

What are clarification processes and what are they good for?

People have a set of *assumptions*: Assumptions about reality, assumptions about their persons, assumptions about relationships, etc.

Some assumptions are *realistic*; they have been derived from experience and will stand the (empirical) test in everyday life. But many assumptions are not realistic; they reflect reality falsely or inadequately. They would not stand the test of examination, but, unfortunately, people examine them no more; they believe them.

And some assumptions are unfavourable and lead to problems: They lead to wrong interpretations of situations, induce people to make unfavourable decisions, create unfavourable emotions, etc.

And it is these problem-creating or “*problem-determining assumptions*” which psychotherapy deals with: These assumptions need to be identified, clarified and changed.

Regrettably, however, people do not store assumptions the way they store “normal memories”: Rather, assumptions form *schemata*. And schemata have, in addition to content (= assumptions), further important *psychological characteristics*.

They are automatically activated (triggered) by situations (i.e. in a “bottom-up” way) – and once activated, they have a significant effect on (“top down”) information processing.

Thus the assumptions of the schemata co-determine, to a high degree, the current interpretations of situations and thus the emotions and actions.

If the schemata contain unfavourable (= dysfunctional) assumptions, they will lead to false, problematic interpretations of situations and thus to problematic actions and emotions.

In this case it is important

- to identify *that* schemata are involved in a problem,
- to figure out, i.e. fully *clarify*, these schemata or their content (the assumptions),
- to process these schemata and change them.

However, everyday experience, therapy experience and process research studies show that people are unable to clarify (i.e. specify, express in words) large parts of their schemata

without therapeutic help: They can often specify some assumptions or provide information about them in questionnaires; but “deeper”-lying assumptions are not accessible to them.

Studies show

- that clarifying schemata is very difficult for clients,
- that clients require specific support from therapists for this purpose,
- that therapists require special therapeutic techniques to stimulate clarification,
- that clarification processes take some time, anyhow.

Thus clarification processes are neither simple nor trivial: It needs to be defined what exactly schemata are, how schemata operate, what types of schemata there are. It needs to be specified what clarification means and which psychological processes are involved in the clarification exercise; and it needs to be described, how exactly therapists can encourage their clients' clarification processes, which interventions and strategies they should use.

What are schemata?

Schemata can be differentiated by *content* and *function*:

- Each schema has some specific *content*, e.g. a *structure of certain assumptions*: This content makes the schema specific. The content may, for instance, contain assumptions, such as: “I am a loser”, “I am unattractive”, “You are not taken seriously in a relationship”, “I must be the best”, etc.
- Each schema has *psychological functions*, which means, for example, that it is automatically activated by stimuli and will then control information processing, etc.

Schemata are activated (“triggered”) (“bottom up”) by activating stimuli and will then control (“top down”) the person's information processing. Schemata can impact all types of information processing: Interpretations of situations, of personal relevance, of coping abilities, etc.

It must be assumed that schemata perform a *filtering function*: Schemata “let all information pass” or even enhance it, if the information matches the content of the schema or is consistent with it.

And any schema-consistent information can consolidate or confirm the schema: In the eyes of the individual, it is a “confirmation by reality“, but actually the “proof” comes about through a preconceived and selective manner of schema processing (and thus proves in fact only the preconceived nature of the schema!). Thus the individual “fabricates proof, as it were” without being aware of it. And the longer and the more intensely the individual pursues that strategy, the stronger (and the more resistant to change) the schemata may become.

Piaget (1929) had assumed that schemata would not only assimilate similar information, but would also accommodate it, which means that schemata *would be changed* by schema-inconsistent information: However, all clinical experience shows the exact opposite: Once an individual has formed a certain schema, that schema seals itself completely off through the action of the filtering function: It does not admit, or systematically wards off, any information that is schema-inconsistent. So once established, a schema will hardly ever change.

Schemata are always complex structures of assumptions: A schema never consists of only one single assumption and not even of two or three assumptions!

Schemata are networks of central and peripheral assumptions. Central assumptions are more relevant to processing processes and thus to problems than peripheral assumptions. For this reason, the central assumptions should be reconstructed and therapeutically processed.

