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**PART PROCESS ANALYSIS:
TOWARD A NEW METHOD
FOR STUDYING INTERACTION***

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The purpose of this paper is to describe a new method for analyzing interpersonal transaction. Bringing real life and research methods together in an effort to understand relationships has constituted a great challenge for researchers. The problem is to obtain data that are as closely related to clinical reality as possible *and* at the same time measure up to standards of scientific rigor. In our research (Lafferty & Gulbrandsen, 1979) we set out to determine what factors were basic to marital choice, to understand couples' interaction, and finally determine therapeutic outcomes.

The method to be presented, the part process analysis, was developed through a review of research and theory in the field of interaction, a model of self and above all: clinical practice. In the proceeding, therefore, the following topics will be discussed: research and theory on relationships, the clinical method and part process analysis.

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Research and Theory on Relationships

*Space does not permit a review of all the work in this area.*¹ Instead some of the problems in transactional research will be discussed.

1. The research seems to be dominated by a "trait" approach. For example, a couple is asked whether or not they would rate themselves a weak or strong with reference to a specific trait. They "check off" their evaluation. The traits are then combined in an effort to determine the relationship between them. Research on marital choice shows either that "opposites attract" (heterogamy)—or that couples have similar traits (homogamy) (Burchinal, 1967). The live *being together* is lost. In my view this is a result of the dualistic, static and largely artificial divisions that the positivistic research ideal has encouraged.

2. The research tends to be monolithic, i.e. certain factors have been seen as exclusively important for explaining marital choice. Some investigators (Clore, 1977) argue the significance of affective factors, while others emphasize cognitive factors as important (Ajzen, 1977). It is often an emphasis on either/or, rather than both/and (Bateson, 1973). The holistic perspective is lost. Knowledge is fragmented.

3. The process side has been neglected in favor of more static models. The hallmark of lived experience is process. The methods are frequently unable to include the process aspect adequately (Riskin & Faunce, 1972; Magnusson & Endler, 1977).

4. In some of the research the developmental perspective is lacking. It is difficult, if not impossible to understand marital choice and interaction without a developmental perspective. Couples' relationships to their respective parents are decisive for marital choice.

5. Sartre (1960) pointed out that methods are needed which take account of the totality of social, familial and individual factors when we study people. This is an obvious observation, but difficult to solve in research. The research emphasizes *either some* psychological factors *or some* sociological factors (Duck, 1977; Houston, 1974).

Sartre (1972) concluded that the best vantage point to understand the person-in-the-world was the case study approach. The individual has social and family "influences" within himself. The social, familial and individual aspects predispose each other in a dialectic model. Suffice it here to point out that Sartre argued that by conducting a thorough study of the individual and his life,—his total life situation, his past and present will be expressed. Both process along with complex, holistic aspects will be included. This represents a strong argument for the clinical method as a research method.

6. The research tends to be dominated by a "result focus." If we postulate a lawful, predictable, "natural" reality *outside* ourselves as observers, then our results become "true." Our purpose in research becomes one of locating a truth that is already there. The results are presented more as true information to the reader than as a challenge toward new thinking and creative development. Such "true" results *may* lead to blind alleys because they obscure the total picture. Myriads of disconnected "facts" can "pollute the brain" as a Soviet Nobel Prize recipient commented in an interview.

Basic questions are: Are present methods suitable for understanding human beings? Do methods constitute man, rather than afford knowledge of man? Must man adjust to methods rather than methods evolve from man? As has been pointed out repeatedly (Giorgi, 1970) this is a very serious problem for psychology, because our theory will determine who and what we *are* as human beings. When we ask people to check off their traits on an inventory, it is constantly necessary to be aware of the danger of conceptualizing a person as "an owner of static traits."

In our search for research tools we had the following question: Are there methods that encompass the whole man-in-his-world-over-time? The answer was obvious once we saw it: The clinical method. When I confront a patient I somehow manage to "juggle all the variables," to focus on the here and now, but to be mindful of process, to experience one aspect of the client, but to be aware of all the others, etc. In a *live* meeting I somehow amass and organize myriads of data.

