Clinical trainees' development of an understanding of their clients.

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CLINICAL TRAINEES’ DEVELOPMENT OF AN UNDERSTANDING
OF THEIR CLIENTS

A Thesis Presented
by
GAY GERMANI

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

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May 1998

Department of Psychology
CLINICAL TRAINEES’ DEVELOPMENT OF AN UNDERSTANDING
OF THEIR CLIENTS

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ABSTRACT

CLINICAL TRAINEES' DEVELOPMENT OF AN UNDERSTANDING OF THEIR CLIENTS

MAY 1998

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This study investigated the phenomenology of clinical trainees' and supervisors' development of the capacity to understand their clients by interviewing trainees and supervisors in a clinical psychology doctoral program. The interview focused on trainees' and supervisors' descriptions of what it means to understand their clients, and what factors in their training played a role in fostering the further development of their understanding of clients in individual psychotherapy. The data analysis was qualitative, with the goal of discovering and describing the phenomenon of understanding clients in treatment.

The analysis of the data revealed a number of internal as well as interpersonal processes that foster the development of understanding. For instance, participants described the active use of their imaginations to gather a phenomenological sense of what it is like to be the client at any moment inside and/or outside of the therapy session. Additionally, participants stressed the importance of refraining from assumptions about the client. This often entailed a detailed inquiry of clients' experiences to ensure therapists' understanding of clients' phenomenal world, and how it is different from their own. The results of this study might serve as one building block in the foundation for future research.
on the development of therapist characteristics that appear to lead to more successful treatment.
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CHAPTER 1

INTRODUCTION

A search of the psychological literature on understanding revealed an enormous body of research on empathy. The term understanding was named as a primary component of empathy; however, distinctions between the two phenomena remain unclear. Decades of work purport the idea that the therapist's empathic stance toward the client is highly correlated with positive outcome in psychotherapy across treatment modalities. While those seeking treatment consistently reported that one of the most helpful aspects of their treatment was that their therapist "understood" their problems. Interestingly, researchers, therapists and their clients all have different ideas of what constitutes empathy. However, common to most of the definitions is that the therapist gains an understanding of the client, and in turn, the client experiences the therapist as understanding. While additional factors fall under the heading of empathy, this study focused directly and specifically on the issue of understanding.

Because of the dearth of research describing therapists' development of their understanding of clients, the following review will describe research exploring the broader topic of empathy, with the focus on understanding. Hopefully this review will demonstrate the importance of understanding clients, and will illuminate the need to gain insight into the development of this process.

Definitions of Understanding and the Related Concept of Empathy

Empathy is a relatively new word in the English language, translated by Titchener in 1909 from the German term *Einfühlung* which means, "the power of entering into the
experience of or understanding objects or emotions outside of ourselves" (Berger, 1987, p. 5). Although Freud utilized the term *Einfühlung* in 1905 to mean that "we take the producing person’s psychological state into consideration, put ourselves into it and try to understand it by comparing it with our own" (Wispe, 1987, p. 24). Titchener translated *Einfühlung* as "empathy" via the Greek word *Empatheia* which means literally "in suffering or passion" (Wispe, 1986, p. 24). Clearly, the beginning definitions of the word empathy stress understanding as a central component.

Since its introduction, empathy has been widely studied by social scientists, and has been thought of as either an affective and/or cognitive process. In 1920, Thorndike conceived of the idea of a social intelligence which included the ability to understand others, and to utilize this wisdom while relating to others. Different from Thorndike's "mechanical" or "abstract" intelligence, empathic intelligence entailed the cognitive ability to appreciate others without necessitating any action on the part of the perceiver, but could also be used skillfully when coping with others (Styron, 1994).

Those personality theorists who were primarily concerned with interpersonal relationships as they defined personality development, all assumed some position on the empathic disposition, role-taking capacity, or social sensitivity of individuals in a social context. For instance, Allport defined empathy as the "imaginative transposing of oneself into the thinking, feeling and acting of another" (Wispe, 1987, p. 24). He thought that empathy lay somewhere between inference and intuition.

Dollard and Miller (1950) also designed a working definition of empathy as a process of "copying the other person's feelings or responding with appropriate signs of

---

1References Wispe, 1987 and 1986, Rogers, 1961, and Long, 1990 were called to the attention of the researcher as valuable resources by Tom Styron's (1994) unpublished manuscript.
emotion" (Wispe, 1987, p. 26). The bulk of the clinical research on empathy was spurred by Carl Rogers’ belief that empathy is one of the “necessary and sufficient conditions of therapeutic change” (Orange, 1995). He believed that empathy, positive regard, and congruence were necessary for the development of healthy children and adults, and that it is necessary for therapists to hold this stance toward their clients in order to be effective in their work. Rogers’ states that “a basic condition of therapy is that the client experiences himself as being fully received. There is implied in this term the concept of being understood empathically, and the concept of acceptance” (Rogers, 1961, p. 131). Here, Rogers unites understanding with the concept of empathy, but the meaning of the two terms combined is left unclear.

Most researchers and clinicians agree that empathy is a complex phenomenon. However, the conceptualization of empathy ranges from an affective or cognitive, to a multidimensional experience, and psychologists cannot seem to agree on a definition of empathy. Long expressed this concern in 1990:

A lack of consensus on a definition of empathy is frequently noted by empathy researchers. Much of the confusion arises from the fact that some researchers define empathy as an affective sensitivity, or vicarious experience of another’s emotional state, where as others have defined empathy primarily as the cognitive understanding of the point of view of another. As a result, terms such as sympathy, role-taking, perspective-taking, affective empathy, cognitive empathy, and social perspective-taking have often been used interchangeably, or simply defined as empathy. (p.91)

Psychotherapy researchers throughout the past three decades have developed different definitions of empathy. In some cases, there is no obvious cognitive component to the definition, which calls into question whether or not understanding should be included in this process. For instance, in 1960 Greenson believed that empathy was the
temporary state where one actually feels what another is experiencing. "...To empathize means to share, to experience the feeling of another person. This sharing of feeling is temporary. One partakes of the quality and not the degree of the feeling, the kind and not the quantity" (cited in Bachelor, 1988, p. 234).

Truax and Carkhuff (1965) viewed empathy as a therapeutic technique of communication: "The skill with which the therapist is able to know and communicate the client's inner being" (cited in Bachelor, 1988, p. 234). In contrast, Shafer (1967) viewed empathy as a more intersubjective and personal process accomplished by the therapist and the client together: "The inner experience of sharing and comprehending the momentary psychological state of another person" (cited in Bachelor, 1988, p. 234). However, in 1971 Carkhuff elaborated on his past definition to include the interpretive and perceptual accuracy of behavioral and verbal expressions of the client, as well as the ability of the client to receive this communication: "The ability to recognize, sense, and to understand the feelings that another person has associated with his behavioral and verbal expressions, and to accurately communicate this understanding to him" (cited in Bachelor, 1988, p. 234). Bachelor added to Carkhuff's definition by citing Barrett-Lenard's (1981) definition of a "cyclical model of empathic interaction....This model considers interpersonal empathy as a sequential process, involving three basic phases of the helper's 'resonation' with the client's experience, his or her communication of empathy ('expressed' empathy), and the client's experience of being understood ('received' empathy)" (Bachelor, 1988, p. 228).

Although definitions of empathy vary from theorist to researcher, many include the idea that the therapist must gain an understanding of the client, and effectively
communicate that understanding to the client to promote the mutative and curative effects of psychotherapy. Researchers in this field seem to believe that understanding has either cognitive, or affective components, or an interplay between the two. Interestingly, the participants of this study also discussed the ways in which understanding is either cognitive or affective, or some amalgamation of both processes.

**Research on Understanding as a Component of Empathy**

During the 40's and 50's Rogers and his students investigated empathy in relation to psychotherapy. Their research demonstrated that empathy or "client-oriented" psychotherapy reduced clients' anxiety, allowed them to behave in a more genuine and mature manner, and helped them to perceive others with better reality testing and positive regard. Rogers' also performed a number of follow-up studies and found that the changes the clients made were stable over time. In support of his findings, Rogers cites a number of studies purporting to have found the same results, one of which was a study done by Barrett-Lennard. Rogers believed that if five attitudinal conditions were present in the therapeutic relationship, the client would change. The five conditions included the client experiencing him or herself as being empathically understood; level of regard; genuineness; unconditionality of regard; and "willingness to be known." The most significant condition associated with change was empathic understanding, although the other four conditions were also associated with positive therapy outcome (Styron, 1994).

Since Rogers' research, other scientists have developed new and more complicated paradigms to study the effects of empathy in psychotherapy with varying treatment modalities. For the most part, empathy takes on the definition of the therapist's
understanding of the client, and is measured using the clients’ perceptions of their therapists. Although accessing the performance of therapists is important in studying the effects of treatment, the following research does not address the phenomenological experience of the therapist in relation to the affective and/or cognitive process of understanding. Nevertheless, it is worth gaining some clarity on how clients experience their therapists, and what the consumers of therapy deem important in their treatment experience. It is clear that therapists’ understanding is experienced by, and is beneficial to their clients. However, how that understanding is acquired remains unexplained by the literature.

Lafferty, Beutler, and Crago, following on Rogers’ work, researched the factors involved in effective psychotherapy. They focused on the clients’ perceptions of their therapists’ behavior in this study and found that less effective therapists (predetermined by therapists’ with a low record of symptom reduction) had lower levels of empathic understanding. Therapists were evaluated during their treatment of clients on seven scales assessing various aspects of their personal and professional development. For the purposes of this review, only one of the scales’ results will be cited as this was the instrument designed to assess the therapist-client relationship. The scale used was the Barrett-Lennard Relationship Inventory. This inventory assesses the patient’s perceptions of the therapist, using the four dimensions described by Rogers of empathic understanding, positive regard, unconditional acceptance, and congruence. The statements of the inventory were rated by patients on a six point scale. The results of this part of the study showed that patients believed that the empathy variable was the most significant variable
contributing to the positive effects of treatment. This variable was measured by the clients’ relative sense of being understood (Lafferty, Beutler, & Crago, 1989).

Truax, Carkhuff, and Michell “have done extensive work that is generally supportive of their contention that genuineness, non-possessive warmth, and accurate empathic understanding are important characteristics that a therapist must show in a beneficial therapeutic relationship” (Cooley and LaJoy, 1980, p. 562-63). Additionally, Lorr “presented 523 psychotherapy patients with 65 descriptive statements about their therapists. The subsequent factor analysis identified five factors which he named: Understanding, Accepting, Authoritarian (Directive), Independence-Encouraging, and Critical-Hostile. Lorr also reported correlations between these factors and improvement ratings that suggested that the Understanding and Accepting dimensions were related most clearly to client and therapist-rated improvement” (Cooley and LaJoy, 1980, p. 563)

Building on the work of Truax, Carkhuff, Mitchell, and Lorr, Eric Cooley and Ronald LaJoy tested out a number of hypotheses following on the four researchers’ conclusions about empathic responding, and its place in the therapeutic intervention. In particular, Lorr identified five factors designed to address the client-therapist relationship. One of these factors was “Understanding” which he defined as “…behaviors that indicate the therapist understands what the patient is communicating and what he is feeling” (Lorr, 1965, p. 148). Given Lorr’s use of the word “understands” to define understanding, it might be useful to cite the statements he asked clients to rate as a measure for this factor:

1. Seems to know exactly what I mean.
2. Seems to understand how I feel.
3. Realized and understands how my experiences feel to me.
4. Understands me even when I don’t express myself well.
5. Makes comments that are right in line with what I am saying. (Lorr, 1965, p.147)

Using Lorr’s five factors to look at the client-therapist relationship, Cooley and Lajoy described three hypotheses, only one of which will be reported here as it addresses the issue of understanding: “Client perceptions of the therapeutic relationship would correlate with improvement ratings, and the Understanding and Accepting factors would show the largest positive correlations” (Cooley & Lajoy, 1980, p. 563).

Cooley and Lajoy randomly selected 56 patients from an out-patient clinic who had been in therapy for at least 3 sessions prior to the study and included the 8 therapists who were seeing the patients selected for study. The client participants were asked to rate their agreement or disagreement with 10 statements about their therapist that were representative of the five factors identified by Lorr. Therapists were asked to rate the improvement of their clients based on the four outcome areas of: Feeling tone, awareness of problems, ability to solve problems and make decisions and self-concept. The therapists were also asked to rate their clients’ severity level of functioning, and the current status of their relationship in therapy. This research resulted in finding that the clients’ ratings of the therapeutic relationship and clients’ ratings of improvement, were highly correlated with the dimensions of Understanding and Accepting. Additionally, there was a high correlation for therapists’ ratings of Understanding and the clients’ ratings of Acceptance. In conclusion, Cooley and Lajoy state that “these data suggest that when one is dealing with self-reported client improvement it is important for clients to perceive the therapist as understanding and accepting. These characteristics correspond to the non-possessive warmth and accurate empathy factors emphasized by Carkhuff, Truax
and their associates. It appears that clients value being listened to by someone who is making a sincere effort to understand their view of the world. Overall, it appears that the dimensions of Understanding and Accepting are related most highly with improvement" (Cooley & Lajoy, 1980, p. 568-69).

Robert Elliott, one of the most active empathy researchers, conducted a study in 1985 where he tried to develop an empirical taxonomy for helpful vs. non-helpful events in brief counseling interviews. Subjects were 24 students and 12 counselors. Each counselor saw 2 students individually for 20 minutes to discuss a specific problem of current concern for the student. After each session, student and counselor engaged in a 20 minute interview using a scale designed for use in Interpersonal Process Recall, an adjective based scale designed to elicit helpful and non-helpful events in therapy. Eight types of helpful conditions were grouped into two super clusters corresponding to task and interpersonal factors of helpful interactions. Task helpfulness categories included the following: gaining a new perspective, problem solving, clarification of the problem, and attention focusing. Interpersonal helpfulness included understanding, client involvement, reassurance and personal contact. Elliott discovered that “understanding was by far the most common event in the Interpersonal super cluster...Understanding events were typified by the student’s feeling that the counselor either accurately understood specific information about the student, or was familiar and sympathetic with the student’s situation” (Elliot, 1985, p. 311). Interestingly, the most common “non-helpful” event was misperception, where the student felt “misunderstood or inaccurately perceived.” The understanding category, overall, had the most and largest significant correlations with
counselor actions. These correlations were based on the counselors' experience of being understanding and the students' sense of being understood (Elliott, 1985).

Alexandra Bachelor (1988) echoed this idea of a mutual experience of the therapist understanding the client, and the client feeling understood. She called the therapist's expression of understanding the client, "expressed empathy" and the client's sense of being understood, "received empathy." She performed a qualitative study with 17 graduate school therapists in training, and 27 clients in therapy with these therapists. She compared this sample with subjects who had never been in therapy. Each student was asked the following question: "Please describe a situation in which your therapist was empathic toward you (i.e., when you felt that he or she demonstrated the ability to put him or herself in your place). Write in detail what happened and how you felt...In the case of non-therapy subjects, the words 'your therapist' were replaced with the word 'someone'" (Bachelor, 1988, p. 229).

Bachelor's study resulted in the identification of four separate ways clients perceive empathy. Only the first 2 ways will be discussed here as they are most closely aligned with the concept of understanding. First, this perception could be cognitive where the therapist is empathic when she accurately recognizes "the client's ongoing inner most experience, state or motivation" (Bachelor, 1988, p. 230). This type of perceived empathy was found to increase the clients' self-disclosure and self understanding. It also contributed to positive personality change, and the clients' sense of feeling less alone in the world.
Second, Bachelor described what she called “Perceived Affective Empathy” where the client perceives her therapist as empathic when she participates in the client’s “ongoing feeling state” (Bachelor, 1988, p. 230). The client experiences the therapist as a participant in the same affective experience momentarily. This type of empathy also results in increased self-disclosure. Additionally, clients perceived it as one of the helpful aspects of therapy, and felt comforted and warmed by the therapist. This led to an overall sense of satisfaction with therapy and its impact on the client’s life (Bachelor, 1988).

The concept of understanding is clearly being developed through the literature as both an affective and cognitive process on the part of the therapist that can be perceived by the client. Rabavilas, Boulougouris and Perissaki (1979) showed that even during times of great stress, the importance of feeling understood is reportedly important to the client. They examined 36 neurotic patients’ responses to their evaluation of their therapists using an instrument that required patients to check off any of 16 qualities of their therapist that they thought were descriptive of the therapist after they had undergone behavior treatment of flooding to habituate to anxiety provoking stimuli. Of the twenty-three patients that showed improvement in the reduction of their symptoms, twenty believed their therapists to be understanding and twenty-one believed their therapists to be respectful. So, even when placed in the difficult position of asking patients to be flooded with anxiety provoking stimuli, those patients who regarded their therapists as understanding showed significantly more improvement (Rabavilas, Boulougouris and Perissaki, 1979).
More recently, researchers have been interested in comparing treatment modalities with outcome, and have found results similar to those of Rogers with varying treatment modalities. Murphy, Cramer and Lillie (1984), after reviewing a considerable amount of research on the effectiveness of varying treatment modalities conclude that “although approaches to psychological distress vary considerably, evidence supporting their differing effectiveness is not clear” (Murphy et al, 1984, p. 187). They cited Luborsky et al. (1975) who concluded their review of comparative studies with the statement: “Most comparative studies of different forms of psychotherapy find insignificant differences in proportions of patients who improved by the end of psychotherapy” (Murphy et al, 1984, p. 187). Additionally, they cited Shapiro and Shapiro (1982) who found that, “the effects of different treatment methods were not, one whole, impressively different from one another.” (Murphy et al, 1984, p. 187). Given the results of these and other studies, Murphy and his colleagues decided to go to the source by asking patients what they thought were the factors leading to their improved psychological well-being. Again, this study focused on the patients’ perceived curative factors and the outcome of treatment as viewed by patients and therapists. The patients were asked in an open ended interview to describe what they deemed were the curative factors of therapy. Additionally, the therapists were asked to assess the severity of the patients’ distress at the beginning of therapy using an 11 point scale of disorder. The results of their study yielded two primary factors that were viewed by patients as helpful, and were moderately correlated with outcome; they are receiving advice and talking to someone who understands (Murphy et al, 1984).
Darryl G. Cross, Peter, W. Sheehan and Janet A. Khan compared the short-term and long-term effects of insight-oriented therapy and behavior therapy. Thirty clients were assigned to either behavior treatment or insight-oriented treatment. Pre- and post-treatment measures were administered, once before therapy began, then directly after the end of treatment, then four months later, and again one year later. The investigators found no significant difference in outcomes among the two treatment modalities, however "at both four months and at one year, clients in insight therapy consistently rated high such variables as being able to talk to an understanding person, the therapist helping you to understand your problems....Alternatively, for behavior treatment, clients also rated highest the variable, the therapist helping you to understand you problems" (Cross, Sheehan, & Khan, 1982, p. 109).

Elliott (1985) constructed a study integrating four different research methods. He asked clients immediately following therapeutic contact what events in the session were helpful or hindering in their experience. He also looked at transcripts of on-going treatment and asked judges to categorize therapy responses that were helpful or hindering in their impacts. Third, he analyzed a case study of an individual in psychodynamic psychotherapy. Finally, he also analyzed a case study of an individual in cognitive-behavior therapy. By combining the results of each of the four stages of his research, he was able to increase his statistical power. He discovered that among other interventions, the therapists' expression of understanding of clients was the most positively and significantly correlated with the curative impact of psychotherapy across treatment modalities (Elliott, 1985).
The above review clearly implicates empathy, and in particular, understanding as one of the curative factors in psychotherapy. Although the exact and universal defining features of empathy remain somewhat unclear, understanding appears to play a consistent role in the broader process of providing empathy to clients seeking therapy regardless of the treatment modality. Additionally, understanding has been implicated as an important aspect of change in psychotherapy by therapists and their clients. However, the questions of how understanding takes place and how one develops the capacity to understand another remains unexplored by the field.

**Philosophy's Attempt at Understanding Understanding**

Psychologists have not monopolized the topic of understanding and empathy. In fact, philosophers and psychoanalysts have approached the study of human understanding with fervor. Their approach to understanding has taken at least two different routes. First, philosophers have examined how humans understand the world; and second, how we understand the phenomenal world of an other.

John Locke and David Hume approached human understanding with an emphasis on the meaning and method of acquiring knowledge about the world. Locke (1924) stated the following:

Understanding...is the most elevated faculty of the soul, so it is employed with a greater and more constant delight than any of the other. Its searches after truth are a sort of hawking and hunting, wherein the very pursuit makes a great part of the pleasure. Every step the mind takes in its progress towards knowledge, makes some discovery, which is not only new, but the best too, for the time at least...Thus he who has raised himself above the almsbasket, and not content to live lazily on scraps of begged opinions, sets his own thoughts on work, to find and follow truth, will (whatever he lights on) not miss the hunter’s satisfaction; every moment of his pursuit will reward his pains with some delight, and he will have reason
to think his time not ill spent, even when he cannot much boast of any great acquisition. (p. 3)

The word “understanding” is footnoted in this paragraph with the editor’s definition of Locke’s use of the word as “the whole range of human intelligence” (p. 3). However, Locke does not approach the human capacity to understand others in this work.

David Hume’s (1977) work also did not address this issue but asked how humans come to know and agree on an objective reality. Hume questioned our capacity to know anything about our world if we insist on clinging to the idea that what we perceive exists outside of our image of the object under scrutiny.

It seems also evident, that, when men follow this blind and powerful instinct of nature, they always suppose the very images, presented by the senses, to be the external objects, and never entertain any suspicion, that the one are nothing but representations of the other. This very table, which we see white, and which we feel hard, is believed to exist, independent of our perception, and to be something external to our mind, which perceives it. Our presence bestows not being on it: Our absence does not annihilate it. It preserves its existence uniform and entire, independent of the situation of intelligent beings, who perceive or contemplate it. But this universal and primary opinion of all men is soon destroyed by the slightest philosophy, which teaches us, that nothing can ever be present to the mind but an image or perception, and that the senses are only the inlets, through which these images are conveyed, without being able to produce any immediate intercourse between the mind and the object. (p. 104)

Clearly, Locke and Hume examined the human capacity to understand the world outside of ourselves, but what of others who are in relation to us? Probably, many philosophers have approached this question; however, Hans-Georg Gadamer, Edmund Husserl and Donna Orange are three thinkers with whom I am acquainted, and whose ideas have largely shaped my interest in the topic at hand.
Gadamer (1976) described the concept of a “fusion of horizons,” whereby the perspectives of two individuals partially merge to foster a level of understanding. The result of this “fusion,” according to Gadamer, is a “region of intersubjectivity.” This “region,” metaphorically speaking, entailed an overlap in perspective when the peripheral vision of two people standing side by side look in the same direction. In other words, there are two sets of fields of peripheral vision, for our purposes, the therapist’s and the client’s. The region of intersubjectivity is that subset of vision that overlaps when two people stand side by side. So, if the therapist’s set equals: A, B, C, & D; and the client’s set equals: C, D, F, & G, then the subset, or region of intersubjectivity equals: C and D. This is the place where the therapist’s experience matches that of the client. Gadamer’s idea is attractive because he does not suggest a complete merger between two individuals. This “fusion” suggests some maintenance of boundaries between self and other that the literature suggests is important to the therapeutic relationship.

Edmund Husserl’s transcendental phenomenology is also intriguing in relation to understanding. He discussed what he called the “phenomenological epoché.” This “epoché” entailed bracketing out a priori assumptions embedded in one’s perception of the world, to open one’s self to another’s perspective. (Husserl, 1964). As the particulars of this idea as it relates to the “problem of reality” are complex, Louis A. Sass, (1988) clarified the function of the phenomenological epoché:

“Because of the considerable confusion concerning the phenomenological reduction [epoché], it is worth first pointing out that it does not imply a reduction of experience to something like sense data, nor an actual doubting of objective existence, nor even an ignoring of the very issue of objective existence. To perform the reduction is to suspend one’s taken-for-granted assumptions of the actuality of the objects and the objective world. In this special act of reflection, we ‘turn our attention away from
the objective being referred to (and away from our psychological experience of being directed toward that object), and turn our attention to the act, more specifically to its intentional content’ (Dreyfus, 1982a, p.6).

Our attention is not thereby directed to the ‘raw feels’ or brute sensations postulated by sense-data empiricism, but to the meanings and objects-as-meant of normal experience; these may include the experience of actual existence, which, instead of being either assumed or ignored, is itself thematisized as an object of contemplation (for phenomenology is concerned with the question of ‘what it means for something to count in our experience as an actually existing reality’).” (p. 235)

The application of this reduction to understanding in therapy is the therapists’ belief that they cannot assume they can use their own experience or attitudes as a platform from which to fully know the experience of another.

In Phenomenology and Psychology, (1966) Gurwitsch described Husserl’s approach to understanding the experience of another individual:

Their [experiences] disclosure is a matter of the decision of our will. Breaking with the naïve and natural attitude, we establish a new theoretical interest in things, not as they are, but as they offer themselves; more precisely, we take an interest in their appearances and presentations and also, and even especially, in the systematic connections and concatenations of the appearances and presentations. Generally speaking, our topic is no longer the world but is the texture of conscious life, the syntheses of acts of consciousness owing to which we have the permanent awareness of the world as always being there (vorgegeben). Consistently proceeding in this direction, we approach the threshold of phenomenology, whose general program may be formulated as the attempt to account for the world at large as well as mundane existents in particular and, for that matter, for all objective entities whatever, in terms of experiences, acts, operations, and productions (Leistungen) of consciousness...Again, epoché purports suspension, putting out of action, withholding, and not denial, elimination, or withdrawal. (p. 427)

Finally, one of the few scholars to address the issue of understanding in psychotherapy directly is Donna Orange, a philosopher and psychoanalyst. Based on her work as a therapist and her studies in philosophy, theories of psychology, and psychotherapy
research, she described understanding as a process of “placing ourselves, as consistently as we can in the other’s shoes, both cognitively and emotionally. We understand by attempting to participate in the emotional experience, in the being of the other” (Orange, 1995, p. 5). This inner activity on the part of the therapist is the focus of this research with the hope of gaining a clearer sense of the process of understanding clients.

As demonstrated above, most theoretical traditions have developed a highly specialized language to describe the process of understanding. While it was expected that this language might be useful and meaningful in the interpretation of the data collected from the interviews, I preferred to remain theoretically and linguistically unfettered. This stance allowed for a more natural linguistic flow in the interviews, without any cumbersome a priori assumptions established by other traditions. However, it was important to draw on some of this literature at the outset to describe in as naturalistic a way as possible what it means when one inquires about the process of understanding the phenomenal world of another.

Research on Therapist Development: Understanding and Empathy

Due to the growing amount of evidence suggesting the substantial impact understanding has on psychotherapy outcome, a number of researchers have tried to discern the developmental qualities and levels of beginning therapists who are successfully understanding and/or empathic of their clients. Below are a few examples of the work being done in the field on this topic to lay some more ground work for the importance of gathering more phenomenological data surrounding the issue of the development of the capacity to understand clients. Several books have arrived on the scene designed to teach
beginning professionals how to acquire the skills necessary to be empathically understanding. However, these training manuals and books often fall short due to the lack of research on what constitutes the capacity to understand another. For instance, Edward Teyber sets out to describe how a developing therapist can gain an understanding of a client:

Therapists can respond effectively by listening intently to the client, taking seriously whatever matters to the client, and communicating understanding and acceptance of what the client has said... Therapists must validate the client’s experience by identifying and articulating the central meaning that this particular experience seems to hold for the client” (Teyber, 1988).

These instructions, however helpful, lack the important phenomenological experience presumed necessary before the therapist can extract and articulate an understanding of the client. Furthermore, Teyber stated that “Therapists become credible to their clients when they demonstrate their understanding in this tangible way” (Teyber, 1988). It is possible that this “demonstration” must first be framed in a cognitive and/or affective structure which Teyber does not describe in his work. This is the structure addressed in this study.

Another example of this teaching method is presented by Gladstein et al (1987). They provided a typical compilation of the behavioral factors found in most empathy training manuals that are conducive to letting the client know that s/he is being understood empathically. They are as follows (I will provide a brief definition of these behaviors in italics when necessary):

1. 0 degree Body Orientation: Counselor should face the client directly
2. Eye Contact: Counselor should maintain comfortable gaze
3. Leaning Forward
4. Smiling: Communicates warmth
5. Affirmative Head Nodding
6. Arm Positions: Arms should be comfortably placed in non-defensive positions
7. Leg Positions: Comfortable (p. 126-127)
Although these postures are helpful learning tools, they clearly do not get at the root of what it is to understand and/or to be empathically understanding.

