

Forms of Human Edification by psycho – therapeutic Interpretation and Understanding

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Abstract

The objective research of manifest human subjectivity that psychology does supplies scientific knowledge which most times insufficiently offers an edifying understanding of psychological facts of life. This imbalance between knowledge and understanding can be found in social sciences also. Some psychotherapists who turn their therapies into ways of human edification, by passing from the psycho-behavioural universe to the existential and spiritual one, had a deep intuition of this imbalance as well.

By close analysis of some aspects of various psychotherapies, this article identifies, yet without classifying or systematizing them, various forms, levels, ways to approach human persons in an edifying manner. Depending on their degree of self-understanding, the latter will assess for themselves the signification of the interpretations of their own experience, will become aware of the difference between them as persons and their dis-adapted behaviour, will adopt a constructive critical attitude towards their own perceptive and conceptual "filters" with respect to the self, the others and the world, or will "differently engage" deep human-human and divine-human experiences.

Abrégé

La recherche objective sur la subjectivité humaine qu'entreprend la psychologie fournit un type de connaissance scientifique qui souvent n'est pas suffisante pour donner une compréhension édifiante des faits ou de la vie psychique. On retrouve également dans le domaine des sciences sociohumaines cette inégalité entre connaissance et compréhension, que certains psychothérapeutes ont très bien saisi, faisant de leurs thérapies autant de modalités d'édification humaine, en passant de l'univers psychocomportemental à celui existentiel et spirituel.

Par l'analyse des aspects des diverses psychothérapies, nous identifions (j'identifie) dans le présent travail, sans les classifier ou systématiser, différentes formes, niveaux, modalités d'aborder de manière édifiante la personne humaine. Celle-ci est censée déterminer, en fonction de du niveau de *compréhension de soi*, le sens des interprétations de sa propre expérience, réaliser la différence entre lui/elle en tant que *personne* et son comportement inadapté, adopter une attitude critique constructive envers ses propres « filtres » perceptifs et conceptuels concernant son moi, les autres et le monde, ou bien s'engager d'une autre manière dans des expériences complexes, interhumaines ou divino-humaines.

1. Psychology, Understanding and Psychotherapy

Psychology as a science has as a desideratum knowing the human personality in order to obtain a *certain understanding* of the human existence, starting from a methodology which ensures it a scientifically valid approach. Although there are value differentiations between the methods and procedures used in psychological research, the psychological knowledge precision of the person will remain linked to the precision of instruments of measure and analysis. They will apply to the objectified mental life, the only one which becomes fact of scientific experience, providing data which through analysis and interpretation will lead to *psychological understanding of the person in terms of personality structure and his/her social relations*. Noticeable behavioral indicators, measurable and verifiable will deliver to a greater or lesser extent *insights* about what is not so easy to objectify from the human subjectivity. No wonder that sometimes the scientific approach of the human personality becomes a contradictory approach for an edifying understanding of what man is, especially under the circumstances when specific requirements to sciences in general (objective understanding, causal determinism, explanatory laws, the issue of scientific information with a character of generality and universality) become applicable also in psychology. This way certain interrogative difficulties are generated: *The objective research of subjectivity provides scientific knowledge but is it sufficient for a clarification of what the complete man is, of what one is as a person? Although the scientific accuracy of psychic life knowledge increases through proposed methodology, does this fact also raise the understanding quality of the phenomena put into question?* Here are some challenging questions for social science researchers and for practitioners in psychotherapy whose answers may specify the implicit meaning of the terms: "understanding", "interpretation" and "edification" in these fields of knowledge.

When psychological science provides a certain knowledge about what psychic is, about its aspects and features and reaches to its contradictory nature, then human understanding

enters a cone shadow. This is repeated when we wish for an understanding of the complex psychological phenomena or of those psycho-spiritual, permeable to scientific methods in a small measure. Not casually, psychology restricted its field of investigation only to those mental phenomena which may say something and which are adapted to scientific methods without "too high" risks. This selection, this cutting out from the human reality of what may fall under the objective research may entitle us to say that psychology (both general and experimental) does not aim at an *edifying understanding* of what man as a whole is, which does not necessarily mean that some of its results in conjunction with others can not make important steps towards this reality (human edification) that different interest areas try to decode.

Psychology deals with the comprehensive human *personality* as a constituent element of the psycho-social person who is a complex expression of interaction of several levels of life: physical, physiological, psychological, social, cultural, moral, spiritual. The term *personality*, although it is a theoretical construct, takes into account the explanation of concrete human person not only with the psychological common structures in general, but also with the unique and original notes that distinguish and personalize them. If we apply the principles of *general psychology* and integrate the human subject in the general pattern of the personality characterization, we risk losing the essential or what is truly proper to that person. And if we invoke *differential psychology* we mark a certain specific of the person, we individualize or we define him as a single person among others. In these circumstances, psychology operates a synthesis of the general and of the individual, combining the theoretical-general structures with the individual concrete-personal pattern, which is also reflected in methodology: in their research approach, some psychologists depart from clinical individual observations to general types, others from laboratory methods, experiments and statistical data, that is from general

hypotheses to particularizations.¹ *This double approach ensures an edifying understanding of the human person from a psychological point of view.*

