10 Client Interests and Possibilities in Psychotherapy

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This chapter is concerned with the function of psychotherapy in relation to client interests and possibilities. The other party in the psychotherapeutic endeavor, the therapist, will be mentioned only to the extent that it is necessary for this purpose. Consequently, this will not be a systematic account of professional psychotherapeutic action and thinking (cf. Dreier, 1987b, 1988a, in press).

There are two sets of presuppositions on which this work is based. First, psychotherapeutic practice should essentially be directed at mediating more extended subjective possibilities for clients. They experience themselves as stuck at particular problematic points in their life contexts, both individually and with others. This deadlock is reflected in their negative subjective state and may take on an explicitly symptomatic form. They may turn to a psychotherapist, or be referred to one, with the aim of creating possibilities for themselves that do not seem to exist in their everyday lives. Faced with such demands, therapists search among available theoretical concepts for the means of defining concrete possibilities for action in order to help their clients realize the possibilities that exist under existing conditions and to create new, extended possibilities. Therapists, for their part, turn to available concepts, especially when they feel stuck with respect to the action possibilities in their concrete practice under existing conditions or when they have doubts about their success. Beyond that, many therapists, especially the critical ones, expect not only to define existing possibilities, but, more important, to establish a basis for extending them. Moreover, this extension should apply both to their present case-related professional action possibilities and to their societal development.

Second, it is presupposed that understanding and taking care of clients' interests and needs must be of central concern to therapeutic practice. This is related to the first presupposition. Difficulties in therapy, such as lack of motivation, stagnation, resistance, and relapse, are especially likely to occur when clients' needs and interests are not being met. The very definition of

these needs and interests is already a difficult matter. At the start of therapy they are, in any case, unclear and contradictory. They are not immediately given or, when they are, they appear in forms that must be analyzed as part of the problem.

How, then, can clients and therapists determine these interests and possibilities during the course of therapy? How can therapists ascertain whether they are acting in the interest of their clients? What demands does this place upon therapeutic practice, and how should the therapeutic process be shaped accordingly? These are the questions that follow from the stated presuppositions and that will be addressed in this chapter from the point of view both of immediate therapeutic practice and of Critical Psychology's subject-scientific approach.

Answers to these questions basically require that the client's psychic problems be comprehended within the concrete relations among the following factors (Holzkamp, 1983). First, the meaning to clients of their present objective possibilities and restrictions of action must be understood. Then clients' subjective relationships to this range of possibilities must be analyzed, that is, the structures of their subjective grounds for action as grounded in their relationships to the meanings of their present conditions taken as premises. Moreover, the problems of their action potence and its subjective conditions must be understood, that is, their own experience and appraisal of the relevant prospectives, the objective possibilities, and the subjective prerequisites needed for their realization. Finally, the problems associated with their various psychical functions – cognitive, emotional, and motivational – must be understood.

This kind of analysis of mutually interrelated factors is aimed at reconstructing the problematic subjective processes as aspects of clients' concrete life situations. Their subjective grounds for action and their psychical states are not reduced to being only objectively determined by their conditions, nor is their clarification sought by abstractly looking inward. On the contrary, to do either would be to engage in the form of self-delusion in which clients put themselves, or imagine themselves to be above, beneath, or outside of existing relations. Subjective grounds for action and psychical states can only be clarified within the context of the subjectively problematic relationship to the existing range of possible action. Such a basis for psychological analysis implies a unitary determination of the various levels of the relationship between the subjective and the objective. Only in this way can it serve as an adequate basis for orientation to real subjective possibilities and clarify the subjective range of possibilities. It can be determined both what is possible and what can be made possible, as well as how these possibilities are related to the client's interests and needs. Broadly speaking, casework can then proceed from an initially problematic confusion about these issues to their gradual determination, that is, to an increasingly precise definition of the problem and the

orientation of the work needed (Dreier, 1985a). This can lead to a clarification of clients' interest in and need for therapy, that is, the subjective functionality of therapy for them in their life situations. Finally, this makes it possible to delineate and combine the therapeutic spaces of "professional help," "self-help," and "lay help."

The general analyses, as they are sketched above, of the origin and overcoming of particular client problems form the basis of our more specific and concrete exposition of the problems of identifying the possibilities and interests of clients in immediate casework. In this, our focus will be on the conspicuous contradictoriness of interests and possibilities. Only by analyzing these contradictions can the clarification and extension of concrete possibilities and interests by achieved.