Due to this lapse in clarification of how one understands another, developmental researchers have tried to discern the developmental qualities of individuals who appear to be adept at gaining a complex understanding of others. For instance, Borders, Fong and Neimeyer (1986) conducted a study to discern a relationship, if any, between the ego development of counselors in training, and the complexity of their perceptions and understanding of their clients. They hypothesized, using Loevinger’s stage theory of ego development, that counselors who have attained higher levels of ego development would exhibit greater degrees of complexity in their perceptions of their clients. Unfortunately, their hypothesis was not supported by the data collected. Interestingly though, it did support a current problem in the field depicting a lack of correlation between experience and maturity, with effectiveness in psychotherapy treatment (Dawes, 1994). Apparently, individuals with higher levels of ego development did not yield a greater complexity in their perceptions of clients. Furthermore, counselors with lower levels of ego development were able to construct complex perceptions of clients that were often equal to those with higher levels of ego development.

Suzanne Benack seemed to have more luck picking out some potential factors involved in the development of accurate empathic responding. Following on Perry’s definitions of dualistic and relativistic thought (below), she examined twenty counselors in training in an attempt to assess their capacity to understand empathically. However, she did not define what she means by empathic understanding.
1. **Dualistic thought** assumes that truth exists “objectively, outside the observer, unchanging. Although one may sometimes have difficulty in ascertaining which beliefs are true, leaving room for uncertainty and debate, real truth is simple, absolute, and independent of one’s thought.”

2. **Relativistic thought** is defined as thought that assumes “truth is itself construed differently by different frameworks of interpretation, there can be no one simple criteria of truth. Instead, there are multiple truths corresponding to different interpretive frameworks.” Further, “The relativist recognizes that people have different systematic perspectives, and because of this will interpret a common situation differently. The relativist, then, is likely to empathize not only by trying to understanding another person’s immediate thoughts and feelings, but also by trying to understanding the framework of beliefs, values, and feelings through which the other person interprets his or her experience. Moreover, the relativist’s recognition that the other person views the world from a unique perspective will make him or her more tentative in claiming to know the nature of another’s inner experience, and more cautious in testing and revising empathic perceptions” (Benack, 1988, p. 218-19).

Based on these definitions, Benack designed a paradigm to examine the relationship between empathic understanding and the two different modes of thought. Her population included twenty counselors in training. Each student was asked to play the role of client, and then of counselor for fifteen minutes. These sessions were audio-taped and then coded for empathic understanding. To gain a picture of what type of epistemological thought (dualism or relativism) the students typically entertain, each student was also asked to answer several questions designed to discern their moral development using Kohlbergian dilemmas. Additionally, students were asked to write a description of their thoughts on the nature of truth. The results of Benack’s studies demonstrated that relativistic thinkers were better than dualists in empathic understanding. Her explanation was as follows: “Perhaps because ‘external reality’ is no longer seen as separable from people’s interpretations of it, the relativist has a strong tendency to take the other person’s perspective and attend to his or her subjective experience” (Benack, 1988, p. 230).
The above research and teaching instruction is important and useful to professionals trying to gain the skills thought to be necessary for successful therapeutic treatment. However, the phenomenological experience of therapists and counselors trying to gain an understanding of their clients is still a mysterious process.

Statement of the Problem

The present study was implemented with the intention of identifying factors involved in clinical trainees’ development of their understanding of their clients. As the above review of literature suggests, empathic responding, which may entail gaining an understanding, has been implicated as one of the mutative, if not curative effects of psychotherapy across treatment modalities. In the present study, particular attention was paid to the varying factors involved that enhance trainees’ and supervisors’ developing capacity to understand the complex lives, symptoms, behaviors and emotions of their clients. Of particular interest were the following questions: How do therapists think about “understanding” and the part it plays in therapy? How does understanding develop? What role does supervision play in trainees’ development of their understanding of clients? Other than supervisors, what else in trainees’ lives are instrumental in gaining the capacity to understand their clients? What part does report writing, contact note taking and journal writing play in gaining a clearer understanding of clients? How much are therapists guided by theory in their understanding of clients? How do the particular problems of the client guide therapists in their search to understand the client?
CHAPTER 2

METHOD

Because so little is known about how clinical trainees begin to formulate an understanding of their clients, this project took a discovery-oriented research approach. A small number of clinical trainees’ and supervisors’ self-reports regarding their development of their understanding of clients were analyzed to discover themes which could serve as a basis for further study. This design has the advantage of providing insight into how clinical trainees and supervisors piece together their understanding of their own development of understanding clients in therapy. Additionally, supervisors had the opportunity to describe how they see this development taking shape in the trainees they have supervised. Although this study provides my interpretation of how clinical trainees and supervisors adopt the stance and sense of themselves as individuals who can understand the complex lives of their clients, built into the design is an attempt to insure the accuracy of my interpretation (described below). This exploratory research is a practical first step for the discovery of the process and development of understanding before resources are expended on a large-scale prospective design.

Sample

As the research suggests, understanding is the foundation for empathic responding; however, in order to study the level of understanding required given different theoretical orientations, I selected a diverse sample of clinical trainees and clinical supervisors in an attempt to gather a sample that is representative of different theoretical schools of thought. Although a diverse sample was optimal, the sampling was implemented by
soliciting clinical trainees by letter and clinical supervisors by phone. Those clinical trainees and clinical supervisors interested in participating in the study responded to my request with the expressed interest in being interviewed about their subjective experience of their development as therapists. A more detailed description of the sample population for this study is outlined below.

Sample I: Clinical Supervisors. This sample consisted of six Caucasian clinical supervisors who had at least fourteen years of experience as therapists, and had served either as clinical supervisors at the Psychological Services Center at UMass, or as clinical supervisors at practicum sites approved by the Clinical Psychology Department at UMass. Participants were selected to provide a diverse range of theoretical orientation with the hope of gaining the broadest possible perspective on the process of understanding clients. Due to my unfamiliarity with the supervisorial population affiliated with the Clinical Psychology Department at UMass, I consulted with David M. Todd. During this consultation, we selected thirteen clinical supervisors who were thought to represent various theoretical orientations.

Given this list of thirteen clinical supervisors, each was contacted by phone and received a verbal description of the project, and the requirements involved in participating. Of these thirteen supervisors, seven agreed to participate in the interview process and subsequent review of summarized data (the details of which will be described later.) One clinical supervisor was eliminated due to insufficient time available to complete the interview. The incomplete data gathered from this clinical supervisor is not represented in this thesis.
Each clinical supervisor was given a pseudonym to protect his/her confidentially. However, supervisors agreed to allow their years of experience functioning as therapists and their theoretical orientation to be known by the readers of this study. These demographics are provided below in Figure 1. Other demographics were not represented as they would compromise confidentiality.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Years of Experience</th>
<th>Theoretical Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan</td>
<td>15</td>
<td>Psychodynamic</td>
</tr>
<tr>
<td>John</td>
<td>25</td>
<td>Integrative, Cognitive behavioral, Psychodynamic</td>
</tr>
<tr>
<td>Frank</td>
<td>35</td>
<td>Integrative</td>
</tr>
<tr>
<td>Mike</td>
<td>17</td>
<td>Cognitive Behavioral</td>
</tr>
<tr>
<td>Joe</td>
<td>25</td>
<td>Cognitive Behavioral</td>
</tr>
<tr>
<td>Karen</td>
<td>14</td>
<td>Combination of Psychodynamic, Cognitive Behavioral, Family Systems, Developmental Narrative, whatever works.</td>
</tr>
</tbody>
</table>

Figure 1. Supervisor Demographics.

2 Pseudonyms are accurate to the gender they suggest.

3 Theoretical Orientations are listed here in the exact manner they were described by supervisors.

Sample II: Clinical Trainees. This sample consisted of six clinical trainees who have had at least one full year of clinical training at the Psychological Services Center (PSC) at the University of Massachusetts Amherst. The work of Rachel Bush (1989) suggests that clinical trainees who have had one full year of experience often use the month of August after this year to contemplate their progress as therapists. However, in pursuit of a variety of levels of experience, this sample included clinical trainees who have had more than one year of experience. No limitation was placed on clinical trainees' theoretical orientations, as they were probed for the levels of understanding that each clinical trainee perceived to be adequate in meeting the requirements for empathic responding. However, as with the clinical supervisors, I hoped to gather a sample that
would be representative of a variety of theoretical orientations. All clinical trainees who were currently providing therapy at the PSC were solicited by letter (See Appendix A). This letter was designed to inform clinical trainees of the nature of the project and the details involved in their participation if interested. A total of nine clinical trainees responded stating that they would be interested in participating if a convenient time for interviewing could be arranged. Six of these nine were scheduled for interviews; and, by chance, were representative of a variety of theoretical orientations. The remaining three clinical trainees were unable to find times conducive to interviewing.

The six clinical trainee participants were given pseudonyms to protect their confidentiality. However, clinical trainees agreed to allow the following demographics to be known: (1) Their level of experience at the time of interview; (2) the number of clients they have served for over six sessions; and (3) their theoretical orientation. The demographics are presented in Figure 2. Data missing from Figure 2 was deleted due to individual concerns regarding confidentiality.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Level of Experience</th>
<th># of Clients Seen For More Than 6 Sessions</th>
<th>Theoretical Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane</td>
<td>Intermediate</td>
<td>20</td>
<td>Broadly Psychodynamic with a mixture of client-centered/dynamic formulation</td>
</tr>
<tr>
<td>Rick</td>
<td>Advanced</td>
<td>15</td>
<td>Psychodynamic and Integrative</td>
</tr>
<tr>
<td>Carol</td>
<td>Novice</td>
<td>3</td>
<td>Integrative</td>
</tr>
<tr>
<td>George</td>
<td>Novice</td>
<td>5</td>
<td>Cognitive Behavioral</td>
</tr>
<tr>
<td>Molly</td>
<td>Intermediate</td>
<td>-</td>
<td>Psychodynamic, Relational, and The Stone Center Model (A Feminist Model)</td>
</tr>
<tr>
<td>Jane</td>
<td>Intermediate</td>
<td>10</td>
<td>Psychodynamic</td>
</tr>
</tbody>
</table>

Figure 2. Trainee Demographics.
4 Pseudonyms are accurate to the gender they suggest.
5 Theoretical Orientations are listed here in the exact manner they were described by trainees.
Procedure

Participants were interviewed by the researcher, using a semi-structured interview developed for this project (See Appendices B and C). All Participants were fully informed of the purpose of the research and encouraged to be as accurate and thorough as possible in describing the development of their understanding of clients and the factors involved in this pursuit (See Appendix D). There were six stages to the procedure. First, participants were solicited to participate either by phone or letter as indicated in the section above describing the two samples. Second, participants were interviewed individually, and audio-taped by the researcher for approximately ninety minutes with specific questions aimed at eliciting their thoughts on the development of her or his understanding of clients. Although specific questions were developed, all of the questions were not systematically asked. The dialogue that ensued from the more open ended questions was pursued at the expense of a rigid adherence to the questions in order to set an atmosphere of mutual exploration into the participants’ understanding of how they have developed ways of understanding their clients. However, the aim was to address most, if not all, of the issues raised by the questions whether or not they were specifically asked by the researcher in the interview. (See Appendix E and F for charts indicating data collected from each participant by question).

Third, all interviews were transcribed verbatim by the researcher and research assistants. Fourth, the researcher completely immersed herself in the data

6 Clinical Supervisors and Clinical Trainees will here by be referred to as supervisors and trainees, respectively. When both samples are discussed simultaneously, they will be referred to as participants.
collected, and summarized each participant’s current understanding of the development of his/her understanding of clients. This entailed reading through each transcript at least twice, while highlighting the text that specifically addressed each question. These highlighted sections were then paraphrased by the researcher, or extracted from the text as direct quotes for their value as particularly original or illuminating statements of concepts that were described across participants. These direct quotes or paraphrased data selections were then placed back in the context of the questions in the form of a summary for participants’ review and confirmation (See Appendix G).

Fifth, each participant was sent a letter (See Appendix H) along with the written summary for confirmation, clarification, the provision of additional data not requested in the interview, or rejection of the researcher’s interpretation of the interview. This procedure followed on the wisdom of Friedric Scheiermacher, who stated:

The more lax practice of the art of understanding proceeds on the assumption that understanding arises naturally. The more rigorous practice proceeds on the assumption that misunderstanding arises naturally, and that understanding must be intended and sought at each point (Schleiermacher, 1959, cited by Gadamer, 1976, p. xiii).

Confirmation, additional data, and/or minor clarifications of the summaries were provided with a written response from the participants. Some data was changed from the original for the following reasons: (1) Participants required certain data to be changed or deleted to protect their confidentiality; (2) Participants indicated times when they thought the meaning of their statements were misunderstood in some fashion. At this juncture, data were added or deleted to provide clarity as to their intended meaning. (See Appendix E for sample summary).
Sixth, when summaries were adjusted to more accurately reflect participants' experience with understanding, the researcher categorized data into sections divided by interview question, rather than by individual participant. This was implemented separately for supervisors, and then for trainees (See Appendix I). This allowed the researcher a view of the responses to each question from each participant on the same document. This view was more conducive to discerning prevailing themes among participants. When common themes among participants could be discerned, they were described in the results section together. When themes could not be discerned among participants, each response was presented individually for its own value as data.

Measures

The semi-structured interview developed for use in this study was piloted on three subjects prior to the proposal of this project in order to refine the instrument. During the pilot phase, attempts were made to assess the ease with which individuals comprehended questions, as well as the questions' ability to foster an ease of communication between the researcher and participants.

The interview was designed to pose the most open-ended questions at the beginning. For instance, all participants were first asked the question: "What does it mean to understand your clients?" As the interview progressed, more specific questions were asked to elicit factors the researcher thought might be relevant to the process of understanding. For instance, some participants were asked the question: "What part does writing, either formal report writing, informal process notes, or journal keeping play in the process of understanding?"
Interviews for supervisors and trainees differed in two respects. First, supervisors were asked to describe how they saw the development of understanding take shape in trainees they have supervised. This was asked to gather data from an additional perspective other than the trainees, on the development of trainees’ capacity to understand their clients. Second, as it became clear during the process of the first interview with a trainee that the process of understanding can be elusive, a role play was designed in order to replicate or enact the process of understanding within the interview itself. The role-play was created to meet the needs of trainees struggling to find words to describe a process most find difficult to articulate. In the Wundtian tradition of introspection, trainees were asked to report on the processes they used to understand a fictitious client while engaged in the role-play. I presented as a client experiencing panic attacks with the specific, bizarre fear of falling up. I stated clearly that, as a client, I wanted the therapist to understand how it felt to have this fear. A sample transcript and description of this role play will be presented in the results section.
CHAPTER 3

RESULTS I: SUPERVISOR DESCRIPTIONS OF UNDERSTANDING

As mentioned in the previous chapter, supervisors were asked a series of questions meant to illuminate the process of understanding. These questions were not always asked in the same order. However, the first, more open-ended questions were always asked in the beginning, followed by more specific questions and ended with questions pertaining to their own and trainees development. The following results will be presented in the typical order of questions posed to supervisors in interviews. However, the order was sometimes sacrificed so that related topics could be clustered together. If the reader wants a clearer picture of how the interviews progressed, a full transcript of an interview edited to protect the identity and confidentiality of the participant can be found in Appendix J.

The Meaning and Development of Understanding

Supervisor responses to the question, “What does it mean to understand a client?” were rich and sometimes enhanced or elaborated upon by the question following: “How do you develop an understanding of a client?” Given the overlap and interplay between the two questions, some responses for both questions with be discussed together. In the section directly proceeding this one, responses that pertained only to the second question will be described. As an aside, when supervisors were asked the second question regarding the “how to” of understanding, half of them stated that you do not ever know that you have understood the client fully. Rather, their goal is to move as close to the truth about their client’s phenomenal world as possible.
Although some common themes to supervisor responses will be discussed, each individual shed some light on the question of understanding that cumulatively might illuminate a sense of what some therapists mean when they say they understand their clients.

The most common response to the question involved some gathering of the meaning of the words clients use in therapy to describe their experience. Sometimes this was a technical or definitional endeavor, while at other times, supervisors described an interest in the possible meanings of clients’ choices of particular words used to convey their experiences.

The most technical approach came from Mike. He had found a theory called Neuro-Linguistic Programming (NLP) to be particularly helpful in his endeavors to understand his clients. Although Mike stated that NLP has become something of a cult particularly in the local area of his practice, he is not involved in any memberships. He merely finds the original book describing NLP, The Structure of Magic (Bandler and Grinder, 1975) to be useful to him in the process of understanding clients. NLP is a theory that analyzes the language people use in technical/grammatical ways to create a framework for understanding clients’ personal “models.” At the risk of oversimplifying, from what I was able to gather from Mike, he defines a person’s model as the “internal map” with, and through which people experience and interpret the world and their experience of it. The example he gave shed some light on what he meant. He stated that, for instance, Eskimos have approximately thirty-two words for white. “Their internal map has very sophisticated sections on differentiating shades of white.” For someone from a
tropical climate who has never seen snow, “white is white... So there are all these things that go into creating this map. The words that we use to operate off of that map [help us to find] an explanation of that internal map.” With this theory in mind, Mike listens carefully to the words people use when they describe their experience to him. He stated the belief that language, or our choice of words, is relatively “unconscious.” Given the above, Mike also stated the belief that the words his clients use reveal their own personal “model.” This model is internal and it is representative of how his clients construct their world. Mike stated:

To understand a client means to develop a sense of what their internal frame or model of looking at the world consists of and you figure that out by paying attention to the language they use.

Also more in the realm of the technical, Karen stated that one needs to know how clients use language and how they define their words. Understanding the client’s definition of words enables the therapist to “enter into the world of the client with a common language.” Although Karen does not state this explicitly, perhaps a part of understanding clients’ words is akin to understanding a foreign language in its extreme and to a lesser extreme, a client’s own idiosyncratic use of words.

When reviewing the data, one also gets the sense that when folks responded to this question, and discussed clients’ use of language, that they were talking about something other than the literal meanings of words. There was a shift to a slightly more metaphorical level. For instance, Joe stated that he “needs to be able to appreciate what the meaning of what they’re saying in a way that [he] can understand.”
At a more basic level, John stated that he thinks it is important to attend to a person’s choice of words in describing his/her “story” in order to get a clearer picture of the client’s experience. He stated: “I think it involves listening very carefully to the words and to the expression” of the client’s disclosures.

Another common response from supervisors was that they needed to get a sense of what it is like, on an experiential level, to “be” their clients. Supervisors described attempts at learning what the phenomenal world of the client is like. In their description of this endeavor they often relied on metaphors. At the time of attempting this understanding, they recalled a reliance on their imaginations, and their memory of their own and other’s life experiences to gain a sense of their clients’ phenomenal world.

Karen stated metaphorically the need to be able to see the world through “the eyes of the client.” She continued to describe this by stating that this process was “really seeing the world from where the client sees it...you have to give up your place.” At that point, I asked Karen if she was familiar with Hans Georg Gadamer’s (1976) idea of a “fusion of horizons” where he described an overlap of perspectival fields. She stated that she had not, but expressed some interest in hearing more about it. I told her that he described this fusion using the literal example of two people standing side by side on the shore of an ocean. He stated that given their place in space, there is an overlap of their fields of vision; this overlap he called the “region of intersubjectivity.” He believed that this metaphor was descriptive of how individuals come to “see” the same things, and share an understanding of each other’s phenomenal world. However, he also suggests that a complete overlap of vision is not possible. The angles of vision provide enough of an area
of commonality for understanding. Upon hearing this explanation, Karen disagreed with the theory. She stated, “if you’re standing beside someone, you are still seeing things a little bit different, the angles are a little different....but if you are where the client is, the angles are the same.” She held that one must give up one’s own place in space in order to gain an understanding of a person’s phenomenal world. She added that in order to maintain the boundaries between herself and her clients, she must become skilled at the task of “stepping in and out of the client’s perspective.”

John’s immediate response to this question was metaphorical in nature as well. He said, “to understand a client is to be able to see the world through the client’s eyes.” He said that to a “certain extent” this involves trying to “imagine” what it is like to be a participant in the client’s story. When John was asked to clarify what he meant when he used the word “imagine,” he stated being aware of trying to “imagine what it would be like to go through the same kind of experiences.” He said that he does this so he can try to grasp the impact of the experience for the client in his/her life. John, as noted above, said that he does this only to a “certain extent.” When he explained what he meant by this qualification he, like Karen, expressed concerns about boundary maintenance. He stated that maintaining boundaries or “neutrality” is harder if he allows himself to feel the full impact of the person’s story.

Frank’s first response to this question was that at the “simplest level,” understanding clients is “really being in their skin in a sense, and really processing what’s going on around them much like they process it.” Shortly after this “in their skin” metaphor, he used the metaphor of seeing “through their eyes and experiencing it [their
phenomenological world] the way they do.” When Frank was asked to clarify what he meant when he described being in the “skin” of a client, he interpreted my request for clarification as a request of how do you accomplish this task. He enumerated the following; (1) “Keep your mouth shut and just listen.” You must try not to “impose” yourself, but “listen to their narrative in a way that it becomes yours...” (2) You need to stop looking for symptoms, you stop being a detective and “simply experience the person;” (3) “At first you’re simply learning what it’s like to be them, and to walk through their world.”

Dan responded to this question in a way that is difficult to organize thematically as he saw understanding as a multi-leveled process that in its description is disjointed; however, in practice it happens more or less naturally, where some aspects occur simultaneously. He started off by stating that understanding his clients means:

To get as close as one can to the patient’s phenomenological experience. This is essential, and one can’t go anywhere if one doesn’t do this.

What followed in this description were the kinds of things that occur in Dan’s mind, and in his relationship with his clients. First, Dan described a mixture of things that occur before there is a verbal expression. For instance, “there are feelings that get stirred in me when someone is either talking, or not talking...whatever they are doing when they’re in my presence.” Dan described this phenomenon using the words “affective resonance,” and stated that he may be feeling something that he comes to believe is what the patient is feeling. However, he noted that this feeling may be attributed to something else. For instance, he may be feeling the opposite of what they are feeling. Regardless, he
described paying close attention to this resonating inside of him in order to reflect on it. Dan likened this experience to the times in our development as infants when we engaged in the imitation of facial expressions. He also stated:

I think there is something inherently human about responding inside in some way to another person’s feelings, in whatever way they are communicating it.

Dan also described a certain amount of work he does internally that involves paying close attention to what he is feeling and thinking during and in between sessions. For instance, when he listens to his patients, he is also paying attention to his own "own subsegations, associations, images, memories, personal experiences or fantasies." He reported believing that these cognitive and affective activities are "clues to the possible meanings to the affective experience... of the patient." Dan qualified this by stating that these also may be clues to what it is like to be in relation to the client, rather than to be the client. However, to gain clarity about Dan’s resonations and associations to the client, he reported using them to inform his responses to his clients, and listening to their responses to his words. He calls this the “playing back and forth” of therapy.

This mode of wordful play with clients was expressed by other supervisors in a way that I am not sure completely emulated what Dan tried to convey. For instance, Joe stated that he needs to be able to communicate back to the client that he understands his/her expressions. Whether or not Dan, Joe and others were talking about the same process is not clear to me.

As stated above, the following section will focus more on supervisor responses that answer more directly the question: “How do you develop an understanding of a
client?” The primary theme of responses centered around the process of setting aside one’s assumptions about clients and their experiences. As this sounded similar to Husserl’s “phenomenological epoché,” I described one of Husserl’s (1964) examples to Mike to see if it resonated with what he was describing himself. I stated that in order to understand another, one must set aside the a priori structures of consciousness. This entails approaching something, in this case a client, without assumptions or judgments.

For instance, a person can see the front of the house and perhaps one or two of the sides on either side of the front. Most would assume that they are perceiving a house, however this is assuming that there is another side of the house and that it is in fact house-like on the inside. Husserl proposed that one cannot assume, just because a person has seen something familiar, i.e., the front of a house, that it is in fact a house. One must explore the rest of what looks to one to be a house in order to be certain. The motivation to do so is a lack of sufficient evidence, and the elimination of assuming that what one perceives actually exists in reality. For instance (although this diverges from Husserl’s example), this “house” might just be a Hollywood facade of a house.

Mike responded to my description of Husserl’s epoché by stating:

Even though I’m not familiar with this guy, I like him already. For one thing, as I say sort of tongue and cheek is the ability to get stupid, is the ability to walk into a room and assume nothing, to really be stupid, to be ‘I don’t know, I don’t get it.’ I’m not gonna assume. That actually is a harder thing it’s a real skill.

To demonstrate what Mike called “dumbing down,” he used an example to illustrate the technique he uses while listening to the words his clients choose. He suggested that a client arrived and stated that s/he has had a “shitty week.” Mike knows what that means
to him, however he sees his job as a process of figuring out what that means to the client, as it might mean something completely different to him or her.

Mike described a process of breaking down all of the language that the client uses into structures of meaning that may or may not be different from his own. He stressed that you cannot assume that you know what things mean for clients just by using your own structure of meanings or internal model:

This is where acknowledging how little you know is crucial. Cause there is nothing more dangerous than an arrogant therapist. Arrogance and grandiosity really are professional handicaps of being a therapist, because after a while it’s like - ‘I heard it all, I know it all.’ So what happens is that when somebody says something that they had a shitty week, the more arrogant and grandiose therapist is ‘Oh I know what that means, so let’s move on.’ As opposed to saying ‘Oh I don’t have a clue. I don’t know, what is a shitty week? I don’t know what was going on.’ So they start the process of having the patient go back inside the model and begin defining what a shitty week is. So there are these moves almost like a chess game. - ‘I had a shitty week.’ - ‘Define shitty week.’ - ‘My cat died.’ - ‘OK.’ - Now rather than me making the assumption that I know why the cat dying and shitty week go together. I don’t know. So I say, ‘How are these two things are linked. These two things occur, there is some linkage here, I don’t know what it is so, what is it about your cat dying that made it a shitty week?’ - ‘My cat was my only friend.’ ‘Huh.’ So now this model is becoming much more enriched. I mean I’m hearing and I’m perceiving this model and it’s much more enriched now. I understand that interpersonal relationships are not only important but also they are sort of lacking in this person’s life. I mean in response to - ‘O My cat was my only friend.’ - I would say something like: ‘You are telling me that you have no friends except for that cat.’ - They made a statement this cat was my only friend. So, when you’re first meeting with somebody really what you are doing is you are going through this, establishing a model. I’m trying to figure out what your model of the world is. And I’m gonna talk to you about the words that you use, I’m gonna ask you to keep enriching.

Karen described a similar process and stated that “…a therapist must try to set aside preconceived notions or expectations, to try to see and hear person on their own terms.” When Karen was asked to clarify what she meant by the client’s “own terms,”
she explained that "the therapist needs to try to understand their use of language, gestures, their own theory about themselves." Karen added to this that therapists must be open to clients' own stories by setting aside their own stories about them. This often entails an attempt to "try to identify as much as possible, what the therapist brings to the interaction, to discern what is therapist and what is client." For Karen, this frees her up to gather an understanding of her clients that is unfettered by her own assumptions about the client’s experience.

Joe reiterated and added to Karen's assertion that therapists need to understand their own way of being in the world so they can be clear about how their clients are different from themselves. He stated:

This is critical because you have to understand that somebody else's [way of being] is different. Even if you try to put their framework into your framework, you're still two different people with two different lives and two different ways of doing things. So, to avoid misunderstanding, you try to avoid assumptions about other people's ways of being in the world.

Dan was not asked to respond to this question during the interview; however, he was asked to speak to this question when he was presented with a summary of his responses to meet with his disapproval or approval. He responded by writing the following:

I prefer to phrase this in terms of how I have a sense or belief that my level of understanding of a patient has deepened. First of all, I can't know. Second of all, to say that ‘I understand the patient’ conveys a more static finality, rather than a dynamic situation of states of understanding.

To my way of thinking, I have a sense of a deepened level of understanding when I develop new ways of connecting different elements of the patient’s experience, or new ways of connecting elements of his/her experience with my own. By elements of experience, I include a wide
range: fantasies, memories, aspects of personal history, moments of interaction in therapy, affectively charged moments in any context, characteristic relationship patterns, prominent themes in self image, etc.

