Comprehensive Assessment Essay

Fielding Graduate University: Ph.D. in Clinical Psychology
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Preface to the revision

I would like to begin by saying that I am perfectly serious about my professional identification with the existential-phenomenological perspective generally, and in particular with what Will Kouw teaches as *Existential-Phenomenologically Informed Clinical Psychotherapy* (EPICP). I have come to embrace this perspective in the light of extended consideration and reflection and certainly not in what some might suspect is a flight from the rigors of more systematic disciplines. The first version of this essay was written for a congenial professional readership, within the very flexible guidelines of the Fielding comprehensive assessment, to convey a broad range of my thinking in a prescribed space on the premise that the legitimacy of the EPICP perspective could be taken for granted. Many broad propositions were put forward in my original essay that were not substantiated therein, and no particular emphasis was given to the defense of EPICP itself; as none would presumably have been required of CBT or psychoanalysis. I have attempted to respond to the spirit of my readers' criticism in these two substantive respects rather than to the perplexing acid tone of their feedback. I ask my readers to approach this revision with the same professional respect for the existential-phenomenological perspective, and for my own perspective, as they would presumably display for more systematic and entrenched models like CBT or psychoanalysis.

Existential 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)

I embrace *Existential-Phenomenologically Informed Clinical Psychotherapy* (EPICP) as my theoretical and clinical foundation. Will Kouw has been the still center of my Fielding experience as well as my principal mentor in EPICP and in the indispensable philosophy from which it is derived. Over the course of 5 years working with Will, I have filled the spaces of my curriculum with his clinical instruction at most national sessions, and with his existential-phenomenological syllabus. Although Will's 2004 proposal to establish a clinical and academic track for EPICP at Fielding was not approved, due to his emeritus status and the absence of regular Fielding faculty to supervise the proposed track (Kouw, 2005), in company with several other students I have completed all of the academic and clinical training requirements that were included in his original proposal. For purposes of this comprehensive assessment I will defend my theoretical and clinical orientation in the spirit of Will Kouw's phantom EPICP track.

In addition to the regular Fielding curriculum, I have also completed the *Transaction Analysis Redecision Therapy* (TART) track, the Violence Prevention track, and the erstwhile Group Dynamics specialization, which was discontinued the year after I matriculated in 2000, heralding the end of the Saporta/Penn/Kerfoot/Gladfelter/Kouw era at Fielding. My clinical experience has been with mandatory partner violence intervention groups and with the clients of an HIV assistance agency. Fortunately, in both contexts I have had the flexibility to experiment with various theories and clinical practices as I have encountered them. I have found that theory is purified considerably in the counseling room.

The essence of the existential-phenomenological stance is a constant reserve, not only toward all explicit theory and diagnosis, but also toward that which appears to be given directly in perception; an onion which is impossible to completely peel (Husserl, 1964; Merleau-Ponty, 1962). EPICP is fundamentally skeptical about formal theory and technique, not as a challenge

to the veracity or effectiveness of any particular discipline, but in order to resist the general collapse of possibility that diagnosis and classification represent (Jaspers, 1963; Spinelli, 1989). To the extent that there is a therapeutic intention in EPICP, it is the recognition of open possibility in the lives of *both* participants in the clinical discourse, rather than the classification and treatment that are attendant to the diagnosis of one of them by the other. The single essential method of EPICP is a discipline of apperceptual relaxation, known as *epoché,* or bracketing (Valle & Halling, 1989). Bracketing is intended to loosen the grip of interpretation and presupposition upon our understanding in order to "reveal" our direct intuitive apprehension of any situation, circumstance, or individual; to reveal a broader view. This posture is called the *phenomenological attitude*, and it is contrasted with the *natural attitude*, in which interpretation, presupposition, and stereotype are naïvely (albeit for very good practical reason) taken at face value.

To the extent that she is free of theory, the EPICP practitioner understands her client primarily by intuitive apprehension rather than by diagnosis. To the extent that she is free of preconceived method, her participation in their relationship constitutes a spontaneous exchange rather than a programmatic intervention. Clearly this posture is not well adapted to the managed care environment, where a condition of treatment is diagnosis and where treatment is represented as established protocol. Existential-phenomenological clinicians must be selective about their employment. The phenomenological attitude is not intended to exclude any structured understanding of the client's situation or any pre-defined intervention protocol, but rather it is simply intended to subordinate these to the unique human discourse that unfolds in each clinical relationship; as it does, in fact, in any human relationship. Clinical diagnoses are not among the propositions of existential phenomenology.

The few formal propositions of EPICP are those fundamental aspects of the human condition which we *do* presume to share with all of our clients; inevitable death, ultimate absurdity, essential isolation, radical freedom, and inescapable personal responsibility. These

conditions are regarded as immediate, concrete, and pervasive rather than as remote abstractions. The essential basis of the therapeutic relationship is that the clinician shares, in common with her client, the anxiety that authentic recognition of these existential conditions *universally* inspires (Boss, 1963). The phenomenological attitude and recognition of the universal human condition constitute the *entire* essence of EPICP. Although EPICP is not in the spirit of managed care, or indeed in the contemporary mainstream of psychotherapy, I insist (in the slightly defensive spirit of this revision) upon its legitimacy, validity, and sufficiency as a psychotherapeutic discipline.