The Clinical Method

The clinician uses himself as a *source of data*, he *observes subjects in depth over time*. He takes account of the *past*, of *unconscious factors* as well as the *total world* of the client.

Now let us consider these aspects in some detail:

The clinician as a source of data. The fact that your personal reactions to a client constitutes data is obvious for most clinicians (Whitaker 1976; Jourard, 1971; Greenson, 1974, etc.). For many it is the single most important source of information. In a study 20 clinicians were asked to rate a patient based on minimal information, then again on the basis of a social case history, then based on live observation (one-way screen), testing and finally on live observation of interview. (Lövlie, 1964).

The reactions were extreme frustration at not being able to *relate*

directly to the client individually! This would give them the necessary and vital information they needed to clinch their evaluation!

In this situation personal knowledge rather than “objective” knowledge is “true” knowledge. Clinicians understand that: a) One must use oneself as source of data. b) One influences constantly the phenomena one observes and in turn one is influenced by these phenomena.

Kierkegaard says,

It is not only of importance what you see. It is not only important *what* you are looking at, but *how* you are looking at it, because all observation is not just a reception or a discovery but it is “a bringing forth.” And to the extent that it is this, it is decisive how the observer himself is. If the object for the observation belongs to the outside world then it would then it would be a matter of indifference how the observer is; what he was looking at is not something that would concern his deeper being. But on the other hand the more the object of observation belongs to the world of the spirit, the more important it is how he himself is in his innermost being. (Quoted in Nordentoft, 1972, my translation and italics)

This might be described as a clinician’s manifesto and I want to argue here that it should be used by the clinical researcher also. It is important to strive toward objectivity in relationship to our subjectivity. Truth can not be understood or reached independently of the person who observes. It is a living human being who interprets and integrates the reality that he relates to. It is an illusion to believe that man can be an objective scientist with an objective science in an attempt to understand himself. The fact is that we are influencing the types of data we obtain, all according to our own way of living and being. We must understand one another’s way of life in order to get consensus on experience. Our creation of reality depends on our interests. Here the word interest is used in the sense of “*inter esse*,” in other words: “being among” what we observe or what we relate to (Habermas, 1968).

The researchers’ “way of life” is related to what he finds. It is through participating with ourselves in process with the patient, that we get to know him. Through a series of research findings it has been established that our results are products of an interaction between the investigator and who he is, as well as the object of his research. (Rosenthal, 1976). Hamlyn (1976) argues that we have to be in a personal relationship to another person in order to understand that person. Psychological research is a social reality which is constructed through a special form of

human practice rather than a revelation of a reality unto itself (Berger & Luckman, 1968). There is no reality to disclose, simply one that we can be in a constructing and hopefully constructive relationship to. When we study how ordinary people develop knowledge about each other, we find that this depends on who I am, who the other person is, and on the total situation in which we find ourselves.

Observation (the phenomenological-hermeneutic approach). Typical of the clinical method is *creative observation*. This term is adopted from Tinbergen (1977) who found that the method of studying animals in their natural environment was observation. He noticed that people were more or less creative when they observed. People must be taught to observe creatively. This is what we do in supervision. We teach the supervisee to see the relationship or look for things that he simply has not learned to see. It is necessary to agree on what we are to look for.

What exactly is it I do when I sit down with a family? I observe and I look for what people do with each other and with me, and I form maybe a picture of how they live their lives' themes together. I recognize that a given theme is present in different contexts *during* one hour and from time to time *across* hours. When I see that a given theme is lived the same way repeatedly through one therapy hour, in different contexts over time, I may conclude that I "know" something about them. This is the phenomenological-hermeneutic method. It is close to data, you observe the live phenomena here and now, they reveal themselves to you, and you observe them in different contexts over time. This can be used as a research method. In fact I feel it is specially suited to pick up data on relationships. What is needed additionally in research is a more systematic version of the clinical method, maybe more observers, more precise concepts, clarification of theoretical points of view, etc.