Regarding these new connections, two additional elements are especially relevant. The first is that my experience of these new connections is affectively enlivened for me. The second is that, when I present some comment to the patient which is informed by this inner connection of mine, s/he responds in some affectively enlivened way and in a way which is in synch with me. That the are in synch is indicated by thematic or associative elaboration or affective deepening. Then, I have a sense that my inner reverberations have struck some resonant cord for the patient.

Supervisors, for the most part, were in agreement regarding the importance of understanding the client’s world from his or her own perspective. The accomplishment of this feat was described differently with varying degrees of importance laid upon the depth necessary to move closer to understanding. There was a wide reliance on understanding the words clients use to describe their experience, and what those words tend to say about the client’s personal view on the world. Supervisors also described a reliance on their imaginations to place themselves in the “shoes” of the client.

The responses to this question also helped sift out what philosophical constructs were helpful in the description of understanding. For instance, Husserl’s phenomenological epoché gained strength as supervisors described the importance of leaving aside their own assumptions about the client or their own world view.

Additionally, Gadamer’s fusion of horizons lost its applicability as supervisors were more likely to use metaphors describing a process of standing directly in the shoes of the client, rather than standing along side them where only a part of the client’s perspective is experienced.
How Supervisors Know When Understanding Has Occurred

The following section is devoted to providing a sense of how supervisors know when they have accomplished some level of an understanding of their clients. As stated above, however, half of the supervisors indicated that one can never know for sure that one has understood a client.

With this qualification in mind, supervisors were in unanimous agreement that there are either physical signs and/or verbal confirmations that lead them to the conclusion that they must have understood some part of their clients’ experiences. For instance, Mike gives what he calls a “behavioral definition” in response to this question:

Behaviorally what it means is when I make a statement about a person, when I paraphrase, when I say something which is descriptive of a patient, what I end up seeing is the patient agreeing with that statement. Somebody ends up nodding their head, somebody ends up dropping their shoulders...

John’s statement on the subject was similar; however, he offered an interpretation of the client’s physical response. He reported observing a “relaxation of the body where the person feels that he or she doesn’t have to be tense and defensive because we’re connected.” Karen agreed that a client’s “body language” often indicates that the therapist has understood the client; however, she also stated that this can often be “unpredictable.”

Sometimes supervisors pointed more directly to the eyes of the patient, as indicators that they have been understood by the therapist. Mike said that he often perceived that a “light goes on in their eyes” when understanding has taken place. Joe and John both stated that one can see the client’s “face light up,” and that feelings of being understood are apparent in the client’s “eyes.” Mike made reference to Adler’s term, the
"recognition response." He believed this best described what happens to his clients, when they feel understood.

Supervisors, as stated above, also agreed that clients often acknowledge the therapist's understanding of them verbally. However, both Mike and Joe stated that sometimes clients can be too "agreeable," and state that they feel understood, not because they feel it, but because they are just being agreeable. While Karen and Mike stated that the client may indicate verbally that what the therapist has said is meaningful to them, Mike described a sometimes more enthusiastic response of "Yes, that's right!" from his clients. John described what he called gaining a "verbal confirmation" from his clients, letting him know that he has understood them. Often, this "verbal confirmation" occurs when the therapist has paraphrased the client's experience in a way that is meaningful to the client.

Although Frank did not state that he relies on the client's verbal responses to gain clarity in his sense that he understood his clients, he did state that when he begins to make better predictions, or "confirm[s] hunches," about how a client will react in certain situations, he held the belief that you can begin to feel you have started to gain an understanding of the client. One can only infer that a part of confirming "hunches" requires some sort of verbal interaction between himself and the client. Karen also described a process of gathering "confirming evidence" that is similar to Frank's statements. Karen described a process of having "ideas" about what the client might be experiencing that are confirmed via the responses of the client to Karen's probes designed to check the validity of her ideas.
Lastly, and perhaps most mysteriously, supervisors described some sort of change in the “energy” between the therapist and the client. John described this when he said:

There is a certain indescribable kind of phenomenon that takes place, there is almost this kind of electromagnetic energy field that occurs between myself and the client.

Joe also described this kind of phenomenon as a “whole energy change” accompanied by changes in the client’s expressions and words.

For the most part, supervisors described observing either verbal, physical or affective changes in their clients that indicate to them that they have understood some aspect of their experience. Additionally, supervisors described a mysterious phenomenon whereby they have experienced a change in “energy,” between themselves and their clients that has felt to them like some sort of indication of understanding.

Understanding Deepening

Supervisors were asked the question: Was there ever a time when your understanding of a client deepened suddenly? This was meant to be a probe into specific moments of understanding, with the goal of getting a better sense of what happens when understanding takes place. It is not clear that this question did the job originally assigned to it; however, a few common themes emerged. The most transcendent or prominent of these themes was the sense that the therapist, at these moments of “deepening,” gathered more information about the client, or the client’s experience. According to supervisors, this occurs under many differing circumstances. For instance, Mike described the whole process of understanding clients as a process of gathering more information. For him, this entailed getting a clearer sense of his clients’ internal models. This evolved out of his
position whereby he tries hard to abandon his a priori assumptions about the client, and is enacted with his specific brand of inquiry. Mike was not sure he would describe this as a "sudden deepening," but rather a result of this mode of inquiry, allowing him to gather sufficient data, and confirm his understanding with the client.

John likens this experience of gathering more information to the experience of looking at an incomplete map of the United States. He states that one might assume that the map is in view in its entirety. Suddenly, in the course of studying the map, it becomes apparent that Alaska and Hawaii have been left out. The use of this metaphor helped communicate the idea that there are often missing pieces of information or data about a person. The discovery of those pieces, John stated, deepens or enriches our understanding of the person and his/her phenomenal world.

Still in the realm of gathering additional data, Karen stated that she found clients' dream material to be particularly illuminating at times. Karen shared a case with me where she had been perplexed as to the benefit of therapy for the client. The client used therapy sporadically as she was restricted by her HMO's policy. Karen had previously believed that her client's history of abuse warranted a longer-term therapy treatment. However, during a session, the client shared dream material in which Karen herself had a major role. According to her client, Karen represented a soothing, safe place for the client in her dreams, and believed she served the same function in reality. Once Karen heard of her client’s dream life, she became clearer about this client’s use of therapy, and her own role in this client’s healing.
In a portion of Frank’s response to this question, he discussed times in therapy when the “person has stopped hiding.” He stated that there is a loosening of the client’s defenses allowing the client to show the therapist a more authentic self. Giving him more data in this case, requires that the client be just slightly less afraid of revealing him or herself in a more open way. Karen alluded to this phenomenon in response to a prior question when she said that there are times when the client, for whatever reasons, does not want to be understood.

The following theme regarding this question still seems to fit the transcendent theme of gathering more data about a client; however, it may be more of an internal process that goes on for the therapist. For instance, Dan described a process of getting “unstuck” that he would liken to a “sudden deepening.” He described the nature of “stuckness” as times when he is not letting himself feel something or put two things together. When he gets “unstuck,” there is something in the relationship between himself and the patient, or just within himself, where understanding becomes available to him. He stated that he could “see something that I could not see.”

Dan demonstrated this with a hypothetical example:

Let’s say a patient and I are stuck in a position, where the patient is in a role of an angry rebellious child who won’t get out of their room, and I’m in the position of feeling like a frustrated angry parent. It permeates how I think about things and how I see things when I’m stuck in that position. Let’s take that as a stuckness, how do I shift? One of the things is the patient might help get us unstuck. The patient might help get the process unstuck by stepping outside their role. That might open something up inside of me where I can shift out of my position. And sometimes it feels more like the internal work that I do as a therapist, I feel it is a part of my job is to work with those internal states that get created in me, so in my process of associating and moving around with those, I see that as a major part of my job, I see that as a kind of self-analysis or questioning, moving
around and shifting around inside of myself. Like sometimes it feels like something that I’m going to shift.

Dan also reported that there are moments when there is a “freeing up of something...when it feels like something breaks through to [his] understanding.” Dan reported that the patient often “breaks through” to him, and he finally hears what he or she is trying to communicate to him. This might also happen when the patient isn’t trying to communicate something to him, but rather something inside him frees up, and he can see his patient’s experience in a new or different way.

Joe related a similar experience where some aspect of his view of his clients shifts internally. He finds that this happens often when he is “wrong.” He reported that when he tries to verbally communicate an understanding of a person’s experience, the person will give a resounding “No!” in response. Jim said, “...most of the time, that catches me pretty well in terms of getting out of my own head.” When Joe talked about what this means to him, he stated that he tries harder to see the person on his/her own terms, with less overlap of his own way of viewing the world.

Finally, John and Frank talked about how events in a client’s life, as they unfold during the time of their treatment, illuminate certain aspects of their character. Frank focused on crisis situations for clients, while John’s take focused more on the ordinary events in a client’s life.

Frank believed that during crisis situations, one can derive a better or “deeper” understanding of how clients behave when under stress. Watching the events of the crisis unfold, and how the client copes can give a therapist an idea of how the client operates on an instinctual level. He believed that this often happens when clients separate themselves
from the roles they have been playing in their social system. He stated that when we are
"shaken out of those roles and we're forced to rely on our instincts, survival, or just sort
of operate in the moment, where we're just improvising as we go along. And we get a
different look at the person at that point...that's when you start seeing a much more
complex person."

John stated that he thinks gathering a deeper understanding of a client is a
"customary" part of the process, but noted that "it sometimes happens around specific
events in the client's life or certain realizations of the clients have come to, [this] enables
both of us to get to a deeper level."

Although supervisors were not certain that they would describe a deepening of
understanding as a "sudden" occurrence, each stated that often it has felt as though their
understanding of a client has deepened upon the revelation of new information about the
client or themselves. Sometimes this involved merely getting to know more about the
client as time passes, while sometimes their understanding has deepened when there is
movement in the therapy after a period of feeling "stuck," or when the client's disclosures
become more revealing than previously in the therapy.

Resources and Skills Promoting Understanding

Again, my interview included two questions that were similar enough to put
together in their presentation. The questions were: "Are there any specific skills that
you've picked up that enable the process of understanding?" and "Are there any
techniques that you've developed or resources you refer to, other than what the client tells
you in therapy that help you to understand the client?" Some supervisors had more
elaborate responses to the questions, while others listed specific techniques and books that they have found helpful in the process of understanding clients.

Joe, in his response to this question, reiterated some of the things Mike said in response to some previous questions asked. For instance, Joe reported trying to listen to the words people use, and then asks them what they mean when the use those words. He does not assume, even if a person says he or she is “sad,” that he knows what that means for that particular person. Joe likened this to my own research when I ask, what does it mean when you say you “understand” a person? He finds himself stating to people, “I have one way of meaning it [e.g., sad], you have another one, I’m going to ask you what you really mean by that, what you think about when you say that, what you feel inside, how you act when you say that.”

Additionally, when Joe talks to people, he tries to use their words with their meanings and reflects his understanding back to them. He believed that this is often a catalyst for the other person to continue to talk to him in a way that is meaningful to him or her.

Finally, although this is where Joe might differ from Mike, he described another level of skill he called “making an interpretation.” He stated:

You don’t just talk about what it is they’re saying, you add a little something about the reason why it may be that they’re feeling or saying a particular thing. So I might say, ‘That sounds like something your father might have said to you, a message your father might have given you.’ This is different from what they’re saying, but it’s still a reflection of the statement they make...it’s more concise, which is the point you’re making, it can also be at a slightly deeper level.
Contrary to Joe’s statement, John said that he has learned to allow his clients to make their own interpretations of their experience. For John, this entailed gathering a greater capacity to allow clients’ their own time scales. John, perhaps regretfully, stated that this also requires that he hold back his own interpretations even when they might be “brilliant.” Another important skill John developed was the capacity to accept and normalize the client’s experience. He said that when he uses this skill well, he “often hears a sigh from the client, there is a bridge that we crossed that brings us to the side of understanding.”

Perhaps a less usual phenomenon in clinical psychology is the therapist’s own analysis or therapy. Dan believed that his own therapy became an important part of learning to understand his clients. As he became clearer about his own conflicts, his capacity to monitor his own counter-transferential reactions to his patients increased. From Dan’s perspective, understanding his own emotional life in relation to the patient tends to enrich his understanding of the patient.

Additionally, Dan has a grasp on many of the theories of the field that help one to understand or interpret human behavior. In particular, Dan developed a keen understanding of normal human development. In general, Dan said he holds a great respect for the wisdom of those who have come before him in their thinking about human phenomena.

Frank also reported that he is an avid reader of fiction, non-fiction, theory and research. He stated the belief that he absorbs what he reads, not necessarily through
memorization, but he can use the information he has picked up along the way when he
finds he needs it in the process of understanding another person. He said:

You pick up stuff you don’t even know you’ve picked up. And some days
when you’re really shooting from the hip around a problem with a person
you find yourself pulling something out, actually a surprise, but it seems
right at that moment...I think every great novel I ever read is stored
somewhere and a piece of it comes out at some point...a great writer will
give you a sense of a person that is probably the closest to a therapeutic
experience with the person. That is, you get to know that person probably
like a therapist would. It’s hard to know where that line is drawn of course
you don’t memorize, you don’t think of it that way, but to the extent that
the writer is successful, you’ve lived that person’s life for some period of
time assuming there is a major character.

In conclusion of this section, I’ll try to make coherent a compilation of skills and
resources supervisors named that did not seem to require much explanation. First, some
specific skills will be described that almost rang of “rules to do therapy by” for some
supervisors. Second, a list will be compiled of resources utilized and named by the
supervisors.

Karen said that one needs to learn when to “shut up and listen to the client.” She
also explained that therapists need to know when they are working harder than their
clients, and subsequently learn how to stop that process as it arises. John said that
techniques he uses most often are to ask clients to tell him the “stories” of their lives, and
to help clients develop a language for their emotions. Finally, Mike reiterated the
importance of listening to the words people use, and the capacity to be “stupid.”

The following is a list of resources named by supervisors as helpful in the process
of understanding clients: (1) Peer consultation groups; (2) gathering information from
family members or other people within the client’s social structure; (3) Neurolinguistic
Programming and the accompanying book by Bandler and Grinder, The Structure of Magic: A Book About Language and Therapy;\(^7\) (4) Linehan’s, Cognitive Behavioral Treatment of Borderline Personality Disorder;\(^8\) (5) The Diagnostic and Statistical Manual of Mental Disorders;\(^9\) (6) Shapiro’s, Neurotic Styles.\(^10\)

The diversity of resources and skills supervisors cited suggested a variety of routes to understanding. It also speaks to the ways in which therapists search, independent of their formal training, for ways to increase their capacity to understand their clients to promote either a stronger relationship with their clients or the mutative effects correlated with empathy and understanding.

Liking and Disliking Clients

Some more specific questions were included to try to elicit some discussion of factors that might influence the process of understanding clients. These questions were asked if the supervisor did not explicitly mention these factors in the process of helping me to gather data about their experience of understanding clients. One of the factors that was considered as possibly relevant to the process of understanding was the degree to which therapists liked or disliked their clients. Supervisors had a wide range of responses to this question. For the most part, supervisors believed that liking or disliking does have an effect on their capacity to understand clients. The “effects” they described shared some commonality; however, they were different enough not to describe them in terms of


themes. Instead, supervisors’ responses will be placed in an order that will facilitate the reader’s ability to see some parallels between the supervisors’ responses.

Dan’s response was complex in that there appeared to be some degree to which his level of disliking a client makes it impossible for him to consider working with the client. However, he also viewed varying feelings of liking or disliking as parallel to all relationships even outside of the therapeutic domain. He summed up the gist of his response in the following way:

Certainly feelings of liking or disliking a patient are important to pay attention to. If I can’t find enough feelings of liking for the patient, I don’t think I could work with them. I must say that is extremely rare. That doesn’t mean that I don’t have feelings of disliking them. I think of it as mixture of liking and disliking kinds of feelings about the patient. And like everything else, there are things that activated in different ways and at different times. It is very important to pay attention to, it is very informative, and there needs to be some fundamental store of liking feelings, but there’s room for lots of different feelings to be stirred up too for my perspective, that is part of the work, or any relationship for that matter.

Karen also voiced concerns about needing to like clients in order to be able to work with, and understand them. However, she did state that she employs a repertoire of skills to help her find a requisite “store” of liking for her clients. She responded:

It’s harder to remain open to clients whose behavior and beliefs fly in the face of my own...I might shut down to that client” (One example she gave was a perpetrator of abuse without remorse.) “In this case, you need to go back through the history of the individual to see if you can find a chink in their armor, some angle that lets you connect with the person. This understanding lets you empathize with the person.

John also described limits to his capacity to understand his clients that fall under the rubric of disliking. He stated that it is rare for him to find that he dislikes a client, but when he does, it hampers his ability to understand. John reported that he tends to dislike
clients who are disrespectful or humiliating to him particularly when they have the intellectual capacity to reciprocate the respect and sensitivity he demonstrates to them. He believed that liking a client certainly makes it easier to do the work necessary for understanding. He stated that “...liking the client facilitates the dialogue and gets me to a deeper level then I would otherwise be able to, or frankly want to.”

Mike, on the other hand, thought it easier to understand a client he is not fond of because he is less likely to “assume” he understands the client; the degree of “identification” with the client is less. He said, “Understanding someone you dislike is more mechanical, and it is easier to ask the number of questions it takes to get clearer about someone’s internal model.”

When Mike likes a client, or identifies with the client more, “there’s a good chance [he will] make more assumptions about what that person means.” Mike clarified this by stating:

Sometimes asking for clarification is pretty tedious...When you like somebody, you don’t wanna badger him a lot...When I’m working [with someone I like], I constantly say to myself, ‘Don’t assume, don’t assume. You think you know what this guy feels, but you don’t.’

Joe responded similarly; however, he felt that there is just as much danger in making too many assumptions about a client when you dislike them. He stated that you might find yourself assuming that whatever the client’s experience is, it must be very dissimilar from one’s own. Joe stressed the need here of being clear about the boundaries between yourself and the client in cases when “there is a lot of liking or disliking going on.” He also said, “Unless you are clear about you versus them, you’re going to miss it.”
In summary, Joe believed that the feelings a therapist has about a person can sometimes get in the way of the openness required to reduce the number of assumptions you have about the person’s phenomenal world. This is something to guard against, but does not have to hamper or enhance his understanding of a person.

Finally, Frank responded by stating that he very strongly encourages his trainees not to think in terms of liking or disliking clients. He believed that most people who are in therapy are there partly because they are “not particularly charming to anyone.” Frank would prefer to talk about this in terms of “connectedness.” He stated that he asks his trainees and himself if there is anything about a client that one can “resonate” with, or if the therapist can listen to the client and really hear what she or he is saying.

Frank stated that he believes some of the most unlikable clients are the ones you end up liking the most because you really get to know them, you get past their unlikableness and you get to see parts of them that they’ve shown no one else. This process makes them more likable to the therapist.

Generally, supervisors agreed that varying degrees of liking or disliking clients complicated their capacity to understand clients, or bring the affective piece of understanding into play. Some supervisors also described how liking or disliking a client makes their objectivity harder to maintain. On the whole, supervisors indicated that understanding was more work when there was an element of like or dislike for the client.

**Resonating With Clients**

Although some supervisors mentioned phenomena such as “affective resonance” on their own, most discussed this after being asked the following questions: “Was there ever
a time when a client’s experience closely resonated with your own? If so, how did that affect the process of understanding?” There was some reiteration of how resonating with a client might interfere with the process of understanding. For instance, Mike stated that if he “resonates” with some aspect of the client’s experience, he has to work harder not to “assume” he has evidence of understanding the client. However, other supervisors described times in their lives when their own pain and its resonation with a client, made more complex the process of sorting out their emotional response to the client.

Karen stated that this resonance with the client is most difficult to sort out when it is due to the death of the client’s and her own parent(s). She described this example as an “extreme” where the boundaries between self and client become emotionally blurred. She returned to the metaphor of standing in the shoes of the client:

In its extreme you lose the sense of the other and you merge. You can get too caught up in our own feelings, trying to manage them and make it through a session. It is as if you are no longer standing in the shoes of another, but they are your shoes. You merge and objectivity is lost.

Joe also described a time when he treated a client whose father was dying while he simultaneously tried to cope with the terminal illness of his own father. Apparently, both fathers were dying of similar illnesses. Joe believed that he could “resonate” with what his client was experiencing, however he is not sure that it helped him to understand the client more. He could understand the difficulties of having a parent die, but he stated that it would be “dangerous” for him to “put on to him [the client] what he was feeling.” Joe stated that understanding the client has more to do with making a separation between himself and the client. He could relate to the “power” of having a parent die, however he
stated that "the specifics of it were his, not mine." Joe summarized his thoughts on this question by stating:

I think parents’ deaths, no matter how you feel about your parents, are pretty powerful events if you’re close to them at all. But the specifics of it, I knew he was amped up pretty high, that’s the power I could relate to, but what channel he was on wasn’t necessarily the same as mine.

John also described a close emotional parallel while working with a client. However he stressed the way in which this “resonance” with the client helped him to gather a deeper understanding of the client’s experience. He described a time, early in his career, when he treated a young man he believed was very “vulnerable.” John stated that he became emotionally very invested in the client, and described a certain degree of anxiety around his work with the young man that was significant enough for him to seek a consultation. This colleague helped John to recognize the parallel between his feelings for this client and his feelings surrounding his up-coming new role as a father. His wife was pregnant at the time with their first child.

John stated that therapy with this young fellow “evoked intense nurturing, paternalistic emotions” that were intensified by the fact that this client came into treatment with issues surrounding his relationship with his father. Once John became aware of the parallel, and the “countertransference,” his anxiety reduced. He was able to “step back and deal with [his] own issues and deal with his client.”

John also stated that this experience enhanced his understanding of the client by sensitizing him to just how vulnerable the client was feeling. He said that it was as if “this client was very much like a little baby, and was thinking ‘Where am I in this world? Am I going to get through this big university? I’m scared.’” This experience and many more,
fortified John’s belief that sometimes, doing therapy is very similar to the process of parenting.

For the most part, supervisors indicated that resonating with clients made more complex the process of understanding; however, the complexities they described were often illuminating to supervisors when they were able to understand their own feelings in relation to the client.

Collegial Consultations

John’s response to the question regarding “resonance,” leaves me in good stead to describe how supervisors find collegial consultations to be helpful in the process of understanding their clients. All of the supervisors responded affirmatively to the questions, “Do you ever talk to your colleagues about a client? Do you find that helpful?” However, it was only a few of the responses that clarified how this helps the process of understanding. Supervisors who did not make the clear connection between consulting colleagues and understanding responded by stating that it is important to consult when working with high risk clients, or when difficulties arise in making a differential diagnosis. The responses that did parallel consulting with understanding were illuminating each in a different way.

Dan stated that he periodically discusses his work with colleagues. He reported finding this helpful particularly when planning to present a client to a group of colleagues in a formal setting. This milieu fosters his capacity to think about his clients from a different perspective, the audience’s. Thinking from the audience’s perspective not only
broadens his understanding of the client, but it ensures that he continues to define the common language that often develops and evolves between him and his clients.

Frank also believed that talking to colleagues helped him to gain a different perspective, or a clearer picture of his clients. For him, however this is accomplished by the colleagues form of inquiry about his client. This process of asking questions helped Frank develop different hypotheses that he can then check out with his clients.

Karen described times when she was having a particularly difficult time connecting with clients. Talking to colleagues has helped her to make the connection that she deems a necessary foundation for understanding in therapy.

Theory and Understanding

The following question was formulated because I was curious about how one’s theory might act as a map whose journey is understanding. I wondered if certain clients fostered thinking or understanding from the different types of theories that therapists have in their store of knowledge, or if therapists always operate from one theory, thereby fitting their clients into its constructs to come to an understanding of the client’s experience. I’ll make no claims that the data presented below answer these questions, but it is important to know at the outset that one function of this question was to satisfy my curiosity as a beginning therapist, while the other, less personally biased function was to see if theory is a part of the process of understanding for supervisors.

Most of the supervisors responded by making clear the place theories have in their treatment of clients, and illuminated, to some degree, how theory bolstered their capacity to understand their clients.
Frank’s response indicated his belief that therapists should be knowledgeable about all legitimate theories. He reasoned that one theory may do a better job of making sense out of some aspects of a person than another. He relayed this idea with a poignant old story:

The story goes, six blind men are feeling around an elephant, and each one is describing what he is feeling and arguing with each other. One’s got the trunk and says, ‘Well it’s a small, long, snakelike animal.’ The other one says, ‘What are you talking about? It’s a mammoth column.’ The third one’s got the tail and says, ‘What are you talking about? It’s this little whip thing.’ Each one of them is right, they’ve just got a different piece of the animal. I think that’s what has happened with our theories in that they each have a different component of the human condition. You have to realize that the animal is bigger than any one particular theory and be willing to move among the theorists, the experiences that have gone before you, and use bits and pieces that are useful from all over.

Frank believed that psychologists, as scientists, have lost the purpose and meaning of what theories are supposed to provide. He stated:

...We have to keep reminding ourselves that the theories we have are testable hypotheses, and trying one or another out is fine as long as you remember that that is what you’re doing, and if you do lose the person and you start reaching for your theory, or your theory starts telling you what predictions to make. At this point, you’ve lost the person.

Dan’s response was similar to Franks in that he believed his cumulative knowledge of psychological theories aids him in the process of understanding his clients. Dan stated that it is important for him not to be wedded to any one theory in particular; however he adheres more to dynamic ways of thinking about patients’ development and conflicts. Dan stated that there is one way in which the client might inform his theory. This happens most often when the client is “struggling with something that is best, or most easily
understood from one theory or another or a combination.” Dan furthered his response to my question about theory in his review of my summary. He wrote:

It is my view that all therapists’ understandings of their patients are affected by their theories, in ways which are either explicit or implicit to the therapist. I believe that for all therapists, it is a combination of their theories with their character and personal histories, which mediates any and all ways in which they understand their patents. In the optimal situation, the therapist is aware of and open to questioning his/her theoretical ideas, both on a general level and as they apply (or don’t) to any particular patient at any particular moment in time. I suppose that in some moments, I can question my theoretical assumptions, and in some moments, I do not. In a general sense, I believe that being open to questioning one’s theories is a good thing. However, I believe that it is a complex issue. Probably there are some specific times when a patient can be helped by a therapist steadfastly holding to a position which exists separate from the patient’s position at that moment (including a position which is separate based on the therapist’s theoretical belief). However, this is a very complex issue, beyond the scope of this discussion. In general, I believe that it is useful to be open to questioning one’s theories, and one’s application of them with a patient.

Karen’s response fortified a different aspect of Frank’s statement. She stressed the importance of thinking about theories in terms of testable hypotheses rather than as facts.

You use your general theories about humans in general to guide your understanding, e.g. if someone comes in full of hatred and anger, you assume that there is pain under that. You try to make as many of your assumptions about humans as conscious as possible so that they can come into therapy as hypotheses rather than statements of fact.

It is not clear to me how John’s thoughts about the use of theory in therapy are similar to the above statements, as he viewed theory as more of an “unconscious tool” derived from years of experience, reading and doing supervision. However, he stated that when he sees someone where more cognitive work is appropriate, he might have certain concepts such as “cognitive distortions,” or “over-generalizing,” in his mind as the content of the client’s story unfolds in therapy.
Finally, Mike also described a process of having multiple theories at hand when working with clients. For instance, he generally operated from a cognitive-behavioral frame to promote change in therapy; however, he used NLP to decipher the meaning of his client’s words, and looked to developmental theory to see how his clients met their lives’ milestones.

Supervisors appear to view theory as one tool among many for understanding. Theories are held lightly in their hands as a level of flexibility of thought emerges out of their years of experience. For supervisors, theory can sometimes forge an understanding of a part of a client’s experience or identity; however, some caution was given to looking through the glass of a single theory for every client encountered.

Examples of Understanding

Due to time limitations, not all participants of this study were asked to give an example of a time when they really thought they understood what a client was experiencing. However, those who were asked, shed some light on interesting aspects of the process of understanding clients. These examples demonstrate the capacity of therapists to transcend the therapy situation and reach outside for a way to understand.

Dan described a client with whom he was feeling particularly “stuck.” Dan realized that the client was stuck in an adolescent-like rebellion, and he, in a more parental role. Neither person was able to figure out how to get “unstuck.” When Dan found himself thinking about a novel he had read that nicely demonstrated an adult behaving, quite understandably, like an adolescent, he shared his association with the client. As it turned out, the client was able to relate to the character in the novel as well, and found the
association meaningful to him. Both Dan and the client were then able to step out of the roles they had found themselves stuck in, and often refer back to this novel as a point of shifting in their therapy together.