As with any other orientation, beyond the minimal programmatic element of the clinical method that EPICP recommends, our clinical behavior emerges more or less spontaneously on the basis of our whole previous experience, training, reflection, and worldview. Through one lens, our clinical behavior is a consequence of our reinforcement history (personal, academic, and professional), and through another lens it is a consequence of our philosophy. Although the appropriate intervention[1] truly and seriously "*just occurs to us*", it does not do so out of thin air. It emerges from the totality of what we have become as clinical psychologists, and as human beings. Our therapeutic responses may take the form of interpretation, of silence, of TART or gestalt chair work, or of an empirically supported CBT protocol. We regard this spontaneity as an important asset rather than as a lack of rigor or discipline. Despite our intentional restraint within the phenomenological attitude, our intuitive understanding may take a form that looks very much like diagnosis, and our spontaneous responses occasionally resemble intervention protocol *as each unique moment of human encounter might naturally elicit*.

Having stated my existential-phenomenological orientation, I also declare myself as a committed scientist, a steadfast realist, and a shameless positivist. I find no essential conflict among these orientations, or among the essences of psychoanalysis, behaviorism, and humanism. I have come to embrace elements of each tradition within what I regard as the

[1] We try to avoid this sort of authoritarian language within the EPICP community

encompassing perspective of EPICP. The elements of psychological theory and technique that I embrace are peculiar to myself, although they are certainly neither unique nor original, and they are most certainly not prescribed by the EPICP discipline that I am defending here. I do not regard this collection as an idiosyncratic grab-bag, but rather as a coherent and integrated alternative system which happens to derive from a variety of different perspectives.

I will describe and defend this alternative system here under the heading of *Cognitive Analytic Existentialism*; a half-facetious label that I coined early in my Fielding career in order to meet the requirement for a declaration of theoretical orientation in my knowledge assessment of *Theories of Personality & Psychotherapy* (see Appendix A). I will defend it again here, quite seriously, as a clinical model that is subordinate to my EPICP perspective. The elements of this model are among the roots of the intuition that informs my participation in the human situation that is the clinical encounter. They constitute one aspect of my philosophy of being-in-the-world. They constitute, if you will, my natural attitude toward psychotherapy.

My identification with existential phenomenology is not a flight from reductive empirical analysis or from the rigors of systematic technique, as it seems to have been taken by the readers of my original essay, but in recognition of the limited extent to which existing theory can guide me in my actual encounters with other human beings; clinical or otherwise. As a developing clinical psychologist, I continue to search for more than my academic preparation and clinical training have yet offered. I take it as my task to embrace the best insights and techniques of each discipline or perspective that I encounter, while maintaining a standing skepticism and reserve toward their respective theories and practice systems. The phenomenological attitude is all about the recognition and preservation of freedom and possibility; it excludes nothing that has once impressed itself upon me in the course of my professional training and human development.

It is not that any psychological theory or clinical technique is devalued or disenfranchised by EPICP, but rather that all are *horizontalized* (normalized or equalized) and subordinated to an

evolving intuitive apprehension of the clinical encounter. No pledge of allegiance is required to enable any theory or method that has once had its influence upon me. My intuitive apprehension of any situation encompasses and transcends all of my conscious and unconscious theories about it, regardless of whether I momentarily identify myself as a psychoanalyst, a redecision therapist, a cognitive behaviorist, or an existential phenomenologist. My theoretical knowledge constitutes only *one* aspect of my intuitive apprehension in any situation, even when I feel myself to be completely absorbed in it (McCall, 1983; Merleau-Ponty, 1962; Spinelli, 1989).

The phenomenological method constitutes a radical freedom of perspective and perception, the exercise of which I regard as the central psychotherapeutic mechanism. EPICP explicitly declines to offer guidance for any specific clinical understanding or action beyond the essential realities of the human condition that we share with our clients (Boss, 1963; McCall, 1983; Spinelli, 1989). The phenomenological attitude seeks to relax the bonds of naïve certainty in favor of a greater sensitivity to the personal meanings of experience. The discipline of the phenomenological attitude expands the space in which understanding can emerge, and thereby enlarges the range of possibilities for *Existenz*. ~~Although it overarches everything else in my theoretical and clinical perspective, I really have nothing further to say about clinical phenomenology that is not philosophical and I do not wish to use these precious 30 pages of comprehensive exposition, double-spaced and line numbered, for that.~~ Existential Phenomenologically Informed Clinical Psychotherapy cannot be properly understood or defended outside the context of its philosophical foundations, which I will briefly survey.

Philosophies of science and phenomenology: unsubstantiated statements

Science and philosophy both begin when a decision is made to challenge some statement that could otherwise be taken at face value (Brody & Grandy, 1989; Jaspers, 1951, 1955). Any sort of communication or discourse, whether social or scientific, relies upon some level of common understanding that can be taken for granted between the speakers at the time that the

communication is taking place. In polite social or scientific discourse it is normal to assume that one's interlocutor believes the statements that he makes to be true, to allow him to build whatever logical edifice he likes upon them, and to respectfully consider the conclusions that he thereby reaches. When serious science, philosophy, or scholarship is underway it is always then appropriate to challenge any statements that seem questionable in order to evaluate the quality of the conclusions that the statements claim to support. This same sort of challenge is also appropriate, at times, in the course of a therapeutic relationship (Adler *et al.*, 1973).

