

Comprehensive Assessment Essay

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1 **Phenomenology is my theoretical and clinical foundation**

We shall find in ourselves, and nowhere else, the unity and true meaning of phenomenology – (Merleau-Ponty, 1962)

2 I embrace the phenomenological perspective as my theoretical foundation, and also
3 as the foundation of my clinical practice. I suppose that this makes me a humanist. Will
4 Kouw has been the still center of my Fielding experience. Over the course of my five
5 years working with him, I have filled the interstitial spaces of my curriculum with his
6 clinical instruction and with the works of Jaspers, Husserl, Merleau-Ponty, Spinelli, and
7 Heidegger. Having stated this I also declare myself as a thoroughgoing scientist, a
8 steadfast realist, and a shameless positivist. I find no conflict among these orientations,
9 or among the essences of behaviorism, psychoanalysis, and humanism. These are
10 simply different perspectives on a single complex dynamic system and they are not
11 properly comparable with one another in many important respects.

12 Most of the phenomena that are of concern to clinicians and other human beings
13 are so complex and multi-determinate that no linear model can adequately embrace
14 them (Morowitz & Singer, 1995; E. Z. Tronick, 1998). Theoretical and clinical
15 formulations which capture important aspects of the human condition are invaluable as
16 far as they go. In limited circumstances, statistical assessment is clearly superior to
17 clinical judgment (Meehl, 1954). There is no natural limit to the scope of scientific
18 psychology, but at present no formal model even remotely approaches the spontaneous
19 totalization of knowledge that is manifested in ordinary consciousness. The
20 phenomenological attitude consists in an attunement to this totalization and a skeptical
21 posture toward all theory and apperception (Heidegger, 1962, 1968; Husserl, 1970;
22 Merleau-Ponty, 1962; Spinelli, 1989).

My identification with phenomenology is not a flight from reductive empirical analysis or from the rigors of systematic technique, but recognition of the limited extent to which existing theories and models can actually inform me in my encounters with other human beings. My spontaneous knowledge of a situation is always more than the sum of my theories about it, regardless of whether I momentarily identify myself as a psychoanalyst, a gestalt therapist, or a cognitive behaviorist. My theories constitute only one aspect of my apprehension in any situation, even when I feel myself to be completely absorbed in them. I take it as my task to embrace the best insights and techniques of each psychotherapeutic school while maintaining a certain skepticism and reserve toward their respective theories and practice systems. But the phenomenological perspective offers no guidance for specific understanding or therapeutic action (Jaspers, 1971; Schneider & May, 1995). Rather it recommends a certain limited detachment from *all* theoretical understanding, and even from that which appears to be directly given in perception.

I have found that I must intentionally submit myself, for a time, to each new knowledge area or discipline that I wish to assimilate. Eventually I accept and absorb some salient products of this surrender, whereafter their influence is manifested directly in my intuition and perception, as well as in my deliberate calculations. The essence of the phenomenological attitude is a constant reserve, even while absorbed in theory and method, not only toward *explicit* theory but also toward that which appears to be directly given in perception; an onion which is impossible to completely peel (Husserl, 1964; Merleau-Ponty, 1962). The natural attitude entails a naïve acceptance of things as they are given to perception, but on examination it is clear that even sensory perception is

46 already a highly abstract product of interpretation (Thompson *et al.*, 1999). The
47 phenomenological method constitutes a radical freedom of perspective and perception,
48 the exercise of which I regard as the central psychotherapeutic mechanism.

49 Although it overarches everything else in my theoretical and clinical perspective, I
50 really have nothing further to say about clinical phenomenology that is not philosophical
51 and I do not wish to use these precious 30 pages of comprehensive exposition, double-
52 spaced and line numbered, for that. The phenomenological attitude provides no specific
53 basis for clinical understanding or action, but seeks only to relax the bonds of naïve
54 certainty in favor of a greater sensitivity to the holistic nature of all actual experience
55 (McCall, 1983; Valle & Halling, 1989). The effortful discipline of the phenomenological
56 attitude expands the space in which understanding can emerge.

57 **The primacy of scientific evidence anyhow**

“All conceptual structure and logical process can be seen as organized within a single
hierarchical framework that defines the relationships between parts and wholes. This
hierarchical framework is implicit in all cognition, and its characteristics account for
many of the observed properties of cognitive and logical systems.”

Richard Feynman - (Feynman, 1965)

58 I am a phenomenologist by conviction and a positivist by faith. Although I
59 understand that it is ultimately an article of faith, nonetheless I believe that a lawful
60 hierarchy of emergent properties account entirely for all physical, biological,
61 psychological, social, and cultural phenomena. I suppose that this makes me a
62 positivistic phenomenologist, although Will Kouw might regard this as an oxymoron. I
63 regard the scientific method and its institutional infrastructure as the only reliable means
64 of establishing truth within those domains to which it is applicable (Jaspers, 1955), and
65 experimental research into psychosocial phenomena is no exception. To the extent that

the weight of experimental evidence contradicts my intuition or my theoretical understanding, it is my principle to accept and assimilate the evidence as deeply as my intellectual flexibility permits.

Psychosocial constructs are complex dynamic systems

Humanity and its planetary environment constitute a single complex dynamic system, the elements of which can be fully understood only in the context of the system as a whole (Morowitz & Singer, 1995; Prigogine & Stengers, 1997). For the practical purposes of psychological analysis, individuals can be regarded as *open* dynamic systems (E. Z. Tronick, 1998). So can their brains or any of its substructures, their psychology or any of its elements, or any other functional or physical subsystems that can be delineated, at least in principle, by a finite set of criteria (Beck, 1976; Morowitz & Singer, 1995). Openness simply means that only a portion of the overall system is being represented in a particular model, and that material or information can be emitted or absorbed across the model boundary. The boundaries of an open dynamic system are essentially arbitrary, reflecting the interests and theory of those who draw them. There is now a large body of theoretical work in dynamic systems and complexity which can inform the understanding of psychosocial processes at conceptual and practical levels.