We notice that the scientific approach to personality will turn the presuppositions on human nature (expressed in bipolar dimensions: freedom-determinism, rationality-irrationality, holism-elementarism, change-uniformity, subjectivity-objectivity and cognoscibility-incognoscibility)² in concepts that allow an empirical approach. For instance, if we discuss the *subjective-objective* terms from the psychological point of view, we may ask ourselves: Is an objective psychology or a subjective one more comprehensive to the human person? The history of psychology reveals the risky consequences of choosing only one of the two positions: the *Watsonian behaviorism* that put conscience between brackets, totally ignoring it, exaggerating the role of what can be observed in explaining personality (behavior) or the *radical introspectionists* that approached subjectivity as a closed monad to any influence. The double nature of the psyche (which is *subjective* as each individual refers to himself/herself and to the others through a knowledge containing its characteristics and peculiarities and *objective* by its contents taken from the reality around us) will have major implications on the methodological approach and understanding of personality from a scientific point of view. This double psychological “lens” that studies personality claims what I have previously stated, that scientific and experimental-practical results studying personality pertaining to psychology and psychotherapy are important elements of a form of human edification.

Defined from a psychological point of view, understanding is a result of the thinking process consisting of a relation between something unknown and something previously known, its value depending on the nature of the established

¹ Vasile Pavelcu, *Cunoașterea de sine și cunoașterea personalității [Self Knowledge and the Knowledge of Personality]*, Didactic and Pedagogical Publishing House, Bucharest, 1992, p. 357.

² Cornel Hăvârneanu, *Cunoașterea psihologică a persoanei [Psychological Knowledge of the Person]*, p. 18.

link (with or without significance for the concerned person)³. If, with respect to physical phenomena, understanding is rather related to their causal determination, in the case of human beings, it will refer to the decrypting of human behavior as the main descriptive element of personality. Applied to human person, *psychological understanding* will take into account the internal resorts of all personality dimensions (character, behavior, skills, emotions, will, intelligence) that are strongly interrelated. For instance, the motivation of a behavior will not be emotional, cognitive or contextual, as each of them will have its importance in an explanation that aims at assessing the person's adapting value to a community. The theories of personality departing from the aforementioned presumptions related to human nature will propose various perspectives of understanding human conduct, with a not only descriptive, but also predictive, prescriptive and preventive value. Therefore, any psychological *interpretation* of a behavior will be performed using a theoretical model with an explanatory potential to be evaluated according to certain criteria (verifiability, heuristic value, internal consistency, concept economization, behavioral understanding, functional significance)⁴.

The data provided by psychology will be used by different psychotherapies having the explicit therapeutic purpose of achieving the edification of the human person at different levels of forms of expression, seen as extremely necessary "solutions" for the ones in various unadaptation, alienation or pathological hypostases (as a result of a mixture of genetic, psychological and physical factors). Here are a few psychological factors that bring a moment of crisis to personality: the artificial exercise of self knowledge; the anxiety feeling occurring in the presence of certain behaviors, states of dysfunctional thoughts, either unfamiliar or disturbing; the difficulty to manage one's own internal resources or to understand certain psycho-behavioral

³ Andrei Cosmovici, *Psihologie generală [Psychology]*, Polirom Publishing House, 1996, p. 196.

⁴ Cornel Hăvârneanu, *Cunoașterea psihologică a persoanei [Psychological Knowledge of the Person]*, p. 19-20

disorders. As a psychological and medical act, psychotherapy has human language as main instrument that contains various techniques and therapeutic methods which use ideas, images, emotional and mental states, will, imagination and other cognitive processes of the two persons involved in a relation or special situation, that is therapist and patient. The patient's clinical discourse is observed and listened to by the therapist so as to reflect the structuring of his/her psychic life in: conducts, emotional reactions, thought patterns, perceptions, states of conscience, actions, etc. In this context, what the patient or client offers by his/her verbal and non verbal language are contents that, once decrypted, establish a diagnosis and further bring an internal or existential clarification that initially did not exist. *Thus, man remains a being, significant through one's language, even when it is hidden, absent⁵ or disturbed with respect to his/her self and the others.* Therefore, a hermeneutical act of the patient's discourse will employ the phenomenological and comprehensive method applied not only to the clinical framework, but also to the person's internal life history menaced by the facilities of modern life. Contemporary life with its contradictions (modern man feels free and enslaved, appreciated and blamed, etc...), increasing requirements and demands forces man to adapt/integrate, solve conflicts and emotional troubles, along with continuous stimulation of personal development. Modern man visits the psychotherapist to find his/her internal balance, even if he/she suffers from a psychic or psychosomatic illness or he/she is healthy. In this sense, psychotherapies give various solutions departing from the proper *understanding* of the person that calls for therapeutic help.

One of the conditions that makes the therapeutic relation a genuine one is the doctor's or the psychotherapist's skill to listen to and understand his/her own patient with a rational, *intellectual understanding*, less shown to the patient (but which is necessary to the psychotherapeutic approach) and

⁵ Constantin Enăchescu, *Tratat de psihanaliză și psihoterapie [Treatise of Psychoanalysis and Psychotherapy]*, Polirom Publishing House, 2003, p.2006.

also an *emotional, empathic understanding* explicitly expressed to stimulate the carrying out of the therapy and its results. If *personal understanding* of the patient by the psychotherapist may be exposed to errors or an agreed degree of subjectivity, *professional understanding* of the client is related to the level of experience (whether the person's sufferance was rightly diagnosed, the therapeutic approach well chosen and properly carried out) and the degree of managing the therapeutic technique⁶. According to the mechanisms supposed to be involved in the patient's health or illness, each psychotherapeutic orientation will set a specific methodology *in which interpretation and understanding, as therapeutic methods or attitudes, will have different roles, importance and senses.*

2. The psychoanalyst therapist - the experienced interpreter

The dynamic-psychoanalyst paradigm based on a series of clinical observations and intuitions considers that unconscious has a tremendous impact on psychic life and explains the causality of certain psycho-behavioral disorders that develop as symptoms to be framed in a particular clinical framework. The unconscious determinism of some behaviors and psychic phenomena draw the attention on previous events from the patient's past and on mental contents located in the deep areas of the psychic. Awareness of their existence leads to *insight* which is impossible without the professional help of the psychoanalyst therapist.