Such challenges either leave us stumped, which is illuminating, or else they elicit further statements intended to substantiate the broader ones that are under challenge. Substantiating arguments and their constituent statements can, likewise, either be accepted as common ground or challenged in their turn; and so on until some foundational presumptions are finally identified *which all parties are prepared to accept without further substantiation*. Within the context of any formal system such reductive analysis ends with the postulates of that system and no conclusions can be regarded as valid within such a system unless it can be reduced to these. In the actual life-world, however, the decision to forgo further reduction and accept any apperception is more or less arbitrary (Kockelmans & Husserl, 1994; Valle & Halling, 1989). This is the general structure of all reductive inquiry, whether it is scientific, philosophical, or phenomenological. Rene Descartes takes the unsubstantiated statement as the starting point for his reduction, which led eventually to the phenomenological perspective and to EPICP.

If you meet Descartes on the road, *kill him!*

Apparently anticipating both Descartes and Will Kouw, Shakyamuni's dying words to his disciples were, "*Be a lamp unto yourselves*" (Walshe, 1995), which has often been rendered as some variation of the expression "*If you meet the Buddha on the road, kill him!*" Of course this is not a *fatwa*, but an admonition to perpetual critical analysis. It is recognition that the acceptance of final authority or of any fixed interpretation is the end of reason. As the recognition of scientific paradigms has demonstrated, even the most useful and reliable understandings are

subject to re-interpretation (Kuhn, 1962). The essence of this practical skepticism is reflected in the best traditions of science, philosophy, and scholarship. Inspired by Galileo's achievements in the physical sciences, Descartes set out to establish a solid foundation for empirical scientific understanding, for which purpose he invented the discipline of radical doubt that ultimately led him to *cogito ergo sum*. Descartes recognized that even the most rigorous scientific knowledge and understanding rest solely and inevitably upon subjective experience and that the scientistic ideal of objectivity is actually an article of faith; even in the physical sciences, where prediction and control have established a very strong track record indeed. The final leap to objective truth, however, is necessarily and always a leap of faith (Jaspers, 1955).

Descartes' reductive method was to postulate an Evil Genius with unlimited powers of sensory and intellectual deception. In the face of such potent and pervasive misrepresentation of the apparent world, the only proposition that could be sustained with absolute certainty was his famous *cogito ergo sum*, which he took to be an *apodictic* truth that requires no further substantiation (Descartes *et al.*, 2003). Unfortunately, Descartes carried this foundational insight forward to construct his tortuous proof for the existence of God and left the exploration of its practical implications for the philosophy of science and existence to others. Because Descartes' principle philosophical legacy was the radical reduction by hyperbolic doubt rather than the existential philosophy which eventually followed from it, Karl Jaspers saw fit to characterize him as one of the great "*disturbers*" of philosophy, and specifically as a type of disturber that he called the "*probing negator*" (Jaspers *et al.*, 1994).

Edmond Husserl and the crisis of European science

> "*It offers itself as a new attempt to accomplish precisely what Descartes' Meditations intended to accomplish: an epistemological grounding of the objectivity of the objective sciences. The sceptical posture of this intent is evident from the beginning in questions like those of the scope, the extent, and the degrees of certainty of human knowledge. […] Only what inner self-experience shows, only our own 'ideas' are immediately, self-evidently given; everything in the external world is inferred.*" (Husserl, 1954)

Husserl took Descartes' radical reduction quite literally as the starting point for his phenomenological perspective, which he dramatically characterized as "*The crisis of European sciences*" (Husserl, 1954) because he felt that truly objective empirical observation had been demonstrated to be impossible *in principle*. Of course, Husserl's crisis did not deter the progress of European, American, or any other science in the nomothetic specification of the physical and biopsychosocial universe, but it did lay the philosophical foundations of phenomenology, postmodernism, existentialism (Thévenaz, 1962) and, ultimately, EPICP. Husserl's great contribution was to draw attention to the great presumption of direct objective apprehension, of all sorts of objects, that is routinely made in what he called the *natural attitude*, and to provide a systematic method of phenomenological reduction (*epoché*) to overcome it; at least to some extent.

Husserl's initial objective, which he referred to as *transcendental phenomenology*, was to bracket every apperception whatsoever in order to arrive at pure object-less consciousness (Crowell, 2001; Welton, 2000). Husserl's transcendental project failed. As Husserl's mentor Franz Brentano had insisted, consciousness appears to be necessarily intentional (Brentano *et al.*, 1973). No satisfactory insight into the nature of "pure" consciousness was achieved, if indeed the construct has any meaning. Had the transcendental project proven more fruitful it might not have yielded the important perspective on clinical psychology that is the essence of EPICP. Finding nothing substantive at the very roots of epistemology, Husserl and his posse turned back to the *Lebenswelt*, or life-world (Kuehn, 1983). The *Lebenswelt* is constituted in our phenomenological experience of all objects in the world and of their context, including abstract and subjective elements that may have no physical correlates at all. This turning back to the life-world was taken as the point of departure for Martin Heidegger, who reframed the phenomenological reduction in ontological terms, and who provided the framework and some contents for the existential perspective and its clinical applications (McCall, 1983).