Dynamic systems are unpredictable because, as their complexity increases, the number of possible states that can result from the interaction of their factors rapidly becomes intractable; a condition that is regularly confused with chaos or indeterminism. Intractability does not imply that a system is non-deterministic, but simply that the computational requirements for the expression of its development are beyond practical reach (Thelen, 2005; Waldrop, 1994). To regard psychosocial phenomena as complex

dynamic systems is to guard against the temptations of comforting, but misleading, linear explanation (E. Tronick, 2005; E. Z. Tronick, 1998).

Psychological states and traits can be represented as attractors

One of the great insights of dynamic systems theory is that complex systems are unpredictable in certain essential respects and, ironically, another of its great insights is that they *are* predictable in other respects. Almost all complex dynamic systems exhibit tendencies to move toward certain characteristic states, which are known as attractors. Attractors are equilibrium points where dynamic systems tend to settle, for whatever reasons. The concept of the attractor is the central construct of complexity theory because it frames any construct of interest in the light of its developmental factors. Attractor dynamics *is* complex systems theory and it is also developmental psychology.

For many mathematical and real-world systems the initial state of a system is almost irrelevant to where it will end up. No matter what the initial conditions of many complex systems might be, they will eventually develop into one of a small set of characteristic states. No matter what else they do, aircraft will always return to the ground one way or another and biological development will eventually result in death. These are both examples of particularly strong and well defined *fixed-point attractors*; meaning that the systems in which they are manifested always develop to certain equilibrium conditions and tend to stay there. Sexual orientation is a good example of a fixed-point attractor in human personality. Some systems also manifest *periodic attractors*, meaning that they exhibit some oscillation among a number of relatively discrete states. A pendulum swinging back and forth is a classic example of periodic

attraction in a physical system. The cycle of addiction, recovery, and relapse is a good example of periodic attraction in human behavior.

In a general sense, all fluctuating cognitive/affective states are periodic attractors and all relatively stable personality traits are fixed-point attractors. Attractors themselves say nothing about the developmental paths that determine them. The correlation analyses that we conduct in the assessment of psychological states and traits establish their attractive strength under certain circumstances, without saying anything about their etiologies (Cronbach, 1960; Meehl, 1954). Explanation is the burden of theory, which can never be fully confirmed but only supported or falsified (Popper, 1959). *Since most attractors can be approached by multiple developmental pathways their etiology can be expressed only in statistical terms.*

Rationalization of phenomenology: consciousness as synesthesia

While the “radical empiricism” of phenomenology denies any ultimate foundation to scientific knowledge and exposes the limitations of all theory (Husserl, 1970; James, 1890), it fully embraces my positivist faith and my reductive inclination (Bruzina, 2004; Goffey & Bruzina, 2002). My analytic understanding of consciousness is as a synesthetic integration; an evolutionary solution to “the binding problem” of sensory integration (Roskies, 1999; Slotine *et al.*, 2001). Synesthesia is the involuntary experience of perception in one sensory modality in response to stimulus in another (Ramachandran & Hubbard, 2001; Ternaux, 2003). Clinically, it denotes the capacity to hear colors, taste shapes, or experience other sensory composites. Synesthetes describe the color, shape, and flavor of a voice, or music that presents itself as a scintillation of triangles in the visual field. Such cross-modal experiences are typically in

addition to ordinary perception. Synesthetes regard their experience as quite natural and they are surprised to discover that others do not perceive things as they do.

The basis of ordinary synesthesia is usually a convergence of neural pathways in the perceptual trains of two or more sensory systems (Rizzo & Eslinger, 1989). Synesthesia has been surgically induced in laboratory animals by grafting these paths and it has been eliminated in humans by severing them (Armel & Ramachandran, 1999). Synesthesia illustrates an important general principle of interaction among a system of relatively independent modules like the brain: *information is always interpreted locally*. There may be no reason that auditory stimulus should be meaningful to the visual cortex, but synesthesia demonstrates that the visual apparatus will try to interpret whatever it is presented with.

The hierarchy of modules in every sensory modality cooperates in precisely this way (Douglas *et al.*, 1993). For example, visual interpretation begins as light strikes the retina, where feature extraction begins with neurons that respond selectively to edges, intensity changes, light spots, dark spots, and other low-level features. From this representation, the lateral geniculate nucleus and striate cortex extract mid-level features such as edge orientation, movement, texture, curvature, shading, and binocular perception. These *interpretations*, constituted in local representations across the various organs of the visual system, form the basis of object recognition and all the higher cognitive functions. *At each level of integration in the perceptual hierarchy there is a transformation of the stimulus features that would be experienced as synesthetic if it were available to consciousness.*

156 It may be fruitful to regard consciousness as a form of synesthesia. Certainly, one
157 important aspect of consciousness is the integration of disparate sensory impressions
158 into a perceptual gestalt (Bernard J. Baars, 1997; Kosslyn & Koenig, 1992). Integration
159 clearly goes well beyond the seven ordinary senses (which include proprioception and
160 vestibular sensation). When we are aware of an association, or when we think about
161 what we perceive, then cognitive elements are bound into the conscious gestalt as well
162 (Lampinen *et al.*, 1997; Schutz *et al.*, 1970). Perhaps it would be well to regard memory
163 and cognition as sensory modalities in their own right. After all, we can be conscious of
164 our thoughts and memories in a way that is similar to sensory consciousness (Rubin *et*
165 *al.*, 2003; E. W. Straus *et al.*, 1970). Any perception, memory, or cognition must be
166 regarded as distinct from the qualitative experience of it. *Qualia* are translations of
167 lower-level information into the common medium of consciousness; which is essentially
168 synesthesia. Consciousness is a synesthetic interpretation of whatever other content
169 happens to fall within its momentary scope (Jaspers, 1971).

170 Whatever other functions consciousness might serve, it certainly lends its various
171 contents a special priority of influence that is experienced as personal will (Nahmias *et*
172 *al.*, 2004). The objects of consciousness are diverse and the scope of consciousness is
173 limited but flexible (B. J. Baars, 1993). To the extent that consciousness is preoccupied
174 with any particular object, others are necessarily excluded from it and thereby
175 diminished or disabled (Mack *et al.*, 1999). The various methods of phenomenological
176 reduction are means of expanding the horizons of consciousness by relaxing its
177 preoccupation with particular objects. The focused concentration that is adaptive in so

many situations does not always serve as well in the psychotherapeutic consulting room, depending upon what you are doing in there.

