H then T)) well the day we did spend together after she ran out of the apartment frightened by me (.5) ((W looks down)) *too frightened to face me*.
H: ((looks at W)) You you got to admit you know it'd be
1590 pretty stupid it would've been very stupid of me to invite you around "holiday" if I'd knew she was going to be there wouldn't it. (1) Pretty dumb, right? (1.5) So I didn't know she was (still around)!
W: (Yeah how about the car)
H: [(Ah) ((quickly lifts L arm to R shoulder, R hand cutting motion to neck))
W: ((looks at H and laughs))
T: Th' (hhh)=
1600 H: =No way I'm gonna I worried (about it you know) that would be a terrible thing for me to do.
W: But the lies went along with it when I said how did she get in (1) This is what the basket symbolizes all those horrible lies.
H: [[Give it
1607 here 'en. ((brings over candle, lights basket))

Third exemplar of collaboration theme. In this example, the therapist attempted to achieve consensus about the wife's suggested desired state metaphor. The husband, as described by Levinson (1983), used a delay, a pre-sequence, an account, and a politely tentative disagreement. Including this input, the therapist repaired her statement. The wife more directly contested the summary by restating her phrase with emphasis, and without the tentative features of negation. Later, the therapist again repaired the statement to satisfy both partners.

- 1713 T: *Yeah (.5) I like that new beginnings.* and I I'm wondering how does that feel for you? How does it feel?
 H: Mmm n'quite.
 T: Quiet?
 H: Not quite.
 T: Oh not quite.
 H: Not quite. ((leans back))
- 1720 T: ((leans back)) When I when I picture your your (3) ((both hands at head height)) the eagle goin' away (1) leavin' (1.5) ((R hand to R, forward)) with the basket (2) I was left (2) ((shakes both hands)) with the (2) clear (2) I was left with the (4) clear sky (2) ((both hands in circle, back to lap)) and I was left with where there is something like a clear sky an the English that come's to me is (1) ((shakes hands)) many opportunities ((shakes hands)) I don't know I can't don't ask me why because these things don't have explanation
- 1730 W: New beginnings (and that's for there's).

Deviant Examples of Collaboration Theme

These two occasions involved the members of the therapeutic system competing for leadership in determining the topic of discourse rather than collaborating.

First deviant example of collaboration theme. The therapist had little success in achieving collaboration in this segment. Her reframe of reciprocal hurt as "sharing a secret" was disconfirmed by the husband, while the wife was silent. The therapist did not invite further elaboration despite the husband's two attempts to overlap her talk. Instead she shifted the topic back to a ceremonial burning.

- 1129 T: So there has been alot of hurt=
 1130 W: =Yeah
 T: alot of hurt on both (1) ((W leans head to T)) both and (.5) and I'm aware that (1) that H you have shared a secret with W right now ((W's L hand toys with hair, she looks under L side of chair and leans body to T)) (1) one of the secrets that was in the box. (3) Right?
 H: Actually it was on my mind yesterday and I mentioned it yesterday
 T: Yeah yeah
 []
 1140 H: [but ah
 T: So that is hurt. (1) Now I kind of want to finish before we move into the envelope.
 []
 H: [Mmm
 T: I want to (5.5) I want to (2) symbolically (3.5) I don't know if you feel ready and I want you to be honest with

1150 your heart (1) ((nods to both)) you feel ready to (.5) to let go and to have a ceremony (.5) ((H scratches L arm)) symbolizing the letting go of the book and (1.5) and the basket.

Second deviant example of collaboration theme. In this quote, the wife described the session as good, yet again noted her husband's inattentiveness to her feelings. Receiving no response, the wife softened her conviction by saying she expected him to improve. The therapist affirmed this expectation and the husband concurred, gesturing expansively. The therapist then summarized the positive changes in the session. Despite this optimism, the husband later again addressed his own lack of attentiveness. These conflicting topics indicated that the members were competing for leadership in this part of the session rather than collaborating.