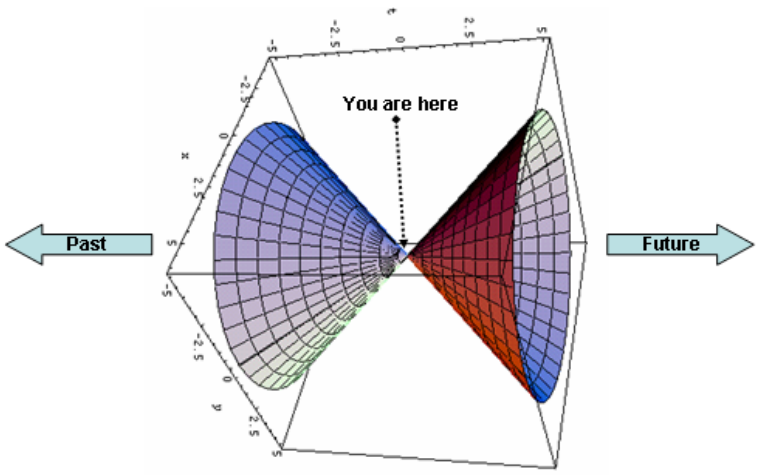
Heidegger and his rebound from ontological reduction back into clinical space

> *"For Husserl the phenomenological reduction is the method of leading phenomenological vision from the natural attitude of the human being whose life is involved in the world of things and persons back to the transcendental life of consciousness and its noetic-noematic experiences, in which objects are constituted as correlates of consciousness. For us phenomenological reduction means leading phenomenological vision back from the apprehension of a being, whatever may be the character of that apprehension, to the understanding of the* being *of this being."*
>
> (Heidegger, 1982)

Like Descartes, Heidegger's reduction was formal and intellectual rather than phenomenological, and the foundation that it led him to was Being itself (Heidegger, 1962). Now, at this point you might be wondering what conceivable connection an awareness of pure Being might possibly have with practical matters of clinical psychology, as I wondered myself for several years after I was first exposed to Will's insistent emphasis upon it. The answer, or at least my answer, is that pure being is the most *authentic* possible context in the sense that it cannot be re-interpreted within any superordinate context, as everything else can be. Consciousness exists *within* the context of Being, and its various phenomenological contents reflect that context to various extents; which is the measure of authenticity from the perspective of EPICP. It seems to me that it is that set of Heidegger's observations about the human condition that are most universal, or closest to the ground of Being, that existentialists have generally taken to be the roots of psychological phenomena and of clinical application.

Having found consciousness as one indisputable feature of Being, in what can only be represented here as a series of staggeringly sweeping unsubstantiated statements, Heidegger proceeds to observe that the essential human condition is that of finding ourselves "thrown" into the world, aware of time and hurtling toward inevitable death. We are encompassed in every dimension by horizons of visibility and of possibility, and within this space we may or may not exercise the freedom of choice that we do have (Heidegger, 1962). I take this to be Heidegger's measure of authenticity and, to the extent that we are aware of it, we suffer the existential guilt of foregone opportunity (Jaspers, 1971; McCall, 1983; Yalom, 1980).

I find it helpful to envision the space of individual human possibility as a light cone, where the scope of possibility expands from a temporal origin in the present, and where the planes that truncate the cone segments represent birth and death.



Everyone is aware of these circumstances and it scares the hell out of us; even psychotherapists. At this level our life story and that of our client are the same and it is only in the details of individual circumstance and expression that we differ. This is the basis of the therapeutic relationship in EPICP, and a more or less constant awareness of these essential human conditions is the only theoretical understanding that its practitioners *always* embrace (van den Berg, 1972). This is the clinical space within which the therapeutic encounter takes place and within which any intervention might be undertaken, as each unique discourse dictates. Medard Boss was near the head of a genealogy of psychotherapists who adapted Heidegger's existential insights to clinical purposes (Boss, 1963), but an exposition of these developments is not necessary to the defense of EPICP. The remaining pages of this essay must be devoted to the elements of the more specific disciplines that I have chosen to embrace within my own clinical perspective under the heading of cognitive analytic existentialism. But first a few words about the role of science and experimental research in the clinical perspective of existential phenomenology.

Jaspers: Informed by research within the encompassing horizons of *Existenz*

> *"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)

Science and experimental research have little to do with the formulation of existential phenomenology or with EPICP *per se*, except insofar as the scientific enterprise provides a backdrop against which the notion of objectivity is particularly well defined. The phenomenological perspective denies the possibility, for human beings, of any objective certainty more complex than *cogito ergo sum*, but it does not deny the existence of a lawful objective world which reasonable men and women may strive to understand in order to be comfortable and effective (Husserl, 1954). For Karl Jaspers, every possible "dimension" of consciousness can be thought of as an illuminated horizon bounded by what he called an *encompassing* (Jaspers, 1971), which is the unknown (and in some cases unknowable) extension of whatever can be grasped phenomenologically in that particular dimension. At the highest level this dimension is metaphysics, but the concept of the encompassing horizon applies as well to economics or behavioral theory. In this light, theoretical understanding is a *mode* of conscious experience. The exploratory and critical machinery of science and philosophy are the most effective possible tool for the clarification and expansion of horizons, and Jaspers recommends their hearty embrace (Jaspers, 1955).