Critical analysis of major theoretical perspectives

Although the phenomenological perspective claims a fundamental disloyalty to all theory and technique, in fact it is a strategy for managing both. The phenomenological attitude is a scientific and perceptual discipline of systematic skepticism. The three major schools of psychological thought each highlight distinctive theoretical and technical insights and fallacies.

Psychoanalysis (Freud & Hall, 1921) had the great advantage of preceding behaviorism (Skinner, 1938) and the “third force” of humanism (Maslow, 1954); permitting Freud to harvest the low-hanging fruit. Psychoanalysis claims the discovery of unconscious mentality and provides an indispensable manual of psychodynamic mechanics, but falls upon the rocks with its fixation on sexuality, its presupposition of conservation law for psychic constructs, and an essential mistrust of its own clientele. Behaviorism recognizes the overarching principle of reinforcement in learning but has, thus far, been unable to characterize the objects to which reinforcement pertains, or to account for the higher cognitive functions. Humanism embraces the complexity of human psychology and is unashamed of dealing in the higher realms of human concern, but tends to neglect or even reject reductive theory and experimental evidence. Taken together, these insights constitute my evolving clinical model and inform my therapeutic encounter.

The wisdom and fallacy of psychoanalysis

Unconscious 1st person and the catalog of psychodynamic transformation

Freud established modern clinical psychology by demonstrating that complex thinking proceeds outside of consciousness, and by formulating a mechanical model of mind that was in tune with the predominant scientific paradigm of his era; steam and electricity. Freud characterized a wide range of psychodynamic transformations that are essential to the proper interpretation of human utterance. These are the “*dynamisms*” of displacement, transference, symbolization, condensation, fantasy, repression, reaction-formation, projection, isolation, undoing, conversion, introjection, identification, sublimation, rationalization, idealization and dream-work (Alexander & French, 1946; Fenichel, 1999; Freud & Hall, 1921). These transformations systematically encode events and meanings for psychological reasons (Bornstein, 1998; Weinberger *et al.*, 2000). Although the theoretical (or doctrinal) interpretation of these transformations might vary dramatically, everyone but autistics understand and employ them intuitively in the course of the communication and mind-reading that we depend upon in every social encounter (Siegal, 2004). Understanding and interpretation of these psychodynamic transformations and their context reveals, in a sense, what the client is *really* saying. This sort of translation is a problematic but inescapable element of authentic dialogue. Freud wrote the manual.

The primordial, incredible, undeniable oedipal scenario and its surrogates

Psychoanalysis has always been captivated by the oedipal scenario, its derivatives, and its surrogates (Covitz, 1997). Once the preeminence of such a primal situation has been accepted, then the whole catalog of psychodynamic transformations can be

222 invoked to defend that interpretation against any challenge. In my view this *Catch-22* is
223 the most fundamental weakness of psychoanalysis. Not only does it draw attention
224 away from immediate situations which may be of much greater importance to the client,
225 but it reflects a pervasive mistrust of the client and what she *actually* says.
226 Psychoanalysis tends to stereotype.

227 But the principle technical fallacy of psychoanalysis is the presupposition that
228 mental phenomena obey conservation laws analogous to physical conservation
229 properties like mass, energy, and momentum. Psychoanalysis treats drive and emotion
230 like fluid, which is *always somewhere*, and which must express itself in full measure, in
231 one form or another, at all times. Of course, psychic phenomena do not obey physical
232 conservation laws but the presumption that they do has broad implications for
233 psychoanalytic theory and practice. If neurotic fluid lies buried beneath the surface of
234 consciousness like toxic waste, then it makes good sense to excavate deeply in order to
235 excise it over the course of a long and indirect analysis. On the contrary, if undesirable
236 mental states and behavior are seen as transient periodic attractors of a complex
237 dynamic system, then the therapeutic emphasis may be on disrupting the symptom
238 generation process, or replacing it, as directly as possible rather than pursuing its
239 deepest roots.

240 **The wisdom and hubris of behaviorism**

*"The aspect of the therapeutic puzzle that currently most occupies my
attention centers around those clients who seem to achieve intellectual
insight but little significant modification of behavior."*

(Ferguson, 1950)

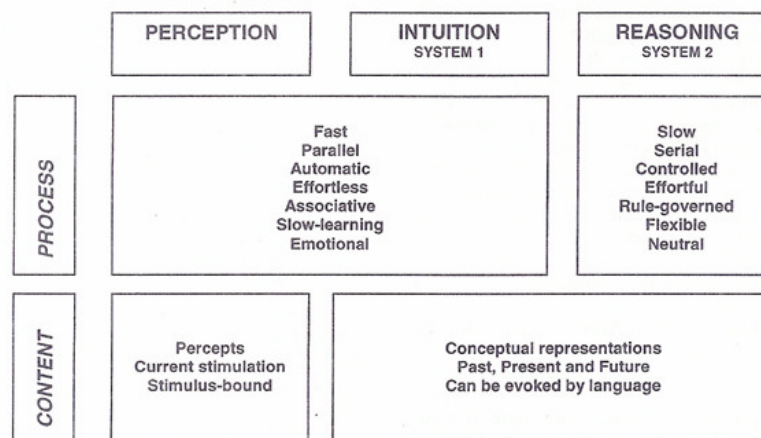
241 This quotation is from a letter that my father wrote to Carl Rogers shortly before my
242 birth, which highlights an essential problem in psychotherapy. It often seems that there

are two distinct aspects of personality present; one that obeys its reinforcement history and one that may transcend it. In fact these two facilities co-exist, interact, and govern in various combinations and with various emphases under different circumstances. It is important to recognize and address both aspects of personality in theory and in therapy.

Dual-process executive and the lawful development of intuition

Dual-process executive models have been common throughout the history of philosophy and psychology (Kahneman & Tversky, 1977; Plato *et al.*, 360 BCE; Smith, 1759). The two systems are generally characterized as *deliberative* versus *affective*, or as *reasoning* versus *intuitive* (Chaiken & Trope, 1999). The intuitive system “learns” relatively slowly over time, emphasizing generality, pattern recognition, and stereotypes. Intuition operates rapidly and effortlessly in response to proximate environmental cues, largely on the basis of reinforcement history. The more flexible deliberative system can deal with novel circumstances in symbolic and creative ways, but operates more slowly and requires conscious effort. There are a wide range of models which characterize this dual-executive construct in various ways, the essences of which are all captured nicely by Daniel Kahneman’s recent illustration, presented below as Fig. 1 (Kahneman, 2003).