The Conflicting Nature of Client Problems

Owing to the central importance of unresolved conflicts in the emergence and maintenance of psychical disturbances (Holzkamp-Osterkamp, 1976, 1978; Dreier, 1980, 1985b, c. 1986a, 1987a, in press), contradictions are a striking characteristic of therapeutic tasks and problems at all levels. Differences between the societal conditions of classes, groups, and individuals produce different interests and hence different premises or subjective grounds for action. This leads to the emergence of contradictory goals and thus to conflict among individuals. The pursuit of one person's interests and goals often restricts the conditions under which others realize theirs. It is done, in other words, at others' expense. Thus, conflicts are based primarily on contradictions of interests, on mutually contradictory partial interests – in contradistinction to general interests, where the actions of the individuals concerned are, at the same time, beneficial to all others. For the individuals, a conflict constitutes a contradiction between the realization of one's own possibilities and their restriction; that is, it is a conflict around the possibilities for individual development. In that sense a conflict in general consists of forces directed for and against possibilities of individual development, respectively. Thus it is generally a conflict of development in an individual's societal life. Individual-subjective disturbance arising out of it is therefore a disturbance of development.

Individuals living under conditions of unresolved conflicts must inevitably relate themselves in contradictory ways to these conditions in order to ensure at least a temporarily tolerable existence. This makes the subjective structure of their grounds for action and of their psychical functional processes contradictory as well. In relation to their opponents, they are restrained and suppressed in a state of relative surrender and impotence. They must make compromises and postpone the realization of relevant possibilities of development to an indefinite future. Particular developments may eventually go off the rails or be given up. In reality, the individuals are being used for purposes not their own and of which they may or may not be conscious. This is reflected in contradictory subjective appraisals of their own grounds for action and mental states. The intentionality of their actions becomes unreliable since they cannot determine in advance either how others will react to them or what the consequences will be for future possibilities for action. The meaning of their own actions, as well as of that of others in the objective context, becomes an object of controversy among all concerned. This concerns their interpretation as well, that is, the understanding of their underlying subjective grounds, motives, and personality characteristics. In other words, the personality itself becomes an object of various forms of inter- and intraindividual conflict. This can mean that the real, societally mediated connections between causes and effects in the objective context of actions become personalized, and thus the premises of subjective grounds of action also become personalized. Out of this arises a conflict about the distribution of personal responsibility and guilt, based on particular personality characteristics. The development of personalized conflicts may reach a point where the individuals "lose their own threads." A basis for individual symptom formation emerges in which individuals, to some extent, no longer understand their own reactions, and psychical processes occur in them that they are no longer able to control in a conscious manner.

Bourgeois conceptions of psychology universalize interpersonal and individual conflicts by assuming the existence of insurmountable, natural contradictions of interests and needs. They deny that conflicts can be overcome in the course of generalizing the conditions and interests of the persons concerned. Accordingly, "conflict resolution" can only consist of shaping new compromises between the parties and for individuals. In relation to therapeutic work on conflicts, this denial implies a distinct restriction and complication of therapeutic possibilities and perspectives for change (cf. the analysis of such issues in Freud's conception of therapeutic practice [Dreier, 1985c]). Therapeutic change must be directed at establishing a new, short-range equilibrium among inherently uncontrollable forces that may lead to a reestablishment of similar difficulties after the termination of therapy. At least therapy cannot be directed at any long-range stability and perspectives for development following the termination of therapy. The typical short-range effects of traditional therapeutic endeavors should, therefore, come as no surprise.

Clarification of individual-subjective contradictions must therefore be an essential task of therapy. At the beginning, clients relate themselves contradictorily to their own interests and possibilities. These may seem to them confused, and they are consequently disoriented. Their self-appraisal may

fluctuate periodically or show sudden changes. They may stand unconsciously in the way of their own interests or explicitly believe that they can give them up, although in their subjective suffering they remain significant for them. They may want to behave and express themselves unequivocally (to the point of denying the existence of any conflict at all), without noticing that the positions they adopt do not meet their interests and may in fact partially contradict them. They may feel close to people, social relations, and objectives that are in part suppressing them, and in part ensure their subsistence and reward them with limited privileges for compliance. They may want therapy to provide "solutions" to their "problems," which do not question such relations, and they may vacillate between wanting and not wanting any changes at all. They may even identify totally with given associations and consider their interests to be general ones that are in total accord with their own. They may, in other words, have difficulties distinguishing partial from general interests, allies from opponents, or finding out how to transform relations characterized by a mixture of general and partial interests into ones based on general interests. And so on, and so forth.

