THE PHENOMENOLOGICAL-EXISTENTIAL APPROACH TO PSYCHOTHERAPY —A REVIEW

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Existential philosophy has been gaining ever stronger support in the Western world over the last 20 years or so. This is perhaps a reaction to the mechanistic, pragmatic approach of modern science which, when applied dogmatically to Man himself, has only succeeded in dehumanizing him.

Existentialism is the sole philosophy which places man in the centre of things—it is not the philosophy of a transcendental deity or of a Super-state of which man is merely a tool, nor is it the philosophy of a depersonalized machine called Man.[4] Dealing, as it does, with Man himself, existentialism has rapidly influenced modern psychiatric thinking. Yet, if the philosophy makes sense and the existential understanding of man is indeed a deep one, the question must still be posed: how can we apply this understanding in the everyday psychotherapeutic handling of our patients? This paper deals only with those aspects of existential-phenomenology which, I feel, have a practical value in psychiatry.

At the outset I must stress that existentialism is not a school of psychotherapy—it proposes no technique. Rather it is a way of understanding man so that any technique we apply is meaningful in terms of the patient's reality. Freda Fromm-Reichman once said that our patients need an experience, not an explanation. To this the existentialist would add: an experience which is meaningful to the patient and acceptable to his mode of 'being-in-the-world'. All that the existentialist would really say of technique and explanation is that these must follow understanding and not emerge from theory or prejudgement.

Existentialists use the phenomenological method in order to penetrate or empathize with man's world of experience. Phenomenology can be defined as an analytico-descriptive study of the varying forms in which something appears or is manifested, as opposed to the natural-scientific, synthetico-constructive studies of causal origins, significances, etc., which go beyond what is intuitively apparent. It is the study of man's experience of things before all reflection as to how such experience is possible, or why it comes about.

Phenomenology had its beginnings with Wilhelm Dilthey who, in 1894, pointed out the difference between understanding and explaining.[6,8] Dilthey objected to the Wundtian psychology of the time. This was an explanatory psychology which attempted, following the method of the natural sciences, to construct the total man from the elements found on introspection (modern orthodox psychology differs only in the elements which are now the results of experimental observation, the methodology is the same). Dilthey stressed that man always acts as a unitary whole and that no amount of explaining from elements will ever lead us to understand or empathize with the total man. On the contrary the method of psychology should begin with the whole man and be analytic and descriptive.

Man can be viewed via the constructive method of the natural sciences, but when we explain an organism we can nowhere get to 'understand' the living man in his world. Both methods are possible and both essential, but the constructive method cannot be called a psychology of man.

The question arises: how can we really understand the other person when we cannot directly experience his feelings, urges and perceptions? Jaspers[3] suggested that the empathic state arises from the experience of some change within ourselves when we relate to another. We then reflect upon this change, and by relating it to our own past experience of such change can interpret it

meaningfully in terms of our own reality and effectively describe what is therefore going on in the other individual. As Jaspers explains it, empathy is little more than the old Wundtian introspection on our own subjective feelings about another. But Husserl,[3] following Brentano, has clearly shown that this 'subject-object' interpretation of the empathic process is unreal. It is not a subjective introspection nor can it be an objective observation; in point of fact, the distinction between subject and object is not as clear-cut as our scientific inheritance from Descartes would make it. What characterizes all psychic phenomena is that they exhibit 'intentionality'—they 'intend' themselves towards an object. In perception something is perceived, in a judgement something is judged and in love someone is loved.

There can be no experience without some object (real or imagined) being experienced, no consciousness without something of which to be conscious, and no behaviour without some object towards which that behaviour is directed. Thus the subject 'man' cannot be separated from the object which he observes; any such separation of subject and object is purely artificial. The purely objective approach is based on an intentional artificial cleavage between man and his world which nowhere exists in experience; such an approach observes only the organism and not the man. On the other hand an empathic relationship with a patient is a unitary relationship, the reality exists solely in the relationship and not in me as a subject, or my patient as an object. One does not have to introspect, the experience of the relationship 'speaks for itself'. We do not observe our patient in any cold dispassionate way. We attempt to come into 'dialogue' with him in the sense of the word as used by Buber.[2] Empathy is a primary self-validating experience which is completely lost if reflected upon in terms of any theory, preconception or prejudgement; it is in fact the immediate pre-reflective experience of man's relationship to fellow man.

Through this empathic understanding we can, step by step, enter our patient's world of experience as it reveals itself in space and time. But the phenomenological analysis is not merely a static and therefore somewhat sterile description. We can meaningfully link up the patient's past and future as he experiences them here and now. We experience a dynamic ongoing picture where one phenomenon clearly arises out of another without the necessity for assuming any cause and effect theory. Later perhaps we may apply our favourite theory; we may find that it becomes more meaningful in terms of actual experienced facts of the patient's world rather than the assumption of unconscious forces or other dynamisms which can be nothing more than unprovable explanations however useful these assumptions might be.