Subjects. Kierkegaard pointed out that "if only you can account for yourself, then an observer will have enough with five men and five women and ten children in order to discover all possible conditions of the human mind" (Quoted from Nordentoft, 1972, my translation). It is important to study fewer people in greater depth. We have examples that this method has engendered much knowledge, notably Freud and Piaget. It is important not just to accept this approach, but to encourage it. Such investigations will secure understanding of the whole, complex side of man-in-relation.

The developmental perspective. As I pointed out, clinicians usually work within a developmental perspective. Research on family and

couples can be done without a developmental perspective. However, limits are then introduced and must be accounted for. Psychoanalytical theory could be said to be representative of the historical and the work of the Palo-Alto group the a-historical perspective. It is necessary to know what you exclude and possible effects of such exclusion.

Hegel says somewhere that "*Wesen ist was gewesen ist*" (being is what has been) (Hegel, 1970). The present is predisposed by and predisposes what has been, and what has been predisposes and is predisposed by the present and both these aspects predisposes and is predisposed by the future. (See Sartre, 1960). The clinician operates within these perspectives vis-à-vis his patients. These same perspectives are important in research. In our research we have worked within such a dialectic model. As will be seen part process analysis is a method which attempts to account for the dialectics of time. The analysis is useful both for the study of marital choice and interaction as well as therapy (change).

The social aspects. Clinicians orient themselves to the interaction between society, family and the individual. It must be possible to make the clinical method explicit by describing precisely the clinician/patient interaction as well as how the clinician uses his implicit knowledge of social aspects. We have tried to include this perspective in our conceptual framework, and in our data there is a possibility to include the relationship: individual \longleftrightarrow world. The individual level is predisposed by the societal and the structural levels; the societal by the individual and the structural, etc. The levels are sides in a dialectic which transmits information about other sides.

Process and dynamics. Clinicians are constantly aware of process during one hour and across hours. Although, as Riskin & Faunce (1972) pointed out, researchers emphasize the importance of time, it is difficult to develop methods that account for process. Furthermore the individual is not only in-the-world over time, he is in-himself over time. The complex inner dynamics and unconscious forces must be taken into consideration.

Part Process Analysis

One world view and the self. A basic premise underlying the self model and part process is the one world view. (See my discussion of this

elsewhere [Lövlie, 1980]). The one world view simply refers to the assumption that there is no a priori division between subject/object, inner/outer, thought/feeling, you/me, etc. Man creates his world and his categories through a laborious process of differentiation/integration. The categories are not indigenous to human beings. The infant and the mother start in a symbiosis from which they gradually emerge. Feelings in symbiosis can be located anywhere, in the mother, the bed, the sister or in the infant. *Where* the feelings belong has to be negotiated in the relationship. Individuation is created, not given. The point is that we live parts of ourselves in the other person. (See Dicks, 1968; Kohut, 1977; Boszormenyi-Nagy, 1965). Nagy points out that the *other* person's behavior may be motivated by *my* delineation needs.

If I have found certain aspects of my experience threatening I use other people as defenses. In this way I avoid having to relate to threatening aspects of myself *in myself* (as *mine*). If I cannot accept my anger I can relate to it as though it were yours. This is, however, only possible when both partners are unclear (unknowing) about their respective anger. If a person is both afraid of *and* seeking closeness he or she can choose another person who approaches in an effort to get close. Then he or she can withdraw just before closeness is effected. Both partners express *need* for closeness *and* a defense against it. They act as "defenses" for each other.

The relationship is dialectic. One partner lives a theme in a manner that maintains the other partner's way of living the same theme. One partner's way of life creates the predispositions for how the other can act and vice versa. If my child acts out my anger, his anger expresses something about *my* defenses. The more of myself I can experience and accept, the less I need to live myself in others. But as I engage in transaction I lose momentarily parts of me "in" the other only to regain myself again (Hegel, 1970). Any relationship gets muddled occasionally. The decisive factor is how well this entanglement can be sorted out. People in relationships then are seen as constantly losing and regaining boundaries. There is, it will be remembered *no* division. We create it in order to make sense out of our world. If there is no division we can "combine" people in interaction any way we see fit. Mothers-anger-child's-acting-out can be constituted as a unit. Your-praise-my-self-esteem can be a unit, and so forth. It is a way of conceptualizing that is quite unorthodox in spite of Bateson's pleas (1973). A part process is *action-feelings-and-theme* (action-feeling-theme). Why this particular unit?