As a rule, the schema thus contains *one or several central assumptions*: These assumptions are central because they are associated with all other assumptions and because their activation primes all other assumptions. Here, “central” means that the assumption has a great influence within the network. Around these central assumptions, other assumptions are associatively “arranged”, which become more and more peripheral towards the outside: They are “peripheral” because they are associated with only few other assumptions and because their activation in the “network” has only relatively small effects.

Not only are schemata network structures of assumptions, they are in fact *hierarchical network structures*: They are built one on top of the other; in other words they form layers of different “depths”.

The upper layers are relatively easily accessible to the individual. If so requested, the individual can specify the assumption or provide details about it in a questionnaire.

The next layer is much harder to access: Here, the individual will have difficulty getting access: In order to identify these assumptions, the individual requires, in most cases, good support from a therapist using special clarification strategies.

Very often, the next layer is thus not only difficult to clarify; but it is also subject to (strong) avoidance processes: In order to clarify the assumptions of this layer, a client must not only use clarification techniques, he or she must constructively process his or her avoidance.

(To make it easier to follow this presentation, I will from now on use only the masculine form of pronouns.)

Schema types

We distinguish four types of schemata (Sachse et al., 2011):

- Two types of *dysfunctional schemata*:
 - Self-schemata
 - Relationship schemata
- Two types of *compensatory schemata*:
 - Norm schemata
 - Rule schemata

Dysfunctional schemata are those schemata that form in the individual's biography through "consolidation of experience" and which affect the individual's current information processing in a significant, and a significantly unfavourable, manner.

We assume that two types of dysfunctional schemata can be distinguished: self-schemata and relationship schemata (see Sachse, Breil & Fasbender, 2009).

Self-schemata are schemata that contain assumptions made by the individual about himself, such as "I am a loser", "I am not important", etc. as well as contingency assumptions and assessments made on that basis.

Relationship schemata are schemata that contain assumptions made by the individual about relationships, about how relationships work, what you may expect in a relationship and, here again, contingency assumptions and assessments made on that basis (e.g.: "You are depreciated in a relationship", "Relationships are not reliable", and the like).

Compensatory schemata are schemata that an individual develops in order to “falsify” the assumptions of dysfunctional schemata, to control these schemata or to compensate for the negative effects of the dysfunctional schemata.

Here, we distinguish:

- Normative schemata, i.e. “rules” which a person has for himself, and
- Rule schemata, i.e. “rules” which a person has for others.

Normative schemata contain instructions as to how the person should or must be: They thus contain the person’s *targets* (in terms of explicit targets, cf Püschel & Sachse, 2009). Thus normative schemata are interactional targets on a gameplay basis.

Clarification processes

We assume that a client is often not aware of his schema assumptions or that these assumptions are not fully clear to him, that he cannot adequately express or accurately describe them: Although the schema content is available in a cognitive code, the client cannot, or not accurately, precisely or validly, express the content in language. But converting schema content into language, into precise and valid wording, is necessary so that:

- the client can communicate the content in a therapy process;
- the client can achieve full awareness of the content;
- the content can be assessed for coherence and problem relevance;
- and: the content can be questioned, examined and refuted using cognitive techniques.

And the conversion (or “translation”) of (rather implicit) schema content into explicit language is called *clarification or explication*, and the process that serves to bring this about is called *clarification or explication process*.

Here, we assume

- that the clarification or explication process will be and must be performed by the client: Only the client has access to his schema and only the client can consistently translate implicit meaning into explicit meaning;
- that the clarification or explication process must be guided or directed by a therapist performing adequate interventions;

- that the client and therapist will thus work together on the clarification process: The client as an expert for the content and the therapist as an expert for the process.

We assume that two levels are required, to describe the clarification processes: A content level where specific content-definable processes can be described. And a psychological function level where fundamental psychological functions underlying the content processes can be described.

On the *content level*, one can describe specific partial processes which must follow one another in a defined manner to ensure that clarification of relevant schemata is possible in the first place.

On the *psychological function level*, one can describe two relevant functions that are relevant to the content processes, namely:

- Perspective
- Processing mode

On the *content level*, we can distinguish *five partial processes of the clarification process*:

- Not focusing on problems
- Intellectualizing
- Out-of-touch account
- Concrete account
- Explication

In detail, these partial processes are:

1. *Not focusing on problems*: Here, the client focuses on content that is not relevant to him personally or is unrelated to his problems. These subjects have nothing to do with the client or his problems.