Contradictory Alliances and Resistances

Whatever the configuration of conflicts and their subjective expressions may be, clients' equivocal and inconsistent positions imply that it is not possible for the therapist immediately to realize an unequivocal alliance with them. That is why the simple demand that the therapist should represent clients' needs and interests (through empathy or the like) does not correspond immediately with the subjective and intersubjective realities of therapeutic processes. A "cooperative psychotherapy" conceived in that way for example (Fiedler, 1981), or a community psychological orientation "according to the needs of the people" and based on an ideology of society as a social community, are one-sided denials of contradictions in the handling of client interests. Nor can progressively intended principles about "radical partiality for the client" or "absolute unequivocality of one's own actions" (Jantzen, 1980: 134–138) be directly and simply applied. These are analytical stances whose realization only becomes possible in the course of the objective and subjective generalization of client interests. Until then, clients will feel, in various ways, that the attempted one-sided reduction of their interests is making them objects of persuasion, seduction, misunderstanding, mishandling, and so forth. Consequently, they will react with different forms of compliance (often mistaken by therapists for a confirmation of their own interpretations), covert reinterpretation, resistance, withdrawal, interruption, and the like. Still, the analytical perspective of a generalization of interests is the only one by means of which

mutual and self-imposed restrictions on possibilities can be replaced by unequivocality, mutual association, and support as a precondition of more viable and comprehensive extensions of possibilities. In that sense therapy may proceed from a principal indetermination and equivocality toward increasing determination and comprehensive generalization of existing problems and interests. This generalization is only made possible by developing a consciousness about the subjective relationship to the existing conditions, differences among which are the basis of the conflicting interests and contradictory subjective reasons for action. Consequently, the subjective generalization can be realized only to the extent that relevant conditions can be generalized and individuals can unite in this perspective. Generalization is a determination of direction and foundation for unifying concrete possibilities of development. Thus, a basis for therapeutic action can be constituted neither by responding directly to immediately appearing needs, interests, and possibilities nor by maintaining a – however well intentioned – professional monopoly over their definition. It must consist in the clarification of their contradictions and generalizability.

In reality, all talk about the interests of "the" client is an abstraction. Individuals can resolve their conflicts and extend their possibilities only within their particular interpersonal relationships in the various areas of their societal life in which they have arisen. There are always others who are affected by individuals' ways of relating to their conflicting possibilities, including therapeutic treatment and alteration. And how these relate to interests of both parties, conversely, significantly influences the individual's prospects for change in possibilities. It is therefore essential to every individual, whether client or not, to learn to distinguish partial from general interests, as well as to contribute to the clarification and extension of general interests and alliances in one's own life contexts. If clients do not pursue their interests in this way, they will contribute to the maintenance of interpersonal conflict, give others good reason to oppose them, and eventually reproduce their own relative isolation and suffering.

In the history of therapeutic practice it was due precisely to these conflicting mutual influences among immediately concerned individuals that others were brought in various ways into the therapy. It was particularly done in order to take into account the otherwise threatening resistance to, restriction, or even annihilation of therapeutic progress, which could result from the interpersonal conflicts of which the individual symptoms are a part and could be further aggravated by the individualistic ways in which therapists supported their client's development. Interestingly enough, the phenomenon of individual resistance in therapy was simply replaced by interpersonal resistance (Esser, 1987). From being mediate objects of the therapeutic process, interpersonal