Just as Dan looked outside of the therapy situation to art, John looked to his knowledge of human pain in general to come to some understanding of a client with whom he was initially unsure of his capacity to understand. John described a client who was considering a gender reassignment. When the client arrived, she told him stories about her life that pertained to her decision that were very moving. Although the contents of the stories were very unfamiliar, or foreign to John, the raw emotion, pain, shame, etc. were similar enough to everyone's affective world. The emotions are what felt "accessible" to him, the stories were about the "agony" of not reaching a sense of self-realization. The therapy lasted for one year; and John believed this was one of his most successful therapies.

Other supervisors answered this question in a more general way and stressed that in long-term therapies, one gets the chance to really know and understand clients. One supervisor even stated that when he has been working with someone for a long time, the process of understanding becomes more "instinctual."

Writing and Understanding

One common denominator for all therapists is documenting the course of treatment in writing. Although this is a legal requirement of the profession, it would be interesting to find out if there was any aspect of this requirement that might facilitate understanding. So, supervisors were asked what part writing, either formal report writing,
informal process notes, or journal keeping, plays in the process of understanding. Some found writing to be helpful to this end, while others found it a tedious legal requirement with no value to the process of treatment.

Frank responded to this question in a way that I had predicted supervisors might respond. He believed that writing, whatever shape it takes, helps clarify one’s thinking about a client. He stated that when he writes something, he has to “focus” on the subject at hand in a way that is more intense and conducive to gathering a clearer understanding of the person.

Dan also said that writing helps clarify his understanding, and reported writing in several different formats to that end. For instance, when he worked with someone in psychotherapy, he tried to write down as much as he could remember about the hour, and tried to summarize themes. He also tried to gain clarity about what happened in the relationship, particularly when he wrote about the client thematically rather than sequentially. Further, when Dan has planned to present a case to a group of colleagues in the past, he has focused more on what the audience’s perspective might be. Knowing that there would be an audience affected how he saw aspects of the treatment by adding another dimension. Dan stated: “...It can be enriching because it brings in the audience’s perspective and that is a whole other perspective outside of the one-to-one dyad.”

Joe reported finding writing less helpful in the process of understanding a client; however, his notes have provided a summary of where he and his clients have left off so he can refer to them when he is about to see the person again. He also said that he takes notes after each session so if he should “drop dead tomorrow,” the new therapist would
have a sense of where he was headed in the treatment with the person. Joe reported that what he was *thinking* about while writing is often more important than what he *actually* writes.

Karen also stated that she does not find writing useful in the process of understanding. For her, report writing is for legal or medical purposes and does not aid in understanding. In fact, she stated that she only rarely keeps personal notes during the course of treatment.

Writing as a tool for understanding seems to be more related to the particular supervisor’s outlook on the general process of writing itself. Some supervisors have found that this mode of communication is useful to themselves as therapists, while others find it to be more of a legal chore with no benefit to themselves.

**Therapist Development**

The following data were obtained by asking supervisors to take a retrospective view on their development as therapists. They were invited to describe how their capacity to understand their clients has changed or developed over the course of their careers. More specifically, they were asked one of the two following questions: “If the process of understanding your clients has changed with greater experience, can you describe what that change is about?” or, “Could you describe how your capacity to understand clients has developed over time?” As this question was typically saved for the end of the interview, two supervisors were not asked this question as we ran out of time.

Although only three supervisors responded by stating that more life experiences have helped them gain a greater capacity to understand their clients, it is doubtful that any
of the other supervisors would disagree that life experience was at least one factor in their
development as therapists.

John specifically stated that his capacity to understand clients has been greatly
formed by his life experiences. The more he has lived, learned, and experienced life, the
more aware he is of how much he does not know. Although he described this as a
“humbling” experience, he was able to find a middle ground that keeps him from feeling
“paralyzed.” This stance allowed John to be more open to his clients’ experiences, not
assuming that he knew what they felt until he did a lot of inquiry and assessment.

Frank also believed that his capacity to understand clients has developed as a result
of his own personal experiences in the world. In this, he includes all aspects of his
personal life. He said, “There is no way to answer your question without giving you my
biography. I mean, it would be everything. It would have to be.” In addition to his life
experience, Frank believed that the luxury of being an academic has afforded him the time
to “read everything in sight.” Additionally, as a supervisor in this academic setting, the
shear number of cases he is familiar with broadened his experience with clients and with
understanding them.

Karen also said that her capacity to understand clients has increased with time.
More specifically, she described an initial reliance on the literature of the profession which
gradually gave way to her increasing clinical experience. Her clinical experience took
precedence, making the literature “less important.”

Dan described a variety of “ingredients” that enhance the evolving process of
becoming a therapist. First, Dan stated that there is “a growing crowd of people for [him]
to identify with.” By this he meant that over the years he has had more and more supervisors, patients, and colleagues that add to his perspective, widening his capacity to understand patients. Second, he recalled that there is also a growing crowd of theories and ideas that “float around in [his] mind.” As he continues to formally and informally educate himself, his knowledge base grows and enhances his capacity to understand.

Third, Dan cited his own therapy as a source of his development as a therapist. He stated, “I can’t imagine doing this work without it.” And finally, Dan also stated the belief that there is something about identifying with “ideal” images of what a therapist should be like that tends to get in people’s way more during the earlier part of doing the work. So part of development is feeling less confined to those idealizations.

Supervisors seemed to indicate that the most important aspect of their development as therapists was their own lives, and the ever increasing amount of time they have had to establish themselves as students of experience.

Supervisors’ Perspectives on Trainee Development

The last set of questions supervisors were asked required that they think a bit about their experiences with clinical trainees. They were asked one of the following questions: (1) Can you identify any stages that either you, or your trainees go through in the development of your capacity to understand clients? If so, could you describe them? (2) In your work as a supervisor, how do you see this development taking shape in trainees?

As one might predict, there was some overlap between their responses to the above questions and their responses regarding their own development. However, the
threads of commonality between supervisors in response to this question was notably hard to detect.

Dan prefaced his attempt to identify a tripartite stage model by stating that these stages may vary in degree with the amount of familiarity a trainee has with the therapy process and the relationship a trainee has with the supervisor. The following are the stages Dan described:

Stage One: Many trainees tend to start off with guidelines, with little or no ideas about what the process of therapy is like. There is an early reliance on things they have read or things they have been told to do. Partly, this is inevitable, and not necessarily "all bad" as the process "is enormously complicated." This stage in some ways "mirrors early development" in that it is a stage of "imitation." Some trainees imitate supervisors' behavior, their own therapist's behavior, and what they have seen in the world about what a therapist is supposed to do. This imitation is sometimes done without an "in-depth intellectual understanding, or psychological integration in the trainee."

Stage Two: As soon as trainees move away from the stage of imitation, doing therapy becomes a more complicated endeavor because you're moving into more "uncomfortable territory." You might learn to stay with where the patient is and go with them along the path the patient is leading. There is also a broadening of the understanding of what therapists do in therapy. Dan stated: "Freud wrote that love and work were the two main areas of living. He left out play." Trainees learn to go to the "realm of play." This is potentially more "threatening" because it involves more "spontaneous input." Trainees go with things that the patient presents in a more flexible way. This realm of play
is “essential” to treatment. There is something about this realm that is marked by “a sort of freeing up.”

Stage Three: Because the development of a more flexible and playful stance in the therapy setting is sometimes anxiety provoking, there is an eagerness on the part of trainees to define their “school of thought.” “It is a search for an identity, a way of understanding or seeing patients. It’s a search for a theory that will organize the chaos of the previous stage.” At this point in the interview, Dan and I had to stop due to time. So, I am not sure if Dan would add anything more to his response.

Mike stated that the process of supervising is similar to the process of understanding clients. He responded:

The task of the supervisor, is to constantly challenging the supervisee to not assume...the really helpful thing is for you [the trainee] to go in there, dumber than a bucket of coal, and when you don’t know, ask. Don’t pretend that you know something you don’t....The best supervisor is the supervisor that can sit around and say, ‘Shit, I don’t know.’ ‘Let’s ask’ or, ‘Let’s guess.’ ‘But let’s guess under the umbrella of this is a guess.’ I’ve been doing this for seventeen years. After ten years, I really had the sense that I sort of knew what was happening. It really does take a long time. The development is in more freedom to acknowledge what you don’t know, and the more comfortable you are [is marked by] being able to ask the really stupid questions.

Joe discussed what sounded more like the preliminary steps to doing good therapy, not necessarily a developmental process of understanding. However, he believed that these are necessary requirements before the process of true understanding can take place. His is also a tripartite approach:

Step One: In the beginning of training, Joe worked with trainees on what he calls “model development.” According to Joe, it is important for trainees to get very clear
about their own model. He defines a “model” by stating that one’s model is equivalent to one’s world view, how one changes and what one does when one is anxious, angry, etc. Joe believed that trainees need to gain clarity about their own model so they can also be clear about how their clients’ models are different.

Step Two: The next step Joe described involved the development of assessment skills. He stated that a trainee should develop the skills to do a thorough diagnostic assessment. Trainees need to be able to articulate, at the very least, the “Axis I and Axis II dynamics of the client.” This, Joe said, will aid in the process of getting a sense of what the client’s agenda for therapy consists of, and what his/her own model and process of change is like.

Step Three: Joe stated that once you have a clear idea of the person’s dynamics via a sound assessment, trainees can use their understanding of these dynamics and processes to help the client move to a different place in their lives and development; you can help them change.

John said that the development he sees taking shape in his trainees is similar to his own development. He enumerates the following progression:

1. “Trainees tend think that they know more than they do.”

2. As that thinking begins to recede, a certain amount of “insecurity begins to emerge.”

3. At this point, trainees begin to look for some sort of “technique or formula” to help them to respond to, and understand their clients.

4. Then, trainees begin to realize that clients don’t often fit neatly into formulas.
5. Upon this realization, the trainee begins to understand that s/he needs to listen to clients and learns to be more patient.

Further, John believed it important for trainees to have the experience of being in therapy themselves. He said that the parallels between our clients and ourselves can be very “enlightening,” and that “once you do that kind of self exploration you’ll find your richness in understanding your clients.” Additionally, it is important to get a sense of what it is like to be in therapy.

Finally, Karen too described trainee development as similar in process to her own. She also listed three stages of development. The first stage is characterized by “book learning.” In the second stage, added to book learning is clinical experience and a sense of how therapy works. And third, she said, “Life experience makes you humble. It takes away your confidence of what you are looking at when you are experiencing a client.” As uncomfortable as this can be, Karen believed it facilitates the necessary stance of “openness” required for understanding another.

The data supervisors provided describing the development of trainees’ capacity to understand clients was limited as the question was often asked at the end of the interview where we became somewhat rushed for time. However, this leaves us in good stead to move on to the next section where the trainees themselves made strides toward illuminating this process.
CHAPTER 4

RESULTS II: TRAINEE DESCRIPTIONS OF UNDERSTANDING

As stated earlier, my approach during interviews with trainees was different in some respects from interviews with supervisors. First, a role play was enacted with trainees and not with supervisors. The content and reasoning for this addition is described in this chapter when the results are presented. Second, it was necessary to ask, more often, the less open-ended questions as the specifics of these questions were not addressed spontaneously by trainees during the more open-ended, initial portion of the interview.

The corresponding trainee data was also somewhat different. While trainees often described the same phenomena as supervisors, they did so individually without the commonality between trainees. For instance, only one trainee cited "life experience" as a factor in his/her capacity to understand clients, while many supervisors referred to the importance of this factor.

Given this occasional lack of commonality between trainees, sometimes the presentation of data in the following section is choppier, with less transition from one data segment to the next.

The Meaning and Development of Understanding

Trainees were first asked the question, "What does it mean to understand a client?" Trainees responded to this question in ways that were somewhat independent of one another. Cumulatively, their responses are very similar to responses to this question given by supervisors. Perhaps the easiest way to take a look at this data is to list the points trainees made, rather than discuss how each person put some of these points
together in the totality of their response. This will allow the reader the opportunity to see how each trainee’s individual response contributed to the fuller representation given by supervisors.

Trainees described the active use of their imaginations as well as some of the same metaphors supervisors used to describe the experience of understanding clients. For instance, Diane used the metaphor of “seeing things through [clients’] eyes or their senses.” She does this so she can “get inside the subjective experience of the client.” When Diane was asked to explain her use of metaphor, she responded by stating that the metaphor is an ideal; she uses her imagination to try to meet this ideal. She said:

When I am really engaged by the client’s words, or their account of something, then I have this entire visual image of what they’re talking about that I take as informing me about their subjective experience.

Diane qualified this statement with the realization that her imagination is also “muddled by [her] own experience.” This statement leaves us to suppose that Diane is aware of the complications involved in asserting that one can know another’s experience with exactitude.

Rick also used the metaphor of experiencing the client’s world through his or her “eyes.” Rick utilized a mode of questioning to this end that he called, “phenomenological.” This is a “stance of trying to get into my client’s world and to see from their eyes what they see, and what they are experiencing.” To this end, Rick described asking himself the following questions:

1. What would the client be looking at if he was looking at me right now?
2. What would it feel like to have my client’s clothes on right now?
3. What would it mean to literally walk in my client’s shoes?
4. What would it be like to sort of look like my client?
Rick described this process as a route to being “empathically attuned” to his clients.

Being empathically attuned for Rick means understanding the client “in the moment” where he tries to “force” himself into his “client’s world” and “sit in [his] client’s chair.”

When Rick was asked to give a sense of how he enacts these metaphors, he stated: “I just imagine it. I imagine what it would be like, and I try my best to really see my client’s perspective, and to try my best to lose my own perspective.”

George also used the “shoe” metaphor when he stated:

I try to leave my training and scientific mindedness aside and just try to react to the client as I would have before I came to graduate school. Some times it is best to just try and feel and try and put yourself in their shoes leaving aside all that stuff.

When George was asked to clarify what he meant when he used the metaphor, he replied by stating: “I pretend that I am them when they are talking and telling me something. I used to pretend a lot when I was three years old, so I draw on those skills.” My assumption is that when George used the word “pretend,” he might have agreed that pretending involves utilizing one’s imagination.

Carol also stated that she uses her imagination to discern how clients are feeling, and to predict how they might react in the situations they describe. She added that one needs to be able to “imagine” how it would feel if one were “in the client’s shoes.” Carol also used her imagination to remember how she has felt in the past when clients describe moods she may have experienced.

Some trainees made the distinction between a cognitive and an affective understanding of clients. For instance, George stated that understanding a client sometimes occurs on a more “affective” level, the way a “lay-person” might understand
with “less cognitions and more feelings.” Molly also made this distinction; however, she was more descriptive of each side of this coin. She used the analogy of the game TETRAS. In this game, shapes drop down from the top of the computer screen and fall into a strategic place varying with the skill of the player. She stated:

It’s sort of like they finally come into the right path, they’ve been shifting all along, and then, finally they click into place. It’s that sort of thing where it feels like almost physically something is happening in my head - cognitively where it just clicks, and they are there finally. You know maybe I’ve brought in pieces from past experience or past sessions, or what ever, and it’s just finally there. It feels better.

Molly described the affective piece of understanding as a process of developing a “connection” between herself and her clients. This connection might be experienced as feeling more “warmly” toward her clients. The accompanying feeling she described is the sense that clients have begun to “trust” her more, and that they are letting her into their experience on a deeper level. When this level of connection has been achieved between her and her clients, she stated the belief that there is a mutual feeling of “relief.”

Like their supervisor counterparts, trainees also stressed the need to understand the words their clients use in the process of describing their experience. George stated that this is the most basic level of understanding, and noted when this is particularly relevant: “That is just the most basic level of understanding, of knowing what words they are using and how they’re using them. This is particularly relevant when seeing clients of a different ethnicity.”

Along with the importance of the verbal behavior of clients, trainees cited “body language” as particularly relevant to understanding clients. Molly described a process of studying her clients’ behavior in therapy. To accomplish this, she asked herself questions
about how her clients face her during the therapy hour. More specifically, she described noticing whether or not they make eye contact. Additionally, she described trying to make sense of one of her clients who shakes her hand at the end of each session. George notes the importance of studying the client's body language, but admitted to a lack of skill in this area.

The last four aspects of understanding trainees described have been placed together as they are tools that might be thought of as stereotypical skills of a therapist. They are the use of theory, diagnosis, prediction, and historical data. Diane reported attempts at placing her clients into diagnostic categories and/or dynamic formulations that are informed by her subjective and objective experiences of her clients. Both George and Jane also described attempts at fitting their clients into the theoretical constructs they were operating from. Jane, in particular, stated that she looked to see if what the client says in therapy makes sense in relation to a psychological theory, conceptualization or formulation with some coherence or structure that is recognizable.

Molly stated her belief in the importance of the capacity to use predictions. Molly used predictions to try to understand how her clients might behave or feel in certain situations. According to Molly, a part of making predictions involves learning about how clients behave in relationships, and how they think about themselves in their world. One way to make these predictions is to pay close attention to the stories clients tell in therapy, and as Rick stated, place the client's experience in the historical context of his or her life, both interpersonally and intrapsychically.
In conclusion, trainees reported the same use of their imaginations to place themselves in their clients' shoes, and described the ways in which understanding can be both a cognitive and affective process as did supervisors. However, trainees placed more emphasis on their skills as diagnosticians than their supervisor counterparts.

Clearly, trainees indicated phenomena that was reminiscent of supervisors interviewed. Trainees used similar metaphors and described the activation of their imaginative skills to access the client's world from the client's perspective. Trainees also discussed the importance of understanding the words their clients used in their personal disclosures. Additionally, trainees made the distinction between a cognitive and an affective understanding of a client's experience.

Role Play

As noted earlier, a role play was developed with the hope of illuminating further what the process of understanding entails for trainees. The role play moved the process of understanding into the here and now of the interview. My role in this process was to present myself to the trainee as a client with a problem. This role-played client wanted some aspect of her struggle to be understood by the therapist. More specifically, I play the role of a client suffering with panic attacks with the accompanying fear of "falling up." An excerpt from an actual interview may best demonstrate the role I created for this interview. Below is a segment from my interview with Diane (T = Diane and I = the interviewer):

I: O.K. You’re the therapist and I’m the client. I have panic attacks with a particular fear associated with them. The fear is bizarre, and I’m trying to get you to understand how frightening it is. So, I come in and say, ‘I’m having panic attacks.'
T: How long have you been having those? What brings you in now?

I: I've been having them for six months and they're terrifying. I'm afraid I'm going to die when I'm having them.

T: And how often did you say?

I: Every time I go outside.

T: Which is?

I: I go outside every time I have to go to work, or go to school, or go to see a friend.

T: So tell me exactly what happens when you have a panic attack.

I: Well, I have this specific fear that goes along with the panic attack, and the fear is that I'm going to fall into the sky, and that's why it's hard for me to go outside. And this fear is particularly present when I'm in the city because the buildings are so tall and I have a sense of how high the sky is.

T: It seems higher then?

I: Well it's like when you get dizzy looking up at a building, or the top of a mountain, like you look straight up and you're like 'Wow! that's high.' So, I see how far I could fall because there is a landmark of the building's height. It feels sort of like if someone were dangling me off the top of The Empire State Building by my toe, and they're going to drop me. That's how terrified I feel that I'm going to fall into the sky.

T: What happens to you in your image of falling into the sky?

I: It's terrifying, I can't look at the sky, I feel like I need to race for cover, that, you know, if I fell up inside a building, the farthest I could go is the ceiling. It's just terrifying. Basically, I feel like, it's not that I'm afraid I'm going to die, it's that I am going to die, and I don't have a choice, and it's a run to save my life.

Although it may not be clear in the above example, the client presented with classic panic attack symptomology. As trainees inquired about my symptoms, the role-played client generally responded with the DSM-IV criteria for the disorder. Additionally, it was made
clear to trainees that over the course of experiencing the panic attacks, and the
 corresponding fear, that my sense of reality regarding the impossibility of the fear
 remained in tact. The presentation of a client with panic disorder was chosen somewhat
 randomly; however, I purposefully avoided presenting as a client suffering from psychosis.
 I wanted trainees to feel on certain ground diagnostically, but also make understanding a
 little more complex with a somewhat peculiar fear. The fear was designed to be hard to
 “understand,” so that the process of understanding might be elongated and therefore, more
tangible to articulate.

This role play was conducted with five of the six trainee participants. Below, are
descriptions of four of the trainees’ responses as they were unique enough to present
individually.

Diane described an approach to the role played symptomology of the client
characterized by both an “intellectual” understanding, and “emotional” understanding.
Diane choose to begin with her intellectual understanding. To do this, she described a
process of “gathering data” about the classic set of symptoms that accompany the
diagnosis of panic disorder. She described “checking those off in [her] head” as she
attempted to be more “objective.” Another part of her more intellectual approach
involved trying to imagine the client in the situations she described. For instance, she tried
to imagine the client going outside, and looking at the sky, or trying to avoid looking at
the sky.

When Diane shifted to the more emotional aspect of understanding, she described
having many associations to the idea of falling up to which she paid close attention. The
first thing that came to Diane’s mind was that the fear was a "frightening oxymoron."

This led her to the association of "evaporation." This association helped her to gather the sense that the fear of falling up is partly charged with fears of "non-existence," or "death."

Diane stated that there was a part of her that "resisted getting fully inside of that experience," as she feared she might "lose herself." She noted however, that her resistance to this level of understanding was indicative to her of how frightening the experience must be to the client. Diane concluded that with this kind of understanding, it is important to have one foot in, and one foot out of, the client’s experience. Diane stated:

It’s like a shifting back and forth pretty quickly, rather than being in two places at once....a lot of times in therapy, I don’t feel it’s very easy to return to myself and, you know, you kind of get stuck in that other person’s experience, and you find the client looking back at you waiting for you to move out of their shoes and, you know, offer them something to organize their experience for them.

Diane described this process of jumping in and out of the client’s shoes as cyclical throughout therapy with clients.

George too began his process of understanding the client with DSM-IV classifications in mind. When the role-played patient was more insistent that George try to understand what it feels like to have the fear of falling up, he responded by stating empathically:

Well I’m not sure that I can understand exactly how you feel because I’ve never felt that type of fear. But I’m not convinced that it is totally necessary for me to know, it might even be counter-productive. But, I’m hearing you, that you get very upset and very scared. And certainly, I can understand what being scared and upset is like. I don’t know that I can to the level that you are, but while I have never experienced anything like that, I still think that what you’re feeling makes sense.
George stated that the role play prompted him to reflect on what his initial thoughts were when he first heard about this project. He stated that the biggest thing that helps him to understand his clients is his “deterministic view of the universe. That there is no soul and it’s mechanistic and everything has a reason.” George believed that that there is always a precursor to every event determining the next. Given that people have no “soul,” they are determined by their environment. This philosophy has helped George conceptualize his clients’ behavior without blaming them, and reminds himself that whatever his clients do, there must be a good reason.

Molly noticed that her initial focus entailed asking questions that were loosely based on a “functional analysis.” She described the purpose of this procedure as twofold. First, Molly wanted to be clear that the role-played symptomology was more characteristic of a panic disorder, rather than something more psychotic in nature. Second, she thought a functional analysis might be useful to discern what might have caused the bizarre fear.

Molly also described a process of “free association,” that she used to “imagine” what it feels like to fear falling up. Her associations included feelings of being “sucked” into the sky, or into a “black hole.” Molly stated that she would ordinarily share these associations with the client to see if they “resonated” with the client’s experience. She said, “My tendency is to free associate with what I could imagine might be parallels.”

Rick also described beginning his approach to understanding the role played client with a loose “functional analysis,” with the goal of making the client feel more comfortable about the content of her fears. When he thought it was appropriate, he would try to clarify the words the client used to describe her experience. He described a focus on
adjectives like, “pain,” and “agony,” and stated that he would, “in a sense, almost force [the client] to clarify it to the point of nausea.”

Rick stated that affectively, he would try to discern the meaning of the fear with less focus on the actual experience of fright or panic.

I would actually try to understand it more affectively. I would actually go with the more, what it means, what underlies this..... I wouldn’t ignore that it’s scary to have a panic attack...but I don’t know if affectively I would try to be more empathic to what is sort of happening underneath.... I think I’d feel comfortable knowing that you’re petrified during that point and I wouldn’t necessarily need to be more tuned to that, how terrifying it is.

Below, Rick transcended the literal description given to him, and pulled the experience together with a dynamic formulation:

I’m understanding a very empty, frightened person who feels that they have no hold on themselves, that there is nothing to sustain them from within.
And the experience of the fear of flying off into space is less important to me than what it actually means, or what I think it might mean, or the dynamics involved in what that means...I think it is really just a metaphor for what else might be going on.

Finally, Rick stated that he would draw on his own experiences with anxiety, and his previous experience with panic attack sufferers, to understand what the client’s experience was like for her.

Trainees discussed two primary processes while grappling with the role-played client’s presentation and request for understanding. First, they described a process of gathering data so they might begin to define the client’s symptomology. Sometimes this entailed diagnosing the client as Panic Disordered, and often required the ruling out of other disorders. Second, once trainees were relieved of their diagnostic concerns, they were able to begin a process of a more experiential understanding where they free
associated, imagined, and/or extracted the meaning of the client’s experience.

How Trainees Know When Understanding Has Occurred

The following section is devoted to providing a sense of how trainees know when they have understood their clients. However, like the supervisors interviewed, some trainees qualified their responses to this question by stating that they do not believe therapists ever understand their clients completely. For instance, George stated:

I’m never really satisfied that I do understand a client. I think that’s partially a reaction to my first client...I assumed I understood a lot about what he was talking about, and really, I didn’t. And so, I learned that lesson that you never really understand them, no matter how much you know about the person or how much you think you are alike. So I just try and get the most accurate picture I can, and hope that it’s right, but I never feel like I have a perfectly, or even an extremely accurate picture of what’s going on.

With the above qualification in mind, we can now take a glimpse at the process trainees described as they move closer to understanding some part of their clients’ experience.

Many trainees described a tripartite approach to understanding their clients. Diane in particular, mentioned three clues she relied on to get the sense that she has understood her clients. First, she stated that she notices their facial expressions in response to her questions, or statements that were meant to signify her understanding. Molly concurred with this statement, as she notices a gleam of “relief” on the faces of her clients when she understands them. Molly reported interpreting this facial response as one signifying a “reconnection” to humanity that renders her clients less alienated. While on the topic of facial expressions as indicators of understanding, George remarked that he relies on his clients’ whole “body language.” Although he stated that he is not as skilled as he would like to be in this area, he described paying attention to clients’ physical positions while in
the chair across from him. He stated, for instance, that when clients cross their arms in front of themselves, they may be feeling vulnerably defensive.

The second clue Diane described paying attention to was clients' verbalizations in response to her statements of understanding. Carol also cited this as an important part of knowing when you have understood a client. She stated that you know when you have understood a client when s/he states, “Yes, exactly!” Jane also agreed that sometimes clients tell you directly that you have understood them.

Third, and somewhat more complicated were Diane’s descriptions of clients’ emotional responses as indicators when they felt understood. Both Jane and Carol concur with this statement stating that there is a clear change in affect in the client. For instance, the client might become anxious or tearful when the therapist has tapped into some way of understanding aspects of the client’s experience. Molly stated that she relies heavily on “reflecting back her understanding using [her] own words to see if they resonate” with the client. Although Molly did not specify, my understanding at the time was that she was referring to an affective resonance.

Along with paying attention to signs from the client that they are being understood, some trainees described a physical sensation of their own when they understand clients. For instance, Rick described a feeling of being connected that feels “physical” to him.

I think it’s also a definite feeling of being connected; a very affective feeling of being almost sort of like you and your clients are a well oiled machine, and the two of you are there sort of just in sync. And it’s a feeling of just being almost like at one with your client as they move, or as, I mean not one, but you know I mean just sort of moving in sort of in tandem.... Physically [it is] just a wonderful feeling inside. I mean a physical sense of sort of being bonded with your clients, and you know a feeling of heart
racing when your client get it, or when your client has come to some understanding...

Jane described a similar phenomenon; however, she described the physical sensation as more of a “tension” between herself and her client that is released during times of understanding. She stated: “Sometimes you can feel a connection in the room, like you’re on the same wavelength.” When she was asked to explain what she meant when she used the word “wavelength,” she said that there is always a “tension” between two people. When you are “one the same wavelength,” that tension rests, the guard is let down just a little, and the client feels more comfortable.