Further on, we shortly present the classical psychoanalytical approach basis of Freud's vision in order to adequately understand where the need of explanation and interpretation comes from in the case of the therapy solicitor:

- The psychic has a layered organization: the Id (the Unconscious), the Ego (the Conscious) and the SuperEgo (the level of moral and social rules);

⁶ Idem, p. 228.

- The Id's repressed contents (ruled after the principle of pleasure) tend to appear in the context of the Ego (ruled after the principle of reality) and once the individual becomes aware of them, they generate negative emotional feelings.

- The Ego, under the pressure of the principle of reality and of those from the SuperEgo, will adopt a series of defence mechanisms in order to block the awareness of the repressed contents.

- For the normal ego, this will generate a transformation or a sublimation of the unconscious psychic energy, while for the neurotic ego - the repression or the inter-psychic conflict, which will lead to symptoms that hide a basic conflict from the first childhood.

- Eliminating symptoms can be done by solving the actual conflict, which means clearing up the basic conflict that has to be updated. Once the neurotic anxiety (the unconscious fear that the basic instincts from the Id won't dominate the individual's behavior, bringing negative effects) or the moral anxiety (the fear of not breaking moral and religious rules) shows up, the Ego's defence mechanisms are unconsciously activated to decrease these two fears that distort the perception of reality. These mechanisms are the following: *the defensive denial* (the refuse to believe and to accept reality), *the projection* (the assignment of the own negative features to other persons), *the intellectualization* (the avoidance of the undesirable feelings by concentrating on intellectual aspects), *the rationalisation* (offering logical and rational arguments instead of the real motivation for keeping a favorable self image). The basic conflict attributed to the patient's childhood will be re-lived in the therapy (as *transfer neurosis*, that can disturb the ongoing of the therapy session), facilitating the analysis, the understanding and the actual conflict solving.

A decisive stage in solving the case regards the *concept building* or the *psycho-analytical interpretation* using the information given by the patient when asked to expose his problem by free associations, referring to dreams and other of his actions. The psycho-analytical interpretation will reveal the signification and the connections regarding the basic problems, the first ones representing more than a sum of

recommendations, suggestions or pieces of advice/ that reflect the psychoanalyst's opinions or attitude.

„The analytical interpretation consists in the fact that the therapist ranges the discontinuous informative material given by the patient (...), offering a realistic explanation based on the psycho-analytical vision”⁷ whose validity can be verified by the patient in the future therapy meetings. The expert interpretation made by the analyst shows the patient that his/her emotional and behavioral actual patterns are pretty infantile, inappropriate for the present situation (because they can be reactivated in situations similar to the ones in childhood, even in the context of the therapeutic relation) and that the patient as an adult has different perspectives or psychological ways to refer to the problem or to the symptom. If the presentation is clear, this similarity will be understood properly by the patient, although some difficulties or errors in conceptualization may appear because of the analyst, or even because of the patient, who can show a resistant attitude. In this last case, these problems must be treated as signs of conflict. It is important to mention that the psycho-analytical interpretation aims at strengthening a certain *belief* in the explanation offered to the patient, as an answer to his/her searches. Paradoxically, this interpretation doesn't need to be true (to be supported by theories scientifically validated) for being psychotherapeutically useful. The belief or the conviction that it is true will determine the patient to find an explanation for the conflict that he can't solve independently: „Not the truth liberates him/her , but what he/she considers as being true”⁸. For that, the patient will need to be proposed a credible version, coming from a credible person that has a large amount of authority and experience, able to lead him/her to a spontaneous and intuitive understanding of the following facts:

⁷ Irina Holdevici, *Elemente de psihoterapie [Elements of psychotherapy]*, ALL Publishing House, 1996, p. 43.

⁸ Daniel David, *Psihologie clinică și Psihoterapie. Fundamente [Clinical psychology and Psychotherapy. Basic elements]*, Polirom Publishing House, 2006, p. 97.

- various unconscious psychic processes are the basis of the structure of the personality and of the adaptation mechanisms;

- the hidden reasons that determine his/her problematical behavior were structured in childhood and they are not accessible to the person's consciousness;

- the free associations, the missed acts, the dreams and other actions of the patient are situations in which these hidden reasons can be observed;

- if these actions are analysed by a *psychological hermeneutics* that helps the individual to become aware of them and, consequently, that makes them operational and integrated in the affective and the behavioral life, the symptoms (that reveal a misapprehension of these hidden reasons) will decrease and finally disappear. In this way, the main task of the psycho-analyst will be to cause insights by his/her interpretation, insights that could modify the the person's perturbed reactional and behavioral style. When the interpretation is based on dream analysis, the analyst must take into account the fact that there are no universal symbols that can be applied to every case. Though, this exigency didn't stop Freud to propose a dream-interpretation guide that could be used only by experienced therapists.