conflicts became immediate objects. That, of course, only multiplied the problems of the therapeutic handling of interests and the creation of alliances. Based on the premise of the universality of partial interests, traditional therapeutic conceptions posed this dilemma for therapists in the form of questions like the following: With whom and against whom should therapists ally themselves? Could and should they totally balance out or conceal their partiality? Could and should they position themselves as a neutral expert, totally outside or above the conflicts? Should they, so to speak, use their partiality as a "totally impersonal" technique of therapy, thus instrumentalizing their own personality? Is it possible for them to involve themselves in the process and bypass the whole issue of partiality by being "purely humane"? Let us, however, insist on the following fact: Clients and other persons affected do not agree about the nature of the problem to be treated, what its conditions are, what or who is the cause of it, how and what can and should be changed, and which perspectives and goals of change should be pursued. As a consequence, they also do not agree about what the therapy should be used for or about which concrete function and meaning it has or ought to have. If they claim to agree on these issues and a therapeutically guided process of change is still necessary, it is because their point of view on the problems is itself a problematic one and thus cannot lead to a solution of the problem. This is because, for example, it is based on partial interests and therefore may be against the interests of others immediately affected, possibly even against the client's own interests, and will evoke negative reactions to the attempted changes.

Furthermore, let us insist on the fact that the therapist's means, actions, grounds, and perspectives are also objects of conflict. Since they are necessary conditions for the clients' processes of change, they become themselves part of the field of conflict. The only tenable conclusion that the therapists may draw from this about their own actions is that the ambiguity and its basis in the conflict must be taken into account and treated as a special, even essential, object of therapeutic practice. They must make clear the societal mediation of the immediately appearing personalized conflicts, their dependence on objective conditions as premises of their subjective grounds, and therefore also the possibilities for overcoming them through the generalization of conditions, interests, and grounds. In this respect the many versions of therapy as problem solving, such as are found, for example, in the cognitive therapy tradition, are reductive and one-sided. The general ambiguity of conflict processes does not allow for an unequivocal definition of the initial problem. This would only be possible once a complete resolution of the conflict had been achieved. Until that should happen, individual points of view on the problem would not totally coincide, and no individual contradiction could be defined more closely than as simply a contradiction. If therapy were carried on despite the contradictions, the results would be superficial, one-sided, not in conformity with the interests of the subjects.

Societal Mediation of Client Conflicts

We have repeatedly drawn attention to the contradiction between regarding conflicts from an immediate point of view and as mediated. In Critical Psychological categories, this corresponds to the distinction between the interpreting [*deutenden*] and comprehending [*begreifenden*] modes of thinking as the cognitive functional aspects of restrictive and generalized action potence (Holzkamp, 1983). In our exposition we have used these categorial definitions as a general analytical basis for addressing concrete empirical questions. Restrictive action potence and the interpretive mode of thinking are subjectively functional whenever individuals experience an inability to extend the possibilities for relevant action because of particular conflicts and, instead, reject this alternative in favor of finding an adjustment to their dependency on existing conditions. Events within the immediate life situation are then interpreted, in short-circuit fashion, as having their causes only in the participating individuals and their interaction. Responsibilities and guilt must, accordingly, be distributed among the participants. Since the restrictive mode of action is based on the continued existence of contradictory interests, interpretations are permeated with contradictions both within and among individual participants. As a consequence, the interpretive mode of thinking maintains the impotence in relation to that which can only be overcome by means of generalization. It is, moreover, characterized by a tendency to personalize, whereby individuals deny the impact of their circumstances on the premises of their subjective grounds for action. Thus they position themselves in abstract opposition to others, above, beneath, or outside of the situation. Interpretive thinking, furthermore, tends to be characterized by a static notion about existing conditions, denying precisely their nature as possibilities. This is expressed in equally static characterizations of the immediate participants and in the belief that changes must be implemented from outside, as many clients expect from their therapist at the beginning of therapy.

For these reasons, the demand on therapists can be neither to affirm immediately nor simply to negate the subjective point of view of clients regarding their problems. They must, rather, transcend the boundaries of immediacy (Holzkamp, 1983) and move toward a comprehensive clarification of the concrete societal mediation of their mental states, their conflicts, and the possibilities of overcoming them in the various areas of their lives. This task of therapists might be called a task of mediation, starting as it does from the contradiction between the immediate restricted point of view of the problem

and the real societal mediation of individual existence. It is the task of revealing societal possibilities of action and getting people to think beyond the immediately observable aspects of the individual life situation. Only when this happens does individual thinking rise above the level of short-circuited "sensuous evidence" to the level reconstructing the range of individual–societal possibilities and expanding into a more comprehensive, developmental form of thinking.