1791 W: The session was good. (1) I realize that he doesn't listen to me when I'm speaking (1.5) more than ever.
 T: Pardon?=
 W: =He doesn't listen to me about or or ((gestures R hand to heart)) feel my feelings (1) I realize that (1) I was hoping that he would
 H: ((scratches R side of face))
 T: Mmhm
 W: that he'd 'na maybe he'll understand now.
 1800 T: Yeah.
 W: more.
 T: I feel=
 H: =It's done.= ((L arm outstretched, gestures to W))
 T: =((to W)) Yes I feel that today ah you were very real with your feelings (1) and I'm very impressed that you became close to you (1) to who you are (2) and eh (1) ((to H)) I am really impressed by (2) by you listening to (1.5) to your wife (1.5) and eh at times listening to you and uh
 1808

Collaboration is a central theme of this session which is expressed in the above exemplars of brainstorming, debriefing, and achieving consensus. It exists, on the part of the therapist, in a basic view of clients as an equal partners on the journey toward growth. In the best possible scenario the clients thereby adopt this philosophy in their dealings with each other. The negative examples provided quotes of occasions which were less successful collaboratively. The final theme to be elaborated is that of therapist artistry.

Therapist Artistry

This session offered several instances in which the therapist used the twelfth theme of artistic creativity. In this way, she engaged the clients in a drama and helped them to visualize their goals. Evidence of this creativity can be found especially in the symbolization, experiential, externalization, and intensification sections. Visions and experiences combined to create and anchor novel impressions and interactive styles in the clients.

This therapist's orientation toward visual imagination, artistry and acting made this session a memorable experience for the participants and the reader. Such an approach is supported by Jung (1964), who stated "as the mind explores the symbol, it is led to ideas that lie beyond the grasp of reason" (p. 21).

The artistic nature of this therapy contrasts with several cognitive approaches which seek to document behaviour, ask clients to plan each stage of the desired behavioural changes, and view the therapist as a scientist. Following these models, the therapist might have debated with the clients about their erroneous cognitions in the style of Ellis' RET. Alternately, in using behavioural marital therapy, the therapist might have them reward each other with changes in behaviour (Corey, 1986). To support the theme of therapist artistry which was used, two exemplars and one deviant example will be provided.

Exemplars of Therapist Artistry Theme

In the first exemplar, the therapist's acting skills served to exacerbate the tension between the spouses, and to later elicit solutions. The second exemplar demonstrated how the therapist painted an imaginary symbolic picture of hope for the clients.

First exemplar of therapist artistry theme. This quote showed the wife's experience of the girlfriend's symbolic presence. This was indicated by the wife's talk, actions, ridiculing laughter, and animated tone. It echoed mention, in an earlier session, of her ultimatum to the husband to end the affair. The therapist increased the tension by reverently handing the husband's possessions to him.

- 469 W: ((rises and pulls chair between self and husband)) I'm
470 taking your box and your wallet! ((laughs with ridicule))
H: ((places wallet in box and throws on table to R))
T: ((rises and brings tissue box to H, kneels and places it
with wallet)) But this is yours () your box your box
can stay this is a part of you very precious and
important.
W: I still she still it's still something (.5) I just know that
477 there's there's st' so'

Second exemplar of therapist artistry theme. This quote offered a beautiful, solemn picture of hope for the couple as the therapist drew a mental picture of the clients' symbols. Gestures, laughter, emphasis of words, and moderate pauses added to the effect.

1732 T: [When when the eagle left (1) ((hands above head, R highest and forward)) when the eagle went with the basket (1) in it's beak for some reason I don't know why (2) ((laughs, R hand high circle)) eh (2) I was left ((circles again)) with just the clear sky blau ((vibrates hands)) blue bright blue strong sky (1) that that was the image ((moves hands alternately)) that I when you described that image of of (2) ((hands to lap)) of eh (2) 1740 the eagle gone (2) and eh but I want (1.5) I want to invite 1742 you out of this experience to bring your symbols next week.

Deviant Example of Therapist Artistry Theme In this segment, the therapist attempted to clarify, with the laconic husband, his perceived meaning of the eagles for himself and his marital relationship. The therapist's goal seemed to have been to permit him to keep the birds as a liberating symbol of freedom. The husband took the therapist to be dictating how he should view the symbol.