The client implicitly follows the *guiding question*: What subjects help me avoid my problems?

2. *Intellectualizing*: While the client deals with his problems to some extent, his main focus is on *explication*, i.e. the client seeks for (psychological or other) theories that could explain his problems (which they do not).

Here, the client implicitly follows the *guiding question*: How can I explain my problems?

3. *Out-of-touch account*: The client describes the problem aspects, but does so in an inconcrete, general or “out-of-touch” manner, without dealing with the concrete problem situations.

The client implicitly follows the *guiding question*: What are my problems in general?

4. *Concrete account*: The client describes his problems and relates them to concrete relevant situations that exemplify the problems.

The client implicitly follows the *guiding question*: In what situations do my problems manifest themselves and in what way?

5. *Explication*: The client works on clarifying current problems triggered by the situation and on clarifying schemata.

The client implicitly follows the *guiding questions*: What do the situations trigger in me?
Why do the situations trigger just that in me?

These content-definable processes have two essential underlying psychological functions:

- The perspective taken by the client;
- the processing mode used by the client.

We assume that these processes are performed in an external or an internal perspective.

External perspective means that the client directs his attention externally and deals with events that happen “around him”.

Internal perspective means that the client directs his attention *internally* and deals with what *happens inside him*: The client deals with his own thoughts, affections, emotions and action impulses.

We assume that the process stages

- Not focusing on problems
- Intellectualizing
- Out-of-touch account
- Concrete account

require an external perspective: For these process stages, the client needs to direct his attention *externally*.

In contrast, the *Explication* process stage calls for an *internal perspective*: To be able, in the first place, to perform clarification processes, the *client needs to focus on the processes that happen inside him*. As soon as the client passes over into an explication process, he has to *switch* from an external to an internal perspective.

We can distinguish two so-called *processing modes*, i.e. modes which a client can use and in which he can perform information processing. These two modes are:

- the sequential-analytic mode,
- the intuitive-holistic mode.

Sequential-analytic mode means that the information is processed in steps or stages, dealing with one piece of information after the other. This mode allows only relatively little information to be processed simultaneously.

With the *intuitive-holistic mode*, much information can be processed in parallel in a complex manner.

Table 1: The Partial Processes of the Clarification Process and the Relevant Functions

Process	Not focusing on problems	Intellectualizing	Out-of-touch account	Concrete account	Explication
Characteristics	Subjects have nothing to do with the client or problems.	Problems are theorized	Problems are described in general terms	Concrete situations are described	Schemata are clarified
Guiding questions	What subjects help me avoid my problems?	How can I explain my problems?	What are my problems in general?	In what situations do my problems manifest themselves and in what way?	What do situations trigger in me and why?
Mode	Sequential-analytic				Intuitive-holistic
Perspective	External				Internal

We will now go through process five – the explication process - once more and in more detail. Each explication process starts with the client focusing on a relevant situation: The client needs to imagine the situation accurately and, if possible, in concrete terms; he must let the situation work upon him, must describe it and, more importantly, focus on the relevant aspects - the aspects that are relevant to schema activation. Here, the client is still in an external

perspective: He contemplates (in his imagination!) the aspects that actually exist outside of him and that he remembers very well.

But here the client is already passing over into an intuitive-holistic mode:

- The client is supposed to image the situation in concrete terms.
- But he is *not supposed to analyze* it, he is *not supposed to explain it* and he is not supposed to reflect upon it.
- Rather, he should *let the situation work on him* and see if it triggers something in him: This is intended to start an intuitive processing process in the client, which will then then run automatically.

As the client goes into this mode, the situation will activate cognitions, images, affections, emotions, action impulses. The client must then take an internal perspective and let the processes work on him and observe what happens.

The client should now place the guiding questions “into the cognitive space” in order to orientate his processing process based on guiding questions: But he must then let the “answers develop”; he should *not* try to “find answers”, to analyze, etc., which - in all likelihood - will not work. The client “toys” with ideas, with associations, assesses emerging content and develops it, thus clarifying what exactly the situation actually triggers in him.

Once this is clear, the phase of schema reconstruction begins: Now the client tries to find out why the situation makes him think the way he thinks or makes him feel the way he feels. He follows questions like:

- Why, in situation X, do I think I am a loser?
- What assumptions do I have about myself, what do I think of myself?
- What do I assume of or about myself?