Figure 1
Process and Content in Two Cognitive Systems



The distinction among these aspects of personality has its roots in the evolution of our present brain structure, with the neocortex very recently gaining a degree of executive authority over the primitive structures of the limbic system (Carter & Frith, 1999; Goldberg, 2001). It has been the great contribution of behaviorism to illuminate some of the most important principles by which inherent predisposition and cognitive insight are combined and accumulated into perception and intuition. These are the established principles of learning and reinforcement. But it has been the great hubris of behaviorism to imagine that reinforcement and contingency can account for the creative aspects of deliberation and reason (Eisenberger & Shanock, 2003). Failure to recognize these systems as distinct and complementary leads to false dichotomies such as freedom versus determinism, or strict behaviorism versus ephemeral humanism. Failure to address both systems can lead either to insight without change, which was my father's dilemma in 1950, or to change without insight, which is the unexamined life.

It is clear that a great many important cognitive and behavioral processes are shaped almost entirely by their reinforcement history, and it is also clear that people can generate and enact entirely novel responses to the environment by means of more or less formal cognitive and metacognitive processes (Metcalf, 1998; Metcalf & Shimamura, 1994). No cognitive process or understanding can substitute for repetitive exercise in the mastery of skills like sports, musical instruments, computation, or scholarly writing; and yet every step in the reinforcement history of each requires a creative leap to some original behavior, or at least to the creative selection of some alternative behavior. Without constant creativity there would be nothing to reinforce and operant conditioning would be inoperative. The evolutionary mechanism of selection

upon random variation is a population dynamic and it is impractical as a mechanism of individual learning. The inescapable reality of creativity at the heart of reinforcement history is the skeleton in the closet of behaviorism (Runco, 1993).

In clinical perspective, the influence of experience and habituation is undeniable, but it can sometimes be overcome or transcended by means of deliberation and willful decision *when the leap beyond established habit is not too great*. A common psychotherapeutic task is to identify behavioral opportunities that are within the present grasp of the client's deliberate will, which reinforce the client in such a way as to set him on a path toward desirable changes that are *not* presently within the grasp of his will. If insight were sufficient to evoke and sustain the behavioral changes that it often indicates so clearly, then psychotherapy would be short, productive, and cheap. Often insight, and even the actual intention to change in some way, is only the starting point of psychotherapy. Therapy must condition the beast even as it appeals to the free will of the human being. The CBT toolkit overflows with empirically validated protocols that have proven effective in specified circumstances, such as depression, anxiety, OCD, and other frequent targets of intervention (Levant, 2004; Reisner *et al.*, 2005).

Behaviorism's premature claim of universal psychological determinism

Behaviorism is the essential psychological science. Its ambition is the determinant explanation of all relationships between environment and behavior. Now that the resolution of behaviorism has been expanded to encompass cognition, emotion, and covert as well as overt psychic phenomena of all kinds, the validity of the behaviorist ambition is restored. It is an article of my positivistic faith that this sort of deterministic accounting is possible, *in principle*. The hubris of behaviorism has been the extravagant

claim that reinforcement principles alone could account for the full range of psychological and social phenomena. The cardinal error of behaviorism has been its failure to acknowledge the independence of many cognitive processes from their own history, and its failure to recognize the opportunistic nature of evolution and the consequently idiosyncratic nature of psychodynamics at every level (Chomsky, 1967).

The final *corpus* of behavioral law will be much thicker than some behaviorists might hope. It is this recognition, and a realistic assessment of psychological science during my lifetime, that has led me to declare the phenomenological perspective as my primary professional identification, rather than cognitive behaviorism as I do in my wildest dreams. The discipline that eventually carries the analysis of lawful environmental response forward to subsume every aspect of psychology and sociology, including phenomenology, will certainly not be called behaviorism. The credibility of that label has been destroyed in the flame of behaviorism's premature claims; in the flame of hubris.

The wisdom and vanity of humanism

"We believe the universe to be an alive, conscious, and self-organizing entity. As an integral part of this organism - a microcosm of the macrocosm - the human is more than a biological being. In interaction with others and all of nature, each person engages in a process of ongoing self-development, geared to fulfillment of an innate potential. This inherent impulse to self-actualization motivates each individual to develop in his or her own unique manner. Human potential includes not only wisdom inherent in the organism, but the capacity to experience emotional and intellectual growth. Individuals are animated by a curiosity of unbounded openness to learning. Yet, as agents with wide scope of choice, humans sense the exercise of free will entails responsibility for the effects of their actions." - Old Saybrook 2 Conference Statement

It is in the essence of the humanist perspective to overlook mechanism in favor of meaning; to recognize the emergent qualities of the whole human being as independent of their constituent elements (Shaffer, 1978). At the top of the emergent pyramid sits free will, which humanism refuses to dissect. Humanism insists upon a holistic and

respectful view of the individual and her purposes, placing primary emphasis on the individuality of each client and the validity of her unique personal experience. For me there is nothing supernatural about this transcendent view, but rather it is a simple recognition of the enormous explanatory gap that presently exists between theoretical understanding and most of the human attributes in which we are actually interested. To be honest, we are forced to encounter most psychosocial phenomena directly, as they present themselves to us, without authentic theoretical understanding. This far, I can identify myself as a humanist.

Humanism eschews the sorts of reductive analysis of personality and psychotherapy that are foundational to both psychoanalysis and behaviorism. Some ephemeral actualizing tendency is usually taken to be inherent in human personality (Maslow, 1954) and too little effort is expended speculating about the mechanisms that might underlie such a process. Actualization is procedural by definition and there is much to be gained from its analysis, which I will very briefly assay below. The fundamental humanistic conception of psychopathology is that it results from blockage of the actualizing tendency. Humanistic psychotherapy therefore consists, one way or another, of establishing an environment in which the self-actualization process can play itself out.