1480 T: No you're not destroyin' the birds (.5) no.
 W: [Not the birds
 H: I'm just gettin' rid of th' the book.
 T: Yes.
 H: (Fine). ((nods and shakes book in R hand)) =
 T: =Yes.=
 H: =Fine. ((leans back, nods, moves R hand quickly away))
 T: [You're not destroyin' the birds The birds are in
 1490 your heart.
 H: Fine then that's no problem. ((leans forward))
 T: [because
 H: No problem (to me).
 T: [because the birds do not come in between you and W.
 H: Fine.
 T: The birds do not come in between you and W do they?
 H: No. ((looks to W))
 1500 T: [The birds are a part of your heart an' the birds are not hurting W (.5) right?
 [

- H: [(Yes the that's) no problem. ((nods
twice))
T: (See) (1.5) It's the meaning of the book
H: [It's (.5) the book ((nods)) the book not
[yes.
1510 T:
1511 H: the birds, right? (.5) I's gone! ((lights book on candle))

The theme of therapist artistry, which appears throughout the session, has been highlighted in the exemplars of her acting skills to dramatize the issues, and in her ability to paint an optimistic verbal picture. The negative exemplar showed the use of visual metaphor with less fluidity, and resulted in a misunderstanding by the client.

In this chapter, twelve themes which emerged from the analysis of the transcribed session's conversation were examined in detail, discussed, and supported with exemplars and deviant examples. They were the ritualization, personal and family myths, symbolization, experiential, externalization, intensification of experience, contextual/systemic, constructivist/meaning shift, therapist empathy, therapist genuineness, collaboration, and therapist artistry themes. Each theme provided a characteristic which contributed to the success of the session. The next portion of this chapter will discuss assumptions and limitations of the study.

Assumptions and Limitations

Several points regarding assumptions and limitations will be addressed. These relate to the representativeness of the therapist and client participants, sampling issues, the effects of videotaping, the effects of the researchers acquaintance with the research project and with the therapist and her professional use of ExST, and possible biases introduced into the analysis by prior theoretical knowledge.

Hopefully the session chosen for detailed study will be somewhat representative of other sessions with therapists and clients of different gender, sexual orientation, colour, age, ethnicity and culture; though these assumptions cannot be accepted with complete confidence.

The external validity of this study is limited by lack of random sampling and by the small sample size. Replication of this study or reanalysis of the data by another researcher might increase confidence in the results.

The internal validity of this study may be challenged on several fronts. Clients may respond unnaturally to being videotaped, though hopefully they would have been accustomed to it when this session was taped.

Researcher biases might also affect the internal validity. It should be noted that this researcher has been involved with the initial production of the larger study's procedures manual, and consequently is acquainted with the therapist whose work is studied. As well, the researcher utilizes ExST techniques professionally.

It could be argued from a traditional objective research stance that these involvements pose a conflict of interest with her role as researcher, and hence compromise her impartiality. Yet current trends especially in ethnographic research, noted by Lecourt (1975), suggest that complete control over such effects is not possible, and emphasize the inherent interrelationship between the participant and researcher.

The researcher believes, as do many feminists and ethnographic researchers, that the above described relationships to the data have afforded her a fuller understanding of the therapeutic intentions of the larger research project and allowed more in-depth interpretation of the particular session selected for detailed study. Some scholars (Peters & Robinson, 1984; Lather, 1984) now recommend that the researcher disclose any biases so that the reader can be aware of their influence on the published result.

It is also possible that the having reviewed the literature on CA would influence the choice of analytical categories, also affecting internal validity. Hopefully, as in Gale's analysis, the thorough checking and rechecking of exemplars against the categories they represent should serve to strengthen the internal validity.

Finally, Stacey (1988) noted that the choice of CA as a research tool, like many current ethnographic techniques, is congruent with contemporary feminist research in that each movement considers experience to be central to its premise. All these stances are deeply subjective and phenomenological, rather than objective as traditionally positivist approaches have aspired to be. In each approach, the personal experiences of the participants and researcher are vital to the process of change and learning. Although theories previously studied by the researcher cannot be unlearned when approaching an issue, it is best to set aside frames of reference so that the data can be seen from a fresh perspective. As Stacey (1988) had stated, the author of the research product, being the arbiter of its content, must therefore paradoxically maintain an approach of partiality in using

a post-modern method. The next section will discuss recommendations arising from the above discussion.

Recommendations

Since the application of the CA method to therapeutic encounters is so new, several suggestions will be provided. It would be useful for other researchers to engage in related investigations. These might vary by looking at the work of other therapists, studying different schools of couples therapy, examining rituals designed for other types of presenting problems, focusing on other ExST sessions, attending to other client populations, or highlighting other family constellations. The CA technique might also reveal interesting information about the characteristics and the process of change in individual therapy.

Another area of interest might involve more than one researcher analyzing the same videotaped data. They could both use the CA method, or compare another ethnographic technique to the use of CA. The results of the two investigations could augment each other to provide a fuller picture of the therapeutic conversation and its meaning for the participants. As an example, the data used for this study could be again examined by another investigator.