The edification as internal clarification, psychological by the classical psycho-analysis, allows the unfolding of the personal existence at the level of real and adapting possibilities, with no disturbing presence of unsolved conflicts or feelings like frustration, anxiety, depression and aggressiveness. With a deeper self-analysis in the context of the therapy, the Ego, as a psychic instance that is mature, realistic, able to control the unconscious impulses (by making them conscious) that destabilize the personality, and that answers them normally, not by repressing, but by transforming or sublimating them – becomes stronger. While the patient wishes to get rid of these symptoms, the therapist considers them secondary, because they *are not* the subject of the therapy, they are just important signs for the deeper content of the problem. It is difficult to find out whether the patient has reached *the insight*, a „real”, a correct, an edifying one, that brings important consequences upon the change of

his/her behavior, not only temporarily. Although every practitioner has a different vision on the insight, it becomes visible by observing the patient's attitude, objectified during the dialogue by comparing it with the answer suggested by the therapist. Freud was aware of the fact that not every change within personality is due to the insight and that it can't necessarily lead to change, that's why it will anticipate the appearance of the patient's transference relation, aspect that will mean a repetition of the neurotic models from his/her behavior in his/her relationship with the therapist.

Everything that interferes with the natural evolution of the therapy will be considered as *psychological resistance*. These elements always appear in the interpretations given by the analyst and are revealed by an attitude of disapproval or strong opposition more or less conscious. Under these circumstances, the way in which the interpretation is made or the moment when it should be suggested are very important. In the last analysis, for Freud, the art of interpretation has its reason in identifying the patient's resistances; as they appear, the therapist will make his patient to become aware of them. If the content of the unconscious can be interpreted with tolerance and significantly for the patient, the repressed acts will emerge to consciousness, solving a part of the symptoms. But when should the interpretation be made within the psycho-analytical sessions? The therapist decides this moment, only when he/she believes that his/her patient can handle it, in other words, when the patient is able to understand his/her defense mechanisms, by applying what he/she has learnt successively during the therapy sessions. The interpretations are gradual, as the analysis develops and the patient consumes various insights, the given material being analysed from various perspectives. The last type of resistance can be a radical one, like giving up therapy. In order to prevent that, during the therapy sessions there should be analysed the power of the conscious attitude and of the patient's subjective behavior, to estimate the activation of the resistance to various interpretations. The extended duration of the therapy (years), the passive attitude of the patient - that can choose to make or not the effort to understand the interpretation or to prolong

the transference relation, which is sign of an infantile way of maintaining a relationship – can determine an affective dependence on the therapist, leading to a temporary solution for the patient's problem and not to a real reorganization of his/her personality, that implies a certain clarification with oneself. Although the art of interpretation is vital for the psycho-analytical therapy, there are still some unsolved dilemmas: if the patient refuses the interpretation, the psycho-analytical reasoning of the expert tells us that this is the proof that this is „true” and that the patient is resistant. We have already seen that there is no question about the veracity of the interpretation, but rather about its credibility. The idea that the expert therapist can make mistakes has been excluded by Freud, that is why the therapist will never know when he is wrong since the patient's resistances can very well mask this aspect. If the therapist has a too strong desire to help or to cure, he/she will show himself/herself as resistant to the patient and will not give up his interpretations easily, so he will finally find a credible version. It seems that the excess of interpretation and the involved attitude can lead to distortions of the problem, and the therapeutic relationship will be also affected and complicated. This is why some practitioners see the solution in the self-critical attitude of the therapist that asks himself/herself : Is the interpretation offered or subtly imposed? Do I respect, do I ignore or do I psychologically manipulate the patient? Under these circumstances, the authenticity of an expert interpretation or of an edifying one, psycho-analytically speaking, will be dependent of the authenticity of a realistic vigilance and self-criticism.

3. The most authorised interpret – the Rogerian client

The humanist-existential-experiential paradigm will criticise the determinism and the defeatism of the psychoanalysts and of the behaviorists, considering that the human being is gifted with „positive powers”, resources and internal mobiles that make him/her able to cope with the negative experiences by avoiding the misunderstandings and the wrong managing that define any psychological blocking. This

perspective considers that the entire existence and development of the human being can't be explained only by the activity of instincts and of the repressed unconscious conflicts (as the psycho-analysts suggested) and that the human personality can't be discovered with an exclusive analysis of behavior (as the behaviorists sustained), actions that risk to impersonalise or to create an automatised image of the person.

Capacity of self-determination (a principle based on Rogerian psychotherapy), experience as a coherent whole (Gestalt therapy), spontaneity (psychodrama), communication (transactional analysis), sense will (logotherapy) are positive powers of the human that promote not only the health state, but also the avoidance of alienation, the coping with a monotonous life in the daily usual experience. The objectives of these forms of experiential psychotherapy don't center primarily on improving and treating certain psychic disfunctions or unadaptative behaviors, but on discovering, developing, stimulating, perfecting and accomplishing the human potential not only on the psychosocial adaptative level but also on the moral-spiritual and existential one. *The psychological edification* proposed by these therapies starts with the real discovery of the ego, of *the own* that needs to be actualised and capitalised, and continues with the edifying understanding of the personal life experiences and reporting to the ultimate reality. If the modern human has no more availability for this kind of psycho-spiritual exercises, he still can recover it, not by a well-chosen technique but in the presence of a person that really has this ability. In the experiential therapy, the analyst becomes that person, being the witness that assists to the patient's labor of becoming aware of the significance of his internal and external universe, able to reconstruct and to model his personality in a creative way.