At first I found it surprising that among Jasper's earliest and most influential works is a wonderful text entitled *General Psychopathology* (Jaspers, 1963) of all things, and also that Will Kouw instituted the current program of psychological assessment laboratories at Fielding. As it turns out, once the phenomenological perspective has begun to sink in (which took a couple of years in my case) the discipline of *epoché* is entirely compatible with reductive theoretical understanding and with all manner of clinical discipline which pertain to particular circumstances or diagnoses. Specifically, this includes many aspects of the wisdom and insight that are

embedded in the broad traditions of psychoanalysis, behaviorism, and humanism, among many others. EPICP does not object to any particular theoretical understanding but simply strives to keep these in proper perspective, which is taken to be larger than clinical diagnosis. Research properly informs the understanding of almost every aspect of clinical psychology in the same way that individual reflection and systematic intellectual exploration properly informs (and even constitutes) the spontaneous synthetic intuition upon which EPICP strives to rely.

Rationalization of clinical phenomenology: consciousness as synesthesia

So, the *E* in EPICP represents an assertion that certain existential circumstances encompass the human condition, which are superordinate to what takes place in the individual life-world of every being-in-time like us, and that these essential circumstances are central to the practical realities of psychotherapy. *Even given an acceptance of this assertion, the intentional skepticism and systematic reserve toward both theory and apperception that is essential to the phenomenological attitude requires independent justification when it is represented as preferable to therapeutic protocol.* For me, the core of this justification lies in the essentially synthetic nature of consciousness.

I understand consciousness as a synthesis of more elementary information; an evolutionary solution to “the binding problem” of sensory integration (Roskies, 1999; Slotine *et al.*, 2001). At least in *Homo sapiens*, this synthesis has gone far beyond sensory integration to enable even the most sophisticated cognitive functions as well (Dennett, 1991). In this view, the essential function of consciousness is to enable a modality of apprehension that transcends its individual elements, whatever those might happen to be in any particular situation. For a dramatic example of this, the helical structure of DNA dawned upon Francis Crick in a dream (Chadarevian, 2003; Crick, 1990) and *then* he drew it into the scientific method.

In this light consciousness always represents a broader view, and more information, than any formal theory which might engage it. In this light what can be seen as *surrender* to any particular theory or diagnosis represents a loss of what may be crucial possibility and freedom.

In my view such surrender is unavoidable in any case and it is necessary to accomplish that which inevitably arises as a target of what must honestly be called intervention. I cannot be sure how consistently others who identify with the EPICP perspective actually maintain the phenomenological attitude in their clinical interaction, but for my own part I must confess that I cannot resist the siren song of diagnosis and intervention for too long. I inevitably come to have some understanding of my client that I choose to act upon in some way. I do take intentional action in each of my clinical encounters, but I strive not to pre-define what that action will be. As I see it, the discipline of EPICP is to *resist* the inevitability of diagnosis (in the broadest sense) in order to maximize the possibility and freedom of the therapeutic encounter through an intentional attunement to the synesthetic aspect of *our own* consciousness. It may also happen that the encouragement of the phenomenological attitude *in the client* comes to be, in some way, an objective of intervention in its own right (Valle & Halling, 1989), but this is a separate issue that is definitely *not* on the EPICP agenda.

To rationalize this preference for intuition I find it helpful to regard consciousness as an extension of clinical synesthesia (V. S. Ramachandran & Hubbard, 2001). Certainly, one important aspect of consciousness is the integration of disparate sensory impressions into a perceptual gestalt (Baars, 1997; Kosslyn & Koenig, 1992) and this integration clearly goes well beyond the seven ordinary senses (which include proprioception and vestibular sensation). When we are aware of an association, or when we think about what we perceive, then cognitive elements are bound into the conscious gestalt as well (Lampinen *et al.*, 1997; Schutz *et al.*, 1970). Perhaps it would be well to regard memory and cognition (including clinical theory and protocol) as sensory modalities in their own right (Merleau-Ponty, 1962). After all, we can be conscious of our thoughts and memories in a way that is similar to sensory consciousness (Rubin *et al.*, 2003; Straus *et al.*, 1970), and we can attend to one stream of thought over another in the same way that we can attend to a particular sensation. Any perception, memory, or cognition must be regarded as distinct from the qualitative experience of it (Dennett, 1987;

Nagel, 1986). *Qualia* are transformations of lower-level information into the common medium of consciousness; which is essentially synesthesia (Ramachandran & Hirstein, 1999; V. S. Ramachandran & Hubbard, 2001). Consciousness is a synesthetic interpretation of whatever other content happens to fall within its momentary scope (Jaspers, 1971) and EPICP insists that it is worthy of a special attention that it does not receive in the natural attitude.

Cognitive Analytic Existentialism

Although EPICP embraces a fundamental disloyalty to all theory and technique, in fact it also offers a strategy for managing both. The phenomenological attitude is a theoretical and apperceptual discipline of systematic skepticism. The three major traditions of psychological thought each offer what, to my mind, are distinctive theoretical and technical insights and also shortcomings. I fear that this is the point at which I lit the allegorical fuse, to which I referred in my original draft, and I particularly fear that the allegorical match was the characterization of behaviorism's further reaching aspirations as hubris. I apologize for any offense that may have been taken at this, but I will stand by the substance of my comments and elaborate upon them somewhat below. Please do not neglect the word "*wisdom"* at the opening of my headings.