This clarification of the subjective functionality and of the contradictory interests behind restrictively interpreted mental states and grounds for action can only be pursued as a part of subjects' experienced extension and generalization of their individual possibilities for action, which permit them to overcome these contradictions. It is the discovery of such possibilities that makes it subjectively functional to further clarify one's own subjective state. In so doing, clients come to understand how the existing possibilities for action relate to their problematic subjective mental state. They see beyond their short-circuited, personalized view of them and develop perspectives on what changes can be made in the range of possibilities in order to improve the subjective mental state. They understand how their mental states can be improved by extending prospective possibilities and how they depend upon these.

The generalizations that clients develop about "their" cases thus deal with their subjective range of possibilities and their interests and needs in its extension. It becomes clear to them which conditions must be present, or must be created, in order to realize relevant extensions of their possibilities, as well as what (altered) subjective prerequisites and behaviors are required for that realization. Implicitly or explicitly, they use general categorial definitions of societal mediation of individual existence to elucidate their particular subjective range of possibilities and to generalize their cases empirically into "such a case" of a "typical range of possibilities" (Holzkamp, 1983: ch. 9).

Inside or outside the therapeutic setting, and together with others immediately concerned, clients clarify the meaning that the conditions of their objective contexts of action have for their individual mental states and grounds for action. That makes it possible for them to ground their problems and demands in this reality. In this way others, too, can reconstruct them and take a rational stand on them. It becomes clear to clients and others that overcoming their problems implies definite demands on the way in which they relate to each other, since that relationship represents a condition affecting each party's range of possibilities. Likewise, it becomes clear to clients that problems are partially determined by how others relate to them and how, conversely, their problems affect their possibilities and mental states in problematic ways. Two things become clear from this. First, in principle, everybody is represented in this process as individual cases of human beings relating to their own possibilities in a context of action that each shares and that constitutes the premises of each person's mental states and grounds for action. In that sense everybody is alike in being an individual center of intentionality and an other to the others: Thus everybody appears basically generalized (Holzkamp, 1983). The intersubjectivity of the interpersonal relationship is revealed and generalized.

Second, the different mental states and ways of relating to the shared context of action can be understood on the basis of its different meanings and possibilities for the individuals concerned. In other words, the differences can be grounded and reconstructed on the basis of the shared contexts of action. Ways in which they can be maintained or transcended become apparent. Consequently, it can be determined more precisely what is in reality generalizable and what is not and how to deal with the relationship between that which is general and that which is unique.

Since therapy is a particular process of extending subjective possibilities, it demands of both clients and therapist that they think about possibilities, that they work on developmental thinking that aims at the clients' being able to determine and realize, generalize and extend the range of their concrete subjective possibilities. Thus, the therapeutic analysis of subjective, mental states does not remain (subjectively short-circuited) at a descriptive level of immediate appearances, the mediation of which is not understood and thus cannot be elucidated in a generalizing and objectifying way. Nor is the mental state explained and influenced from the external position of a therapist or some other powerful person, that is, denied "first-person" existence (Holzkamp, 1983: ch.9). Therapy does not adhere to an ideology of complete, final solutions. It is conceived as a particular support for steps in a definite direction that can be extended beyond its termination, depending on concrete possibilities. It can do no more, although some expect therapy to have some special "secret" that enables it to create a satisfying life under dissatisfying conditions, so that one may safely let things take their course and take private refuge in therapy. Therefore, therapy must be evaluated according to the way in which it supports the processing of present possibilities and their extendability.

The Subjective Functionality of Therapy for Clients

According to our exposition thus far, therapy is a particular processing of the subjective forms of conflicts found in the clients' societal life contexts. Thus, the meanings of the whole therapeutic arrangement – relationship, interactions, and the therapist's personality – can only be ascertained in relation to their status in or connection to the clients' societal life contexts. The contents and forms of therapeutic interaction cannot be determined in themselves. Most therapeutic conceptions, however, attempt to do just this. They try, so to speak, to

reveal their "secrets" in the microprocesses of the immediate therapeutic relationship. This is another expression of the adherence to immediacy that is characteristic of therapeutic forms of thinking (Dreier, 1988a).

The clients' own subjective ways of relating within and toward their therapy must, likewise, be conceived on the basis of how they experience the meaning of their therapy in their life contexts.