In closing, Rick described an aspect of understanding that I had expected to hear more often from trainees. This aspect entails a process of monitoring one’s own feelings in relationship to the therapeutic interaction. Rick stated that by doing this, he sometimes gets a sense of what the client is experiencing. For instance, when Rick is suffering from feelings of “frustration,” he can sometimes transcend those feelings, and wonder if the client too is experiencing frustration. Although only a few trainees were asked how they develop an understanding of a client, responses to this question often supported Rick’s statements regarding this shared level of feeling. For instance, Jane stated that one aspect of her training has involved using herself as an “instrument” in the therapy session. How she interacts with clients tells her a lot about the clients themselves. In supervision, and her own therapy, Jane reported getting clearer about where her issues and the client’s issues begin and end, and how they come together. Using herself as an instrument helped Jane discern what the client is like interpersonally and what the client evokes in others. Jane described the following example. She remembered doing an assessment on an
adolescent woman who was depressed. For important assessment reasons, Jane asked questions that seemed irrelevant to the woman. Jane also soon began to wonder if the questions were irrelevant. Jane believes that she was feeling precisely the same way the woman was feeling, and started to question why she was doing this particular assessment. Jane checked with a supervisor and “got back into her own head,” remembering that there was a point to all of the questions she was asking. This information was going to be helpful to the woman even if the woman didn’t know why at the time.

Trainees relied both on cues from their clients and from their own internal experiences to inform them that the client felt understood. Interestingly, trainees, like supervisors, mentioned a mysterious energy change that occurred between themselves and their clients. It would be interesting to know more about the physiology of understanding and perhaps of more primitive ways of communicating affect.

Understanding Deepening

Trainees were asked if there were any times in therapy when their understanding of clients deepened suddenly. Some trainees interpreted this question as a probe to discover whether or not they had ever had what they called, an “Ah ha!” experience. Still others described times where their understanding of a person deepened without the above exclamation. These moments of understanding seemed to have a different character. Each of the trainees’ responses to the question were unique enough to deserve its own description. I will present them to you by putting together those responses characterized by an “Ah ha” experience, and then those that were characteristically different from said experience.
Although Molly did not go into much detail, she described such moments in therapy as “Eureka!” moments. She stated that she has had the feeling, after a long struggle, that she is finally “with” her clients in a way that feels much more lucid. She reported times when she believed she “finally got it.”

Jane energetically responded “Yes!” when she was asked this question. She reported that this typically happens for her when she begins to understand why a client is talking about a particular thing. Jane described how the client’s disclosures could initially seem nonsensical, when suddenly she might realize what the client was really talking about; the “subtext” of what the client was really talking about. Once Jane discerns the meaning of what her clients are communicating, she finds herself thinking, or saying out loud, “Ah ha!”

George too interpreted the question as a search for “Ah ha” experiences and stated that he has not had this experience, and in fact he avoids them whenever possible. George suggested that understanding is a much slower process. He stated that even when something seems to make sense, he doesn’t want to say “Ah ha” because it might not be right. Doing this, he stated, sets himself up for missing disconfirming evidence in an interview. George reported that saying “Ah ha,” might shut his mind off to understanding. So, leaving himself open to disconfirming evidence, paradoxically leaves George open to a deeper understanding.

Diane described something that might be somewhere in-between an “Ah ha” experience, and a more descriptive deepening of understanding. She described times when
a client suddenly gave her some information that felt like a missing piece to the whole story. This missing piece, she stated

...sheds light like a halogen lamp on everything else that s/he’d been talking about for the past 6 months... The new information puts the pieces in seemingly better organization... There appears to be a whole constellation of stuff that you just can’t quite fit together, and so you got the puzzle pieces that do fit together here, and suddenly all the pieces fall into order.

Rick was somewhat more specific about the kinds of things that bring about a deeper understanding of his clients. He named three things that he himself does in therapy to trigger a deeper understanding. One is that when what he says in therapy triggers a recognizable mode of defense for the client. Another way is when what he says in therapy triggers an emotional response from his clients. And finally, he stated that when he invites his clients to understand themselves in a different way, or on a different level, and they respond by “going with [him] on that path.”

Carol pinpointed one class of events that frequently leads to a deeper understanding of her clients. She stated that her understanding of clients deepens when they talk about their relationship together. When the focus of the conversation is about their relationship together, Carol usually finds that knew insights arise in meaningful ways.

Clearly, trainees spoke to moments in therapy that felt enlightening. This appears to happen most often when either more information about the client surfaces, or when the therapist notices some reaction to their own input to the dialogue of treatment.

Misunderstanding

On the heels of the question regarding a “deepening” of understanding were the following questions: “Was there ever a time when you thought you understood a client
and you later discovered that you were way off track? If so, what was that like?”

Trainees generally reported that this had not occurred over the course of doing therapy.

They did however, describe degrees of misunderstanding, and varying complications that sometimes make understanding more difficult. Below are descriptions of four of the trainees’ responses that added something new to the process of understanding clients.

Diane denied ever being “way off track.” She responded: “I’d have to answer ‘No’ to your question, and say that only more gradual shifts from less to more understanding tend to happen.” Although, she stated that these were times when she offered one emotion to clients, and their response was to offer a different one from that, which from their perspective, better captured their mood. However she said that “sometimes that just feels defensive, and I’m not convinced by their denial.”

Rick was asked to respond to this question in writing when he reviewed the summary of his interview. He stated,

Actually, no. I’ve been fortunate enough to have had great supervisors who have not allowed me to run with an idea, but to be constantly questioning and exploring my assumptions. However, I learned that someone’s reasons for coming into treatment are often not what they want to work on. In a way, I’ve learned to both trust and mistrust my instincts with clients.

George responded similarly in the interview. He described a time when he was working with a client that was “like” him. This taught him the lesson, “not to assume.” He said,

I felt like I had been lazy by just assuming things, and I felt like I didn’t do a good job. I wondered if I was going to continue to make the same mistake because even though I consciously, like that’s my number one thing that I try not to do, I still find myself being pulled to just accepting answers. I felt discouraged because I thought, while I was doing it with him, I was thinking well this isn’t that hard, I understand what he is going
through and then I came to the realization that therapy is a lot more complicated and a lot more difficult. You know, that's how I felt.

Jane described a time when she worked with a client using a specific formulation to make sense out of the client's difficulties. She stated that this formulation was helpful for a while, and Jane believed she was understanding the client well. However, as time passed, she realized that the client had "outgrown" the formulation. The client's frustration in therapy indicated such to Jane, and she realized she wasn't listening to her client anymore.

Trainees for the most part denied ever being "way off track" while engaged in the process of understanding. While this was reassuring in some respects, it is possible that the phrasing of the question created a stumbling block to a fuller exploration of those moments in therapy where understanding is not taking place rather than being "way off track."

Clarity of Understanding

Trainees were asked to give an example of a time when they really thought they understood what a client was experiencing. This request was made when some aspects of their processes of understanding remained unclear. The result of this inquiry illuminated two concepts that are important in the process of understanding: the importance of historical data and the concept of resonance.

Molly spoke to the importance of gathering more historical information from the client. She described a client who was extremely critical of others. He never felt at home, and felt the need to censor himself while picking apart others' statements to discover the hidden and implied meaning. As this client revealed more of his childhood history, his
reactions to the world began to make more sense to Molly, and she found a renewed
capacity to understand his behavior. She stated:

Things really seemed to click into place....What he was describing was
really raw. I just felt emotionally connected with what it must have been
like to have his experiences. And he just sort of made these other pieces
click into place....I was just overwhelmed with sadness, sort of grief for his
experiences...I mean just imagining this little boy in this situation....I was so
moved by what he was saying. It was a really powerful session.

Carol stated that she believes she understands her clients best when they are
experiencing something that she has experienced on some level herself. For instance,
Carol described working with a client with an anxiety disorder. Carol has been anxious in
her lifetime, but has never fit DSM-IV criteria for an anxiety disorder. Carol reported
using her imagination to conjure up the “extreme” of what she has experienced herself,
and likened that to her client’s experience. Carol gave the additional example of a time
when her client’s parent died. Although both of Carol’s parents are still living, she has
suffered the loss of a grandparent. In order to understand the depth at which her client
experienced this loss, Carol imagined magnifying, or deepening her own experience of loss
to match what it might feel like to lose a parent. In conclusion, Carol stated that
understanding a client rests largely on her ability to “imagine” what it is like to have the
client’s experience, and the degree to which she can “put herself in the shoes” of a client.

While Carol’s conceptualization of using her own experiences to understand her
clients is more like bridging the gap between their experience and her own using the tool
of her imagination, Jane described a much more direct example of resonating with a client.
She began by stating that sometimes clients say things that “resonate” with her. Jane
described working with a client whose mother had just died. At the time, Jane too was
mourning the death of her mother. The client made a statement of feeling that Jane could really “relate” to, some aspect of the complex experience of losing a parent. Having just experienced this very feeling herself, Jane found this point in their therapy to be a memorable instance of understanding her client, and of the client feeling understood.

**Resonating With Clients**

Although trainees mentioned the concept of resonance with clients at different points during the interview, they were also asked directly to speak to this concept with the following question: “Has there ever been a time when a client’s experience closely resonated with your own? If so, how did that affect the process of your understanding?”

Some trainees stated that resonating with clients was difficult for them, and that supervision helped them to make sense of their experience. Diane stated that she would probably call the concept of resonance, “countertransference.” She believed that with the help of her supervisor, she was able to elucidate clients’ emotional experience in a way that she could experience the feelings directly in the session. Diane believed that while it is helpful, countertransference makes sorting out the line between herself and her clients more “sticky.”

Molly stated that when she resonates with clients, she feels as though she is “right there with [the clients]” in the process of understanding. Molly also stated that supervision is important in the process of sorting out what is “you” and what is a more accurate “subjective affiliation” reflecting the client’s experience. Additionally, Molly reported the belief that this is a crucial process in the development of her skills as therapist.
Rick described resonance as a process of being “attuned” to his clients. When he is sharply attuned with his clients, he feels “paralyzed.” When he attunes to a lesser degree, he stated that he can work more effectively with his clients. He clarified this statement by saying that this does not mean that he is not working as hard, but when he is not paralyzed by this feeling, he can remain open to his client’s experience. He stated that he “can really go somewhere, we’re on to something, we’re working together, we’re working hard, and he can feel it.”

When asked this question, George made the distinction between “sympathizing” and “empathizing” with his clients. He gave examples of this distinction by stating that “empathizing is, let’s say someone’s dad is being an asshole to them, empathizing sounds like ‘you’re upset about your dad’ or ‘it’s upsetting for you when your dad acts that way.’” Sympathizing, on the other hand, is when you say, “ya, what a jerk that guy is.” George said that when you sympathize, you get “enmeshed with your client.” He reported thinking it is important not to do this in therapy. When you sympathize, “you lose your impartiality.”

Clearly, the concept of “resonance” for trainees means different things that are hard to articulate without examples. However, there are some ways that trainees struggled to define this resonating experience as something to be worked through in supervision, or with the client.

**Difficulties With Understanding**

Trainee responses to the question regarding the reasons understanding can difficult were fairly individual. Therefore, each trainee response will be discussed separately.
Jane, as Carol described earlier, responded by stating that she tries to find experiences of her own that are similar enough to her clients’ in order to understand the client’s experience of the world at any given moment. However, Jane described four situations under which it would be hard for her to understand a client. First, Jane stated that if the client’s experience of the world is completely foreign or alien, it is hard to understand him or her. Second, if what the client is experiencing is something that Jane is defending against, understanding becomes more difficult. She clarified this statement when she said that understanding the client might entail dropping a defense and moving into territory for which Jane is not prepared. Jane stated that when she thinks this might be happening, she asks her supervisor to help her decide if something about herself is interfering with her understanding of the client. She stated that this can sometimes be complicated by the fact that these defenses are often “unconscious.” Third, Jane stated that it is difficult to open herself in this way with a client who is the perpetrator of violent sexual crimes. Fourth, Jane described times when the client is resistant to being understood. In conclusion, Jane stated that understanding a client requires a lot of “soul searching to sift out” what aspects of herself make it more difficult to understand a client.

Molly, like Carol, stated that it is hard to understand clients when their experience reaches beyond the realm of her own experiences and experiences of others she knows. In these cases, Molly described attempts at discovering experiences that are “similar enough” to her clients’, so that she can begin to grapple with understanding. Molly also reported finding that some clients present their experiences with a vagueness she has interpreted as a sign that they are unsure of how they experienced the event they are describing.
Diane described times when she tries to “get in [the client’s] shoes and just can’t.” In her experience, this has indicated to her that there is either a part of herself that does not want to “go there with the client,” or the client might be actively keeping Diane at arms length, rendering Diane’s attempts to understand, ineffective. Diane described one client who was “hysterical” and actively, yet “unconsciously,” distracting her from understanding with a scattered and incoherent presentation. However, Diane noted that this might have been indicative of just how scattered the client’s life was, and felt like to the client.

George stated that when he is having a hard time understanding a client, he wonders if he has started on the road of too much “assuming.” However, George stated the belief that from the cognitive behavioral perspective, he does not need to know what symptoms mean, or how they feel to the client. He admitted that while that is interesting to him, it is not important to the treatment of symptomology.

Carol believed that the complexity of the “self,” in its totality, is unknowable. She reported finding that she struggles to understanding herself, let alone another person. She stated: “I can think all I want about her (the client’s) experience, but there’s so much more to her that I’ll never know, and that a lot of it she may not even know, so understanding her fully is hard.”

Carol concluded, and George agreed, that treating someone of a different ethnicity or culture adds a degree of difficulty in the process of understanding.
Liking and Disliking Clients

Given that only Jane came near to alluding to the difficulties that ensue when treating clients that are sometimes unlikable (when she discussed her difficulty in working with clients who are abuse perpetrators), I asked trainees, “Does liking or disliking clients affect your understanding of them?”

Diane stated that it is an unusual event when she does not like a client. She has found however, that if she does not like the client, it affects her “desire” to understand the client. She stated:

I find it hard to completely dislike someone, and when I think of disliking someone, I think of something pretty extreme, like there’s just nothing redeeming about the person, and that is so rare....However, there is probably a point at which I try a little less hard to understand. I’m too frustrated to try to understand.

Jane also spoke to the rarity of “disliking” a client, and stated that the more she understands her clients, the more she likes them. Even if the client has qualities that she would not like in a friendship, like dishonesty, aggression, or snappiness, she finds herself understanding that these qualities have a basis in the context of the history of the client. She concluded that when you understand why the client has these qualities, liking and disliking become irrelevant in the process of understanding.

George stated that paradoxically, when he dislikes a client, he may be less apt to “assume” too much about the client. In this case, he said, “I may do a better job of understanding him or her.” George qualified his statements by saying that he almost always grows to like his clients.
Molly’s response was short, as she stated that she finds it difficult to add “empathy” to her understanding when she dislikes her client. Carol, on the other hand, reported feeling unsure of whether liking or disliking affects her capacity to understand clients.

Generally, trainees agreed that varying degrees of liking or disliking clients complicated their capacity to understand clients, or bring the affective piece of understanding into play. Some trainees also described how liking or disliking a client makes their objectivity harder to maintain.

**Theory and Understanding**

Trainees were asked to describe what part theory plays in the process of understanding clients. Again, trainees’ responses varied significantly enough to describe each separately.

Diane stated that theory helps to “flesh out” her clients’ experiences. Given her psychodynamic orientation, she reported believing that everything her clients tell her, including their symptoms, has meaning to be discovered.

Rick also generally thinks of his clients in dynamic terms; however, he reported the belief that there are times when he thinks he is ethically bound to doing a certain kind of therapy given the client’s troubles. For instance, he might approach someone who presented with symptoms of depression with the treatment protocol described in “Barlow’s Handbook”11; however, he would still “understand” the client from a dynamic

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perspective. Rick reported thinking of theory and his clients as a “reciprocal” relationship. By this, he meant that his theories often inform his understanding of his clients, and his clients inform what theory he might use to understand them.

Jane stated that it is important that she get as involved as she can with her clients’ experience. However, sometimes she can get “stuck” in that experience, and finds theory helpful in the process of transcending what the client presents directly during the session.

Molly stated that she was making strides at allowing theory to guide more of her actions in therapy. She reported the belief that theory is more of an “after-thought,” and hopes that “over time, [she] will use it more to help give [her] an understanding of people.”

Carol stated that she is not “wedded” to any theory currently, and that shifts in her perspective vary largely based on her training supervisor. Probably, Carol said, her clients inform whatever theory seems like a good way to understand the client at the time. Additionally, she described “creating a blended theory based on training from various supervisors.”

George stated simply “yes,” theory does guide his process of understanding clients. He reported operating in therapy within a cognitive behavioral frame, and more transcended is his “deterministic view of the universe” that was described earlier in the interview.

For trainees, theory provided a framework of understanding that organized their clients’ experiences. Theory was also used to indicate the mode of treatment that might
be most efficacious. Trainees’ choice of theory also seemed to align closely with their own personal world view in some respects.

Skills For Understanding

Trainees were asked to describe specific skills they have learned that enable the process of understanding. Each of the trainee’s responses were illuminating and unique enough to deserve individual descriptions. For the most part, trainees described skills they were working on at the time of the interview, skills they have a full grasp of, and skills they hope to develop in the future.

Diane cited the following two skills that felt like the most significant developments in the process of learning to be a therapist who understands her clients. First, she described learning how to pay attention to her own countertransference reactions. This entailed teasing out her own particular complicated reactions to others, from the degree to which her reactions were client specific. Secondly, Diane described learning how to observe and interpret more effectively. She stated that she was particularly interested in extra-therapy events, like incidental comments before and after the therapy hour. Additionally, she reported a process of keeping track of her clients’ reactions to her interpretations to discern patterns to their responses.

Carol also described a process of understanding herself and her reactions to her clients’ emotional lives within and out of the session. For instance, when Carol feels tense in a session, she might ask herself what that tension means in relation to the client, and how this experience might help her to understand further what the client was experiencing.
Carol also described two levels of listening. She reported listening to what the client says, and at the same time, listening for connections between what the client is saying and how that fits into the bigger picture of the person. Carol stated that her supervisor helps her to find “themes” and “parallels” which facilitates the latter form of listening. Carol described this process best herself when she said:

So, I guess just trying to stay far enough out of the story that I’m hearing the actual events, but I’m trying to remember other times when those words were used in a familiar way, and other relationships when those feelings may have been involved. So it’s sort of like on one level I’m listening to the story, and on another level I’m trying to remember when that structure has happened before, like that series of events, or a similar kind of feeling.

Molly described several skills she has developed in the process of understanding her clients. First, she stated that she uses a “loose” behavioral analysis at the beginning of therapy so that she can formulate a foundation to understand the phenomenal experiences of her clients. She said, “I am setting up my mind structure for how to understand the client. I don’t think I’d use that type of analysis later on in the therapy...this helps to structure my search.”

Second, Molly described using a tool she called “reflection.” She states that reflection is characterized by a “rephrasing” of what the client states in Molly’s own words to determine whether or not she has understood the client. These phrases often start out with the words: “So, it sounds like it feels like...”

Third, like Carol stated earlier, Molly reported utilizing a repertoire of experiences including her own, her friend’s, her other clients’, or anyone’s experiences that have some
relevance to her client’s current experience, and might shed some light on the process of understanding.

Rick described a number of skills he has either added to his repertoire, or is currently working on to enhance his understanding of his clients. First, Rick reported trying not to cling to an interpretation when the client rejects it. Second, he described reminding himself on a regular basis that he doesn’t necessarily “know” his clients. He stated, “...never say to yourself, ‘O.K. I know my client, I know exactly what’s going to happen.” Rick also stated that he tries not to take clients’ statements for granted.

If the client says ‘I’m depressed,’ I ask, ‘What do you mean by depressed?’ I mean I know what I mean to be depressed. I know what it feels like when I get depressed. I could know why [or] how twenty people feel when they get depressed, but it doesn’t mean I know how it feels for that twenty-first person to feel depressed. And so, to constantly challenge that sort of understanding of your client.

Fourth, Rick reported that he tries not to rush his clients to the understanding he has of them. He clarified this by stating,

I worked for five months at trying my best to walk along side my client, not in front of my client. I always felt on some level that my job was to sort of drag my client to where I was. ‘You’re at point A, I’m at point D, we need to be at point D, and I’m going to make sure you get to point D.’ Now it’s like, ‘No it’s O.K. to be at point A, and when you get to point D on your own, I’ll be right there with you. And it’s not to say that cognitively, I don’t think we should get to point D, and that’s where we should be, but to let go of that as much as possible within the room.

Rick also stated the belief that it is necessary to remember that therapists are not “neutral observers” in the room with clients. He said that one’s agenda, and the relationship you have with your client negates neutrality. Further, Rick stated that once
you ask clients a question, you have "led" them in a direction, you have "implied" something to the client.

Additionally, Rick illuminated the importance of "just being able to be with your client, and really give them the sense that they are O.K., ... that they’re not messed up, no matter how messed up they actually are... just to say ‘Okay, you’re fine...’"

Finally, Rick reported the belief that it is important to really "be there" for his clients, and to avoid getting "wrapped up in your own world as a therapist.... let go of yourself in the room as much as you can."

As George stated earlier, he has learned to search for "accuracy" in his understanding of clients. He said previously that he accomplishes this partly by refraining from assumptions about his clients’ experiences. George added that he has also learned to ask questions in a "non-threatening" way. He reported believing that if he responds to his clients in a non-judgmental way, and asks open ended questions, he gets more information, and therefore, more of an understanding. To clarify George’s position, I told him about Mike’s example of understanding a client’s sadness that resulted from the death of his cat. Mike described a process of "dumbing down" to prevent him from assuming he understands anything until he really explores the meaning of the event with the client. George agreed that this was what he was trying to convey.

Trainee responses to this question were similar to those of supervisors. Each described skills he or she was working on that supervisors indicated were important aspects of understanding. Responses also seemed cross-theoretical in nature suggesting more theory flexibility on the part of trainees than previously noted.
Resources and Skills Promoting Understanding

Trainees were asked if there were any resources they refer to other than what the client tells them in therapy, that helps them understand their clients. If they did not mention discussing cases with colleagues with this initial probe, they were asked more directly if they found this potential resource helpful.

Diane stated that she found the book *Psychoanalytic Diagnosis*, by Nancy McWilliams helpful. With this resource, Diane was able to get more of a sense of what kinds of feelings go with different experiences. Gathering more knowledge about the kinds of experiences people endure in their lives is one way Diane has discovered to deepen or aid the process of understanding.

Diane also reiterated her use of imagination as an important resource. She described actively using her imagination to try to place herself in the “shoes” of her clients, and to get a sense, intellectually and emotionally, of what it must be like to have the experiences described by the client. Diane stated that her imagination is typically visual in nature.

Without further probing, Diane stated that she has learned to discuss her cases with peers and supervisor. This has been a valuable tool for Diane as sometimes there are phenomena she grapples with, like trying to understand, as a female, why pre-mature ejaculation is upsetting for men. Diane reported finding a discussion with a male colleague about this enlightening, leaving her with more ways to “understand and empathize” with her client’s distress.
Molly stated that when past psychological records are available, she finds them a helpful resource. She also stated that reading books related to the field, "texture" her understanding or give her a "deeper insight" into her client's experience. When she was asked if she found talking to colleagues a valuable resource, she responded simply, "Yes."

Rick stated that he finds discussing cases with colleagues to be helpful, particularly during "rough spots" in the therapy. Sometimes he has gleaned "sympathy" for his struggle, while at other times, he has received helpful feedback. Other than this, Rick said that he does not have specific resources that he refers to. He stated, "...everything I've learned, I've learned by doing."

Carol stated that Barlow's handbook on panic and anxiety has been a valuable resource in helping her to understand the physiological sensations of those experiences. Also, Carol reported the belief that although symptom checklists do not describe everyone's experience of disorder, they do help to bring to bear aspects of the client's experience with symptoms. When Carol was asked if she finds talking to colleagues helpful, she responded by stating that she feels protective of her clients, and therefore does not talk to colleagues about a case unless they are familiar with the case. If colleagues are familiar with her client, Carol reported finding their input helpful.

In addition to Jane's reliance on her supervisors as a resource, and herself as an instrument, she indicated the following three resources. First, she stated that her experiences with other people, and their feedback about their experience of her has been a valuable resource. Second, she reported that her own therapy works to deepen her understanding of herself, and that that enables her to go deeper with her clients. Third,
Jane recalled some articles she found helpful during her first year as a trainee; however, she cannot remember any specific readings. Upon inquiry, Jane stated that she discusses client's with colleagues a lot less than she did in the first year. She thought it was helpful in the beginning stages of her training, and less helpful now. Jane described her experience with talking to colleagues as such:

We were talking about clients, but it was more about our own insecurities, our own uncertainty and floundering, and it was very helpful to sort of see other people going through a similar process of not being sure, and then yet developing and making good progress with people, and sort of assume that that would happen to us, and to me, and just peer support in the more general sense. I think now the sort of thing I’m looking for is more of a theoretical basis for my work and learning more technical skill, or just getting more experience, and in that way I’m finding that very experienced supervisors are really very helpful.

While, George was not asked if there were any resources he referred to, he did indicate that he finds talking to colleagues “very helpful” and that “they think of stuff that I haven’t.”

Trainees included in their responses, books, case notes, peer supervision, supervision, their own therapy, their imaginations and their own accumulated experience of doing therapy as helpful resources in the process of understanding their clients.

Writing and Understanding

Interestingly, trainees seemed to have a lot more to say about how writing, either formal report writing, informal process notes, or journal keeping affects the process of understanding their clients. Most trainees reported that writing is helpful on varying levels and within different contexts. They noted particularly that writing helped to clarify the process of therapy, including their own thoughts and feelings during the session.
Diane reported that she finds all kinds of writing helpful in the process of understanding her clients. Writing seemed to help Diane gain some semblance of clarity with regard to her sessions. She stated:

After each session, I write process notes of my own from my [own point of view. I think about the progression of events, what was important, etc. Then, and that’s more sort of keeping notes, although occasionally when I leave a session confused, or emotionally somehow active, that helps me figure out what the fuck is going on, you know. I just kind of write down what I’m feeling sometimes, where I started feeling it, or I’ll write down things that were confusing so that I can remember to go back to them and think more about them. Like, why did [the client] react to my interpretation that way, that’s happened before, I don’t understand that at all, and take that into supervision and say ‘Here’s what happened, what the hell is that?’ Writing formal progress notes is always a pain, but I often actually get a better understanding of the client that way. And I often think ‘Gee, I wish I could carry that solid sense of the client in my head all the time, but I can’t because there are too many details, and too many nuances, but it does provide a nice time to step back and try to look at the whole picture.

Molly also reported gaining clarity from writing about her sessions. She reported jotting down whatever is on her mind immediately after sessions at her outside practicum. She stated that that helps her to create a more “coherent picture” of her understanding of the client. She stated:

It always helps me bring in other pieces, and other connections that may be I haven’t thought of during the session. It does increase my understanding in that way....In terms of report writing, I am always amazed, but it always happens that I’m always setting out saying, ‘I hate writing reports, this is a worthless exercise.’ And then in the process, I go back through all of my contact notes up to that point, and jot down what I think are the most important points etc. for reference. And I am always shocked by new patterns and things like that that do help me understand things I had never noticed before.

Rick reported finding more formal progress notes to be the most helpful in the process of understanding his clients. He stated the belief that he begins to get clearer
about the work he has done over the semester with a client. He also said that it gives him
the chance to look back on the client's progress retrospectively by looking at progress
notes from the beginning of the semester, as compared to the semester’s end. For
instance, he reported being able to see that in January, the beginning “kernels” of where
they concluded in May, are already “germinating,” even when he was not aware of this
himself in January. He said:

    Progress notes are the ones that I find somewhat useful, especially if you
can find that thread, they just sort of make more sense at that point, they
just, things seem to come together.

George agreed that formal report writing is the most helpful to him. He stated that
they help him to get an “overview” in his mind of what he thinks of his clients. It helps
him to develop the “big picture.” George reported that his more private notes about
clients are helpful in the process of working out any feelings of being “judgmental,” or
“blaming,” an important concern of George as we saw earlier.