But humanists often go well beyond what is actually given either in experience or experiment to embroider humanity with fanciful and poetic meanings and significance. Where psychoanalysis and behaviorism overestimate the practical significance of their theoretical models, which I have called hubris, humanists sometimes err in construing superordinate human attributes which may have no independent substance or

significance. The attribute (as opposed to the idea) of self-actualization seems to me to be such a construct. This appears to me as the vanity of humanism. The phenomenological discipline that I embrace strives to distance itself from metaphysical as well as from theoretical interpretation. In neither case is this intended to exclude or deny, but simply to avoid being bound.

Other important theoretical and clinical ideas

I will not have adequately represented my perspective as an academic and clinical psychologist without touching upon several further ideas, which I cannot locate precisely among the partisan categories discussed above.

Genetic and biological correlates of experience and behavior: so what?

Indisputable genetic and biological correlates of various psychological states, traits, and behavior are all the rage these days, as neuroscience continues its inexorable advance to overtake first cognitive science and eventually even humanism. Sometimes such correlations can be explained in terms of intermediate causal relationships and usefully exploited, as in the case of the neurochemical correlates of depression and the pharmaceutical treatments that have been developed to treat it. In some cases it may be appropriate to address the biological correlates of experience or behavior directly, as when anti-depressant medication is recommended (Kramer *et al.*, 2005). This requires a measure of detachment from the various psychosocial interpretations and interventions that are attractive to many talk therapists, including myself. Biological interventions that relieve dysphoric symptoms can reduce or eliminate the motivation to explore genuine and potentially important psychosocial factors that may underlie symptoms more deeply and persistently (Kupfer & Frank, 2001), but they offer the relief the client seeks.

Sometimes more significantly, the *perception* of biological determination can have important psychotherapeutic consequences in its own right. On one hand the perception of biological determination can be interpreted in a fatalistic way that withholds the hope of benefit from psychotherapeutic work. On the other hand the perception of biological determination can reduce the sense of personal responsibility for problematic circumstances and attributes; relieving anxiety and freeing energy for other productive work (Lewis, 1991). These observations are nicely illustrated in the established genetic component of adult sexual orientation, which is taken as extremely important by many who are concerned with the emotional and politically explosive question of whether homosexuality is voluntary.

The evidence for genetic influence on sexual orientation comes from family and twin studies. Concordance studies of homosexual orientation among monozygotic and dizygotic twins indicate that genetic factors contribute between about 20 to 50 percent to the determination of adult sexual orientation in both men and women (Hyde, 2005). Homosexuality clearly clusters in families to some extent, especially among siblings. The overall prevalence of male homosexuality in the United States is about 6% (Sell *et al.*, 1995). Brothers of homosexual men have about a 22 percent chance of being homosexual themselves, whereas the brothers of heterosexual men have only about a 4% chance of being homosexual (Pillard & Weinrich, 1986). The sisters of homosexual women have a similarly increased chance of being homosexual themselves (Bailey & Benishay, 1993). These same studies indicate that familial influence on sexual orientation is gender specific since the existence of a homosexual woman in a family has little effect on the chances that her brothers will be homosexual or vice versa.

Not only that, but fairly clear correlations continue to be established between adult sexual orientation and other biochemical and anatomical factors ranging from a hypothalamic structure, INAH3, which is typically twice as large in homosexual men as in women but only half as large in homosexual men as in heterosexual men (Byne *et al.*, 2001; LeVay, 1991; LeVay & Hamer, 1994) to a distinctive ratio of 2nd and 4th finger lengths (yes, *finger* lengths!) (Ellis *et al.*, 1999; van Anders & Hampson, 2005; Zucker *et al.*, 2002). This is certainly suggestive, but hardly any theories have yet been fielded to explain how such factors finally express themselves in the cognitive, emotional, social, and behavioral aspects of sexual orientation; and yet the illusion often remains that something important has been explained.

In order to be helpful to a practical understanding of sexual orientation, or of any other psychosocial construct for that matter, the expression of biological factors in cognitive, emotional, and behavioral terms must be established. In this regard biological theories generally have a long way to go, and the difficult pursuit of their psychosocial consequences highlights the complex constitution of the high-level features that are of practical psychotherapeutic interest. In the absence of any solid bridge between the biological and the psychosocial levels of analysis there remains plenty of room for productive speculation, but caution is advisable. The fact that an experience or behavior has organic roots does not exclude it from psychotherapeutic intervention, just as psychosocial factors are sometimes subject to medical intervention.

Cultural correlates of experience and behavior: diversity

Cultural factors lie closer to the surface of experience and behavior than do genetic and biological factors because they are already psychosocial in nature. It is important to

recognize the distinctive characteristics that each individual derives from age, gender, gender identity, racial identity, ethnicity, culture, national origin, religion, sexual orientation, disability, language, political affiliation, education, occupation, medical condition, intelligence, physical fitness, personal history, socioeconomic status, or psychological condition. These factors constitute the client's frame of reference. Individuals cannot be properly understood out of context. But even accurate knowledge of cultural factors constitutes a stereotype that simultaneously reveals and disguises the individual. Stereotype may capture the gist of an actual person but it may also misrepresent her in important respects. The phenomenological attitude strives to permit the stereotype to inform without defining the individual who is actually present.

Proximal emphasis and the fallacy of historical recapitulation

Promising treatment factors must not only bear a credible antecedent relationship to the object of intervention, they must also be expected to participate in some recapitulation of that object's original developmental history. Although the burning match has a clear causal relationship to the unfortunate explosion, there is no point in blowing it out after the fuse has been lit. Although aspects of patriarchal culture may be at the root of intimate partner violence (Hooks, 1989; Nakazato, 2003), successfully altering patriarchal attitudes may not address more proximal factors that may have developed over a lifetime and become independent of their roots (Geffner, 2002; Gelles *et al.*, 1997; Rosenbaum, 2002; M. A. Straus, 1999). To address historical factors which have no present means of expression is to commit the *fallacy of historical recapitulation*; that is, the false assumption that some process equivalent or isomorphic to history will be

recapitulated, yielding a different result this time. It is the wishful expectation that history will replay itself from different premises.

Entanglement and the preference for novelty

Elements of individual history are incorporated into a sense of identity and intention, an inventory of knowledge, and a repertoire of behavior; all of which are encoded in some sort of memory. Since the cerebral encoding scheme is still largely unknown it must remain conjecture to say that important elements of an individual psyche must, over time, be independently encoded many times within the neural structure of the brain. It is safe to say that all cognitive functions are constituted by the coordinated activity of multiple neural networks (Gierer, 2002). The principle of entanglement suggests that psychic factors become more difficult to influence as they interact with other factors.