To answer that question we have to go back to clinical practice. When

partners in a couple exchange remarks these remarks can be divided up as follows (I divide them, they are not divided a priori):²

- a. The content in the remark (theme).
- b. The meta communication (feelings that are “lived” along with the remark).
- c. How these remarks reflect their definition of the relationship.

Inherent in this division is the area, theme, aspect of their life right now that they are attending to. A theme could be just about anything: child rearing, cooperation around the house, money, anger, closeness, sex, etc. Furthermore *how* they relate (act) reveals their ways of negotiating the relationship their feelings about it.

This particular combination-action, feeling and theme, or theme-action-feeling was primarily derived from clinical observation. Then it was tried out with clinicians viewing video recorderes of couples. They were asked to determine a theme, and what a given couple felt and did in relation to that theme. If we instructed observers to determine the most *manifest* theme, feeling and action in a given therapeutic sequence, there was high agreement among observers.

Why is this unit referred to as part-process? The self model on which the whole relationship model is built is dialectic (see Lövlie, 1980). The man creates his self through action in the world. Action and self-creation are dialectic (Becker, 1964). This global dialectic has to be subdivided (again it is not divisible except as I choose to do it for purposes of illustration). Part implies a whole, and helps keep the holistic perspective. Process emphasizes the time perspective.

A part process is expressed in the following terms: John lives his anger by expressing it. Mary lives her anger by provoking others, and not confronting it as hers. Karen lives sexual feeling by subtly encouraging her teenage daughter to act seductively with men. Hans and Gretel live strength/weakness by Gretel relating to strength in Hans and weakness in herself. Hans correspondingly relates to strength in himself and weakness in Gretel. In this way they never have to face their combined weakness. If they could endure their own weakness they would live weakness/strength in movement dealing with it wherever it belonged at any given time. The self is seen as a relationship both to the self and to others. My relationship to myself is dialectic to my relationships to others.

Repetitive part processes and unconsciousness. Let us use John and Mary as an illustration of part process. John lives closeness by pulling

back when approached. Mary lives closeness by initially approaching and then accepting the "rejection."

An example:

Mary (with some warmth): "I think you felt lonely with the group at work when . . ."

John (a bit condescending) "It is not a question of lonely. It is a question of common interests. My interests . . . etc."

Mary: "Yes, I can see that. (Pause) But you must have felt lonely in your family . . . ?"

John: "Have you ever seen more difference between sibs than between my sisters and me? . . ."

So the interchange continues. The point is that both maintain some hope for closeness *and* at the same time avoid it.

Mary does not relate to her need as *hers*, rather she relates to her need as though it were *John's*. She repeatedly lives this need as though it were his. He repeatedly lives *his* need as though it were hers. This means they are largely unaware (not knowing of) their respective needs. It should be pointed out that when John became more receptive to Mary's reaching out, she pulled back. This substantiated the notion of mutual inter-personal defenses. Unconsciousness is conceptualized as that aspect of myself that I relate to as though it belonged to another. It is only when I acknowledge it as mine that the part process is no longer repetitive (and unconscious), but moving (in change).

Part Process analysis. After much trial and error we selected as themes for our research on couples three of Stierlin's (1969) dichotomies describing the mother-child relationship:

- a. gratification—frustration
- b. closeness—distance
- c. similarity—difference.

Obviously there is overlap here, but still these themes discriminated well enough to be useful.

Let us examine a sequence from a session:

Carol: "I tried to be very understanding and patient about your exams."
(Clinical description: flat voice, slightly subservient, indirectly blaming Bill for his lack of ability to see how she tries, saying that she really has to try hard in this relationship, etc.)

Bill: "There is no way you can understand this! You never went to college, you can't understand the pressure." (Clinical description: slightly irritated—downgrading, blaming.)

Carol: "I can see that it's hard. But I have a lot to think about—the children, and your parents and everything . . ." (Clinical description: understanding, apologetic, indirectly complaining, expressing dissatisfaction indirectly.)