Essentially in the first place, when attempting to arrive at some sort of diagnosis, we shall be studying the form of our patient's experiences and behaviour rather than their content. It is more important that we understand our patient is suffering from a passivity experience or a primary delusion, rather than knowing the particular content of his experience. Content however becomes vital, when in therapy we wish to modify his experience, or wish to find meaningful relationships with past experiences. Frequently, however, we shall find experiences in our patients with which we cannot truly empathize. These are phenomena which appear to arise *de novo* and are totally alien to our 'normal' experience and to the patient's personality development. Such phenomena can then only be understood, granted the primary assumption of a process disorder; a biochemical disturbance, a physical trauma or a toxicity, etc.

For example, one can easily empathize with the gradual emergence of a paranoid reaction occurring in response to the stresses of late life, or the paranoia of the homosexual or insecure adolescent. There are clear meaningful connections with the total life situation of these patients. But the paranoid delusions of the schizophrenic, arising abruptly out of nowhere, are totally alien to normal experience. In their form they are alien, primary and irreducible experiences which go beyond the relationship of man to man. It is here that phenomenologists such as Jaspers and his followers cross swords with the psychoanalytic existential psychiatrists who seek to find psychodynamic developments in the schizophrenic (and manic-depressive) experiences. The psychoanalyst may well be able to derive the content of a primary delusion or an hallucination along dynamic or empathizable lines but nowhere can he meaningfully derive their form. Why in fact do they suffer from the experience of primary delusion or hallucination? By what means does reality become so distorted, whereas the non-psychotic schizoid individual experiences reality in a different but 'normal' form? The whole form of the schizophrenic's experience differs from the normal and from his own pre-psychotic experience and nowhere can this difference in form be derived empathically. In their attempts to arrive at the total picture phenomenologically, writers of the calibre of Binswanger,[6] Laing[5] and others are perhaps justifiably accused of being somewhat imaginative. Laing's understanding of the pre-psychotic 'schizoid cleavage' is intense, deep and meaningful, but the breakdown into psychosis remains beyond phenomenological understanding. It is thus that some of the Continental psychiatrists prefer to talk of such entities as an obsessional personality development and an obsessional reaction to stress which are amenable to psychotherapy, and an obsessional psychosis which, apart from content being modified, fails to respond to psychotherapy. Similarly the hysterical reactions can be so divided.

Pure phenomenology then gives us a deeper and more realistic (and therefore more scientific) understanding of our patients. It provides us with the basic units from which any theory of Man must be constructed; the understanding which must precede explanation. Through phenomenology we can penetrate the fine distinctions between personality development and process disorder, between inauthentic man and diseased brain, and though even the most deteriorated schizophrenic will benefit from a feelingful psychotherapeutic approach which understands the patient on his own terms and in his own world, we shall be aware that we are not thereby tackling the initial process disturbance but only the contents emerging therefrom.

Existentialism—the phenomenology of Being itself—had its formulated starting point in Kierkegaard's original conception of truth: 'Truth exists only as the individual himself produces it in action'.[4,6] The existentialists would

portray man, not as an isolated subject living in his world of reason (and therefore inaccessible directly to us), nor yet as a collection of substances and mechanisms, but rather as one who happens to exist at a given moment in time and in space (and hence has substance and mechanism) and who is aware of that fact or should be aware of it (and hence has reason), and who is confronted with the problem of what to do about it.[6] There are only two 'facts' of existence—two absolutes which make existence real. The first is that here and now I am existing and, second, that at some future date I will no longer exist. Man is aware of both these facts—therein lies his uniqueness—his crucial problem is what to do between these two points. It is only Man's awareness of death which gives existence and the problem of existing an absolute quality. Without death, life would lose all meaning and form.