Carol stated that she does not find contact notes of much use in the process of
understanding her clients. She did state however, that progress notes, and other more
formal report writing helps her to put “all of the pieces together, and to see the big
picture.” Report writing helped Carol transcend the actual sessions, and look at them as
more of a whole experience of the client. She reported finding the formulation section of
reports to be most helpful to this end.

Although Jane stated that she “hates” report writing, she finds that it helps clarify
her understanding of her clients due to the thought involved in communicating something
about the client to others in writing.
Writing was clearly indicated as a helpful tool to organize trainees’ understanding of their clients. They described gaining clarity from session to session with process notes and a more retrospective understanding while writing semester by semester progress notes. Although some trainees indicated that the task of writing was tedious, more trainees than supervisors found it helpful to their understanding of clients.

Trainee Development

Close to the end of the interview, trainees were asked to take a retrospective look at their years as trainees, and describe how their capacity to understand clients developed from the beginning to the present. Trainees varied widely in their responses to this question. One reason for this might be because each trainee comes to this work with different skills, aspects of doing therapy they would like to develop more than others, and individual deficits in understanding the phenomenal world of others.

Rick was the only trainee who described his development as a therapist year by year. In general, he noted feeling more comfortable with his clients, and less naive. Below is an outline of Rick’s development, year by year (“First Year” refers to his first year doing therapy, not his first year in the graduate program).

First Year: Rick described this year, as the year to “build up my self-esteem, that’s what I felt like was the most important thing....What was most important to me, was getting a sense that I could do this work, and that’s all I got.”

Second Year: Rick stated that during this year, he “got more of a sense of really taking my client’s struggles and trying to understand them in a larger context.”
Third Year: Rick characterized this year as one where he dealt with “a lot of transferential and countertransference stuff. Part of that was walking alongside my client, and not feeling like I had to sort of drag them up to where I was, but [also] really acknowledging my [own feelings].”

Fourth Year: Rick stated that this was the year that he took everything he learned and went “deeper” to develop those skills. He stated:

This year it’s really been [about gaining] a sense of my own non-neutrality in the room, and also a sense of talking a little deeper about transference and my own sort of counter-transference, but using it in a much deeper way. Instead of just saying ‘Okay, it exists...let’s talk about the different types of transference there is,’ and to really talk about some of the stuff in some very much deeper more profound ways. And it’s funny, as I’m sort of getting into that stuff, I’m sort of going back to technique stuff again.... So it’s really been kind of touching on the same areas, but I really feel that this year I’m doing more than just acknowledging that I might be feeling incredibly frustrated with a client, but to really just sort of go with that somewhere else, somewhere deeper.

Other trainees were briefer in their response to this question. For instance, Diane stated that the more she knows about human experience, the better she gets at understanding her clients. This knowledge has been found and facilitated by time. She stated simply, “the more you know, the more you have to work with.”

Molly also noted that her knowledge of human experience and theory has increased with time, and therefore increased her capacity to understand her clients. She stated:

I think in the beginning, I relied much more on my personal experience, because I didn’t know what else to use, I had no theoretical base, no further experience of doing therapy. Now, (her range of skills) is much wider than that, and I think a lot of that is just time, and learning more through reading, through seeing more clients, through having more supervision, through my own therapy....I don’t have to just rely on my own experiences anymore, I have many more tools.
Carol also cited time as a factor in her development. She stated the belief that the more experience she has doing therapy, the more confident and comfortable she is with her clients. This level of comfort allows her to stop “worrying” about herself and her performance in the session. She stated that she is “freed-up” to pay full attention to the client, gathering a clearer understanding in the process.

George stated that he has “grown to understand that knowing [his] clients is more difficult than [he] had originally thought, and that it takes more work.” For George, this means that he needs to consciously think about being “non-judgmental” and “non-blaming.” Additionally, he described the need to bracket out his assumptions, and to ask more questions than his first impulse requires.

Jane, like Rick, stated that she used to rely solely on the information she got from the client through assessment, narrative and the personal history of the client. This has changed in her development. She stated that now she,

relied more on my own experience with the client, and my own experience with the supervisor about the client, and I think those two pieces maybe have been what’s changed about my understanding. There is much more experiential understanding now.

Generally, trainees described both an increase in their skills and in their sense of their own identities as therapists who could be competent at their work. Trainees reported that time and experience played the major part in their development.

**Supervision**

Finally, trainees were asked to describe how supervision affects the process of understanding their clients. In response, trainees generally discussed how supervision
worked to clarify, deepen, or increase their understanding of clients. They also spoke to
the calming affects of supervision, and to the importance of having a supervisor who helps
increase their confidence when beginning the work of learning to be a therapist.

Diane stated that supervision helped her gain some clarity about transference and
countertransference issues. She also reported that supervision is a place where she can
broaden her understanding of what individuals are capable of experiencing in their lives.
Rick also spoke to this when he discussed his supervisor’s capacity to help him make
sense out of this client’s experiences in the session, and in the world. Rick described one
supervisor in particular who “astounded” Rick with his capacity to summarize and make
feeling statements that were eloquently descriptive of the client’s and his own experience.

Molly stated that some supervisors have helped her to take her understanding of
clients “one step further.” One way to accomplish this was to introduce new theoretical
perspectives that bring together pieces of information that Molly gathered in therapy
sessions. Carol also cited different theoretical perspectives as helpful in her attempts to
increase her understanding of clients. She stated:

When I was working with a cognitive behavioral supervisor, I understood
it from a very cognitive behavioral perspective, that it’s [client’s
difficulties] a bundle of symptoms that are physiological/behavioral... those
things [symptoms] play into one another...it comes from somewhere
deeper, but not really working in depth.

Jane described what she called a “parallel process” that happens between herself
and the supervisor that mimics the relationship between herself and the client.
Understanding this process helped Jane gain a more experiential understanding of her
clients, rather than just an abstract imagining of what it must be like to be the client at any
moment in therapy. Jane also stated that these moments are conducive to the supervisor’s offer of an alternate way of responding or intervening that can be freeing for her in the therapy.

George discussed how supervision can act as a pacifier to the anxieties of beginning the process of doing therapy. He stated:

I can let my insecurities get in between understanding a client, it can mess up my understanding of a client; supervision calms me down. That my understanding of a client is probably not far from the truth and pretty good, whereas I can think of one session that I’m doing a good job, and then the next one that I have no idea what’s going on...Actually, I had a client who had OCD, and after the first session I was shell-shocked. I was thinking I had no idea what this guy was doing because he was paranoid and insulting and stuff like that in the first session. My supervisor calmed me down, ‘that’s all right, you probably did a good job, and you’re probably on track, just stay to the course.’ When I wanted to like try this and go over here and stay there and ya, I think stay to the course is a good word for what supervision does for me.

When George was asked to clarify what he meant by the phrase, “stay to the course,” he responded by stating:

“Don’t panic and try stupid things. Like, that was the semester where I had T and T (Theories and Techniques of Psychotherapy, a required course for second year students in the Umass Clinical Program) and every week I wanted to try a new orientation with this guy that I had learned about. My supervisor suggested that I just stay with, no particular orientation, just talking to me, and that was useful.”

Trainees described owing a lot to supervisors for their development as therapists. Supervisors played a large part in both increasing trainees’ sense of self-esteem as therapists, and in teaching how to incorporate what they already knew about understanding human phenomena with new skills and theoretical views.
CHAPTER 5
DISCUSSION

Introduction

When this project started, I certainly had some ideas in mind about how therapists develop an understanding of their clients. This was due partly to studies in philosophy that inspired the research, and partly because I too have begun the process of learning to be a therapist who tries to understand her clients. The philosophic thought I have pursued concerned questions about reality. At the risk of being overly simplistic, two extreme views on reality are that either there is a single reality outside of our own existence, or reality is a phenomenon that is constructed individually, thereby suggesting infinite realities.

Philosophers often refer to what they have called the “Problem of Reality” (Heidegger, 1962). This “problem” occupies itself with what is real. For instance, is there one external reality that has a being of its own, a “Dasein,” as Heidegger proposes, a reality outside of our subjective experience of it? Heidegger cited Kant’s “Refutation of Idealism” and stated:

Kant calls it ‘a scandal of philosophy and of human reason in general’ that there is still no cogent proof for the ‘Dasein of Things outside of us’ which will do away with any skepticism. (Heidegger, Being and Time, 1962, p. 247).

Alternatively, some theorists argue that there is no such thing as a definable reality outside of our subjectivity. Still others, like Skinner (1974) argue that there is in fact a subjective reality that may or may not differ from some definable external reality; however, it is
simply out of the realm of the scientific study of humanity. What is important is the study of the behavior and its relationship to the world.

What do these questions regarding extreme positions about reality do to how we view the process of understanding another person's subjective experience of the world? Do we as clinical psychologists measure the distance between a client's perception of the world and the single reality that exists outside of the client's experience, or do we engage in making sense of why the client's world is experienced from the unique standpoint of the client? I think the answer is that we manage both, thereby straddling the line between the two extreme positions of reality vs. realities. However, for one side of this extreme we have developed an elaborate and published guide, the DSM-IV. For the other, we have some theories and philosophical traditions that are typically not a focus in our formal training while learning to be therapists. This leaves the process a complex one to hand down from one generation of psychologists to the next. However, there appears to be some agreement among researchers that the reality of the client must be affirmed in order to respond empathically. This implies that sometimes a client's sense of reality may differ in some respects from an "objective reality." It is logically possible then that the client's sense of reality or subjective experience of reality must be understood before it can be affirmed. Orange (1995) seems to believe that empathy is necessary in order for understanding to take place. She stated: "Thus empathy, including empathic response, is a necessary condition for understanding." (Orange, 1995, p. 23.).

Clearly, researchers have paid close attention to the process of empathy and include understanding within the same rubric; however my initial hypothesis on the matter
was that developing the capacity to understand is different from the development of empathy. This hypothesis was not formally tested, but to look at it informally, I did not use the words “empathy,” “empathic,” “empathically,” or “empathize,” during my interviews. (There was one exception; in the beginning of my interview with “Mike,” he asked more questions about my project than was usual. This led to a more in-depth discussion of my review of literature that included describing some of the research on empathy.) Interestingly, over the course of approximately 18 hours of interviewing, the word empathy and the various derivations listed above were only used ten times by participants. Obviously, the researcher’s bias and direction promoted discussions utilizing the term “understanding.” However, when words derivative of empathy were used by participants, the context for its use was during times the participant was engaged in describing some aspect of understanding the emotion or affect of the client. Perhaps for Orange, the title of her book, Emotional Understanding, is synonymous with empathy. This certainly does not prove that empathy and understanding are two different phenomena; however it provides some motivation to study further the differences.

Metaphors and Imagination

There were several themes of understanding that stood out in bare relief. The following section will summarize and elaborate these themes, as in my opinion, they get to the crux of what it means to understand someone. Most pervasive were participants’ use of metaphors to describe what understanding means and how one understands another. Participants, like Orange (1995), said that they try to “stand in the shoes” of their clients, or see the world through the client’s “eyes,” or “get inside the skin” of their clients. Since
therapists cannot literally accomplish this, participants were asked how they manage this world of metaphors. Most often they stated that they have employed their skills of imagination which has allowed them to enact the metaphor. They reported asking themselves questions about what it would be like to be their clients, to see the world the way they do, and to experience the world with their individual perspective. Their descriptions of the use of their imagination were typically visual and experiential.

Participants described what was reminiscent of Martin Heidegger’s exploration of van Gogh’s paintings of peasant shoes. This example is not only a good demonstration of the use of imagination to gather an understanding of another’s world, but it also makes more literal one of the metaphors participants used.

![Image of van Gogh's painting of peasant shoes](Figure 3. van Gogh, Vincent, “A Pair Of Shoes,” 1917. From The Vincent van Gogh Information Gallery Sponsored by Interlog)

Heidegger, in his essay, The Origin of the Work of Art (1977), eloquently described how van Gogh’s painting of peasant shoes (See above, Figure 3) brings the world of the peasant to life. He stated:
A pair of peasant shoes and nothing more. And yet--

From the dark opening of the worn insides of the shoes the toilsome tread of the worker stares forth. In the stiffly rugged heaviness of the shoes there is the accumulated tenacity of her slow trudge through the far-spreading and ever-uniform furrows of the field swept by a raw wind. On the leather lies the dampness and richness of the soil. Under the soles slides the loneliness of the field path as evening falls. In the shoes vibrates the silent call of the earth, its quiet gift of the ripening grain and its unexplained self-refusal in the fallow desolation of the wintry field. This equipment [the shoes] is pervaded by uncomplaining worry as to the certainty of bread, the wordless joy of having once more withstood want, the trembling before the impending childbirth and shivering at the surrounding menace of death. (p. 163)

Here, Heidegger moves much like a therapist, from a description of the subject, the peasant's shoes, as a therapist would study clients' positions in the chair opposite them during a session, how they are dressed, or what they look like. There is a shift in Heidegger's description to the environment of the peasant, perhaps like a therapist begins to look "through the eyes" of the client, while standing in his or her shoes. Accomplishing this metaphorical position allows the reader to catch a glimpse of the peasant's daily vistas in much the same way a therapist would imagine, through the stories of the client, the environment of the client. Heidegger then moved further inside the mind of the peasant by imagining, given his position in the world, what he might be thinking or feeling, his worries and his joys.

Heidegger took the perspective-taking metaphor of placing one's self in the shoes of another, and somehow made it more literal using van Gogh's painting as a vehicle in which we are able to experience the peasant's life and work, his lebenswelt (life world).

Heidegger's use of his imagination is a good example of how trainees and supervisors described the process of placing themselves in the shoes of their clients, using
their clients’ stories as vehicles to begin to flesh out their clients’ world. Their questions -
- "What is it like to be their client? What is it like to be in their shoes?" -- and then the
accompanying use of their imagination and affect to gather this perspective, fostered what
some participants presumed necessary for understanding within the therapeutic dyad.

Some trainees reported the belief that in order to utilize their imagination in this
way they must put their "training and scientific mindedness aside." Further, one trainee
stated: "Sometimes it is best to just try and feel, and try to put yourself in their shoes,
leaving aside all that stuff." When this trainee was asked to clarify what he meant, he
replied: "I pretend that I am them when they are talking and telling me something. I use
to pretend a lot when I was three years old, so I draw on those skills."

Neither this trainee, nor any other participant who discussed the use of imagination
stated that putting scientific mindedness aside is synonymous with drawing on one’s skills
as an artist. However, it is possible that the world of "pretend" for a child, or the use of
one’s "imagination" is inherently a creative process. Therapists create images of clients
that help them understand what the world is like for clients, and how they experience it. It
is the therapist’s imagination that partly answers the question: "What is it like to be in the
client’s shoes?"

Philosophy’s Attempt at Understanding

Some of the philosophical theories discussed earlier were descriptive of how
therapists understand their clients while others seemed less useful. For instance,
Gadamer’s (1976) concept of a “fusion of horizons” creating a “region of
intersubjectivity” was found to be a less helpful theory to describe the process of
While the process of getting inside the experience of another did, for participants, entail some maintenance of boundaries, participants were more likely to describe "hopping" or "stepping" in and out of the client's shoes. This apparently does not entail a partial over-lap of experience, but a complete affective experience of another that matches exactly their own.

Participants described the dangers of not being adept at this "hopping," as they have found they can get lost in the experience of the client. Being unable to return to themselves and their own perspective in the world is not only a trying experience for the therapist, they reported concerns that they could be of no help to their clients in this condition. Often participants discussed these dangers when they were asked a question regarding times when a client's experience might have "closely resonated" with their own. Participants used words like "paralyzed," "enmeshed with," and a loss of "impartiality," as they described the pit-falls of resonating with clients. Karen put this most succinctly when she stated:

In its extreme, you lose the sense of the other and you merge. You can get too caught up in your own feelings, trying to make it through a session. It is as if you are no longer standing in the shoes of another, but they are your shoes. You merge and objectivity is lost.

At the same time, other participants found that even though this "resonating" sometimes felt uncomfortable and sometimes got in the way of understanding the client, their efforts to understand their resonating were sometimes informative to understanding the client. Some participants referred to this experience as "countertransference." Given this perspective, they reported that either consultations with colleagues or with supervisors were of some help. The analysis that ensued allowed the therapists the
opportunity to step out of the shoes of the client and gain clarity on what has been triggered by the client within the therapist and how that is meaningful to the therapy, but also separate from the client. Sometimes this has entailed discovering how the client's experience is different from the therapist's, and also how the therapist's experience of the client is informative to the development of understanding the client.

Still others, and this leads us to the next section, expressed concerns that when they experience this resonance, they are in greater danger of assuming too much about the client. Generally, the assumption is that the client is in fact experiencing precisely what the therapist has or is experiencing.

Husserl's transcendental phenomenology did gain some strength as it was adept at describing one aspect of the process of understanding. As described earlier, the phenomenological epoché entails bracketing out a priori assumptions embedded in one's perception of the world, to open one's self to another's perspective (Husserl, 1964). While many therapist's (primarily the trainees) discussed the use of their own experiences as a way of understanding their client's presentation, still more participants declared the need to set those assumptions and experiences aside. For instance, participants cautioned against assuming that when a client says they are "sad," that you can know, without further inquiry, how that state of sadness is experienced by the client. Most of all, a therapist should not assume that a client's sadness feels the same as the therapist's experience of sadness. To accomplish this "epoché," participants described the need to pay close attention to the words their clients use when describing their experience. With this attention, they are able to insure that they can refrain from assuming that when the
client speaks of sadness, that their sadness matches exactly their own experience of sadness. Mike described this process in-depth, and agreed that something like the phenomenological epoché, as it was described to him, was at work.

Participants also discussed the awareness of their “biases,” their “non-neutrality,” their own “personal models,” etc. as important to understanding that their clients’ experiences of the world might be different from their own. This entailed knowing well their own perspectives of the world in order that they may gain clarity about how their client’s might be different. Further, therapists may recognize the ways in which they know depression, i.e., the theory they use for understanding this phenomenon, their own experiences and others’ of feeling depressed, etc. However, as Gurwitsch (1966) stated (see page 17), those definitions of depression must be laid aside, but not denied to reach an understanding of how depression is being experienced in the moment by the client, and how that experience is different from their own.

Language and Meaning

Husserl’s phenomenological epoché does not address fully what participants described with regard to how they understand the experiences of their clients. More specifically, it does not address the import participants laid on understanding the meanings of words their clients’ used to describe their experience. Participants described the importance of understanding many different levels of meaning for any given word used by the client. They described words that have idiosyncratic meanings, and often, a whole language that develops between the therapist and the client as the therapist incorporates the client’s word usage into his/her own in order to communicate back that the therapist
understands what they mean when they use particular words. Idiosyncratic word meanings are typically described as words that have a common usage, but have a different and unique meaning to the client. This unique meaning is discerned by the therapist, via their exploration of the meanings of words with the client, and the therapist’s stance of openness to differing perspectives on the world.

Participants also described the perhaps less complicated task of gathering a definitional understanding of particular words clients use, and what those words mean to the client. One example participants described was that when working with clients from a different culture or ethnicity, the use of words in the English language may be different than common definitions from the therapist’s own culture. One lucid example of this might be an adolescent’s usage of the word “bad.” The current understanding of this word to the adolescent is that bad can be good, or bad, depending on the context, and perhaps the attitude of the speaker.

Non-Verbal Understanding

Another aspect of understanding participant’s described regarded a non-verbal understanding that takes place in the therapy session. Participants described physical sensations using the words “tension,” “changes in energy,” “electromagnetic energy fields,” or “wavelengths.” They also described feeling “in tune” with the client where there is an experience of “connection” with the client, as if the two are moving “in sync.” Participants spoke of these physical changes most often in response to the question: “How do you know when you have understood the client?” Although participants did not use the word “empathy” to describe this experience, Orange (1995) stated that
experiences of empathy can sometimes be non-verbal. She borrowed from the research on infants. As infants are non-verbal, what the participants stated about these physical experiences might be interesting in light of Orange’s definition of empathy:

Empathy, I believe, is emotional knowledge gained by participation in a shared reality. It is knowledge arising from attunement, to borrow a notion from current infant research. Empathic parents or therapists are those who are attuned to the emotional reality shared in the intersubjective situation (Agosta, 1984). Empathic response comes from attunement to this shared reality, and must take form at a frequency or in a mode (auditory or visual, for example) that the receiver can comprehend. An empathic environment, to which Kohut so often referred, is one in which each person can feel like a Thou, a respected and admired partner in a conversation...When people feel completely cut off from empathic response and admiration, they experience disintegration anxiety. Feeling understood and responded to helps a person feel connected to others and thereby safe enough to develop and realize personal aims and ideals.” (Orange, 1995, p. 21-22.).

Perhaps then, given Orange’s definition, the physical feelings therapists reported experiencing is the reduction of the client’s anxiety when they experience empathy.

Although the broader research on sensing another’s distress is not known to the researcher, anecdotal evidence suggests that when a person in relation to you is tense, you might also experience some degree of tension. It follows then that you might notice when that tension rests. Given the above, one hypothesis might be that this physical feeling of a change in energy between the client and the therapist is a direct result of the therapist’s understanding of the client’s emotional being in combination with the therapist’s empathic response, the response to the client that allows the client to know that s/he has been understood thereby causing a reduction of this anxiety stemming from earlier experiences of not being understood. A quick glance at the literature after this study yielded some research by Robert Levenson that was cited in Daniel Goleman’s book, Emotional
Intelligence (1995). Levenson (1992) looked at married couples engaged in an emotion charged argument. His primary discoveries were that when husbands and wives were accurately empathic with one another, their physiological (as measured by GSR and ECG) responses were in synch. Additionally, when the members of the couple were angry, they were “very poor at surmising what their partner was feeling.” Presumably, this was due to the interference of stronger individual emotions like anger.

Finally, one participant in particular spoke to Orange’s assertion that empathic understanding is evident when the therapist affirms the client’s sense of reality. Rick stated: “I think every one comes to their therapist because, for whatever reason, their world, their social network, is not providing...empathy...or understanding.”

Participants also described physical responses from their clients when they think that understanding might have taken place. For instance, they reported observing the shoulders of clients’ dropping, lights going on in their eyes, faces “lighting up,” a “sense of relief on the faces of clients,” and other physical indications participants interpreted as a response to being understood. One participant found this experience to be “amazing,” while another participant described it as “a wonderful feeling inside.” If Donna Orange is correct, given participants’ descriptions of the results, this struggle to understand and then empathize with a client is a spectacular gift to give. Penelope Pelizzon, a poet, wrote the line: “Slip tripping through the gift” (Pelizzon, unpublished, no title, 1995). This captures participants’ descriptions of the sometimes trial and error efforts to understand their clients, and the lengths to which they try to communicate that understanding back in the form of empathy that is less narcissistically based and more parental in nature.
Differences Between Trainees and Supervisors

This section is probably the part of the description of my study with which I feel least comfortable. The thoughts around issues of differences have brought me to the painful awareness of the limitations of my own subjectivity and personal perspective. As I am a trainee myself, it is apparent that I do not have the developmental perspective of someone with more experience who might read the presentation of this work. Therefore, the differences between the two populations who participated are less clear to me than they might be to someone else. With this stated, four primary differences between trainees and supervisors seemed apparent as I immersed myself in the data.

The most obvious difference between the two populations was the way in which supervisors were able to flesh out their responses with a language that was more sophisticated and developed. Their responses demonstrated more familiarity with the topic at hand and the process involved in understanding clients. This difference was most noticeable in the moment of the first interview with a trainee. The decision to instigate and create the role play in that moment was the result of the stark awareness of how much more difficult it was for trainees to describe this process than it was for supervisors. It is not clear that the role play served its purpose during its process; however, I suspect it placed the process of understanding enough in the present so that the rest of the interview with trainees was more descriptive than it might have been otherwise. The role play may have served as a reference point for trainees that helped them get into the "mood" of what
it is like to try to understand their clients. Supervisors needed no such instigating or mood enhancement.

Second, there was more of an overlap in responses among supervisors than among trainees. If one supervisor discussed a certain aspect of understanding, it was more likely that other supervisors would also mention this aspect. Most of the issues raised by supervisors were addressed by trainees; however, they were mentioned individually without much overlap between trainees. For instance, many supervisors discussed the process of allowing clients to move at their own pace, and come to points of change when they are ready. Only one trainee (the most experienced of that population) mentioned this as an important part of providing therapy to clients. Supervisor responses were broader and tended to include more of the parts of the process of understanding. Again, this result would have been easy to predict given the differences of experience between the two populations.

Interestingly, trainees were more likely to make a distinction between two different types of understanding. They often stated that there was a difference between a “cognitive” or “intellectual” understanding and an “affective” understanding. Supervisors never even used the word “cognitive” in any of the interviews except when they made reference to their theoretical orientation as “cognitive-behavioral.” Some trainees described performing a “loose functional analysis” to ground themselves in familiar diagnostic or experiential territory. When trainees described moments of understanding deepening, this was primarily due to some increase of intellectual understanding of a
client’s disclosures where “pieces fall into place,” rendering a client’s experience more intelligible.

While conceptualizing this study, I was convinced that I would find that a cognitive understanding laid the foundation for an affective or empathic understanding. Had I only interviewed trainees, I might have had more reason to pursue this idea. However, those with more experience leave this hypothesis in doubt. Perhaps this division between the cognitive and the affective is more indicative of some aspect of trainee development than it is of the process of understanding in general. If not, supervisors’ lack of comments regarding the part cognitions play in understanding remains a mystery.

While the above discussion of data may or may not be indicative of supervisors’ decreased emphasis on cognition, a return to the literature at this point in the study yielded Strayer’s chapter (1987), which strongly indicated that there are both cognitive and affective aspects of empathy. In fact, as I had originally hypothesized, she stated that “...the processes responsible for understanding are cognitive. If affect is evoked in us by our understanding of other’s feelings, then it is an epiphenomenon of cognition” (Strayer, 1987, p. 218-190.) Strayer also cited evidence from other studies that the role of imagination in understanding another person is inherently a cognitive process.

Finally, trainees were somewhat less flexible in their adherence to one theoretical orientation than supervisors. Supervisors’ orientations were broader, more developed and more integrated. They demonstrated more respect for the thinkers who have come before them who have come to understand human behavior in different, but valuable ways. Frank stated this best when he said:
You have to realize that the animal is bigger than any one particular theory and be willing to move among the theorists, the experiences that have gone before you, and use bits and pieces that are useful from all over.

Trainees were less verbal about their theoretical positions, presumably because they were less formulated, or less broad in their perspectives.

**Therapist Development**

Supervisors named “experience” as the single most important factor in their development as therapists who understand their clients. Under this factor, they included both their experience as therapists and their experience as humans in the world. Supervisors believe that the more they live in the world, the more time they have to read, teach and learn from their work and from their personal lives.

Trainees also indicated that the length of time they spend living and providing therapy is directly correlated to growing more skilled at understanding their clients. For trainees, this question was somewhat less retrospectively involved than for supervisors, therefore they were able to be more specific in their descriptions of what time has afforded them in their few years as trainees. Since these data have already been described in the results section, the focus here will be on how trainees’ sense of their development compared with supervisors’ sense of this development.

Interestingly, there was very little overlap between trainee and supervisor perspectives on stages of trainees’ development of the capacity to understand. Further, trainees differed from trainees as did supervisors from supervisors. However there was some commonality between and within populations. For instance, as one might have guessed, trainees and supervisors saw the period of training as a time to develop new skills
and experiences that are complimentary to the process of understanding. Both populations named specifically learning to refrain from assumptions about the client’s experience and to be patient with the client’s own developmental pace. Additionally, both populations also named the first stage of training as either one of arrogance or insecurity. According to supervisors and trainees, the former suffers with experience, while the later seems to be alleviated as time progresses. Supervisors and trainees also stated that understanding clients is enhanced by the trainees’ own increasing understanding of themselves. Trainees stated that their own therapy was helpful to this end. Some supervisors stated the belief that this can be done independently, while others believed it important for trainees to experience treatment themselves. Finally, supervisors and trainees discussed a search for theory that would serve as a grounding element for trainees’ development of their understanding of clients. Only supervisors seemed to have the hindsight indicating that while theory is important, it is not always the best grounding element as individuals only rarely fit neatly into our theorists’ constructions of humanity.

