

On Justifying Psychotherapy: Essays on Phenomenology, Integration and Psychology

Ian Rory Owen Ph.D (2007) Lincoln (USA): iUniverse, Inc.
(referred to here as 'OJP')

Psychotherapy and Phenomenology: On Freud, Husserl and Heidegger

Ian Rory Owen Ph.D (2006) Lincoln (USA): iUniverse, Inc.
(referred to here as 'P&P')

These are important books for psychotherapy, because currently *'legally defensible practice does not exist across the profession but only within each school'* (OJP:138). These two books are a collection of Owen's published papers, mainly about Husserl's phenomenology and its potential to integrate the 400-odd diverse psychological approaches to alleviating personal distress. His drive is to unite mental health professionals – psychiatric nurses, social workers, psychologists, psychiatrists, and particularly psychotherapists – within a common language and rationale, by describing how their disciplines are linked through broad, overarching issues such as *'how do you decide what to say to a particular client with a particular problem in a particular situation?'*

So, for example, he explains that *'[p]henomenology does not replace empiricism but is preparatory for it'* (P&P:6), a view that might reassure psychologists and researchers that there is no conflict between their focus and Owen's. Another example is his discussion of Social Constructionism (OJP Ch. 6) in which he generates questions for use by any professional, such as: what would caring behaviour be between me and this particular client? what does the client want? how will the client know when he's got it? how can I help a client explore his meanings, values and context more? Owen describes Social Constructionism in terms of a client's process, content/structure, needs, placebo/nocebo susceptibility, power/desire, permitted roles in a society – terms that all professionals might recognise and understand. He shows how professionals might see themselves more clearly and critically using these, and other, familiar ideas, rather than discipline-specific technical terms. Phenomenology is advocated as a common concept-base, working as it does at a nuts-and-bolts level of what happens in the therapeutic encounter.

Owen is concerned that Husserl and Heidegger have been misunderstood, and he is clear that *'proper understanding ... promotes the tolerance of ambiguity and lack of certainty that are abundant in practice'* (OJP:xi) (where 'proper' means based on personal experience). He advocates *'self-reflexive attention to understanding how people have meaning'* (OJP:xiv) and reminds us that *'[f]or clients, the problem is how to stop the pain in the short term'* (OJP:xiv).

Owen explores the link between meaning and psychological pain in the first two chapters of OJP. Chapter 1 defines phenomenology as:

- i. explaining how meaning occurs through the various types of *intentionality*: imagining, remembering, feeling, calculating, valuing, planning, judging (morally), judging (perceptually), believing as true,
- ii. describing a method comprising “*reflection, d escription, imaginative variation and idealisation*” (OJP:30, my italics) and
- iii. having a scope of interest that includes Fink’s list -“the world, belief, existence, empathy, community, and intellectual categories” (1981:44), and ‘the “logic” of *psyche* itself’ (OJP:45, my italics).

Expanding on the idea that it is ‘*not possible to strip away meaning from its sensual base*’ (OJP:xiv), Chapter 2 introduces Frankl’s idea of ‘*lived experience*’ (the client’s ‘*intentions*’ in Husserl’s language) and ‘*lived meaning*’ (the client’s ‘*understanding*’) to suggest how changing a client’s lived meaning can reduce psychological pain. Owen clearly presents the relevance of phenomenology and existentialism to the helping professions generally, those who are in the business of reducing psychological pain.

But what is phenomenology? Husserl is notoriously difficult to read, and so are Heidegger, Sartre, and Merleau-Ponty. Chapter 3 of OJP is Owen’s review of Sokolowski’s ‘*Introduction to Phenomenology*’, a useful text for those who find Husserl et al difficult to understand, let alone use or critically appraise. In P&P, Owen assumes the reader’s familiarity with a complex vocabulary including words such as ‘*iatrogenic*’, ‘*intentionality of co nsciousness*’, ‘*reifications*’, ‘*hermeneutics*’, ‘*presentation*’, ‘*ontological dualism*’, ‘*eidetic*’, ‘*foreclosure*’, ‘*essence*’, ‘*grounded*’, ‘*preconscious*’, ‘*givenness*’, ‘*re duction*’, ‘*p raxis*’, and a host of other technical terms delivered in long, complex, mind-boggling sentences. I found that reading OJP first made understanding P&P much easier. In this review, I italicise previously undefined technical terms the first time I use them to flag them as technical terms. It is key that the reader of P&P keeps in mind what intentionalities are: recognisably different types of thoughts (mental ‘*phenomena*’) and their targets – remembering something, imagining something, feeling something, judging something, and so on. These different ‘*mental*’ *acts* need to be recognisable by client, therapist and researcher alike, because they are regarded as the nuts and bolts of any psyche’s functioning.