By that we mean, first, that events and processes in the client's everyday lives, outside the immediate therapeutic relationship, decide whether, how, and for what they use their therapy in coping with their conflicts – including whether, how, and which themes from therapeutic interactions will be further processed and possibly reinterpreted. Unfortunately, the ideology of a "neutral service" has made therapists refrain from exploring which and how interchanges with, and effects on, everyday living determine the occurrence of therapeutic "success" or "failure." Had they explored that, they would have been forced to take a stance on the issue of whether therapy overcomes the real causes of psychic suffering or simply offers "other solutions" that bypass them.

Second, only within clients' life contexts can we determine the contribution that therapy really can make, that is, what the actual needs and interests are and what possibilities exist for a therapeutic response to them. It is therefore only possible to clarify the questions posed at the beginning of this chapter on the basis of the connection between life context and therapy. Though dominant ideology tells us that therapy and the therapist exist for clients and in their interests, we must, nevertheless, realize that the real meaning of therapy for clients, their experiences with this meaning, and their perspectives on an undertaken therapy remain surprisingly unexplored. We are confronted with a noticeable contradiction in therapeutic action and thinking, according to which everything is done for the clients' sakes, even though they are viewed and appraised only from the therapist's external, profession-centric perspective – and not "in first-person." This represents a violation of a supposedly subject-related practice by a form of "science of control" (Holzkamp, 1983: ch. 9). To the extent that the interest in control permeates the process, clients necessarily become unmotivated regarding their therapy. Only if they are caught up in the ideology can the therapy they are being offered appear to them as their own, that is, their own particular means of processing and overcoming their conflicts. For this to be the case in fact presupposes a democratization of the control over the therapeutic process. Influence on its definition and course must be made possible for clients in such a way that they actually discover such possibilities for themselves, that they can make use of them, and that it can become subjectively functional for them to question their own mental states and ways of relating (including to their own therapy). Only then do their needs and interests become transparent, and the therapist's understanding of them becomes less complicated by contradictory, tactical behaviors.

Clients' Position and Influence Within Therapy

To become a subject of one's own therapy cannot be achieved simply by the inclusion of individual-subjective "inwardness," as is done, for example, in "empathic" and "client-centered" therapies. Therapy must rather be developed on the basis of possibilities to relate consciously to one's own therapy as a condition for looking after one's own interests. If that is not done, a therapy, however much "client centered" it is, must finally be expected to have to deal with relatively unmotivated clients, or to try to legitimate relative therapeutic stagnation by interpreting the clients as unmotivated. All that remains then is to carry through therapeutic changes by means of persuasion, subtle pressure, outwitting, allurement, and other tricks (Dreier, 1984).

In the end, this kind of restricted realization of the subject's position in the immediate therapeutic situation leads to false interpretations of client's behaviors. Therapeutic interpretations misunderstand clients to a much higher degree than is generally assumed, and, indeed, without being discovered – except by mere accident – because the client's perspectives are not comprehensively encouraged, explored, or conceptualized (this contradiction is given impressive, empirical support by Eliasson & Nygren, 1983). On the one hand, this leads therapists to misinterpretations and imprecise conceptions of the meaning and impact of their overall therapeutic procedure and their particular reactions. On the other hand, therapists must consequently interpret their clients on the basis of the implicit assumption that the clients just "are" as they are interpreted to be. A concrete disproof of their interpretations, if taken seriously at all, often only leads the therapists to construct other interpretations about their clients. All in all, to a remarkable extent, clients are seen only from their therapists' perspectives, one-sidedly, profession-centrically, and not from their own.

That is why it has remained relatively unexplored how clients selectively use, neglect, weigh, appraise, and generalize from the present (or presented) therapeutic meanings. In addition, it has remained just as unexplored how, at various points in the course of therapy, clients construct hypothetical connections that are different from those that therapists construct for themselves on their clients' behalf. Of course, clients may come to the same suppositions and results, but then often by another route or as a result of other episodes in the course of therapy, which, cumulatively processed, causes a particular connection to "dawn upon them" or be altered. The clients' points of view, their ways of relating to their therapy, and their structures of subjective grounds are, in other words, different in many respects from what their therapists suppose.