Although supervisors did not stress their own contributions to trainee development, the trainees themselves overwhelmingly named supervisors as their primary source for increasing their understanding of clients. Trainees stated that supervisors were instrumental in taking their understanding “one step” beyond what they were able to attain on their own. Trainees believed that supervisors have helped them to get “clearer” about their clients’ experiences and to make sense of their clients’ disclosures and behaviors. Supervisors gave trainees new skills of intervention based on this clarity and offered different perspectives on their clients, allowing trainees a broader space in which to
operate during therapy sessions. Finally, trainees stated that supervisors have helped them to “calm down,” and develop a sense that they *can* do this work.
CHAPTER 6
CONCLUSION

This study was designed to explore trainees’ and supervisors’ conceptualizations of the process of understanding clients. As an exploratory study, without formally tested hypotheses, the results were largely drawn within the context of a conversation about the meaning and process of understanding. I’d like to turn now to a discussion of the benefits and drawbacks of this mode of research. More specifically, I’d like to discuss how this mode of research lends itself to the illumination of human internal processes, without the limitations imposed by a more rigorously controlled quantitative research paradigm. Also worth clarification are the weaknesses of this study, and how it could be strengthened.

With the clearer vision of retrospection, there are some design modifications that might be fruitful in future research for application and/or clinical utility.

The major strength of this study was the degree of openness it fostered to gather information about the process without interrupting participants to move on to a rigid imposed agenda. The benefits of the researcher’s stance were most clearly seen when the researcher imposed on the participants her own specific questions. For instance, when the interview moved from the very open-ended questions to the more specific, the responses from participants were typically shorter. Sometimes they were even shortened to “yes” or “no” responses. There is reason to believe that participant responses might not have been as robustly thoughtful if too much guidance had been imposed by the researcher’s assumptions about the process of understanding. Additionally, it is important to note the researcher’s place in training. Given that all participants were more experienced, it would
have been arrogant to suppose that a list of all factors involved in understanding clients could be derived with questions informed by this list. The process of remaining open to participants' experiences of understanding was similar to what participants indicated as important to understanding clients. Mike might have called it "dumbing down" for the interviews, while Husserl might have urged the researcher to bracket out her a priori assumptions in order to move closer to what the others deemed important and meaningful about understanding. Additionally, prior to interviewing participants, the researcher was not familiar with previous work citing therapists' use of their imaginations in the process of understanding, nor information about the physical feelings ("electromagnetic wavelengths") of therapists when they believe they have understood clients.

Looking back on this study, despite the benefits of the openness described above, some specific conceptual and philosophical questions that were present at the start did not gain much clarity with this research. For instance, it is still not clear what differences, if any, there are between empathy and understanding. Because the word "understanding" was used consistently instead of "empathy" in the interview, one cannot be sure how this bias affected participants' thoughts and responses about the process of understanding. However, if responses regarding the distinction between the two had been elicited, it might have resulted in reports suggesting that empathy is the affective piece of understanding a client's experience, while a cognitive understanding may be synonymous with a Lockian or Humian "knowledge" of another person's experience of the world. Since this was not requested, the nature of the differences is still up for debate.
Also not included in the study were questions that might begin to define the factors involved in therapists’ discerning the relative realities presented by clients. For instance, it would be interesting to know how the therapist’s doubts about the client’s sense of reality affects the process of understanding. An example of this might be of a client who typically interprets external events with a negative twist. More extreme is the client who is paranoid and imagines that the CIA is after him or her. Or perhaps the client imagines that the therapeutic relationship is more intimate, thereby pushing boundaries that are uncomfortable for the therapist. These examples raise questions about how these varying realities affect the therapist’s ability to understand the client.

Finally, although two supervisors were asked about Husserl’s and Gadamer’s theories of understanding, these theories were not formally tested within the general formula of the interview. It might be interesting in the future to discern how useful these theories are for training. As the present study suggests, beginning trainees are typically overwhelmed with concerns regarding their competence. Perhaps the knowledge that understanding and empathy have been correlated with positive psychotherapy outcome coupled with some guidance on how that could be accomplished, would free trainees up some so that they could begin more easily to approach acquiring other techniques that are characteristic of the theoretical orientation with which they are most identified.

A perennial problem with qualitative research is sample size. The sample for this study was not random, not culturally diverse, and not very large. Although there was a range of theoretical perspectives represented by the study, this range was somewhat homogeneous in nature. For instance, more radical perspectives like a Skinnerian
behaviorism and Freudian psychoanalysis, as well as individuals from a humanistic perspective, were not represented by the study. Additionally, individuals interviewed were somewhat more open to varying theoretical views, and therefore their responses came out of more integrative orientations.

Another complication of this sample was its geographical limitations. As the population drawn for this study remained in the one cultural context of the University of Massachusetts, it is therefore, at best, representative only of the people within this context. In the future, it would be important to explore other training sites in the country before generalizations about trainee development could be asserted. Research in this direction would fill out the gaps of training levels as well. For instance, only one more “advanced” student was interviewed in this study. It might be necessary to draw from the population of trainees who are currently on internship to glean more of a representation of those still in training while still not in the position of supervisor roles.

This exploratory research has also sparked interest in additional research in this area. In particular, it is plausible that perspective-taking is not only a skill to be acquired, but a level of personal development needed to be achieved by trainees. Research illuminating the deficits of trainees’ personal development might aid supervisors in the process of helping their trainees to develop personally outside of their role as therapists. Additionally, personal development might be a factor worth considering in admissions to training programs where learning to provide therapy is the focus of training.

Finally, since consumers of psychotherapy report that their therapists’ understanding of them is important, it would be interesting to interview clients to find out
what their perspective is on how and when their therapists understand them. Often supervisors stated that when they ask clients what was most helpful to them about their therapy together, they are dismayed by the fact that their clients never cite their therapists' interpretations as helpful. One supervisor not interviewed for this study stated that clients do remember “every ounce of human kindness and understanding” (S. Klien, personal communication, November, 1997). This is interesting in light of the fact that more dynamically oriented therapists make interpretations based on their understanding of a client. It would also be interesting to see if clients experience in unison with their therapists, the physical phenomenon participants described when understanding has taken place.
APPENDIX A

LETTER OF REQUEST FOR PARTICIPATION TO TRAINEES

Dear

I am writing to invite you to be a participant in my masters thesis research. I am investigating the development of clinical trainees’ understanding of their clients. There is only one requirement to participate in this study and that is that you should have completed at least one year of clinical training at the Psychological Services Center. No limitation will be placed on your theoretical orientation as I am interested in this phenomenon across treatment modalities.

I would like to interview you once for approximately ninety minutes. In addition to the interview, I would like you to review a summary statement of our interview based on my interpretation of your development. I will submit this statement to you for confirmation, clarification or rejection of my interpretation of our interview. Confirmation and minor clarifications of my summaries can be done with a written response from you, however if my summary is rejected, I will ask you for a second interview to attempt to gain clarity and correct my misunderstanding of our initial interview. Your confidentiality as well as that of your clients and supervisors will be protected.

I hope you will consider participating and that the ensuing discussion will be useful to you and your work with your clients. Please return the bottom of this sheet by September 31 if you are interested or have any questions and I will contact you.

Sincerely,

Gay Germani

To: Gay Germani

Name: ____________________________ Phone Number ____________________________

____ Would like to participate
____ Would NOT like to participate
____ I have some questions before deciding to participate

Please indicate the theoretical orientation with which you feel most affiliated:
APPENDIX B

CLINICAL TRAINEE INTERVIEW

1. From what theoretical orientation do you find yourself working from currently?

2. What does it mean to understanding a client?

3. Role Play.

4. How do you know when you’ve understood the client?

5. Are there times in therapy when your understanding of your client has deepened suddenly? If so, what is that experience about?

6. How do you develop an understanding of a client?

7. Are there any specific skills that you’ve picked up that enable the process of understanding?

8. Are there any techniques that you’ve developed or resources you refer to, other than what the client tells you in therapy, that help you to understand the client?

9. Are there any specific or vague reasons why it might be hard to understand a client or situation of a client? For instance, perhaps their experience of the world is too foreign to your own experience, or their symptoms are very puzzling to you.

10. Does whether you like or dislike a client affect your understanding?

11. Was there ever a time when a client’s experience closely resonated with your own? If so, how did that affect the process of understanding?

12. What part does writing, either formal report writing or informal process notes or journal keeping play in the process of understanding?

13. Can you give me an example of a time when you really thought you understood what a client was experiencing? What was that like? How did this clarity come about?

14. Do you ever talk to your colleagues about a client? Do you find that helpful?

15. Are you guided by theory in the process of understanding your client? Does your theory inform the client or does your client inform your theory?
APPENDIX B

TRAINEE INTERVIEW

1. From what theoretical orientation do you find yourself working from currently?

2. What does it mean to understanding a client?

3. Role Play.

4. How do you know when you’ve understood the client?

5. Are there times in therapy when your understanding of your client has deepened suddenly? If so, what is that experience about?

6. How do you develop an understanding of a client?

7. Are there any specific skills that you’ve picked up that enable the process of understanding?

8. Are there any techniques that you’ve developed or resources you refer to, other than what the client tells you in therapy, that help you to understand the client?

9. Are there any specific or vague reasons why it might be hard to understand a client or situation of a client? For instance, perhaps their experience of the world is too foreign to your own experience, or their symptoms are very puzzling to you.

10. Does whether you like or dislike a client affect your understanding?

11. Was there ever a time when a client’s experience closely resonated with your own? If so, how did that affect the process of understanding?

12. What part does writing, either formal report writing or informal process notes or journal keeping play in the process of understanding?

13. Can you give me an example of a time when you really thought you understood what a client was experiencing? What was that like? How did this clarity come about?

14. Do you ever talk to your colleagues about a client? Do you find that helpful?

15. Are you guided by theory in the process of understanding your client? Does your theory inform the client or does your client inform your theory?
16. Was there ever a time when you thought you understood a client, and you later discovered that you were way off track? If so, what was that like?

17. If the process of understanding your clients has changed with greater experience, can you describe what that change is about?

18. How does supervision affect the process of understanding your client?
APPENDIX C

CLINICAL SUPERVISOR INTERVIEW

1. From what theoretical orientation do you find yourself working from currently?

2. What does it mean to understanding a client?

3. How do you develop an understanding of a client?

4. How do you know when you’ve understood the client?

5. Are there times in therapy when your understanding of your client has deepened suddenly? If so, what is that experience about?

6. Are there any specific skills that you’ve picked up that enable the process of understanding?

7. Are there any specific or vague reasons why it might be hard to understand a client or situation of a client? For instance, perhaps their experience of the world is too foreign to your own experience, or their symptoms are very puzzling to you.

8. Are there any techniques that you’ve developed or resources you refer to, other than what the client tells you in therapy, that help you to understand the client?

9. Can you give me an example of a time when you really thought you understood what a client was experiencing? What was that like? How did this clarity come about?

10. Was there ever a time when you thought you understood a client, and you later discovered that you were way off track? If so, what was that like?

11. Do you ever talk to your colleagues about a client? Do you find that helpful?

12. Are you guided by theory in the process of understanding you client? Does your theory inform the client or does your client inform your theory?

13. Does whether you like or dislike a client affect your understanding?

14. Was there ever a time when a client’s experience closely resonated with your own? If so, how did that affect the process of understanding?

15. What part does writing, either formal report writing or informal process notes or journal keeping play in the process of understanding?
16. Could you describe how your capacity to understand clients has developed over time?

17. In your work as a supervisor, how do you see this development taking shape in trainees? Can you identify any stages, modes, or realms of development?
APPENDIX D

INFORMED CONSENT FORM

This project will explore clinical trainees' and supervisors' experience with understanding their clients.

My participation in this study will consist of 1) taking part in a ninety minute interview; 2) reviewing a summary of your responses to interview questions prepared by Gay Germani, the principal investigator; 3) if needed, taking part in an additional interview to clarify the researchers understanding of your responses. I understand that I will be asked to describe aspects of my clients, the therapeutic relationship and possibly my supervisory relationship, as well as my thoughts and feelings about my experiences.

I also understand that I may ask questions of the investigator at any point during the interview and that I may refuse to answer any question asked of me. I understand that I will not be penalized in any way.

I understand that all interviews will be audiotaped and then verbatim transcripts and summaries will be made from the tapes. All of the information I provide in this study concerning my clients, my supervisor and myself will be kept completely confidential. If information I provide is used for publication, my name and all other identifying information will be altered.

I have read and understand the nature of this project and what is required of me. I am willing to participate as a subject in this research study.

Signature ___________________________ Date ___________________________
<table>
<thead>
<tr>
<th>Question Description:</th>
<th>Diane</th>
<th>Molly</th>
<th>Rick</th>
<th>George</th>
<th>Carol</th>
<th>Jane</th>
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<tbody>
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<td>1. What does it mean to understand a client?</td>
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<td>2. Role Play</td>
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<td>3. How do you know when you have understood a client?</td>
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<td>4. Are there times in therapy when your understanding of a client has deepened suddenly? If so, could you describe that experience?</td>
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<td>5. How do you develop an understanding of a client?</td>
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<td>6. Are there any specific skills that you have developed that enable the process of understanding?</td>
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<td>7. Are there any techniques that you have developed, or resources you refer to, other than what the client tells you in therapy, that help you to understand the client?</td>
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<td>8. Are there any specific or vague reasons why it might be hard to understand a client or a situation of a client?</td>
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<td>9. Does whether you like or dislike a client affect your understanding?</td>
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<td>10. Was there ever a time when a client’s experience closely resonated with your own? If so, how did that affect the process of understanding?</td>
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<td>11. What part does writing, either formal report writing or informal process notes, or journal keeping play in the process of understanding?</td>
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<td>12. Can you give me an example of a time when you really thought you understood what a client was experiencing? What was that like? How did this clarity come about?</td>
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<td>13. Do you ever talk to your colleagues about a client? Do you find that helpful?</td>
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<td>14. Are you guided by theory in the process of understanding your client? Does your theory inform the client, or does your client inform your theory?</td>
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<td>15. Was there ever a time when you thought you understood a client, and you later discovered that you were way off track? If so, what was that like?</td>
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<td>16. If the process of understanding your clients has changed with greater experience, can you describe what that change is about?</td>
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<td>17. How does supervision affect the process of understanding clients?</td>
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Figure 4. This figure represents the data gathered from each trainee during the interview time, and/or from their added written responses upon reviewing the summary of their interview. Questions indicated were typically asked in this manner and general order.

X = Data received from the trainee regarding the question indicated. This does not mean however, that this question was directly posed to the trainee by the researcher. The trainees may have discussed the topic of the question independent of formal inquiry.

* = Data was not received from the trainee for one of two reasons: (1) The question was not formally posed to the trainee; or (2) the trainee did not mention the topic independent of the interview.
<table>
<thead>
<tr>
<th>Question Description:</th>
<th>Dan</th>
<th>Mike</th>
<th>Karen</th>
<th>Joe</th>
<th>John</th>
<th>Frank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What does it mean to understand a client?</td>
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<td>2. How do you develop an understanding of a client?</td>
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<td>3. How do you know when you have understood a client?</td>
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<td>4. Are there times in therapy when your understanding of a client has deepened suddenly? If so, could you describe that experience?</td>
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<td>5. Are there any specific skills that you have picked up that enable the process of understanding?</td>
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<td>6. Are there any specific or vague reasons why it might be hard to understand a client or a situation of a client?</td>
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<td>7. Are there any techniques that you have developed, or resources you refer to, other than what the client tells you in therapy, that help you to understand the client?</td>
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<td>*</td>
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<tr>
<td>15. Could you describe how your capacity to understand clients has developed over time?</td>
<td>X</td>
<td>X</td>
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<td>16. In your work as a supervisor, how do you see this development taking shape in trainees? Can you identify any stages, modes or realms of development?</td>
<td>X</td>
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Figure 3. This figure represents the data gathered from each supervisor during the interview time, and/or from their added written responses upon reviewing the summary of their interview. Questions indicated were typically asked in this manner and general order.

X = Data received from the supervisor regarding the question indicated. This does not mean however, that this question was directly posed to the supervisor by the researcher. The supervisor may have discussed the topic of the question independent of formal inquiry.

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APPENDIX G

SAMPLE SUMMARY FOR REVIEW BY PARTICIPANT

Pseudonym: George
Theoretical Orientation: Cognitive behavioral
Training Level: Novice

WHAT DOES IT MEAN TO UNDERSTAND A CLIENT?

George states that there are many different levels of understanding a client.
1. Understanding the client in terms of one’s theoretical orientation.
2. Understanding the client from a more human level of having respect for and understanding why the client behaves the way they do, not in terms of your orientation, but just the way a lay person understands someone, with more feelings and less cognitions.
Clarification requested on “lay person”: “I try to leave my training and scientific mindedness aside and just try to react to the client as I would have before I came to graduate school. Some times it is best to just try and feel and try and put yourself in their shoes leaving aside all that stuff.”
Clarification requested on “…shoes…”: “I pretend that I am them when they are talking and telling me something. I used to pretend a lot when I was three years old, so I draw on those skills.”
3. Even at a more basic level, just trying to comprehend what your client is trying to tell you.
Clarification requested on “…comprehend…”: “That is just the most basic level of understanding of knowing what words they are using and how they’re using them. This is particularly relevant when seeing clients of a different ethnicity.

ROLE PLAY RESULTS:
First, George tried to understand the role played fear in terms of the DSM-IV.

At the close of the role play George states to the role played client:
“Well I’m not sure that I can understand exactly how you feel because I’ve never felt that type of fear. But I’m not convinced that it is totally necessary for me to know, it might even be counter-productive. But I’m hearing you, that you get very upset and very scared. And certainly I can understand what being scared and upset is like. I don’t know that I can to the level that you are, but while I have never experienced anything like that I still think that what you’re feeling makes sense.”

The role play prompts George to reflect on what his initial thoughts were when he first heard about this project. He states that the biggest thing that helps him to understand his

Words that are italicized are the exact words used by the participant. This was done so that participants could easily discern their own words from my paraphrasing.
clients is his “deterministic view of the universe. That there is no soul and it’s mechanistic and everything has a reason.” George states further that that there is always a precursor to every event. This conceptualization helps George to conceptualize his clients’ behavior without blaming them. He remembers that what ever his clients do, there must be a good reason. This view of the universe helps George to understand his clients because blame is not interfering with his vision of them.

George states that some of the feelings of blame are still within him, however it is getting easier and easier for him to bracket them out when he is trying to understand a client. To aid in this endeavor, George reminds himself to remember that there is a good reason for everything so there is no need to get into the blaming thing.

HOW DO YOU DEVELOP AND UNDERSTANDING OF A CLIENT?

George states that the way he does this has nothing to do with clients, but how he understands the world. His mechanistic view of the world and the residing people in it he believes is the perfect attitude for a therapist to have when try to understand human behavior.

George believes that feelings are behaviors and that you might not always know what the precursors to certain behaviors are, however you always assume that there must have been one even if you can’t figure it out.

HOW DO YOU KNOW WHEN YOU’VE UNDERSTOOD A CLIENT?

George states: “I’m never really satisfied that I do understand a client. And I think that’s partially a reaction to my first client, who I assumed I understood a lot about what he was talking about and really, I didn’t. And so, I learned that lesson that you never really understand them, no matter how much you know about the person or how much you think you are a like. So I just try and get the most accurate picture I can and hope that it’s right, but I never feel like I have a perfectly or even an extremely accurate picture of what’s going on.”

In summary, George operates under several assumptions:
1. People aren’t like him
2. It is not possible to fully understand another.
3. You do not need to fully understand a client to have successful therapy. (By “fully understand” George means: “Understanding someone like I understand myself.”)

George also relies on his clients’ body language to understand them. He feels like he is not very good at reading the body language yet, however he wonders if when people are fidgety if they might be nervous, and when they are feeling defensive, they might cross their arms in front of their chest.
ARE THERE TIMES IN THERAPY WHEN YOUR UNDERSTANDING OF YOUR CLIENT HAS DEEPE NED SUDDENLY, AND IF SO, WHAT'S THAT EXPERIENCE ABOUT DO YOU THINK?

No. George thinks understanding is a much slower process and has never had an Ah ha experience. George states that even when something seems to make sense, he doesn’t want to say “Ah ha” because it might not be right and then he is setting himself up for missing disconfirming evidence in an interview. When you say “ah ha” you might miss other things. In some ways, saying “ah ha,” shuts his mind off to understanding. So leaving himself open to disconfirming evidence paradoxically leaves George open to a deeper understanding.

ARE THERE ANY SKILLS THAT YOU’VE PICKED UP THAT ENABLE THE PROCESS OF UNDERSTANDING?

Other than searching for accuracy, not assuming, and his theory of determinism, George adds that he has learned to ask questions in a “non-threatening” way. He believes that if he responds to his clients in a non judgmental way, and ask open ended questions, he gets more information and therefore, more of an understanding.

For clarification, I told George about another participant’s example of understanding why his client was sad because his cat died. This participant sort of “dumbs down” so that he doesn’t assume he understands anything until he really explores the meaning of the event with the client. George agrees with this example.

ARE THERE ANY SPECIFIC OR VAGUE REASONS WHY IT MIGHT BE HARD TO UNDERSTAND A CLIENT OR SITUATION OF A CLIENT? FOR INSTANCE, PERHAPS THEIR EXPERIENCE OF THE WORLD IS FOREIGN TO YOUR OWN EXPERIENCE OR THEIR SYMPTOMS ARE VERY PUZZLING TO YOU.

George states that this typically occurs when he begins to assume too much, particularly when he is working with people from a different culture.

In response to the second part of the question, George states that symptoms are sometimes puzzling, however from the cog. bx. perspective, he doesn’t need to know what the symptoms mean or what started time, although those things are interesting to George, they are not important for the treatment of the symptoms.

WAS THERE EVER A TIME WHEN YOU THOUGHT YOU UNDERSTOOD A CLIENT AND YOU LATER DISCOVERED THAT YOU WERE WAY OFF TRACK? IF SO, WHAT WAS THAT LIKE?

George states: "I felt like I had been lazy by just assuming things and I felt like I didn’t do a good job. I wondered if I was going to continue to make the same mistake because even though I consciously, like that’s my number one thing that I try not to do, I still find
myself being pulled to just accepting answers. I felt discouraged because I thought, while I was doing it with him, I was thinking well this isn't that hard, I understand what he is going through and then I came to the realization that therapy is a lot more complicated and a lot more difficult. You know, that's how I felt.”

DO YOU EVER TALK TO COLLEAGUES ABOUT A CLIENT? IF YOU DO, IS IT HELPFUL?

George states that he finds taking to colleagues “very helpful.” Further, he states that “they think of stuff that I haven’t.” Also, George states that he finds supervision useful in his work to understand his clients.

ARE YOU GUIDED BY THEORY IN THE PROCESS OF UNDERSTANDING YOUR CLIENTS?

Yes.

DOES WHETHER YOU LIKE OR DISLIKE A CLIENT AFFECT YOUR UNDERSTANDING OF A CLIENT?

George states: “When I like a client, I think I have that danger of assuming things. So, I think when I dislike a client I may do a better job at understanding him or her.” However, George states that he almost always grows to like his clients.

WAS THERE EVER A TIME WHEN YOUR CLIENT’S EXPERIENCE CLOSELY RESONATED WITH YOUR OWN?

Yes. George found himself “sympathizing” instead of “empathizing.” The difference, according to George between the two is that “empathizing is, let’s say someone’s dad is being an asshole to them, empathizing sounds like ‘you’re upset about your dad’ or ‘it’s upsetting for you when your dad acts that way.’” Sympathizing is when you say, “yeah, what a jerk that guy is.” George states that when you sympathize, you get “enmeshed with your client.” He believes it is important not to do this in therapy. When you sympathize, “you lose your impartiality.”

WHAT PART DOES WRITING, EITHER FORMAL REPORT WRITING OR INFORMAL PROCESS NOTES OR JOURNAL KEEPING PLAY IN THE PROCESS OF UNDERSTANDING?

George states that formal report writing helps him to get an overview in his head of what he thinks of his client. It helps him to develop the “big picture.”

Informal process notes were not helpful to George and he found himself writing his “judgmental” or “blaming” thoughts about he client.
HOW DOES SUPERVISION AFFECT THE PROCESS OF UNDERSTANDING A CLIENT?

"I can let my insecurities get in between understanding a client, can mess up my understanding of a client and supervision calms me down. That my understanding of a client is probably not far from the truth and pretty good, whereas I can think of one session that I’m doing a good job and then the next one that I have no idea what’s going on. Or with [Supervisor X] actually, I had a client who had OCD and after the first session I was like shell-shocked, I was thinking I had no idea what this guy was doing because he was paranoid and insulting and stuff like that in the first session and David calmed me down, that’s all right, you probably did a good job, and you’re probably on track, just stay to the course. When I wanted to like try this and go over here and stay there and yeah, I think stay to the course is a good word for what supervision does for me."

Clarification requested on “stay to the course.”:
“Don’t panic and try stupid things. Like that was the semester where I had T and T and every week I wanted to try a new orientation with this guy that I had learned about. And David suggested that I just stay with, no particular orientation, just talking to me, and that was useful.”

HAS THE PROCESS OF UNDERSTANDING YOUR CLIENTS CHANGED WITH GREATER EXPERIENCE? IF SO, CAN YOU DESCRIBE WHAT THAT CHANGE IS ABOUT?

George states that he has “grown to understand that knowing my clients is more difficult than I had originally thought and that it takes more work.”

For George, that means that he needs to consciously think about being non judgmental and non blaming. Additionally he must bracket out his assumptions and ask more questions than his first impulse requires.
APPENDIX H

LETTER TO PARTICIPANTS EXPLAINING REVIEW PROCESS

Dear X:

Enclosed is a copy of the summary of the interview on understanding we conducted in January of 1997. Finally, I’m at phase two of this project and would appreciate your further cooperation.

In this summary, your pseudonym is “X.” All summary text has been written in the third person as this will translate more efficiently for my thesis. Additionally, all text in *italics* are direct quotes from our interview together.

Please review, keeping in mind that I’d like to ensure that while discussing the process of understanding, I’ve understood *you* accurately. Please indicate any changes or clarifications in the larger than average margins.

Additionally, at the end of the summarize interview answers, I’ve include responses to questions that I did *not* ask you during our scheduled interview. I responded to these questions in the way I thought you might have answered had I asked you. Please, at the minimum, reject or confirm these responses. If you have the time or inclination, correct or add to these responses.

Thank you for the support, thoughts and time you’ve devoted to my thesis project. You’ve illuminated nicely the process of understanding clients. The data you’ve provided has been valuable as I have tried to make sense of the process of understanding clients. Please return your review to my mailbox in the PSC as soon as possible.

Sincerely,

Gay Germani
APPENDIX I

SAMPLE DATA ORGANIZED BY QUESTION

Question: Do you talk to colleagues about clients? If so, do you find that helpful in the process of understanding clients?

Dan talks to colleagues about his patients frequently. He finds this helpful particularly when he is planning to formally present a patient to a group of colleagues. He finds that he tries to think about his patients from the audience’s perspective which gives him a broader understanding of the patient. Additionally, he finds that his patients and him often develop a common language, words and phrases that have become shorthand for something larger. He finds it helpful to continue to define the meanings of these shorthand phrases as they hopefully will change as the therapy moves along. Talking to colleagues helps to ensure that he continues to articulate these meanings.

Mike states that he consults with colleagues often. He believes he is fortunate to be working closely with a colleague, as isolation is the common lament of private practitioners. Mike talks to this colleague and others when he feels “stuck.” Feeling “stuck” can range in meaning from differential diagnosis to medication to questions about normal development to “whether or not [he] understands somebody.” (less often regarding the latter)

Yes, Karen does talk to colleagues about clients and finds that helpful in the process of understanding her clients. This is particularly helpful when she is finding it difficult to connect with a client. Her peers work with her to help her make a connection as that is very important from Karen’s perspective, to understanding the client.

Yes, Joe does talk to colleagues and he does find this helpful.

John states that he consults with colleagues frequently. He believes that this is necessary especially when working with high risk clients and client’s for whom you have a strong counter-transference. This helps to ensure that you continue to act in the best interests of the client.

Frank states that discussing cases with colleagues is a very important part of the work. Colleagues can help develop hypothesis you might not have thought of, and can ask questions that help you to get a different, new or clearer picture of the client.
APPENDIX J
SAMPLE TRANSCRIPT

I: From what theoretical orientation do you find yourself working from currently?

T: Cognitive and behavioral

I: Describe your clinical experience so far.

T: In the PSC or anything?

I: Anything.

T: All right, well I’ve had probably five clients in the PSC and I’ve tested a bunch of kids and I worked with kids in college for one summer. That’s pretty much it.