Like many other assertions in this essay, and everywhere, these personal perspectives are unsubstantiated within this document and should my readers require a third draft of this essay in order to substantiate them, then I suppose that is fair. This is the beauty of critical collegial exchange! My principle purpose here is the defense of EPICP as a legitimate theoretical and clinical orientation. Sweeping as they are, the following assertions remain arbitrarily inadequate to the scope of the important and complex issues to which they refer, depending upon how much common ground we happen to share in their writing and their reading.

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 therefore 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 and the systematic character of much human thinking and behavior but has, thus far, been unable to fully characterize the objects to which reinforcement or other systematic relationships pertain, or to account for the higher cognitive functions. In my own personal view, this assertion is just as applicable to CBT as it is to classical S-R behaviorism. The cognitive revolution was not as dramatic from the humanist perspective as it must have been from the perspective of classical behaviorism, and I perceive an essential continuity across the revolutionary boundary despite the enormous advance that the construct of covert mental processes represents to the behaviorist tradition. Humanism embraces the complexity of human psychology and is unashamed of dealing in the higher realms of human concern, but tends to neglect reductive theory and experimental evidence. Taken together, these insights inform my evolving grasp of theory and inform my therapeutic approach.

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 (Freedheim *et al.*, 1992). 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 perception, memory, and meaning for various psychological reasons (Bornstein, 1998; Weinberger *et al.*, 2000) which are, *very* broadly, interpreted within the psychoanalytic framework as some form of repression or conversion in the

service of cognitive consonance. Although the interpretation of such transformations varies dramatically among the theoretical traditions, everyone but an autistic understands and employs them intuitively in the course of the communication and mind-reading that underlies every social encounter (Siegal, 2004; Tesser, 1994). 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 most authentic discourse, especially psychotherapeutic discourse. Freud introduced the idea of psychodynamic transformation to modern psychology. I regard these insights, and their extensive implications, as the great wisdom of psychoanalysis and a cornerstone of cognitive analytic existentialism.

The primordial, incredible, undeniable oedipal scenario and its surrogates

Like every other captivating theory, the psychoanalytic tradition embodies some essential propositions which I regard as misdirected. In the sense that classical psychoanalysis was captivated by the oedipal scenario, its extensions and descendents have also tended, in my own personal view, to find similar, often very specific, primordial scenarios at the root of psychology (Covitz, 1997). Once the preeminence of such a primal situation has been accepted, then the whole catalog of psychodynamic transformations can be, and is, invoked to defend that interpretation against any challenge. What I regard as the excessive tendency to emphasize a primordial situation is, to my mind, the most fundamental weakness of psychoanalysis. Not only does it draw attention away from more immediate circumstances that may be of much greater importance to the client, but it seems to reflect a sort of pervasive mistrust of the client and what she *actually* says. In this sense, psychoanalysis tends toward stereotype.

But I regard the principle technical fallacy of psychoanalysis as the tacit presupposition that mental phenomena obey conservation laws analogous to physical conservation properties like mass, energy, and momentum. Psychoanalysis seems to treat drive and emotion like fluid, which is *always somewhere,* and which must express itself in full measure, in one form or another, at all times. Of course, psychic phenomena do not obey physical conservation laws

(Bandura, 1986) but the tacit presumption that they do has broad implications for psychoanalytic theory and practice. If neurotic fluid lies buried beneath the surface of consciousness like toxic waste, then it makes good sense to excavate deeply in order to excise it over the course of a long and indirect analysis. On the contrary, if undesirable mental states and behavior are seen as transient periodic attractors of a complex dynamic system, then the therapeutic emphasis may properly focus on disrupting the symptom generation process, or displacing it, as directly as possible rather than pursuing its roots. This was the point behind the allegory of match and fuse in my original draft. *Sometimes*, the roots of a phenomenon eventually become irrelevant to its present character. This question suggests the continuum, and the gulf, that lie between depth and brief psychotherapies. Which is preferable from the perspective of EPICP, of course, depends upon the particulars.

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)

This quotation is from a letter that my father wrote to Carl Rogers shortly before my birth, which highlights an essential problem in psychotherapy. It seems to me that there are often two distinct aspects of personality present; one that obeys its reinforcement history and one that *may* transcend it. In fact, it seems clear to me that these two faculties co-exist, interact, and govern in various combinations under different circumstances. I find it important to recognize and address both aspects of personality in theory and also in therapy. Although the concepts and formulae of reinforcement and learning that were identified and refined in the era of classical behaviorism begin to become problematic in the heights of the cognitive hierarchy, there is no question that these broad principles also influence, and perhaps in some sense govern, even the most covert and lofty of mental constructs. For example, it has taken a considerable period of time and significant repetition to achieve the modest level of expertise that I now claim in the field of existential phenomenology. While the experience of cognitive

epiphany may occasionally result in the immediate and permanent transformation of a life in every aspect, in my experience it is more common that important insights must be revisited, reformulated, and reinforced in multiple contexts before they really sink in. This is the psychotherapeutic frustration that my father was wrestling with in the quotation at the head of this section. This is the direct application, if you will, of classical behaviorism to everything else that happens in the course of a therapeutic relationship, and I treasure this insight as one aspect of the great wisdom that is embodied in the broad behaviorist tradition. I find it helpful to regard at least some aspects of intuition as the habituated consequence of operant conditioning (Gilovich *et al.*, 2002).