At the neurological level there is bound to be a lot of engram replication in the brain, regardless of memory organization (Klein *et al.*, 2002; Squire *et al.*, 1993). How many separate instances of the multiplication table, the sensation of your first kiss, or the principle constructs of your own dissertation are encoded in the neural structure of *your* brain? Not only are there likely to be more physical replications of entangled factors, but each replication also has the potential to diverge from the original as a result of mutation, evolution, or psychological processes. Hopefully, every instance of the multiplication table in your head is identical, but that first kiss probably evolves a bit every time you recall it. Psychic factors present as arbitrarily different under various circumstances and each circumstance has an independent reinforcement history and extinction profile. The extinction of entangled behavior does not generalize across

contexts as readily as new learning does, partially because the first stage of extinction appears to be constituted by the active learning of a new context-dependent *inhibition*, rather than by some sort of memory erasure (Bouton, 2004).

Here there sometimes arises a variation on the fallacy of historical recapitulation. That is, the false assumption that some process equivalent to the actual *propagation* history of the targeted treatment factor will be recapitulated, retroactively altering every entangled replica and descendent of the target factor itself. Again, it is the wishful expectation that something like history will replay itself from different premises. It is the illusion that entangled factors have a singular constitution, changes to which are automatically propagated throughout the personality. Recognition that this is not the case recommends a preference for novel elements in intervention over the reconditioning of entangled elements. Entanglement can be construed as resistance.

Self actualization and the genetic algorithm

Any generic self-actualization process can manifest itself only as particular method in particular circumstances. A great deal of method is undoubtedly inherent in the genotype, but humans have a unique capacity to adopt new methods on the basis of imitation, learning, and deliberation. There is indeed a generic actualization algorithm which is known, in the terminology of evolutionary and computational theory, as the *genetic algorithm*. The genetic algorithm is the most fundamental possible teleological mechanism, and all practical goal-seeking procedures incorporate it to some extent (Bäck *et al.*, 1997; Gould, 2002). At this level of abstraction, there is an essential commonality to all practical rationality that cuts across domains and applications. The genetic algorithm is a hybrid in which a formal procedure incorporates one or more

483 fundamentally practical elements, or heuristics (Bäck, 1996; Wolfram, 2002). Heuristics
484 are non-deterministic methods of generating possible approaches to a given problem or
485 goal. Within the scope of the genetic algorithm the generation of potential solutions in
486 any particular situation can reflect an arbitrary level of expertise, and the fitness function
487 by which they are evaluated can be arbitrarily subjective.

488 In other words the genetic algorithm accommodates and utilizes human expertise,
489 creativity, and judgment in a systematic way. It is a generic method for making progress
490 in any domain. It is a method of actualizing an intention.

491 The genetic algorithm is defined by:

- 492 $\emptyset$ Goal, G
- 493 $\emptyset$ Solution generator $S = f(G)$
- 494 $\emptyset$ Fitness function of solution to Goal, $FG(s)$

495 The genetic algorithm proceeds as:

496 **Generate a set of solutions, $S_0 = [s_{01}, s_{02}, \dots]$.**
497 **While minimum termination condition not met;**
498 **[Evaluate the solutions with respect to the goal.**
499 **Select the "best" solutions and ignore others.**
500 **Replenish the population of solutions in S_0 .]**
501 **Enact the best solution found.**

502 Genetic algorithms are based on a biological metaphor. They treat learning as a
503 competition among a population of evolving candidate problem solutions. A fitness
504 function evaluates each solution to decide whether it will contribute to the next
505 generation of solutions *more than others already considered* (Luger & Stubblefield,
506 1993). The genetic algorithm relies upon a heuristic process of progressive refinement,
507 which can be a hybrid of formal and practical procedure. The formal component
508 provides a vehicle for goal seeking of any kind and the practical creativity and judgment

embedded within it ensure that forward progress can always be made, regardless of novelty or uncertainty in any particular circumstance. A heuristic is any exploratory technique that evaluates feedback to improve performance relative to some goal or objective. Heuristics can be arbitrarily efficient or inefficient. Persistence can compensate for any inefficiency barring death or resignation from the effort. The generic algorithm can be learned and deliberately employed, and it is the essential instrument of effective psychotherapy.

Partner violence, time perspective, and social action research

Almost from the beginning I have structured my academic and clinical program at Fielding around the theme of intimate partner violence. My practicum was in group intervention with male and female offenders and one important axis of my academic program has been the Violence Prevention Track. My dissertation topic is *Time Perspective among Partner Violence Offenders*, and it is my intention to devote part of my energies to this field going indefinitely forward. Partner violence is widespread in our society, and it signals a serious dysfunction at the heart of the many families that suffer from it. About 600,000 distressed American families fall under the potential influence of mandatory intervention systems each year as a result of arrest for partner violence offenses (American Psychological Association., 1996). Over the last two decades increasingly substantial resources have been dedicated to this problem in every state through victim assistance, public education, legislation, law enforcement policy, and mandatory intervention treatment programs. Recent meta-analysis of the limited outcome research that has been conducted in the field of IPV intervention during the past decade indicates a modest, positive treatment effect across the programs that

have been studied (Babcock *et al.*, 2004; Jackson, 2003). Any improvement in the effectiveness of such intervention would enjoy the enormous leverage of the vast criminal justice system, which will continue to impinge upon tens of thousands of men and women who fall under its auspices every year.

But the criminal justice system does not foster an environment that is conducive to research and the ongoing refinement of treatment protocol. Intervention tends to be regarded as a given commodity, as though it was a drug, and group treatment is often delivered by largely untrained facilitators who tend not to have either an academic or research orientation. Facing similar circumstances regarding various social action communities of the mid 20th century, which he was eager to empower, Kurt Lewin offered the concept of social action research (Lewin, 1951; Lewin & Gold, 1999). *“The goal of action research is engineering social change by developing theory-based interventions, implementing the interventions, assessing the outcome, and enhancing future change efforts* (Hamberger, 2002).” The greater emphasis in social action research is on the active involvement of the target community rather than upon strict experimental rigor. I intend to encourage social action research processes among the mandatory partner violence jurisdictions of the United States. The approach I have taken toward my dissertation research reflects this intention.