Formulating the objectives of these therapies mainly starts from the existential philosophy and from the oriental philosophies and techniques, totally ignoring the resources of the Eastern orthodox spirituality that tells a lot about the spiritual human edification.

One of the outstanding consequences of modern society upon today's man is the fragmentation of his/her internal universe and the depersonalization (self-alienation) that happen due to the stress in everyone's life and due to the perseverance of maintaining mental conducts and behaviors that became automatic, by their repeatability and their monotony.

The loss of an existence sense and the blocking of the possibilities of manifestation for the genuine ego means losing the opportunities of valuing one's own potential, the psychico-social edification and the structuring of neurotic personality. In the context of modern life and multiple needs, contemporary man will lose his/her capacity of having a deep and realistic relation with his/her own ego, of being cautious and aware of the nature of his/her reactions and relationships, lessening the contact with his/her internal experience. The social environment often imposes certain valuing conditions on man that do not fit his/her criteria that gradually leading to a conditioned self-appreciation which is unreal and opposed to the ideal ego (optimally adjusted from a social point of view) that he/she most frequently aspires at.

This creates maladaptation, falsified reactions, incorrect representations with respect to the self and the others, evasion or avoidance of some situations. Experiential orientation therapies propose interesting solutions for this modern man's state/which will be mainly explained here through the Rogerian therapy.

Rogerian therapy, called non-directive and later on "person centered", will focus on the therapist' three attitudes (which become requirements *not* easy to fulfill by the one that approaches this therapy as a practitioner), of which the first should also gradually become one of the client's, too:

1. *internal agreement or congruence*- established between the self and the reality of its experience, through which the person (either the therapist or the client) feels himself/herself authentic and natural again, willing to accept himself/herself as "more complete";

2. *unconditional positive agreement* which is neither approval, nor disapproval from the part of the client, but self

trust, feeling important as a person, encouraged to feel free to express his/her thoughts and feelings;

3. *empathic comprehension* – an emotional attitude of understanding not learnt or exercised in therapy; it must freely exist with the therapist as any miming can be easily noticed by the client.

The aforementioned attitudes are not transmitted in an explicit verbal manner, but in an implicit one as the therapy itself would like to be considered as an evolving experience. In this approach, psychotherapeutic interpretation and understanding have a different role as opposed to the psychoanalytic session. Understanding takes the shape of *empathic understanding*, an attitude of the therapist that intends to empathically comprehend the internal reference framework of the subject-client in his/her own terms and significations (that of the client's) *here and now*, without adding the therapist's perceptions and theories as a practitioner (these being qualified as elements not particular to the client's subjective universe). In this context, Interpretation refers to *evaluation, self-evaluation, reflection and clarification of one's own feelings and life experience*, acts that exclusively belong to the client's initiative. He/she will exercise self adaptation by achieving congruence between their experience and self perception, between real-ego and ideal-ego, between what they think, what they feel, what they do and what they say. When reaching this internal contact, this may lead to self development, growth and personal maturity, thus avoiding depreciation, schizophrenia (breach and disunion) of one's own person. Any deformed, rigid perception of the ego means erroneous self interpretation that needs replacing (although this awareness needs serious self work), a "more realistic" perception of the ego, therefore a more "edifying" interpretation, full of self insights leading to the reorganization of the notion of *ego* (through which personal identity is mostly perceived).

The Rogerian therapist is optimistic regarding the abilities of the person before him to be the most rightful interpreter of his/her own experience, capable of becoming aware not only of the dysfunctional psychological factors, but also of the agent

of his/her own change. That is why, the therapist's role here is reduced to the stimulation of the client to give a reflexive answer when discussing about himself/herself, awakening his/her will for interpretation and for choice of the most enriching "variant" for him/her, considering the possibilities and the limits of the psycho-social environment. Roger is confident in the success of this approach, relying not on the therapeutic methods and techniques (they having a secondary importance), but on the therapist's personality who becomes aware that his/her *way of being* (empathic understanding, unconditional positive agreement, congruence) is more important than his/her way of *action*, for him/her, the therapist, being just a catalyst of the client's efforts (and not an evaluator, an advisor, a professional moral support). Self understanding does not lead to an intellectual image of the ego, but to the decrypting (even though incomplete) of intimate springs departing from the reflection of the own feelings (stimulated by the therapist's rephrases), following a genuine perception of the ego which means lack of deceit and disguises of the ego. *The degree of self understanding will determine the significance of the experience interpretations* that may be changed several times along therapy. This latest fact is very important as this self exercising concealed behind these explorations will become the experience of a personal and spiritual growing up.