I: All right, we’re going to dive right in and the questions are going to start off kind of vague and they’ll get more specific. I just, they start off vague because I’d like to just see what you will come up with.

What does it mean to understand a client?

T: I think that question can have many different levels. Understanding a client can be understanding him or her in terms of your theoretical orientation, fitting in his behavior to the structure you have of how people behave. It can be understanding a client from a more human level of having respect for, and understanding why a client behaves the way they do. Not in terms of your orientation but just the way that I guess a lay person understands somebody else just, I guess more having to do with feelings and less with cognitions. And that even at a more basic level it’s just trying to comprehend what your client is trying to tell you. And that may sound easy but sometimes it’s not, especially when there are
cultural and ethnic all kinds of differences. If you can master that first part than you can start on to the second and third parts.

I: Okay Understanding is really hard to talk about I’m finding, but it’s really hard to talk about how we understand a client without talking about what you’re understanding. And that’s part of why I came up with the role play so that we would have an immediate process and then just sort of look back on what was going on in your mind and your feelings to try to figure this out. You say that, a third thing that you said was something that more than a lay person does it has more to do with feelings than cognitions. Can you say a little more about that?

T: Well, when I see a client I try and understand them I guess in those three ways and with that way I try and leave my training and scientific mindedness aside and just try and react to that client as I would have before I came to graduate school. Because we can get stuck sometimes thinking in the ways that we’ve been taught and sometimes that isn’t the only way to help a client. Sometimes it’s best to just try and feel and try and put yourself in their shoes leaving aside all that stuff. I don’t what else I can really say about that.

I: How do you put yourself in someone else’s shoes?

T: I kind of pretend that I’m them when they’re talking and telling me something about how, I don’t know, how hard it was for them to interact with somebody or trying to pretend that I’m them and what would it be like if I were them and I tried to do this and that can sometimes make sense out of behavior that seems really destructive or stupid or

I: How do you pretend?
T: I don’t know I guess I draw on my pretending skills when I was three years old. I used to pretend a lot.

I: So you pretend that you’re your client with all of the ways that they think and all of their behaviors and given all of that how they might react in that particular situation or how they might react or how they might

T: Well I know how they reacted because they told me

I: Right

T: But that helps me understand more about what’s going on because when they tell you something you don’t get the whole picture. It’s just a sentence.

I: The fourth thing that you said was that you comprehend what the client is telling you.

I’m not sure that I understand that. Can you just say a little more about that?

T: What did I say?

I: You said, this is the fourth thing, that you comprehend what the client is telling you.

That sometimes that’s muddled by or made more difficult because of different ethnic or cultural backgrounds.

T: Oh yeah. That’s just the most basic level of understanding of knowing what words they’re using and how they’re using them. Just the most basic level of communication to understand the sentences you just used and that can be muddled also by their affect and stuff like that. Like I had a client the last session, she was talking about difficulties with her roommate and she said, “My roommate’s like a mother,” and I had no idea what she was talking about, even though I understood all the words.

I: Right. You would know what you meant if you said that, right?
T: Right
I: But it’s hard to know what she means when she says that. And at the very, very last basic level in terms of cultural differences, like, just different lingo, like, man that was bad!
T: A little more in depth than that. I got that one. But I had a client who used to call me boss and big man all the time and I didn’t know if that was being condescending or what.
I: Did you figure it out?
T: No I never did.
I: Never did.
T: He left therapy.
I: He did. He said quit bossing me!
T: Something like that.
I: Okay All right, let’s do the role play. I’m a client and you’re the therapist. And you say, “What brings you here.”
T: What brings you here?
I: I have this horrible fear.
T: A fear about what?
I: I’m terrified that every time I go outside I’m going to fall up.
T: I wouldn’t do that in a therapy session - I wouldn’t just laugh. Can you tell me more about that.
I: It’s really terrifying and I really need for somebody to understand how awful it feels.
T: So what exactly do you fear?
I: I fear that I’m just going to fall into the sky. It’s terrifying.
T: How often does this happen to you
I: Every time I go outside.

T: When was the last time you were outside when you didn’t feel this way?
I: About six months ago.

T: Any event happen to you six months ago, any big thing?
I: No

T: You just woke up one day and you felt that way.
I: No, I just went outside and I was thinking about and worrying about falling down.
And I suddenly started to fear that I would fall up.

T: And what did you do?
I: I ran for shelter so that I wouldn’t fall into the sky.

T: So, let me stop for a second. What do you want me to do?
I: Well, I came in saying I really need for somebody to understand how this feels. So, that’s how I want you to try to do.

T: To try and get across to you that I understand or to try and understand?
I: To try to understand that and, yeah, then try to get across to me that you understand it

T: Well, what I would do is try to figure out if you’re psychotic.

I: Okay go ahead.

T: Okay Do you ever hear any voices?
I: No.

T: Have you ever been hospitalized for psychiatric reasons before?
I: No.
T: Do you take any medications at all?
I: No.
T: So tell me about what you were thinking about. I mean how that became a fear for you.
I: I guess I was just sort of imagining how it would feel to be walking around like that and I was walking around trying to imagine how it would feel and I just felt it, like just this enormous fear. It was like afraid of falling down except there was no place to fall down so I would just zip right up into the sky into oblivion.
T: When you think about it now when you’re here, what is the chance you think that if you walk outside right now you’ll fall up?
I: It’s more like I never think I’m actually going to fall up. Like, I never lose the sense that this is impossible. I’m definitely not going to fall up. Why am I worrying about this? And I’ll do any number of things to try to combat that worry in my mind, like sing songs in my head and sort of call myself stupid for thinking that I could fall up or this is ridiculous. I just have an active argument with myself that this is, like I know that it is totally irrational, I know it can’t happen and I know that it is ridiculous, but it is still a fear.
T: What does that mean for you - to have a fear?
I: It makes life a lot more difficult.
T: What I mean is do you, does your heart race?
I: Heart races, sweaty, afraid I’m going to die. But it’s not exactly that I’m afraid I’m going to die, it’s like somebody is dangling me off the top of a very tall building and it’s
not that they might drop me, it’s that they’re going to drop me and I have to prepare for it and that’s what it feels like.

T: And this happens to you every single time you go outside.

I: Sometimes I’m able to combat it and other times I’m not.

T: When is it easier for you to deal with it?

I: If I’m with a friend.

T: What is helpful about having a friend?

I: My friends know about the fear and they’ll hold my hand and that takes away the fear.

T: What about holding somebody’s hand helps you?

I: I feel like it keeps me on the ground, that I don’t have to concentrate so hard on it. Alleviates some of the worry.

T: I see. Well, so do you feel, you said that you would tell yourself that you were just being stupid and stuff like that. Do you feel that there is something wrong with you because you think that?

I: Almost definitely, I mean I feel like certainly not everybody walks around worrying that they are going to fall into the sky.

T: What do you think that says about you?

I: I think it says that I’m crazy.

T: Well I don’t think that you’re crazy. A lot of people have fears that they know are not rationale. It’s pretty common actually and they’re among the problems that can be most easily fixed.

I: Really?
T: Yes. So, typically what we would do, (what we would talk more about exactly)? what happens to you when you go outside. Then we would start a process of showing you how to breathe when you’re getting anxious and very slowly, having you do exercises, like stepping outside for a second and using your breathing techniques and then going back inside. And then gradually longer and longer and longer outside and most people find it quite helpful and many people find that they can get rid of that fear.

I: I need to know that you understand what it feels like though.

T: Well, I’m not sure that I can understand exactly how you feel because I’ve never felt that type of fear. But I’m not convinced that it is totally necessary for me to know, it might even be counter-productive. But I’m hearing you, that you get very upset and very scared. And certainly I can understand what being scared and upset is like. I don’t know that I can to the level that you are, but while I have never experienced anything like that I still think that what you’re feeling makes sense. There is a reason for how everybody feels and it’s common. I don’t think that it’s, because it’s common people have different fears at the level that you do. It doesn’t mean that you’re crazy and perfectly normal, high functioning people sometimes have fears like this.

I: Okay Out of role. So, what was your process like, trying to understand this person?

T: Well first I was trying to figure out what exactly was going on so that I could fit it in to my little DSM in my head.

I: It fit really nicely into-

T: I thought it probably was agoraphobia or panic attacks or both, but I wasn’t sure. And then I fit it into - when you first told me about this project, I thought that the single,
biggest thing that helps me understand clients is my deterministic view of the universe.

That there’s no soul and it’s mechanistic and everything has a reason. Have you taken history in systems yet?

I: No

T: Okay Well, it’s very like behavioral and Skinner and that kind of thing. Just everything has a reason and there’s no and there’s always a precursor to what ever’s happening. That does one very important thing for me when I’m trying to conceptualize somebody’s problems, that blame is never and issue because no matter what anybody does there’s a perfectly good reason why they did it. I mean even Hitler, it’s hard to speculate on what happened to him, maybe it was biological, his life experience, whatever. Whatever happened that turned him into the person he was. So I don’t blame Hitler for acting as he did. While I think that he shouldn’t have done that of course. So that makes it a lot easier to understand somebody because I don’t get feelings that can interfere with the understanding process. Like blame.

I: Like blame. Okay

T: So I didn’t really understand why or how you came about that fear of falling up. I was trying to look for those reasons, but even if I can’t find them that still doesn’t change anything. You’re still out there, whatever happened to make you feel that way is still perfectly valid.

I: Right, given that I couldn’t come up with a scenario or didn’t think about coming up with a scenario like what caused it.

T: Well that still makes it more like real life because no one knows exactly why but...
I: Right. So describe to me more about what you mean by mechanistic. So is it sort of like you have feelings and you bracket them out or, like feelings of blame of Hitler, that you bracket them out or is it that you don’t have those feelings anymore given your theoretical understanding of the way human beings are?

T: They’re still there, but I think my mind is winning the battle against my heart in a way. It used to be harder and harder to not blame, but I’ve thought about this for a long time and I’m pretty sure that this is how things are and I haven’t had any evidence to counter that, I mean you could never prove this theory. So it’s not difficult for me, there’s not a real battle between those feelings and my world view. So they don’t really come in anymore, I mean I have to, I still consciously tell myself remember that there is a good reason for everything and don’t get into the blaming thing because it could still happen. And in my non-therapy life it still happens. I’m not winning that battle yet. If someone cuts me off I get really mad. You’re such an idiot! and stuff like that, which is totally opposite because it doesn’t do anything. Me screaming in my car is not going to change the way they drive, so then it’s really just me blaming them. If it’s going to do something then that’s all right. I mean if someone’s pissing me off, I’ll tell them, but the good thing is that I’ll tell them and that may change their behavior. But I don’t sit around bitching because that doesn’t do anything. That’s really just blaming people. So in my regular life I still haven’t gotten to the level - I’m very conscious of it in therapy so I think that’s why, I just go in there with the thought that whatever this person is going to say to me, I’m not going to blame them. But I think that that does a lot to help me understand my clients.
I: So, in some ways bracketing out blame, forces, or judgments forces you into finding other reasons.

T: And the way I view it, the real reasons because some people may say you’re just nuts or you’re an idiot. That doesn’t really help anything. I don’t think that’s psychologically useful and even some therapist may do that but when I get rid of that, then I try to find out why you’re thinking this ridiculous thing, that you’re going to fall up.

I: Okay A lot of the questions, one of the reasons I started off being vague is, again, because I thought that you would come up with a lot of things. So, questions may sound redundant and I’ll ask them only because I know that you’ve answered part of it but you may still have something to say about it. So, how do you develop an understanding of a client?

[Portion of interview deleted as requested by the trainee.]

I: Okay How do you know when you’ve understood a client?

T: I’m never really satisfied that I do understand a client. And I think that’s partially a reaction to my first client, who I assumed I understood a lot about what he was talking about and I really didn’t.

And so I learned that lesson that you never really understand them, no matter how much you know about the person or how much you think you are alike. No two people are really that alike that you can just understand things. So I just try and get the most accurate picture I can and hope that it’s right, but I never feel like I have a perfectly or even an extremely accurate picture of what’s going on.
I: So with this last client you thought you had an extremely accurate picture what was going on and what happened?

T: Yeah, I did. Because I thought that we were really alike. So I just would understand what he was going through.

I: And as it turns out, you weren't as alike as you thought?

T: I think we were pretty alike, but even the small difference makes things infinitely different.

I: So in some ways you kind of operate under the assumption that 1) people aren't like you and 2) it's not possible to fully understand another.

T: Right. And I don't think you really need to fully understand to have a successful therapy.

I: What does fully understand mean to you?

T: Understanding someone like I understand myself. And I can tell you why I feel, I mean I'm not aware of my unconscious and stuff like that, so I mean just consciously I can tell you a lot about, I think that language is a poor medium and that's really all we have in therapy. I mean you have body language and stuff like that, but words can never fully express how people feel. And so we have that interface of words that really isn't that great and that's the problem I think.

I: How do you, do you understand people from their body language?

T: I try to, but I really don't know that much about it. I guess I try to, when people are frigidity, that says to me that they might be nervous and I notice that people go like this
when I get defensive. Those are the, I guess the two main things that I, I mean it’s pretty cool, it really works.

I: You just got excited about something, you said it’s pretty cool it really works!, so tell me about that.

T: This thing, because I just had heard that that’s true.

I: Oh this? You mean the position that you’re in right now?

T: No, the crossing your arms. And then I started looking at it with kind of a, what’s the work, like when scientists test a theory their null hypothesis is that it’s not going to work.

I: Or that it means nothing.

T: Right

I: The null hypothesis of this is that it means nothing.

T: So, I really went at it that way. It was a word. But anyway, it really seemed to work.

I was trying to match up what they were saying with their body language and it almost always works, but it’s not a hundred percent at all because sometimes this is just comfortable for people, but I think most of the time, in therapy, I don’t really know what it’s like outside of therapy.

I: So, then, you perceive defensiveness. How do you check it out to see if that’s accurate, what you’ve understood if it’s accurate of not?

T: I match it up with what they’re saying at that time and what they say as soon as they stop doing that. And usually what they say when they’re crossing them is defensiveness or yeah, any of the defense mechanisms usually match up.
I: Sort of like your crossing the line, I don't want you to cross, I’m going to put up another barrier.

T: Exactly.

I: Okay, is there anything you do to try to get their arms down?

T: I, that’s to me a signal that I’m going a little too far, so I pull back and it usually works.

I: That’s really interesting because like I’m a year behind you, you know, so sometimes I feel like these interviews are like high speed therapy lessons and I get to learn everything that other people that have taken a year, or two, or three more have. But now I know it’s a lot different from practicing.

I: Are there times in therapy when your understanding of your client has deepened suddenly, and if so what’s that experience about do you think?

T: I don’t think so, I think it’s a slow process. I never really had Ah Ha.

I: No Ah Has?

T: Not really. I’m really hoping for them. And that’s how I thought therapy was. Even when something seems to make sense, I don’t want to say Ah Ha because it might not be right and then I’m setting myself up for, I’m always looking for disconfirming evidence in an interview, and when you say Ah Ha, you stop doing that and that can be bad.

I: Okay So in some ways saying Ah Ha shuts your mind off to understanding.

T: I think it can yeah.

I: So kind of taking the stance of not knowing, or not understanding, leaves you open for a deeper understanding is that sort of a little bit of paradox in some ways?

T: I don’t know about deeper, I think more accurate.
I: Okay We talked a little bit about this, but are there any skills that you’ve picked up that enable the process of understanding? A few of them the body language and not assuming that you understand searching for accuracy, understanding the mechanistic or deterministic aspects of humans. Is there anything else?

T: Yeah, the skill of, which I don’t think I’m very good at but I’m getting better, of asking many questions in a non-threatening way, open ended questions to get more and more information.

I: Can you give me an example?

T: Like what I did with you. I think when I first started out I just said Okay so you scared when you go outside, that’s cool. But now I wanted to figure out what exactly your feeling, when did it start, when does it feel better. I think I got a much more accurate picture of what goes on for you than if I had just accepted that you get scared when you go outside. I think that’s a skill.

I: Okay

T: And that ties in with the belief that I don’t really understand what’s going on, whereas with me accepting it, that says that I do understand what’s going on, so I don’t need to ask you any more questions.

I: Right. One of the, I’m interviewing supervisors as well, and one of them told kind of a funny story and I just want to retell it to you to see if that’s something that you feel describes the way you do things.

He talks about having a client and the client sits down and he says, “How are you doing?” and the client says, “Oh, I’m really sad” and at that moment he doesn’t say umm you
know. He says, “Oh why are you sad?” And the guy says, “My cat died” and at that moment he’s thinking oh I hate cats and I think they should all die. Like they all should be run over by a truck. So, he doesn’t understand why he is sad because his cat died, so he says, “Why does that make you sad” and the guy says, “My cat’s my only friend.” And the therapist is like oh, now it makes a little more sense. You know if my cat were my only friend maybe I wouldn’t want him run over by a truck. And then he talks a little about what it means to have had the cat be his only friend and the loss and stuff like that. He was a cognitive behavioral therapist as well. And sort of he just approached it with more and more questions and not assuming that he understood why, you know because he could also say oh your cat died yeah, and you would never of gotten to the point of my cat was my only friend. So you feel like that’s something that you’re really working on developing as a therapist.

T: Yeah

I: Okay

T: Do you, one thing that came to mind, the thing with the (something)? I think will be particularly useful in the type of therapy I want to do, or part of it, which is with parents and kids, because everybody’s blaming everybody there. And I don’t know if I can instill my philosophy on them but it can be easy for a therapist to get pulled into that.

I: Yeah, I can see were working with, what do you want to do, family therapy?

T: Well I don’t know about family therapy, well maybe I mean like kids with behavioral problems or ADHD or something. The parents think that the kid just has it out for them and hates them and is doing all this stuff to make their lives miserable. Well, I think that’s
a time where you can really show them that there is perfectly good reasons for, I don’t know if you’ve taken a class with [Professor X], but he says the word functional analysis a million times. If the kid is peeing in his bed at night or in his pants there’s got to be a good reason, or if the kid is doing really badly in school it may not be because he’s stupid, maybe he’s getting beat up at school so he’s really nervous so he can’t concentrate, so that type of thing.

I: Right. So functional analysis, I do hear that work a lot and I sort of assumed that I understood what the word means, but functional analysis is when you try to figure of what

T: What purpose the behavior serves.

I: Right. And what causes the pain

T: Yeah, it’s tied in together

I: Just out of curiosity, because I’ve worked with kids too and I often blamed the parents and it’s hard not to because you know they’re slapping them around or calling them stupid constantly or sexually molesting them. How will you work under those circumstances with the blaming? Understanding that there is a reason for their behaviors as a well?

T: Yeah, although, I mean I would immediately make sure that there is a stop to all that kind of behavior, but just in kind of a matter of fact way, not in a blaming way. Like you can’t keeping hitting your kids so that’s going to stop and we’re going to work together and I’m going to help you figure out some other strategies. That doesn’t ever mean that I allow things that I think are bad to keep happening. Like whenever I tell people that philosophy, most of them think that that means that anything that anybody does is fine with me and that’s absolutely not true at all.
I: Yeah, No, I wasn’t thinking that, I was just thinking what a challenge it was for me to not have a blaming attitude because the kids were just so messed up.

T: Do you think it would have helped you if you had not blamed?

I: If I had to work with the parents, I most definitely would have had to take that tactic and it would have helped, but where I didn’t have to help the parents and part of the program was to help the parents, but I wasn’t involved with that aspect of the program, so it was a bit safer to maintain that anger and blame. So it wasn’t therapeutically necessary for me to do that.

T: That’s a question I have when, lets say your walking with someone whose parents have done something to one of their little kids, I wonder if there is any benefit to blaming and staying angry at them. I saw this thing about reconciling with relatives and there were two camps and one camp was saying that it’s just really good to do that and you just feel a lot better and there was another camp that was saying oh, it’s fine to hold grudges because they did something bad to you and you shouldn’t forgive them for what they did. I think I’d lean towards the reconciling, but there was some good points to the

I: Yeah. Well, I mean, well I think that came up in our clinic team saying with [X’s] client like when is it okay to just be angry forever at this person that drugged you up and smacked you around and I don’t know the answer to that question either. Sort of go back and forth on it because there are certainly reasons why the parent, or the abuser, behaves like that. Do you see it as a sort of cynical?

T: It can be, yeah.
I: It's always kind of hard so then you blame the parents before that or the abuser before that and I don't know. I think in some ways, I think at some point, one generation needs to take responsibility.

T: Well, I see responsibility all the way down.

I: Right, but the dead ones won't, so do you require that the alive ones do as a part of helping someone decide whether they are going to forgive or not?

T: You mean if someone had a grudge against someone who died?

I: No, if someone had a parent who did something horrible to them and it's had traumatic effects on them.

T: And the parents did something bad to the parents and now they're dead.

I: Right, but it's the parents that are alive who did the crappy things and they won't own up to the responsibility of it because that seems to me to be the point of reconciliation, because that if responsibility can be taken and growth, then reconciliation might be a good idea, but then if there's not going to be any responsibility taken for behavior and promises of change then because, you know, the person that you're treating is in therapy trying to change.

I: Are there any specific or vague reasons why it might be hard to understand a client or a situation of a client, there's a little more to the question. For instance, perhaps their experience of the world is to foreign to you own experience or their symptoms are very puzzling to you.

T: Is there a reason?

I: Yeah
T: Yeah, I mean, are you asking whether that can happen?

I: I'm asking whether it can happen and if it can happen, why do you think that that's the case. What do you think gets in the way other than your idea that it is impossible to understand someone fully. But when your trying to get some understanding of someone what are some things that get in the way of that?

T: Well even when you have someone from your own culture and everything and you're trying to understand them, you still make assumptions that you don't ask about. You make lots of assumptions and that usually still works okay because most of your assumptions are probably right. But with someone from a vastly different culture, more of those assumptions are going to be wrong, so you're going to get a less and less accurate picture the farther away somebody is.

I: Do you know about those, like are they assumptions that you are

T: Aware of others and their complexity?

I: Yeah

T: Yeah and there are like thousands of them.

I: What about the puzzling aspect of symptoms or the experience of the world being for foreign, aside form cultural and ethnic differences?

T: Well the puzzling part of symptoms, I think, when you're working from a cognitive behavior point of view, you don't even really care why things happen because the treatment really doesn't depend on figuring out why, like with OCD if someone washes their hands 500 times, the treatment is to not have them do it and to expose them to what
makes them anxious. You don’t really care how is started. You care kind of to help
figure out what to expose them to.

I: So, that’s sort of your operating assumption then?

T: I’d like to know why, it’s interesting and sometimes it’s helpful, but it’s not necessary
so it doesn’t really bother me that much to not be able to figure out why things are
happening. I just know that there is a good reason somewhere.

I: Okay You talked a little bit about this, I skipped a few questions because you’ve
answered them nicely already. Was there ever a time when you thought you understood a
client and you later discovered that you were way off track? If so, what was that like?

You mentioned that time, what was that like?

T: I felt like I had been lazy by just assuming things and I felt like I didn’t do a good job. I
wondered if I was going to continue to make the same mistake because even though I
consciously, like that’s my number one thing that I try not to do, I still find myself being
pulled to just accepting answers. I felt discouraged because I thought, while I was doing
it with him, I was thinking well this isn’t that hard, I understand what he is going through
and then I came to the realization that therapy is a lot more complicated and a lot more
difficult. You know that’s how I felt.

I: Do you ever talk to colleagues about a client. Do you find that helpful if you do?

T: Yeah, I find it very helpful.

I: In what way?

T: They think of stuff that I haven’t, like when we present on team. Well, sometimes I
find it helpful. When I get opinions, sometimes I feel like presenting on team is just like a
gossip session, you just tell everybody what’s going on and they just sit there. But when
they offer stuff, that can be useful. Are you talking about supervision or with someone on
my level?
I: Either one. Well, colleagues I guess would probably, well
T: Because I find supervision useful. With colleagues, unless it’s on team, I don’t really
talk to them about clients because you’re kind of not supposed to unless they’re on our
team.
I: Just for clarifications sake, are you guided by theory in the process of understanding
your clients?
T: Yeah.
I: Does whether you like or dislike a client affect your understanding?
T: When I like a client I think I have that danger of assuming things. So, I think when I
dislike a client I may do a better job at understanding him or her.
I: Because you would have less assumptions?
T: Yeah. And I almost always grow to like my clients.
I: Yeah. Was there ever a time when your client’s experience closely resonated with your
own?
T: Yeah.
I: How did that affect the process of your understanding him or her?
T: It messed up the blank screen thing, the independentness of the therapist from the
clients. I read in a book once that you’re suppose to empathize, not sympathize, and I
started sympathizing.
I: What is the difference between the two according to the book or you?

T: Empathizing is, let’s say someone’s dad is being an asshole to them, empathizing is sounds like you’re upset about your dad or it’s upsetting for you when your dad acts that way. Sympathizing is yeah what a jerk that guy is, and that’s not really what you should be doing.

I: So, empathizing in some way is not maintaining?

T: Kind of, you’re getting enmeshed with your client when you sympathize and sometimes that can be all right but I think it is important to try and not do that most of the time. Because when you do that then you start assuming things and the client could just be lying or it could be his opinion when the dad thinks that he’s being in asshole. You lose your impartiality I think.

I: So in some ways in order to be true to your really only knowing one part of the story, reflecting back is a process of maintaining your alliance with the client, but not challenging the truth or reality that you really can’t see for yourself anyway of whether or not he’s an asshole or not, maybe it’s your client that’s being the asshole.

T: Well, I think it does kind of challenge it because you say yeah you feel bad because you think he’s an asshole, you’re not saying it’s true he is an asshole. It might be challenging, I don’t know. If that client is expecting you to sympathize and you only say that he might ask himself why is he not sympathizing with me, maybe I don’t know. Something like that.

I: What part does writing, either formal or part writing, or informal process notes or journal keeping play in the process of understanding?
T: I find report writing useful to get an overview in my head of what I think of my client. With, it’s funny, with informal writing I tried to start doing that at home and it really didn’t last and what I was writing was blaming stuff, like this guy is a really bad dresser or he is messed up, stuff like that. I don’t know, I guess I didn’t find it that useful. I thought it would be good for me to have like this release where I could just write it, but I don’t know maybe my not blaming thinking is really taking hold because it didn’t really do anything for me.

I: How does supervision affect the process of understanding a client?

T: I can let my insecurities get in between understanding a client, can mess up my understanding of a client and supervision calms me down. That my understanding of a client is probably not far from the truth and pretty good, whereas I can think of one session that I’m doing a good job and then the next one that I have no idea what’s going on. Or with [Supervisor X] actually, I had a client who had OCD and after the first session I was like shell-shocked, I was thinking I had no idea what this guy was doing because he was paranoid and insulting and stuff like that in the first session and [Supervisor X] calmed me down, that’s all right, you probably did a good job, and you’re probably on track, just stay to the course. When I wanted to like try this and go over here and stay there and yeah, I think stay to the course is a good work for what supervision does for me.

I: So what does that phrase mean?

T: Don’t panic and try stupid things. Like that was the semester where I had T and T and every week I wanted to try a new orientation with this guy that I had learned about. And
[Supervisor X] suggested that I just stay with, no particular orientation, just talking to me, and that was useful.

I: If the process of understanding your clients has changed with greater experience. Can you describe what that change is about?

T: I think it’s what I said before that. I have grown to understand that knowing my clients is more difficult than I had originally thought and that it takes more work.

I: And that work for you is really consciously thinking about not being judgmental and blaming and also rocketing out assumptions.

T: And asking many more questions than my first impulse is to.

I: Now, you’re going to laugh at this question. I’ll read it, but you don’t have to answer it. Is there ever a time in therapy when you’ve had an Ah Ha experience?

T: Nope.

I: Is there anything else you can think of that plays a role in your coming to understand an experience of a client?

T: Nope.

I: No?

T: No, I like to keep it simple, I have just a few concepts.

I: That’s the end of my interview questions. Do you want to add anything or ask any questions of me?

T: I don’t think I really have anything. So this is going to be like a qualitative research report.
I: Yeah, so as you read in the consent form, eventually you will get some kind of paragraph or page from me hopefully reflecting back to you what you’ve said to me, if I understood you. And if anything seems askew or if by the time I get it to you, you’ve learned something new about it, then you might want to add it, but that’s not necessary.

T: Okay

I: Now, just to check back with you on the confidentiality.

T: It’s still good.
REFERENCES