The researchers would also be advised to express, in their final documents, their experiential biases and views of the topic under study. As well, they should take care to devote enough time to the analysis and reanalysis of the themes, exemplars and deviant examples emergent from the data to ensure their validity.

Finally, the session chosen for study should be selected with care as representative of the style of therapy to be addressed. Ideally it should be part of a series of sessions. It should be chosen after the participants have developed sufficient trust in each other, and comfort with being recorded, to enhance the data's validity. It would be useful to have various experts rate the session's quality according to the parameters of the school of therapy studied. The following section will address ideas for clinicians regarding ExST and rituals in therapy.

Application to Clinicians

Suggestions for clinicians include those related to the use of the themes which emerged from this study and to the application of rituals to therapy.

Learning from the Themes

Therapists might consider incorporating the spirit of the themes found here into their relationships with clients. Using the exemplars discussed above

as a guide, the themes of ritualization, personal and family myths, symbolization, experiential, externalization, intensification of experience, contextual/systemic, constructivist/meaning shift, therapist empathy, therapist genuineness, collaboration, and therapist artistry can be understood.

One example of application of a theme is that of collaboration. ExST helps to transform old patterns, in this case of hostility, anger, and attack on the part of the wife and of avoidance, guilt and defensiveness on the part of the husband, into new nurturing patterns. The clients led the movement toward this change with some guidance from the therapist. This aspect of ExST differs from O'Hanlon's Solution-Oriented therapy and from everyday conversation in that, when a requested response is not received, therapists will not usually press so long for its production, nor will they direct the conversation so frequently.

Another theme through which change is effected is through intensification of clients' status quo which gives way to novel experiences. In this way, the couple broke out of old patterns and created alternative ways of being in relationship which are self-replicating. This theme stands in contrast to O'Hanlon's focus on correcting the client's thinking and directing the conversation toward solutions.

Using Rituals in Therapy

Several issues are related to the use of ritualization in therapy. First, therapists can be aware of the characteristics of the ritual stages, and engage in them with solemnity and belief in positive change. Therapy sessions in general would be best characterized by setting apart a time for the clients in a private setting with no interruptions. Second, clients ideally have symbols emerge from their own experience as Cooper (1987) has described. Third, rituals might be collaboratively designed by all members of the therapeutic system. Fourth, therapists can help clients to process their emotions thoroughly as they enact the ceremony.

From time to time, as issues suggest them, specific therapeutic ritual encounters can be planned. Clients will often be prepared for such ceremonies after trust and rapport has been established with the therapist following several sessions. Some rituals are meant to honour, consecrate or bid farewell to a symbol of a beloved person, relationship, or experience. Others serve the purpose, for example, of distancing from, exculpating, or destroying a symbol of a painful experience, symptom, relationship, or experience.

Therapeutic ceremonial transactions can take on many forms of expression. Ideas for forms of ritual enactment include manipulating

metaphoric symbols by creating a monument, making commitments, burying, destroying, setting adrift on water, or, in this case, burning. The possible modes of ceremonial expression are limitless, and are best developed collaboratively by clients and therapists.

An infinite number of other uses of rituals can likely be devised for various other purposes using the combined input of clients and therapists. Further creative inspirations for ritual are to be found in Imber-Black, Roberts, and Whiting's (1988) edition as well as various other articles cited here.

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APPENDIX A
TRANSCRIPT NOTATION

(.5)	A pause timed in half seconds.
=	There is no discernable pause between the end of a speaker's utterance and the start of the next utterance.
:	One or more colons indicate an extension of the preceding vowel sound.
<u>Under</u>	Underlining indicates words that were uttered with added emphasis.
CAPITAL	Words in capitals are uttered louder than the surrounding talk.
(.hhh)	Exhale of breath.
(hhh)	Inhale of breath.
()	Material in parentheses are inaudible or there is doubt of accuracy.
[Overlap of talk.
(())	Double parentheses indicate clarificatory information eg. ((laughter)) or other nonverbal communication such as ((moved toward spouse))
?	Indicates an rising inflection.
!	Indicates an animated tone.
.	Indicates a stopping fall in tone.
* *	Talk between * * is quieter than surrounding talk.

> < Talk between > < is quicker than surrounding talk.

" " Indicates a generic term substituted for personal information.