My research method will engage the direct participation of almost every individual in the partner violence intervention community in Pittsburgh. In many ways this involvement is primary and the particular research that I happen to be conducting is incidental. My present hypothesis happens to be that personal time perspective is an important factor in the etiology of partner violence, and that it should be considered as a

promising target of intervention. In general, people who register higher measures of future orientation exhibit more considered behaviour, and people who register higher measures of present orientation engage in more risky and unhealthy behaviour (Agnew & Loving, 1998; Bierbrauer, 1974; Carstensen *et al.*, 1999; Fraisse, 1963; Fung & Carstensen, 1999, 2004; Gilovich *et al.*, 1993; Hodgins & Engel, 2002; Jason *et al.*, 1989; Karniol, 1996; Keough *et al.*, 1999; Lennings & Burns, 1998; Loewenstein *et al.*, 2002; Madey & Gilovich, 1993; McGrath, 1990; McGrath & Tschan, 2004; Metcalfe & Mischel, 1999; Murrell & Mingrone, 1994; Nuttin & Lens, 1985; Stein *et al.*, 1968; Vuchinich & Simpson, 1998; Wills *et al.*, 2001; P.G. Zimbardo, 1994; Philip G. Zimbardo & Boyd, 1999; P. G. Zimbardo *et al.*, 1997). If this relationship can be established in the context of partner violence, and if the malleability of time perspective can be demonstrated within the current framework of mandatory intervention, then these insights should inform the ongoing enhancement of treatment protocol. It might reduce the incidence of partner violence and improve the domestic situation in the families who come under treatment. I believe that it would, but this remains to be demonstrated.

My parallel academic and clinical emphases at Fielding, and also my intention for practice going forward, have been simultaneously on the social action opportunity inherent in mandatory partner violence intervention and also on the individual psychotherapeutic encounter. It is my intention to establish both a partner violence group practice and also to work with individual clients, couples, and families.

The individual therapeutic encounter

In the course of my Fielding experience I have come to embrace the theories and perspectives reflected above. Taken together they inform both my academic and my

578 clinical posture. As a practical matter, each may absorb my consciousness and
579 attention to a greater or lesser extent at any particular moment. To the extent that I am
580 so absorbed, then I can be properly characterized as being “*in that mode*”, or even
581 *captured* in that mode; which may or may not be a good thing depending upon
582 circumstances. Each client and situation calls for some particular balance of attitudes
583 and approach.

584 **The phenomenological clinical attitude**

585 The essence of what I will call the phenomenological clinical attitude is to permit
586 and enable each perspective I embrace to develop, if you will, its own idiosyncratic
587 understanding of my client and our situation together; *without dominating my*
588 *consciousness, attention, or judgment*. When I am able to achieve this attitude in
589 session there is a part of my awareness always standing back from, and often
590 restraining, whatever particular mode of interpretation or action I might be given over to.
591 This detachment permits me to note, and assign preeminence to, the holistic synthesis
592 that is my consciousness including, but not limited to, any theoretical analysis or method
593 that I might employ. For me this is the starting point and foundation of every therapeutic
594 encounter. Particulars emerge from it naturally.

595 In my initial encounters with each new client it is my intention to be as passive and
596 receptive as possible to whatever he or she offers to me, at every level. The only
597 stimulus that I want to offer at the beginning is something like “*Tell me your life.*” In my
598 experience almost everyone is prepared to do this spontaneously over the span of a few
599 hours or a few sessions. Most people can produce a 20 minute version as well. The
600 objects and instruments of therapy and self-actualization are inherent in such stories.

601 While they are being told I strive to maintain the posture of inconclusive detachment that
602 I have attempted to describe above. I know that I will, shortly and inevitably, embrace
603 *some* interpretation of my client and her situation, and I will begin to formulate various
604 intentions. Restraint in doing so broadens my field of vision.

605 But the detachment and holistic attunement of the phenomenological attitude *does*
606 nothing. Any interpretation, response, or intervention must be rooted in some theory or
607 model, whether explicit or implicit. The perspectives presented above constitute the
608 basis for active engagement with my client. Embedded in the therapeutic dialogue is an
609 ongoing negotiation about our joint and respective intentions in working together.
610 Clients may come to the therapeutic encounter with clear intentions or not. Presenting
611 complaints often reveal themselves as superficial in the light of a broader and deeper
612 exploration, which may be therapeutic itself. At some early point I begin to relinquish
613 myself to the formulation of therapeutic intentions, and I seek to engage my client in this
614 process. Eventually we agree to work toward something and we submit ourselves to
615 some theory of action in the hope that it will carry us in the intended direction.

616 To the extent that the therapeutic process can be serialized, it is while we are
617 engaged in the pursuit of any objective that we must submit ourselves to some method.
618 Submission to treatment protocol does not breach the phenomenological clinical attitude
619 unless I get lost in it. The awareness that I reserve for detached observation stands
620 above the theory and above the action, which is the proper domain of psychological
621 theory. Protocol is informative to the extent that it fits the situation at hand. The CBT
622 “triad of depression” provides a framework for action in its own domain, as do the
623 Gestalt “empty chair” or the psychodynamic interpretation. The intention calls forth the

624 tool and the immediate human engagement between my client and me calls for the
625 intention.

626 **The universal therapeutic protocol**

627 Always reserving the superordinate detachment of the phenomenological attitude,
628 there is a general procedure which reflects important elements of my therapeutic
629 approach. If I were casting this as a CBT schema I would represent it with various
630 shapes and many arrows indicating its interactive and recursive nature. Since I do not
631 wish to discard what that appears above, or use a smaller font, I will trust that the
632 elements of the following universal “protocol” will be evident in the light of what I have
633 written above.