Carl Rogers' intuition to treat man as a person, man as a whole and not as a patient with a problem, completely changed the approaching paradigm of a therapeutic act, although its structure remains generally common: the Rogerian therapeutic relationship is a human, emotional relationship, open to sincere and not professional communication; the therapist does not try to change the person before him, especially not using certain methods and psychotherapeutic techniques. On the contrary, he considers that the person has the answer for his/her own change; the Rogerian therapist is aware of the fact that *what he/she is, is more important than what he/she does*, sustaining a warm and understanding environment so that the person feel confident; the therapist's internal attitude reflected in his/her silence, his/her active listening or dialogue with the client will determine changes in

the latter one, consequently to his/her immediate experience processing; from this experience, certain significances will reach conscience, being directly and strongly experienced, and will determine changes in the self perception and image, perhaps verbally and behaviorally unnoticeable. Rogers will deny the therapist's dominant role as an interpreter and expert leader of the therapeutic act, his attitude being an apparently passive one but requiring a lot of internal discipline and self vigilance. In this hypostasis, the therapist will not ask questions, give advice, make suggestions, argue, prove, analyze, evaluate, judge or interpret, he will only listen, reflect and rephrase the client's words stressing his/her present feelings. These rephrases will practically incite the client to reflection, meditation, assertions on the self, interpretation and reinterpretation, facilitating clarification through new occurring meanings that suggest new perspectives or solutions to his problem. Here are a few reflection techniques sustaining the therapeutic dialogue, along with active listening⁹:

1. *reflection through echo repetition or in another tone* in which the therapist repeats as an echo a part of the subject's words, with respect to words or key expressions, with important significances, preserving his/her language. The emotional feature of language is stressed with the aim of determining the client to focus on present, encouraging him/her to communicate, to feel accepted, diminishing internal blockings; thus different shades of what he/she says appear and they may be corrected, reinterpreted and clarified by the client;

2. *amplification*- to highlight the positive aspects of the situation or to obtain a paradoxical effect: by additional amplification, the subject comes to see things as they really are;

⁹ Adrian Luca, *Carl Rogers și psihoterapia centrată pe persoană [Carl Rogers and person centered psychotherapy]*, in *Orientarea experiențială în psihoterapie [Experiential Orientation in Psychotherapy]*, Sper Publishing House, Bucharest, 2000, p. 33-34.

3. *rephrasing by figure-background ratio inversion*: to obtain a new vision on the whole without adding or omitting anything from the details given by the subject;

4. *synthesis rephrasing* – stressing on what is essential for the subject, i.e. on his/her experience, on his/her wrong interpretive or distorted patterns; only the client's words are used with no interpretations on his/her words;

5. *clarifying rephrasing*: when the therapist expresses what the subject felt, but cannot utter, not making any suggestions and checking if his/her rephrasing corresponds to the client's experience;

Roger's conception will draw upon it numerous critiques, one of which qualifying it as "Rogerian religion", due to a lack of complete experimental, rigorous scientific validation. Although Rogers does not give insights into religion in his theory, his extremely open and articulated manner of theoretical and practical approach send us to religion. This openness comes naturally in his existentialist and humanistic theory as it takes into account the complexity and profoundness of the bearings related to human nature and to person that he brings into discussion. Other therapists also referred to "creative forces" or to the exceptional potential in man, proposing various stimulation methods (such as creative ones, role playing). But what Rogers proposes is truly edifying: unconditional positive acceptance of the other which is an exercise of unconditional love, trust in the clients' possibilities and a lack of / guiding that exclusively draws attention on the clients' person, on their self-determination free choice and not on the therapeutic approach or techniques. Unconditional acceptance does not involve the clients' consent to what they do or think, but diminishes their guilt degree, makes them more tolerant to themselves, to their symptoms, more positively involved in continuing therapy.¹⁰ The experiential therapist helps his/her clients to make the difference between them as persons and their unadapted behavior that he/she must work on. Considering these aspects, we conclude that:

- in Rogerian therapy, the psycho-diagnosis is minimum;

¹⁰ Daniel David, *Psihologie clinică și Psihoterapie. Fundamente [Clinical Psychology and Psychotherapy. Fundamentals]*, p. 43.

- interpretation is not a psychotherapeutic instrument in the therapist's hands, but an important „skill” in the the client's hands;

- the ability to directly and immediately experience gives insights to the client that make self acceptance easier for him, becoming more tolerant to himself/herself and the others by building a set of personal values.

In the same humanistic perspective, existentialist the psychotherapy practiced by Ludwig Binswanger, Rollo May, Viktor Frankl, Melard Boss and others aims at helping people edify themselves with respect to their own person and their life, departing *not* from the analysis of conscious or unconscious psychic structures or from the strict rules of ego exploration, but rather from the understanding and respect of each one's uniqueness and own way of being in the world without avoiding the reference to man's ultimate concerns (death, lack of sense, existential isolation). This deep psychotherapeutic approach considers that what restricts modern man's understanding is the exaggerated stress on technology which determines a perception on man as object to be guided and analyzed by means of different methods.¹¹ For Victor Frankl, a variant of existential analysis is *logotherapy* that underlines the personal quest of seeking the meaning of life and the contact with spiritual aspects deriving from it. He admits that psychotherapy deals with the issues of human maladaptation while logotherapy completes it with its openness towards the spiritual dimensions of life where man needs a certain edification. His therapy system resulted from a hard life experience (2 years spent in the concentration camp of Auschwitz) where the permanent feeling of the life sense became a crucial insight for survival. According to him, man is a being more than adaptable to society, a being who wants to achieve certain goals and fights for them, this making him/her feel existentially complete. Here are three such categories of life senses that make man feel edified¹²:

¹¹ Irina Holdevici, *Elemente de psihoterapie [Elements of Psychotherapy]*, ALL Publishing House, 1996, p. 98.

¹² Apud Angela Ionescu, in *Psihoterapia existențială [Existential Psychotherapy]*, Sper Publishing House, Bucharest, 2001, p. 15.

1. Creation: what someone succeeds in accomplishing or offering to the world;
2. Encounter and experience: engagement in deep experiences such as beauty, truth in nature, work and love;
3. Position in sufferance that cannot be changed: searching and fighting for a sense of sufferance, even the one that it makes man evolve, by growing him/her spiritually.