Owen recognises that sometimes a therapist might feel that he understands a client, but still argues that it is not possible to experience what the client is experiencing. How does this make sense? ‘*[P]hilosophical, et hical and p ractical p r oblems a rise i f t heories an d beliefs about ourselves and others are incorrect*’ (OJP:98). So which ideas

might this therapist have wrong? Chapters 4 and 5 of OJP are about Husserl's concept of 'empathy', how 'synthesis' works, and how you might know when either is happening. *'The problem with many therapies is that they implicitly or explicitly assume telepathy or confuse perception with empathy'* (OJP:99). This is about self and other, how we experience other people, how we empathise – aspects common to all psychotherapeutic situations. Owen describes a process of 'passive synthesis' called 'pairing' in which we create, for example, same/different, or here/over-there. We can then understand empathy as 'you are like me but over there'; and see transference as 'inaccurate mis-empathy' (OJP:95).

Helpfully, Owen explains 'presentiation' (for example what passively appears to me from my memory or imagination 'in here'), and 'appresentation' (the addition of such images to what appears 'over there'). This establishes a common Husserlian language for describing, say, prejudice and projection. Owen refers the reader to particular tracts in Husserl so the reader can learn to recognise and understand these basic mental processes and hopefully take them into assessment, practice and supervision.

Part 2 (Chapters 7 – 13) of OJP concentrates on these intentionalities, the heart of phenomenology, and discusses other topics that stretch across all psychotherapists' concerns and practices. For example, if a therapist identifies with a client what the client is doing mentally, for example imagining the worst and therefore feeling anxious, and then informs the client that he could consider 'intending' differently (say, imagining something pleasant and therefore feeling happy), then this might explain a CBT practice in phenomenological terms.

Chapter 7 describes the difficulties in establishing generally accepted criteria for choosing one intervention over another for a particular client with his particular problem in his particular situation. Criteria might be theoretical, ethical, or from research into effectiveness; unfortunately there is little agreement within the profession (and some downright antagonism) about criteria in all three categories, despite decades of research. We are not looking for consistency across consulting rooms, but a consistent way of communicating, explaining, justifying, and legally defending or censoring whatever therapists might do.

Chapter 8 argues that the NHS requirement to offer the client what he needs and what works suggests that generic therapists are more valuable than 'brand-name therapists' (CBT, Psychodynamic, Person-Centred, etc) because they are free to try alternative models if the client doesn't progress with the first model chosen. Answering the questions 'What do clients need?' and 'What works for whom?' is an ongoing experiment. Practitioners need to be flexible because of the complexity of human nature and the interdependence of its parts (cognitive, emotional, social, etc). And in any case *'there is no reason to place all belief in any one*

model' (OJP:163) because of contradictory research findings. Owen argues that to safeguard the public, some type of integrative approach is required from all practitioners.

Chapter 9 is about power, boundaries, and intersubjectivity, topics which again have relevance across the brands of therapy. These complex concepts need '*grounding*' in our own experiences of what actually happened and how we responded, clearing away the '*clutter of conventional thought or our usual bias*' (OJP:170). Owen aims to expose the assumptions behind concepts, and calls for clear criteria for identifying '*appropriate*' or '*taboo*' behaviour in any particular situation. Therapists should be more aware of the power they have and know how to correct any imbalance that might hinder clients' knowledge of their own meanings and values.

Chapter 10 calls for a single, explicit and detailed code of practice to protect clients, the public, and the practitioners, because mental health work is complex and usually multi-disciplinary. Chapters 11, 12 and 13 discuss three of the major brands of therapy: person-centred, psychodynamic, and existential. The reader is invited to identify the cultural assumptions of various psychotherapy brands as an exercise. Then Owen spotlights person-centred therapy and compares it with psychodynamic therapy. Chapter 13 on existentialism explores '*hermeneutics*' (how anything makes sense to anybody), noting that existentialists believe that intentionality is the best way of interpreting psychological life. Owen thinks that '*meta-representation*' is better still (the explicit understanding that a representation can have different interpretations or perspectives).

Part 3 (Chapters 14 – 20) reviews what psychology (rather than philosophy) has to offer to psychotherapy. Owen explains why an empirical approach is usually scientifically invalid, statistical averages being useless for understanding any particular person. Husserl's pure psychology shows how a person's particular intentionalities generate his meanings and experience. Intentionalities can generate psychological disorder, for example remembering, imagining and anticipating trauma can generate anxiety and compulsions.