What's more, they are certainly unclarified, contradictory, and conflicting at important points, and they change in the course of therapy. For therapists it is important to understand and consider the conditions and processes of precisely these developmental steps when trying to clarify their own grounds for action. Add to this that perspectives, ways of relating, and courses of change differ systematically among individual clients, even those involved in the same case, as we established earlier from the general existence of conflicts and took into account in defining the therapeutic task.

Our exposition should have made it clear that clients include their therapists in their subjective processing in a much more encompassing and complicated way than is normally supposed. Relating to the experienced meaning of their therapy, they also relate to the experienced meaning of their therapists' actions, to the therapists' grounds for action, and to their personalities. All this they interpret, and their interpretations achieve their particular status from the way in which they relate to their conflicts and their clarification. Therapists are included in and interpreted from the perspective of their clients' fields of conflict in the latter's attempts to give their therapists a particular function in accordance with their own interests. That leads, naturally, to misinterpretations, reinterpretations, and instrumentalizations of these interpretations in the various struggles in which they are engaged. In other words, therapists become an object of struggle for the clients, and the impact of their actions is mediated by the struggle that takes place largely outside of the immediate therapeutic relationship.

Against this background it is decided for clients which means of procedures can be used for understanding their conflicts. In other words, it all depends upon the range of their conflicting subjective possibilities, including their peculiarly developed subjective-functional presuppositions. The generalization of particular therapeutic strategies and means must, consequently, be based on a generalization of their individual usefulness to clients with typical ranges of possibilities.

Concrete decisions about strategies and means should, accordingly, not be taken by the therapists over the heads of their clients. Nor should they be applied in a uniform way according to some abstract standard, as might be legitimated by the science of control. Using them in this way would lead to clients' submitting to the therapist's treatment in what is alleged to be their interests. In fact, therapeutic actions cannot be defined in terms of diagnostic or technical units based on abstract standards, but rather only in terms of the existing, conflicting possibilities for both clients and therapists. It is, after all, the clients who have the experience with the subjective conflicts in their life contexts, and therefore in the end only they can decide which analysis is suited to grasping the origin of their conflicts and eventually overcoming them.

Therapists, on the other hand, possess more or less explicit theoretical experience, generalized from other cases, about similar types of possibilities. They can use this experience to form hypotheses about how to uncover the nature of the new case and, at least tentatively, how they should proceed. The development of such hypotheses gives the therapist more systematic knowledge of the range of subjective mental states and grounds for action and of ways for getting at and resolving their internal conflicts. These hypotheses can be compared with particular individual cases to determine their generality and applicability. They can also be useful in helping to identify the pertinent details of a particular case. Under such a strategy, the aim would not be to subsume individual cases under types of possibilities; rather, it would be to use existing experience to expose the generality and particularity of each case and to advance its treatment accordingly.

Some democratically intended conceptions, on the contrary, claim that the use of such theoretical experience implies the denial of individual uniqueness and a prejudiced, reductive influence on clients that does not meet their needs or interests. It is concluded that the therapist should not be allowed to apply any definite theory, but should leave the choice to the client. Such a view surely does imply quite a different and more critical appraisal of existing therapeutic practice than the prevailing supposition of its being a service in the interests of its clients. But it is quite a different view from that stated above, that practice can serve clients' interests. It suggests that the therapist should renounce professional and theoretical experience merely on the suspicion that it is inadequate. But it is unreasonable to expect one to do everything possible to help and to give up assumptions at the same time. Why, then, after all, is a therapist there? In any case, it is doubtful whether an analysis of available possibilities and their extendability can be omitted without neglecting essential client interests, including those in therapy. So an extensive analysis of present ranges of possibilities can hardly be regarded as a reductive manipulation.