These descriptions are combined in this way: Carol lives gratification/frustration by trying to gratify. At the same time she indirectly expresses frustration. Bill lives gratification/frustration by expressing frustration and angrily demanding gratification. They avoid being genuinely gratified and genuinely frustrated. If they lived these themes in movement they would both be able to gratify as well as frustrate each other. In repetition the "sides" in the dialectic are never experienced as clearcut (focal) sides, —rather they are muddled. Their ways of living this theme become more understandable when viewed against their respective backgrounds. Carol lived gratification/frustration by trying to satisfy her demanding mother (by performing in school, by being kind and obedient and so forth). She was not gratified (accepted, approved of) because mother always focused on what was wrong: that Carol did not try hard enough, etc. Carol married Bill who needed a partner that he could be dissatisfied with and find lacking, because he had adapted his dead father's way of being disapproving in relationship to his mother. In this way they lived this part process repetitively and defensively, i.e., Carol's way of living the theme maintains Bill's way of living the same theme and vice versa. Obviously several sequences must be examined before it can be concluded that a given part process is repetitive. We have used part process analysis based on TAT stories (how hero[ine] lives themes) and from self-reports. However, in the present context part process analysis refers to analysis of video films of couples.

Part Process Analysis as a Clinical Method. What does this method have in common with a clinical method?

1. The phenomenological/hermeneutic approach is used. The phenomena are observed and recorded directly, and we observe the couples in different contexts. The concepts are directly "translated" into behavior here and now—the data are close to experience. We use clinical judges to describe the interaction. The data is public.
2. There is a close, direct connection between phenomenon and concept. The real life activities between people are recorded and labelled.
3. The method allows for a model of relating based on a one-world view. The couples live their selves merged and separate, but the divisions are created in live process, not given facts. They are not things relating to other things.

4. Sartre's methods problem approaches a solution in that in a given statement, e.g., Carol: "I tried to be very understanding . . ." is expressed her society's idea of what one should try to be, her family's ideas as well as *her* rendition of these ideas. She speaks in a sense for all people in her position, all women, all clients, all wives, etc. It is up to the clinician/researcher to be aware of this complexity.

5. In an existential/dialectic approach process is implicit in that the future contains past and present as present contains past and future. The past contains present and future as well. This means that how I view my past is influenced by my present as well as my thoughts about my future. Carol's statement "I tried . . . etc.," means "I have been doing this," "I am doing it now." Furthermore, the fact that I am and have been doing this is decisive for my future life.

6. The developmental aspect is always implicit in a dialectic model. The sides in a dialectic are transmuted in a synthesis. They do not "disappear." The way you lived your part process with your parents is dialectic to the way you live them now.

Conclusion

1. If we can document changes in the way people live themes together, e.g., from repetitive part processes to changing part processes, this might be a viable method for studying therapy. Effective factors in therapy, for instance, could be determined by observing:

- the live encounter between therapist client (with judges)
- direct report from therapist on his reactions in the session
- therapist's reaction to recorded session
- judges' analysis of the recorded session.

Part process analysis might prove to be a very exciting way to probe questions like: What is really going on? Is the relationship changing? If so, why is it changing?

2. In principle part process analysis could be applied to all kinds of relationships: How does a family live themes together? mother-child? man-wife? mother-daughter?, mother-son, father-son? student-teacher?, supervisor-supervisee?

3. Part process analysis has incidentally proved valuable as a tool for teaching psychotherapy. This is not surprising since it yields information about how the therapist lives themes with the client here and now and vice versa. A client may force the therapist to live themes in a certain way, thus disclosing habitual ways of relating. The therapist's modes of

living themes are also readily observable. The method alludes to possibly ways of intervention e.g., if the therapist refuses to live themes in ways that maintain the client's defenses. It makes possible a detailed statement-to-statement view of process.

At this stage the method continues to be tested out—and though very promising, more research is needed.

NOTES

1. See Gulbrandsen (1977) and Lafferty & Gulbrandsen (1980) for such reviews.
2. I am indebted to Virginia Satir (1967) for this section on communication.

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