Owen discusses common concerns, for example the diversity and lack of agreement within empirical psychology. He shows how Husserl '*grounds*' knowledge and fills important gaps in theory. He warns that evidence-based '*clinical governance*' systems are buying ungrounded so-called facts to inform public services. He tells us that insufficient evidence and inappropriate research methods prevent the NHS from enacting good practice in therapy. He identifies a general incomplete or inaccurate identification and understanding of attachment and intersubjectivity. He notes the temporal meaning of defences; how intentionality generates distress; why people train as psychotherapists, how burnout occurs, what

the rewards are; what makes for good or bad therapy. Gripping stuff for a serious-minded helper.

In total, OJP provides us with a picture of what putting phenomenology into practice might be about, and explains why we might want to do so. I'm left feeling validated in my own practice, and supported in using interventions based on theories other than my own, having been reminded about Husserl's emphasis on '*phantasy variations*' for facilitating change. Here is the potential to free people from the confines of their dogma and habitual preferences into a regulatable, and therefore employable, generic profession. I found the ideas quite exciting and refreshing. Maybe I should get out more.

In contrast, I found P&P's 18 chapters less accessible. I couldn't grasp the structure, and I struggled with the vocabulary. P&P is less of a teaching document, more of an academic discussion document, being rich, dense and thought-provoking. P&P asks and answers a large number of big general questions about psychotherapy and gives a wealth of useful definitions and explanations. He covers Freud's understanding of transference and intersubjectivity; recaps on Husserl's central ideas and gives specific examples of how Husserl's insights clarify what is happening in common situations. For example, '*[h]allucination occurs when a person believes what he is imagining*' (P&P:113), a definition of a pathology in terms of intentionalities.

Owen aims to write down what needs to be done to answer questions such as: What is psychotherapy? What happens in psychotherapy? What is 'an understanding of' a client? What is 'empathy'? How exactly should a therapist respond to a client in order to produce something useful? How does a therapist know when he's made a mistake? How might the work of the psychotherapist/client duo be evaluated? What counts as evidence of what has happened? How should research into psychological interventions be conducted? How can the profession of psychotherapy present a unified face to the world, and justify its practices?

For me, he provides a recognition of what psychotherapy needs to do to be properly scientifically valid. And yet despite the wealth and depth of Owen's considerations, I am left feeling frustrated and dissatisfied as well as enlightened, maybe because both books are collections of articles written for a variety of purposes, rather than being a deliberately planned sequence of thoughts designed to serve the particular purpose of developing psychotherapy's ability to present a unified professional face to the world.

Although I can see from his prefaces and introductions how the chapters all hang together coherently, I still had to struggle to see why any particular chapter was included in any particular place in the collection, how it built on the last chapter and prepared the reader for the next. For example, I struggled to realise that the reason Stein et al's work (2002) on

attachment was included (OJP Ch. 17) was because it was a rare example of a researcher using an independent variable (degree of attachment) to investigate a possibly dependent variable (interaction strategies), and therefore her work is valid, unlike the many empirical researches that attempt to study interdependent variables (which are uncontrollable, and un-analysable in terms of what it means for therapy).

For me, comprehension of what Owen says is hampered by a paucity of examples, inclusion of some unhelpful examples, and by the presentation of generalities before particular examples that might cut through all the difficult concept-words to provide the reader with something concrete and graspable on which to build understanding. The typos, punctuation errors, and unreasonable grammatical style (in P&P in particular) were further distractions for me. Yet, some principles are elegantly explained, for example how we distinguish multiplicity of parts from the whole it comprises by '*eidetic imaginative variation*' (P&P:112), and therefore how people with different perspectives can agree that they are looking at the same object.

Despite all this, Owen does demonstrate the validity of the assertion that psychotherapists need not be seen as an eclectic collection of isolated theoretical disciplines but could be a coherent profession with common aims, themes, scope, concerns and concept-base. The job involves communicating Husserl's phenomenology and its language. As Isabel Clarke claims: '*we all do the same things, we just call them something different*'. Owen has tried to get his readers to know how to find these commonalities and to take a critical look at the limitations of their own practices.

In conclusion, Owen asks a number of fundamental questions I've been asking for decades without finding any sensible answers. In OJP, Owen asks the questions clearly and repeatedly, and goes a long way towards answering them. And for some reason I can't fathom, the answers have the power to make sense of any school of thought, and so unite them all by underpinning them at that meta-level. Yet reading P&P is strenuous and requires a good grasp of some sophisticated technical vocabulary in order to reap the insights on offer.

Reference

Stein, H., Koontz, A.D., Fonagy, P., Allen, J.G., Fultz, J., Brethour, J.R., Allen, D. and Evans, R.B. (2002). Adult attachment: What are the underlying dimensions? *Psychology and Psychotherapy: Theory, Research and Practice*, 75, 77-91.

Paula Smith