- 634 1. Elicit and harvest the life story
- 635 2. Examine the presenting complaints
- 636 3. Negotiate tentative objectives
- 637 4. Schematize the therapeutic context
- 638 5. Resolve psychodynamic obstacles
- 639 6. Reformulate the presenting complaints
- 640 7. Commit to engagement
- 641 8. Enable and engage the actualization process
- 642 9. Overcome resistance
- 643 10. Maintain focus
- 644 11. Habituate the actualization process
- 645 12. Disengage

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From: Melissa Timmons [mailto:mtimmons@fielding.edu]
Sent: Monday, November 28, 2005 5:18 PM
To: Joseph G. Ferguson
Cc: Nolan Penn; Kjell Rudestam; Katie Davis; Elaine Tagles; Melissa Timmons
Subject: Revisions Requested/Comprehensive Essays (Joseph Ferguson) PSY
Importance: High

November 28, 2005

Dear Joseph,

I have received the response from the Comprehensive Committee regarding your Comprehensive examination. I regret to report that they did not approve all of your comprehensive essay questions in their present form. The readers have forwarded their feedback, which I have attached below for your review.

Please submit your revised Comprehensive Assessment within the next 45 days—by January 11, 2006. If you do not submit the revision within the next 45 days, your assessment will be regarded as a “fail” and you will be required to develop a remediation plan prior to retaking the comps with a new set of readers. Please submit three copies once again to myself on or before January 11, 2006. If you have any questions regarding your Comprehensive, please don't hesitate to call or e-mail me.

Sincerely,

Melissa Timmons
Academic Resources Administrative Assistant

Cc: Nolan Penn, Kjell Rudestam, Katie Davis, Elaine Tagles, Melissa Timmons

Comments:

Comp 776

Your enthusiasm for a phenomenological approach is evident in your comprehensive examination. However, we have concerns about your exam and will require a revision to address the points below. We have several concerns that we believe need to be addressed in a revision of your essay.

In general, the most fundamental problem that we have with the essay is that the theoretical and research material does not specifically or coherently inform the student's approach to psychological treatment. In an essay such as this, it is critical for the student to detail how the theory precisely would influence the design and delivery of psychotherapeutic interventions. The following points elaborate on this issue further.

1. We found the paper to be lacking in coherence among the various theoretical strands in this essay. Our sense is that the student is indeed knowledgeable about these various theoretical and empirical initiatives. However, the real challenge in thinking so broadly is in developing a cogent and coherent structure for the theoretical orientation. Unfortunately, after reading the essay, we still do not have a clear idea about where the student stands in the realm of psychological orientation.
2. There is an absence of how research has informed your perspective or how it is applicable to the various problems presented in the clinical environment. How is it applied with the chronic mental illnesses, such as schizophrenia, bipolar disorder, or attention disorders? What is the basis for you selecting one intervention or another. Stating that the appropriate intervention just occurs to you is insufficient. Your description of your exploring and rejecting of alternative theories left us wondering what the actual bases were for rejection or inclusion.
3. In your critiques of theories that you reject you make broad conclusions that are primarily focused on the original theory, ignoring the plethora of work that has evolved from Freud's or the early behaviorists' original works. For example, you comment on behaviorism and on lines 265-269 you criticize behaviorism's account of deliberation and reason, but ignore all the work in cognitive behavioral psychology that addresses those very issues over the past fifty years, most specifically the work of Albert Bandura and his challenge to behaviorism on ignoring cognitive factors in understanding human functioning in his 1969 text *BEHAVIOR MODIFICATION*. On line 295 you go on to dismiss CBT without ever having discussed it. On lines 300-303 you comment that behaviorism has been expanded to include various phenomena, thus restoring its validity. But behaviorists do not include those phenomena you mention and decline to do so; cognitive behaviorists do, which is the basis of the breach between the two. On lines 314-317, you state without substantiation that behaviorism's credibility has been destroyed. Skinner never set out to create a theory of personality. Behaviorism and Skinner, in particular, have been responsible for an incredible body of understanding about human behavior, which you do not recognize or discuss. Your use of pejorative adjectives, such as *hubris* and *vanity*, and writing such as seen in lines 356-360 detract from any effort to be objective. We suspect that the thousands of people who have benefited from medication for psychosis, mania, post-partum depression, etc., hardly feel "exploited."
4. In regard to sexual orientation (lines 375-411), the findings that suggest a genetic component do not eliminate the possible consideration of choice or nonbiological factors when you consider the large number of male and female siblings who do not become homosexual. How is that explained? Just because biological factors are found to play a role does not mean that other factors do not play a role or an even more important role superceding the biological component. What is your argument that something important has not been explained by the work in this area (see line 400)? What is the illusion? The fact that genetic, biochemical, and anatomical factors can play a role in sexual orientation is

important although such work at this time is just a piece of the effort to understand sexual orientation. You give the impression that unless a theory or discovery explains everything, then it is illusory or arrogant to suggest it matters.

5. We also found the material on psychoanalysis to be simplistic. It seems that the student has made up her/his mind about the utility of psychoanalytic theory (and in fact about the other two major paradigms) and is engaging in what social psychologists call a hypothesis-testing bias. In our view, the student sought out theory and research that solely buttressed the points s/he was making without considering alternative perspectives.
6. Lines 423-424, how is that different from other orientations? What is the basis for the assertions in lines 426-428? In regard to 430, if the burning match continues to hold the possibility of igniting other explosions, it would be critical to blow it out, wouldn't it? Do not lines 434-436 contradict what you just asserted in line 427-428? You need to define the principle of entanglement when you first mention it on line 446. Lines 455-45, what is the basis for that assertion? Lines 576-577, you need to specify which theories and perspectives.
7. Other issues emerged throughout the essay that merit attention. For example, the comments on lines 32-36 about phenomenological perspective require elaboration. Similarly, the comment about psychoanalysis and stereotypes (found on line 226) requires further discussion.
8. We would recommend that the student revise the essay with the following points in mind:
 - a. The student needs to provide a clearer explication of phenomenology and describe precisely how it would function as a theoretical orientation. This is the most critical issue from my perspective.
 - b. The student needs to be far clearer about how s/he would actually intervene in a client's life. In this context, we suggest the use of a case example that illustrates how the student works clinically and how theory and research inform this work
 - c. The theoretical material needs to be fully integrated. Ideally, integrating the material using the phenomenological framework would be optimal.

In general, your writing comes across as having an agenda that disallows objective evaluation or significant worth of theories other than what you embrace. Broad, sweeping statements that are unsubstantiated are inappropriate in a scholarly document. We will require a revision that addresses the issues described above, which we will look forward to receiving.