4. Therapeutic interpretation as cognitive restructuring

The American psychologist George Kelly continues the humanistic tradition marking the passage to the cognitive paradigm through a complex and well articulated theory. He/she would show that human personality undergoes a permanent self construction that depends on the way in which the person interprets the world, underlying the importance of certain cognitive processes involved in signifying world and personal experiences. The internal world we conceive might not fit so well to the real world we live in; therefore man has the tendency to subjectively reflect it, thus modifying it. As a free and active being, he/she will unceasingly judge the world, organizing his/her experience departing from comparisons, similarities or contrasts that define a new concept, that of *personal constructs*. These “are actually dichotomized categories through which the human individual chooses one of the two alternatives for interpreting and controlling events”.¹³ A construct must comprise three elements, of which two are similar to differ from a third one. In other words, when we try to interpret or understand an event, we are forced to find similarities to another event and differences from a third one, according to Kelly. For instance, the judgment “Socrates is mortal” involves a similarity to at least one human case of death and the differentiation of this status from the hypostasis of being alive.

¹³ G.A. Kelly, *The Psychology of Personal Construct*, Norton, U.S.A., 1955, p. 64.

In cognitive psychology, the process of *construct* set up is called categorization and the result of this process is called category. Interpretation as a categorization act will be unique due to its content given by the personal character of constructs (determined by a certain life experience) and by their way of personality structure organization. Thus, two people emitting the same judgment can understand completely different things, each giving it another value. For instance, there are several interpretations on the judgment "X is a faithful man", that is "X is a religious man that believes in the existence of divinity"; "X is an archaic man who has no purpose in life and must cling to something"; "it means that X is a good person and can be trusted"; "X is a weak and gullible man because he needs faith", etc.¹⁴. Another feature of the personal construct may be noticed here: that it is not identical with the verbal tag that gives it different senses. The knowledge of personal constructs, especially of those with a central position in the structure of personality, helps understanding or even foreseeing a person's behavior. Here is Kelly's postulate: "By its system of constructs, human personality satisfies the fundamental need of the individual to predict or anticipate the course of certain events".¹⁵ If the event or behavior is performed under an anticipated form, the validation of the construct takes place in the following mental steps: anticipation of the event/ behavior – experience – affirmation/denial – reconstruction. The individual's attempt to build a pattern of behavior or of events based on differences and similarities becomes a manner of adaptation to the environment. For instance, the happy-said construct is reproduced in a series of events.

As man is a being that behaves according to what he thinks he is, psychotherapeutic intervention especially aims at these personal constructs whose change may damage the structure of personality. At a certain moment, two or more constructs will no longer suit behavioral consistency and will

¹⁴ Such answers were given in 2006, in a survey carried out on the students following the technical courses of the University "Gh. Asachi" of Iași, with the purpose of revealing their moral and spiritual values.

¹⁵ G.A. Kelly, *The psychology of Personal Construct*, p. 46.

need replacing. Such an approach is difficult as constructs are resistant to change, being more or less open to new modifications. It is interesting how the author of personal constructs identifies inner personal differences not only in the internal or external factors of personality, but also in the way of building and interpreting the world, as a result of the interaction between the two types of factors. In the system of personality, according to Kelly, the general need is that of interpretation, control and anticipation, the first being an intellectual category accompanied by specific emotions. As any psychologist, Kelly is optimistic with respect to man's innate possibilities of continuously improving his interpreting style with an adaptive-predictable effect. His theoretical results are applied to the cognitive-behavioral psychotherapeutic model that involves cognitive restructuring by the act of interpretation and resignification of some thoughts. The cognitive-behavioral paradigm based on the following principles¹⁶ will justify its call upon interpretation or categorization as therapeutic procedures:

1. Psychological problems are *unadaptive learned* answers, sustained by dysfunctional cognitions (*unadaptive/irrational that cannot be logically sustained – they do not respect the principles of logics; empirically – they do not have sustaining proofs; they are not functional and do not help us*).

2. The factors generating dysfunctional thought are located in the interaction between psychic processes and social environment and they are difficult to determine;

3. The optimal means of reducing distress and unadaptive behaviors is the modification of dysfunctional cognitions and that involve tenacity and effort from the part of the subject.

The cognitive-behavioral therapeutic approach will be a demanding one, encoded under the name of ABCDE¹⁷ model, each letter corresponding to a constituent:

¹⁶ Apud, Daniel David, *Psihologie clinică și psihoterapie. Fundamente [Clinical Psychology and Psychotherapy. Fundamentals]*, Editura Polirom, 2006, p. 48.

¹⁷ Vezi, J.S. Beck, *Cognitive therapy : Basics and beyond*, Guilford Press, New York, 1995, p. 35.