Dual-process executive and the lawful development of intuition

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

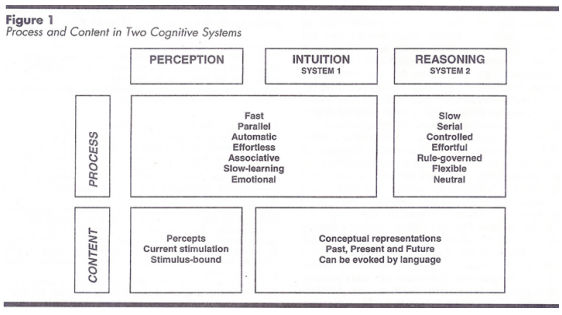


Figure 1
Process and Content in Two Cognitive Systems

The distinction among these aspects of personality has its roots in the evolution of our present brain structure, principally in the recent influence of the neocortex and its related structures over the more primitive limbic system (Carter & Frith, 1999; Goldberg, 2001). It has been the great contribution of both classical and cognitive behaviorism to illuminate some of the important principles by which inherent predisposition and cognitive insight are combined and accumulated into perception and intuition (Cosmides & Tooby, 1995; Schneider & Chein, 2003). These are the established principles of learning and reinforcement. But is seems to me that behaviorists sometimes overreach in claiming that reinforcement and contingency can account for the more creative aspects of deliberation, reason, and expression (Eisenberger & Shanock, 2003). Failure to recognize these systems as distinct and complementary leads to false dichotomies such as freedom versus determinism, or behaviorism versus 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. This too I regard as important wisdom that I broadly attribute to the behaviorist tradition, and it forms another cornerstone of cognitive analytic existentialism.

In my own 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 protocol that has proven effective in specified circumstances, such as depression, anxiety, OCD, and

other frequent targets of intervention (Levant, 2004; Reisner *et al.*, 2005). *I mean this as a good thing*, which was apparently misinterpreted in the light of the burning fuse I suspect that I inadvertently lit in my original draft of this essay. When it happens in the course of psychotherapy that a circumstance corresponding to a CBT protocol arises, and when my client and I agree to address it with an intervention, then these protocols may inform our encounter for a certain time and within a certain aspect of our relationship. The overflowing toolkit of empirically validated protocol represents the crown jewel of the contemporary behaviorist tradition; of CBT as I understand it.

CBT has its own catalog of psychodynamic transformation

Not incidentally, CBT has also contributed many distinctive additions to the lexicon of standard psychodynamic transformation (Beck, 1976, 2000), the origin of which I have attributed to the psychoanalytic tradition, above. These constructs are, to an extent, supplementary and also more contemporary formulations of this general class of psychological operations, which are reflected in terms such as minimizing, catastrophizing, globalizing, stabilizing, internalizing, and so on (Alford & Beck, 1997; Clark & Fairburn, 1997; Dobson & Craig, 1996). Again, these terms reflect a means of understanding of the basic psychological mechanisms of internal rationalization and cognitive consonance. Understanding and interpretation of these psychodynamic transformations and their context reveals, in a sense, what the client is *really* saying. This sort of translation, or interpretation, is a problematic but inescapable element of most authentic discourse; especially of psychotherapeutic discourse.

Behaviorism's premature claim of universal psychological determinism

So, what about the hubris of behaviorism? In principle, I see behaviorism as the essential psychological science. I mean this in a good way, and without the slightest hint of sarcasm. Its furthest reaching ambition, as I understand it, is the determinant explanation of all relationships between environment and behavior. Such an explanation would define psychology. It is an article of my positivistic faith that this sort of deterministic accounting is possible, *in principle*.

The cognitive revolution has expanded the scope of the behaviorist tradition to encompass cognition, emotion, and covert as well as overt psychic phenomena of all kinds, which undoubtedly advances this ambition considerably. In my own perspective, and in the perspective of EPICP, there is presently such an enormous gap between the state of the art and the explanation of higher cognitive functions that *it is misleading merely not to recognize and emphasize it*. Here, reasonable scholars and clinicians may differ and I apologize again if I have given offense in this, but I do perceive a continuing tendency in post revolutionary cognitive behaviorism, and even among its representatives at Fielding, to make or imply the same category of claim that Skinner did make explicit in *Verbal Behavior* (Skinner, 1957).

What I have, perhaps with excessive drama, referred to as the hubris of behaviorism was the extravagant claim that reinforcement principles alone could account for the full range of psychological and social phenomena. The quintessential instance of this claim was Skinner's *Verbal Behaviour*, which claimed in an extremely clear and straightforward way that the reinforcement principles of operant conditioning could account for the production and understanding of language. This is simply an excessive claim, which was quintessentially rebutted by Noam Chomsky in his comprehensive review of Skinner's book (Chomsky, 1959). In fact, the reason Chomsky has given for choosing this format to put his perspective forward was his estimate that Skinner's book was the clearest and most articulate example of the behaviorist claim (Chomsky, 1967). The aspiration is admirable and I have no doubt that it will eventually be realized, although I do not expect to see it in my lifetime. I do doubt that when it is finally realized it will still be called cognitive behaviorism, if for no other reason than that too many other disciplines will have legitimate claims to extensive tracts within the final corpus of human behavioral specification.

The wisdom and vanity of humanism

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 from their constituent elements (Shaffer, 1978). At the top of the emergent pyramid of mental faculty sits free will, which humanism refuses to dissect (Nahmias *et al.*, 2004). 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 interested. As I see it we are *forced*, in fact, to encounter most psychosocial phenomena directly as they present themselves to us, without authentic theoretical understanding. This is a pearl of wisdom I embrace as the essence of humanism.