And, here again, the client can ask the questions, but must “let the answers come”, must follow and elaborate ideas, must feel if ideas are coherent and reject incoherent ideas, etc.

Table 2 gives a summary of this process.

Table 2: Processes and Functions of the Explication Process

Processes	Situation	Clarification	Reconstruction
	Focusing on situation	Cognitions Affections	Cognitive schemata Affective schemata
Guiding questions	What exactly does the relevant situation look like?	What does the situation trigger in me?	<ul style="list-style-type: none"> ▪ Why do I interpret the situation the way I do? ▪ Why do I think what I think? ▪ What do I assume, what do I believe? ▪ Where does the affection come from, what does it mean?
Mode/Approach	Imagine Describe Elaborate	Let the process work Ask guiding questions "Let answers come" Describe, develop	
Perspective	External	Internal	

The individual processes of the explication process can also be seen as *process stages*: The stages follow one another in an immanently logical manner and thus ensure an orderly sequence of explication processes.

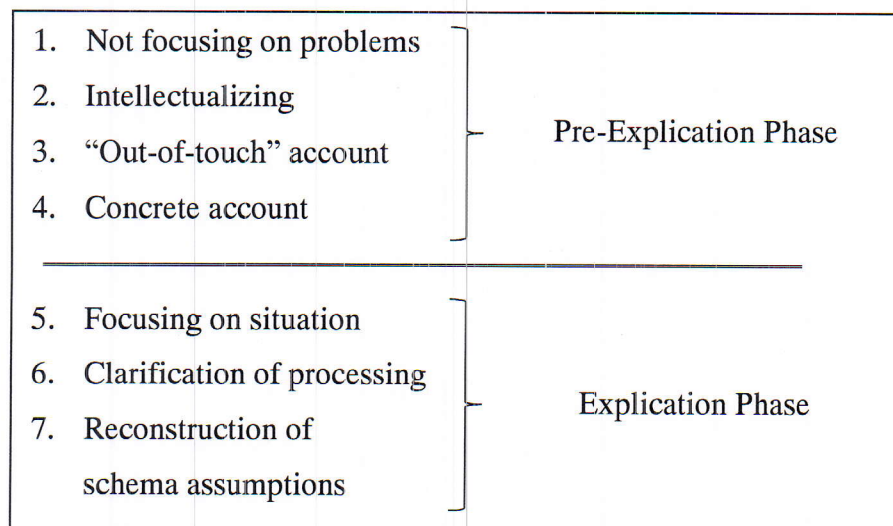


Fig. 1: The Stages of the Explication Process

In this way, we can distinguish between a “pre-explication phase” and an “explication phase”: The stages follow one another and – together - form the entire explication process.

Based on the results of the above-mentioned process research studies, the following must be assumed:

- Different clients enter the explication process at different points: Some enter it at the “intellectualizing” stage, others at the “concrete account” stage, etc.
- All clients enter the process at one stage of the pre-explication phase.
- All clients must go through the “concrete account” and “focusing on situation” stages.

Any statement a client makes during the therapy process, puts him at one of these process stages: We call this the client’s *current processing mode*.

During the explication process, a client goes “top down” through the stages: For this reason, each single step towards reconstruction is called a *deepening of the processing mode*.

If, from one client statement to the next, the client remains at the same process stage, we have what is known as a *constant-level of the processing mode*.

If, from one client statement to the next, the client moves away from the reconstruction stage (“bottom up”) we have a development which we call a *flattening of the processing mode*.

As the process research results clearly indicate, therapists must now *direct* the client’s explication process: That means, they use specific interventions to stimulate the client to deepen his processing mode.

The stimulus that a therapist can provide by performing an intervention is known as a *processing proposal*: The therapist “makes a proposal”, as it were, telling the client what he should do now, what guiding question he should follow.

Analogously to what has been defined for clients, therapists can now:

- Make deepening processing proposals (PP),
- Make constant-level processing proposals (PP),
- Make flattening processing proposals (PP) (which, unfortunately, is necessary in some cases)

The process results consistently show that, by making processing proposals, therapists have a strong directive influence on a client’s explication process.

Directing the Process

Both the empirical results and our therapeutic experience make it very clear that therapists *must very actively support* clients in their clarification process: Therapists must be *process-directive*, therapists must stimulate processes, “keep them going“, raise questions, guide clients back to the subject and the process.