A- the activating event (internal factors: thoughts, emotions, memories, behaviors related to them); external factors: objective situations;

B- the person's beliefs (cognitions, faiths) that are triggered, interfere, and mediate between the activating event and the behavior;

C- behavioral, biological/physical and emotional consequences, along with cognitive processing consequences;

D- restructuring of unadaptive cognitions;

E- assimilation of new rational and functional cognitions;

We are interested in the B constituent where informational processing of the subject takes place and is expressed by means of verbal language which provides an important material that may be restructured. One of the most important clinical cognitive processing are *descriptions* that reflect stimuli in the cognitive system through ascertainment sentences (e.g. "You are quiet tonight."); the inferences are deduction operations of a sentence from others ("The fact that you are quiet shows you are upset or you are hiding something from me"); *automatic thoughts* comprise conscious accessed descriptions and inferences. All these types of processing may have two sides: a functional and a dysfunctional one in the sense mentioned above. Here are a few examples of descriptions, inferences and dysfunctional evaluations: personalization (unjustified association of the own person with external events); *dichotomical thought*; *overgeneralization*; *minimization* or *maximization* of the significance of an aspect; arbitrary interference, etc.; *absolutist must* versus *prefer* (it is a matter of formulation with a strong psychic impact generating irrational conditionals: "If I want to be a man, I must face all my fears", "I must give up it all to feel free and peaceful"); *troubling* versus *non-troubling* ("It is the worst thing that could happen to me and others"); *low tolerance to frustration* versus *high tolerance to frustration* ("It is impossible to accept and live with such a problem"); *global evaluation* versus *contextual evaluation* (judging a person according to an unadapted, weak or wrong behavior).

Unadaptive behaviors and emotions are not produced by external stimuli, but rather by the subject's evaluations with

respect to his/her own purposes or desires that may create a certain distortion. The patient's evaluations or interpretations are considered as vulnerability factors that, interacting with life events, may lead to and sustain a clinical framework (described by the consequences of information processing) which can outlive even therapeutic intervention. Therefore, in therapy, there is the distinction between "feeling well" (symptomatic treatment) and "getting better" (etiopathological treatment). To get to the second stage there is need of changing the dysfunctional evaluations occurring on the three levels, i.e. subjective-emotional, cognitive, and behavioral. After identifying dysfunctional cognitive structures or automatic thoughts by different techniques (direct questioning technique, guided imagery, role play, daily observation and registration of automatic thoughts, free associations), techniques to modify them are applied and they do not become self purpose, but only a way of remitting the clinical framework. To correctly apply these techniques, a proper therapeutic relation is necessary: the patient must feel that the therapist and him/her are on the same side and that his/her irrational cognitions are on the other side, considered as hypotheses and waiting to be logically, empirically and pragmatically investigated.¹⁸ Before starting the cognitive restructuring, the therapist must be sure of the patient's understanding and acceptance of his unadaptive reactions as caused by these irrational thoughts. Here are some techniques stimulating the patient towards a functional interpretation demanding the therapist's training in this sense¹⁹:

1. *Logical techniques* through which logical inconsistencies in the patient's thought are identified, predisposing him to an erroneous interpretation.

2. *Empirical techniques* based on which the subject is asked to identify events from his life experience that sustain his automatic thought. After comparing the list of events confirming it with the one denying it, the subject gives up to his/her interpretation of his/her condition by means of that specific thought or state. Linguistic tags pertaining to the

¹⁸ Idem, p.160.

¹⁹ Idem, p. 165-175.

subject such as „I am stupid” also follow the model above; they are charged with emotional states, making him/her understand that these tags cover a large series of behaviors he/she has the tendency of falsely attributing them to himself/herself.

3. *Pragmatic techniques* through which he asks the patient to draw a list mentioning the costs and benefits that automatically come to his mind.

The success of the three techniques mostly depends on the therapist's experience and training. After cognitive conceptualization or dysfunctional cognition identification of the case, he will use different therapeutic techniques of cognitive restructuring as mentioned above. I will give an instance for this stage to be understood. In the case of a person that has suffered the death of a loved one, the following dysfunctional/irrational cognition may occur: „He could have lived more, he should not have died, it is unfair; I do not know how to live anymore”. The procedures of cognitive restructuring change the way in which the subject interprets the activating event, reducing the cognitive discrepancy and, consequently, the problems related to it.²⁰ Cognitive change should be reflected by language, by the way in which the subject reinterprets his situation: “I wish he did not die; I am awfully sorry!” accompanied by negative, but functional emotions (sadness). It is amazing how the nature of thoughts belonging to a person and her manner of wording them can definitely affect her personality, both subjectively and objectively. The difficulties of such a therapy are considerable if we consider that these irrational thoughts are resistant to change and the troubling of external situation A (the death of a loved one) may shift to the troubling of the negative subjective-emotional (functional)-sadness related to this event, turning it into a (dysfunctional) depression: „I am the most unfortunate person in the world, it feels awful to be me...what is the sense of living”. The emotional state is interpreted in a distorted manner here. I will not go into

²⁰ Daniel David, *Tratat de psihoterapii cognitive și comportamentale [Treatise of Cognitive and Behavioral Psychotherapies]*, Polirom Publishing House, 2006, p. 157.

details, I will only conclude with respect to the cognitive-behavioral model. An important aspect in applying the ABCDE model is the understanding and checking of the significance of the patient's words which is an essential starting point in therapy. For instance: „A patient may affirm that he/she would like to be appreciated by other people, which seems a rational evaluation; however, a closer look may reveal that the evaluation is in fact an irrational one as the patient believes that the others must necessarily appreciate him/her. Similarly, in the case of emotions, a patient may say he/she is depressed but at a closer look he/she could reveal a functional emotion of sadness. *Misunderstanding these aspects may lead to serious errors in psychotherapy* ²¹ which equals the failure of an edifying psychological-therapeutic hermeneutics.

²¹ Daniel David, *Psihologie clinică și psihoterapie. Fundamente [Clinical Psychology and Psychotherapy. Fundamentals]*, p. 63.

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