Phenomenologically, anxiety is the perception of imminent non-being. Non-being is death in its ultimate, but in its existential sense it is all that which negates full and authentic being. It is denial of choice and responsibility, surrender to dogma and conformism, escape from freedom (Fromm) and restriction of the 'world-disclosing' nature of existence.[1] Anxiety then, is the experience of the threat to being as authentic (which presupposes an awareness of authentic Being); or as Jaspers puts it, it is the condition of the individual when confronted with the issue of fulfilling his potentialities and choosing from the endless ambiguity of alternative possibilities.[3] It is thus not a quality of existence; it is ontological—inherent in all Being. Man must always face and accept the existential despair if existence is to be authentic—the authentic existence, is that man who is identical with himself in all his potentialities. The 'sick' man is one who attempts to evade this existential despair. He may substitute the threat of non-being for non-being itself. He surrenders himself to 'pre-cast essence', denies his potentialities and escapes from freedom into a 'controlled automatism', or man may choose so to restrict his world-disclosure, as to experience reality within an artificial framework of a narrow formalized self-world; an alienation from or non-participation in being-in-the-world.[7]

A third way of avoiding the existential anxiety is by, so to speak, concretising it in the form of neurotic anxiety—fear of things or situations. As I see it there is a fourth way where we attempt to create non-being in others, in order to lessen the burden of our own potential non-being; anxiety thus becomes distorted into hate, aggression, jealousy or lust.

Psychotherapy then is waged on the battleground of choice, freedom and responsibility versus fear of non-being in all its forms; a battleground which therapist and patient must enter together. Every phenomenon of the patient's experiences must be discussed and worked through in its real, present and existential meaning. The patient must know what he is experiencing before he can understand why he is experiencing it. To allow of the experience as an authentic reality it must not be restricted by the imposition of prejudgement, preconception or theoretically determined cause and effect. And the therapist does not delve into the past as if seeking to uncover dirty linen. Rather, as the present and the future become more freely disclosed, so the past will be admitted unrestrictedly. Psychological dynamisms such as repression take their meaning from the immediate existential position, they are not psychic-determining forces which must be broken down.[6] Existential therapy is a therapy of past, present and future, as and if these 'qualities' of time are disclosed in the patient's immediate experience.

Phenomenologically experienced time has absolutely nothing to do with clock time—the only time which objective psychology can make explicit. The experience of the 'on-goingness' of existence and the unity of past, present and future exists before all 'closer observation' thereupon. In fact as soon as we reflect upon it in a detached objective manner the experience is lost and we are left with a depersonalized clock time. It is the pre-reflective experience of time which is responsible for our sense of continuity and 'on-goingness' and not any measurable aspect of time.

The present is a quantum of duration embracing both past and future as they are being experienced now. The past is that which we have left behind but which still has a living reality for us—what we have forgotten can in no way be part of our experience of 'past'. We do not distort or express the past in the mechanistic way suggested by the orthodox psychoanalysts. Rather we experience it in a way meaningful to our present needs and perceptions and the only reality of the past is in that experience. The phenomenologist goes further; the past always comes to meet us from the future! This apparently paradoxical statement becomes clear when we consider that what we are about to do in the future largely determines which aspect of our past experience now becomes relevant. The future is that which is to come but only as it is coming now. Again, in other words, the only real future is that which we are experiencing now. Let us give a simple example taken from Van den Berg,[5] as phenomenologists always turn to living examples rather than theory. If I am about to jump a ditch, my present will embrace the future being-over-the-ditch. I experience more or less the result of my jumping before I have actually jumped. In a sense my future is coming to meet myself. If this were not so, everything we are about to do would be new and unknown to us. But the future being-over-the-ditch brings to me my past experience of jumping, so that I can better gauge the force of my jump—the past has come to meet me from my future.

It is on this understanding of past and future that the existential therapist will investigate the patient's future rather than his past, but the future as the patient experiences it now and never as the therapist would impose it. Always he will allow the patient to choose his own pathway into the future and to accept his own responsibility for that choice. Therapy attempts to attain a decisive 'commitment' by the patient. It is not a planned procedure, not a gradual unfolding, but rather the immediate grasping of the critical moments of 'despair' when the patient can be gently guided into awareness of his experiences. How often have we struggled endlessly with a patient apparently getting nowhere when suddenly in a moment of despair the patient gains what we are pleased to call insight, and from then on all goes well. Ask any 'cured' alcoholic and he will tell you of this commitment experience, when one day in the pits of deepest depression he suddenly became aware of himself and thereafter remained 'dry'. This commitment in therapy is a kind of encounter when two beings sudden-

ly come into perfect understanding.

Man exists not only in time but also in space. And here again it is not the measurable space of yards and inches which counts; a loved one can be a thousand miles away and yet be ever near. The dimensions of experienced space are those of estrangement or complete being-with, of the emptiness of space or of space crowding in on one and of the pervasion of the self into all space, or the impenetrable isolation of the self in space. As time is the experience of the 'on-goingness' of existence, so space is the experience of the momentary 'position' of existence.

Total self-awareness is the temporal and spatial experience of the 'I' as distinct from, but within, the world. Jaspers[8] analyses self-awareness as (*a*) the feeling of activity—it is I who is doing this, (*b*) the awareness of unity—I am aware at any given moment that I am one, (*c*) the awareness of identity—I am aware of the continuity of my past, present and future—and (*d*) the awareness of distinct ego boundaries which delineate me from my world (but which do not separate me from my world).