Such ethical considerations and suggestions have another background, however. Therapy enters into the interpersonal, societal conflict about individual characteristics and the interests involved in influencing them. It cannot be removed from its immediate connection to particular interests of control. The societal organization of therapeutic work is, in part, connected with the handing over and taking over of control. It is therefore necessary to clarify the societal contradiction in interests related to therapeutic action at the level of concrete casework. For therapists, this societal contradiction in their professional action corresponds in many ways to the tendency of many clients to give the therapist the responsibility for and control over their therapy. They do this because they feel powerless in relation to their conflicts or because they hope to get a neutral solution from their therapist that can be accepted by everyone

immediately involved, although it remains an object of mutual struggle. The readiness to submit to the therapist's treatment corresponds to and maintains the contradictions in their restrictive modes of action, which were supposed, on the contrary, to be overcome. In this way, it constitutes a contradiction between the means – control by others – and the real objective and goal of therapy – increased determination by the subject. This contradiction stands in the way of getting clients involved in shared control over their therapy. It restricts their capacity for working with pertinent conflicts. To many therapists, such client involvement seems to contradict their own possibilities for responsible use of their knowledge. This shows that they think of their knowledge mainly as a means of influencing and controlling their clients. Conceptions and forms of practice based on a science of control as a means of handling the everyday contradictions of therapeutic practice are still widespread. The range and viability of such contradictory forms of practice has to remain limited. The most clear-cut examples of such an approach are so-called systemic therapy (Esser, 1987) and the tradition of behavior therapy (Dreier, in press).

Ranges of Possibilities for Professional Practice

We should be reminded that we are dealing with professional practice only when professionals are included. If we want to comprehend therapeutic practice, it is therefore not enough to analyze clients and their claims on therapists. We must also include the therapists' possibilities of supporting or realizing client interests and needs. It is, in other words, necessary to make an equivalent analysis of therapists' ranges of action (Dreier, 1987b, in press). This would also entail an analysis of their needs and interests. These are not immediately apparent, but only become evident from a subjective processing of their contradictory conditions. To be comprehended, they must be investigated just like their subjective ways of relating, grounds for action, and mental states. If we are not satisfied with a personalizing interpretation of therapeutic action that stays within the boundaries of immediacy and want to comprehend the therapist's ways of relating also at the level of immediate casework, then these boundaries will have to be transcended. When we talk of the societal interest of control in therapy, it is obvious to most people that therapeutic actions cannot be comprehended only in relation to client needs and interests. This is, by the way, one reason for the suspicion of professional conceptions and grounds for action mentioned above. But it does not apply only to the interests of control and the contradiction between control and help. It pertains as well to the execution of help itself. Help cannot be optimally exercised if therapists simply place themselves at the disposal of clients' needs while pushing their own range of subjective possibilities into the background or trying to

forget it for the time being. That leads, on the contrary, to restricted care for client interests (Bader, 1985). Besides, it represents an illusion that denies the real influence of the therapist's own interests and of societal interests on casework and therefore mystifies the interpretations made about the clients. Clients already know that they relate to the contradictory contexts of action in which therapists execute their practice, and they interpret therapist actions and grounds within that context. They do not merely relate to the personality of the therapist as some kind of isolated creature, although many therapists believe and expect precisely that.That kind of reduced self-conception appears in many therapists' everyday forms of thinking, but even more distinctly in common conceptions about therapeutic action in which their actions are interpreted on the basis of their immediate relationship with their client. The typical conceptions are, in other words, much too restricted. Technicalizing conceptions about therapeutic action are one such expression of an adherence to immediacy in therapeutic notions about practice.

Therapeutic action is, in reality, determined by experienced, concrete possibilities, restrictions, contradictions, and conflicts, for the client as well as for the therapist. It can be guided neither by abstract-normative conceptions nor directly by immediate client needs. Its subjective grounds, generalizations, conceptions, and development must, on the contrary, be determined on the basis of an analysis of concrete ranges of possibilities. In relation to our present topic, the task is to determine the therapist's societally mediated possibilities, interests, and contradictions relating to the care of client needs and interests (Helbig, 1986). We must ask what kind of professional possibilities and conceptional means of action need be at hand if client needs and interests are to be comprehensively attended to. Practice must, in other words, be evaluated according to the possibilities of both clients and therapists. Therefore, it depends on therapists' understandings of their possibilities and how they respond to the extension of their relevant, societally mediated, professional ranges of possibilities. This sketches a long-range perspective that is capable of guiding concrete steps toward the development of professional therapeutic practice. Its execution will, of course, depend on the given possibilities. This kind of analysis of concrete contradiction and possibilities is the topic of the project "Theory–Practice Conference" within Critical Psychology (for example, Dreier, 1988c). It aims at analyzing present contradictions of the professional practice of therapists who are unavoidably caught up in prevailing conditions, with a view to sketching out possibilities of further development.