And therapists must direct the clarification process *in steps*: They need to know at what clarification stage (in what partial process) the client is at each moment, and they must try to bring the client to the next partial process, i.e. to stimulate the next clarification process. In this manner, the therapist directs the client from one stage to the next and ultimately to the reconstruction of relevant schema elements.

Empirical results and practical experience show in fact that progress does *not happen linearly*, but:

- When a client is at stage X, the therapist may have to make several “attempts” to bring the client to the next level.
- Often, clients do not remain at one stage, but “fall back, on their own”, to a lower level.

So it is a tiring task to lead clients to a constructive clarification process. Again and again, therapists need to perform interventions (make processing proposals, as we say) to help clients move forward in their process and keep them in the process.

The therapist should definitely make processing proposals, thus directing the client’s process in an effective manner. But he should make sure to make appropriate proposals, that means he must perform different interventions – make different types of deepening processing proposals – depending on the phase (or the partial process) in which the client is at a given moment. The techniques that therapists use are all quite simple. Here, the art - which requires highly specific expertise on the part of the therapist - is: *To do the right thing in the right manner at the right point!* A surgical scalpel, for example, is also a simple tool, but only few people can perform a heart transplant with it!

The therapeutic techniques are different for the various pre-stages and partial processes. We will therefore go through them once again.

Explication

Before the therapist starts the “actual” explication process, he needs to instruct the client:

- Please imagine now once more the situation you have just described. Try to imagine it plastically and in concrete terms (a very concrete situation increases the probability of the schema being activated).
- Please do not now think about the situation any longer and do not try to analyze the situation (this is intended to block a sequential-analytic mode).
- Just hold on to the imagined situation and let it work on you, and take your time (this is intended to stimulate an intuitive-holistic mode).
- And just see if the situation arouses something in you: thoughts, feelings, images – whatever may come to you. (this is intended to stimulate an internal perspective and support the intuitive mode).
- Just see if the situation brings up any thoughts, let the thoughts come to you spontaneously (this is intended to stimulate schema-controlled, automatic thoughts).

Focusing on processing processes

If thoughts, affections, etc. are activated in the client, the client should focus on them and clarify them further. The therapist then asks:

- Does the situation trigger something in you?
- Does the situation bring up any thoughts in your mind?
- Please try to describe these thoughts.
- Many thoughts may still be vague or unclear – that is quite OK.
- We will clarify them step by step.
- When you let the situation work on you, do you feel anything inside your body?
- Please describe what you are feeling.
- Have you any idea what the things you are feeling may mean?
- Let the meaning emerge – and take your time.

The therapist may also ask:

- Client: “I had a feeling of uneasiness. I did not feel well.”
- Therapist: “You felt some uneasiness? What does that mean? What do you mean by “uneasiness”?”
- Client: “I was irritated by what Frank did.”

- Therapist: "You were irritated. What exactly do you mean by "irritated"?" What did Frank's behaviour arouse?"
- Client: "It frightened me in some way. I don't know why. But somehow, it frightened me."
- Therapist: "It frightened you. What exactly frightened you? Just try to feel what frightened you."
- Client (pausing): "The look he gave me. It intimidated me."
- Therapist: "Intimidated you. What did that look trigger in you? What else is going on inside you when you see Frank's look?"
- Client: "He is somehow angry with me – I think."
- Therapist: "He is angry. Let's assume he is actually angry. Why does that make you frightened?"

The therapist first repeats or repairs what the client said or meant; he does so to signal that he listens, that he accepts, that he follows the client – this is a tool for communicative validation, but it is also a tool for structuring relationships – on a micro level, relationship structuring is always part of the clarification process!

Then the therapist asks concretizing, deeper-going questions that allow the client to understand, step by step, the *meaning* (!!) of his thinking, feeling and acting. This can sometimes bring about schema activation (which then initiates partial process 3) or this leads straight to the partial process 4, in which the client slowly begins to reconstruct schema aspects.

When a client is immersed in a concrete situation, the question "What does the situation trigger in you?", will usually lead to schema activation. Where schema activation is hard to accomplish, the therapist may ask the client to go through the situation aspects again and to imagine, in concrete terms, *all* relevant elements of the situation.