Only through the phenomenological meaning of spatiality and temporality can such morbid experiences as depersonalization and derealization become understandable. For these phenomena are not illusions or hallucinations in which measurable time or space become distorted or fabricated. Patients say: 'I know I am real, I can see that, but I don't experience it'; or 'Those trees are just two yards away yet to me they seem so far away!'.

One other aspect of existential thinking needs clarifying if we are to grasp fully the existential approach to therapy, namely the concept of 'world', for existence is always a being-in-the-world. We cannot understand 'world' by describing the environment no matter how accurate or detailed that description. Nor can a person's world be in any way measured. Our primary experience of 'world' is the immediate signification of what we perceive. It is only on reflection or closer inspection that we can artificially detach ourselves from our world and observe the cold sensory data; but that is not the way we experience 'world' in everyday living and surely psychology must study man as he lives, and not an artificial abstraction of man! Mey[6] defines world as 'the structure of meaningful relationships in which a person exists and in the design of which he participates'. Man's world transcends the given space and time not in any mystical way, but in a way real and vital to experience. It is in this spatial and temporal transcending that our world differs from that of the animal; insofar as we are able to infer the world of the animal. And it is in this transcending that the roots of mental illness lie. Hence the serious limitations of animal experimentation as a lead to our understanding of man.

Binswanger,[6] following the philosopher Heidegger,[9] has made explicit an almost commonplace observation, namely that we experience 'world' in three distinct modes. Firstly there is what is called the *Umwelt* or world-around. This is the physical world of determining forces into which we are thrown and to which we must adjust; the world with which natural science concerns itself but not the only world man experiences. The existentialist would say of the *Umwelt* that predetermining forces are not entirely responsible for mental ill-health; there is always the man who 'chooses' to allow these forces so to act. While the world-around limits our potentialities it does not necessarily impose their fulfilment.

The *Eigenwelt* or own-world is the world in which we experience the 'for-me-ness' of things. It is perhaps a broad extension of Jaspers' self-awareness into the totality of existence. It is in this world that we can talk of man's choice, freedom and responsibility and of the existential despair. It is to this world ultimately that psychotherapy must appeal.

Finally we have the *Mitwelt* or with-world. This is the world of relationships with fellow-beings, the primary experience of 'being-with' and of commitment to others. The reality of *Mitwelt* is not in 'me' or in 'you' but in the 'I-you' relationship and the essence of the relationship is that in the encounter between two people both are changed. Thus Buber[2] sees the total man as the development of the 'I-thou', and Sullivan's interpersonal theory says very much the same thing but along non-phenomenological, mechanistic lines.[10]

The therapeutic relationship itself is of course a *Mitwelt* experience, but through it all three modes of world-disclosure are understood and modified. It is common experience that a loved one brings the world closer to oneself and makes it more real, more alive. And in the embrace one becomes 'identical' with one's body. Friendship unites me, my body and my world. When, on the other hand, we are alienated from or fear another, we experience our body and world too, as alien.[5] Disturbed contact formation with another, an alien *Mitwelt*, disturbs *Eigenwelt* and *Umwelt*. We become in fact to a degree depersonalized and derealized.

Therapy attempts to reverse this disturbed contact formation through the intense new experience of the therapeutic encounter. It matters little whether we subsequently explain this in terms of reciprocal inhibition of conditioned responses or the resolution of interpersonal conflicts. What matters is that our approach has been meaningful in terms of our patient's reality and commitment. Only then will he truly recover and allow his existence to disclose 'world' in all its widest aspects.

SUMMARY

The history of the phenomenological movement in psychiatry is briefly discussed, with particular reference to Dilthey, Jaspers and Husserl. Phenomenology is defined as an analytico-descriptive study of the varying forms in which something appears or is manifested.

The empathic relationship is described as the immediate prereflective experience of man's relationship to his fellow man; it is an attempt to enter the patient's world of experience without prejudgement or theoretical preconception. To this end, phenomenology studies the form of experience rather than its content.

The existential view of anxiety as the perception of the threat of imminent 'non-being' is seen as the basis for the phenomenology of the neurotic's 'world', which becomes constricted to avoid this existential despair so that choice and responsibility are denied.

The phenomenology of time and space are discussed and through these, an understanding of existence as 'being-in-the-world'. Man exists in the world in three modes: man in relation to the physical, deterministic world; man in relation to himself and his choice and his freedom and responsibility; and man in relation to his fellow man and his commitment to others.

The therapeutic encounter must provide an intense new experience in which the patient can freely commit himself to wider 'world-disclosure'.

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