Humanism generally eschews the reductive analysis of personality and psychotherapy, although most schools do not go so far in this as EPICP does. Some actualizing tendency is usually taken to be inherent in human personality (Maslow, 1954) and, sometimes it seems to me that too little attention is devoted to the analysis of whatever mechanisms might underlie such a process. In fact, I believe that actualization is procedural by definition and that there is much to be gained from its analysis. The fundamental humanistic conception of psychopathology is that it results from some 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 it seems to me that humanists sometimes go beyond what is actually given, either in experience or experiment, to embroider humanity with fanciful and poetic meanings and significance. Where psychoanalysis and behaviorism may overestimate the scope of their theoretical models, humanists sometimes seem to overreach in construing superordinate human attributes which may have no independent substance or significance. This appears to

me as the occasional vanity of humanism. The EPICP perspective 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 anything*, but simply to avoid being bound by any particular model or diagnosis.

My own clinical schema and protocol

In the course of my Fielding experience I have come to embrace the theoretical and clinical perspectives that are reflected above. Taken together, they inform both my academic and clinical posture. As a practical matter, each may absorb my attention and loyalty to a greater or lesser extent at any particular moment. To the extent that I am so absorbed, then I can be properly characterized as being *in* that mode, or even *captured by* that mode, which may or may not be a good thing depending upon the circumstances. Each client and situation calls for some particular balance of attitudes and approach, which is why I strive to bracket my presuppositions and to restrain interpretation and intervention beyond my (present) impulse to indulge in these. In order to provide an authentic flavor of my own actual approach in psychotherapy I must first confess my impurity in light of the ideal that I have represented as EPICP. My understanding of existential clinical phenomenology still far exceeds my intuition of it, and this is just the point of EPICP; so change will have to develop in the light of my ongoing practice, scholarship, and future reinforcement history. The clinical approach that follows is my own and does necessarily represent Existential-Phenomenologically Informed Clinical Psychotherapy.

I must also recognize once again that the model that I am describing does not fit into the managed care system, and that it requires a clinical environment which can at least tolerate the sort of therapeutic relationship that EPICP calls for. I have had the luxury of this sort of environment for the past three years at my internship site, where I have continued to see clients following the completion of my internship, and I will continue to enjoy this luxury in private practice following my graduation. I understand how far EPICP stands outside the mainstream of

contemporary psychotherapy, and I am grateful for the personal circumstances which permit me this latitude.

The phenomenological attitude and epoché in the consulting room

The essence of what I call the phenomenological clinical attitude is to permit each perspective that I embrace to develop, if you will, its own independent and idiosyncratic understanding of my client and our situation together; *in parallel and without dominating my consciousness, attention, or judgment*. When I am able to achieve this attitude in session there is a part of my awareness always standing back from, and often restraining, whatever particular mode of interpretation or action I might be given over to. This detachment permits a greater attention to the holistic synthesis that is my consciousness, *including* any theoretical analysis or method that I choose to employ. For me this is the starting point and foundation of every therapeutic encounter. Particulars emerge from it naturally.

In my initial encounters with each new client it is my intention to be as passive and receptive as possible to whatever he or she offers to me, at every level. In particular, I do not want to succumb to the stereotype of any diagnosis that my client might arrive with. The only stimulus that I want to offer at the beginning is something like "*Tell me your life*." In my experience almost everyone is prepared to do this spontaneously over the span of a few hours or a few sessions. Most people can produce a 20 minute version as well. The objects and instruments of therapy and self-actualization are inherent in such stories. While they are being told I strive to maintain the posture of inconclusive detachment that I have attempted to describe above. I know that I will, shortly and inevitably, embrace *some* interpretation of my client and her situation, and I will begin to formulate various intentions. Restraint in doing so broadens my field of vision.

But the detachment and holistic attunement of the phenomenological attitude *does nothing*. Any interpretation, response, or intervention must be rooted in some theory or model, whether explicit or implicit. Embedded in the therapeutic discourse is an ongoing negotiation about our

joint and respective intentions in working together. Clients may come to the therapeutic encounter with clear intentions or not. Presenting complaints often reveal themselves as superficial in the light of a broader and deeper exploration, which may be therapeutic in its own right. At some point I begin to relinquish myself to the formulation of therapeutic intentions, and I seek to engage my client in this process. Eventually we agree to work toward something and we submit ourselves to some theory of action in the hope that it will carry us in the intended direction.

To the extent that the therapeutic process can be serialized, it is while we are engaged in the pursuit of an objective that we must submit ourselves to some method. At this point the appropriate intervention really does just occur to me, which I find not only acceptable, but essential. The alternative is to have had an intervention in mind before it was clear that it was appropriate. The appropriate intervention does not occur to me out of thin air, but out of the context of my entire professional and personal development. The CBT triad of depression provides a framework for action in its own domain, as do the empty chair of Gestalt or the psychodynamic interpretation. The intention calls forth the tool and the immediate human engagement between my client and me calls forth the intention. Submission to treatment protocol does not breach the phenomenological clinical attitude unless I get lost in it. The awareness that I reserve for detached observation stands above the theory and above the action. Protocol is informative to the extent that it fits the situation at hand.

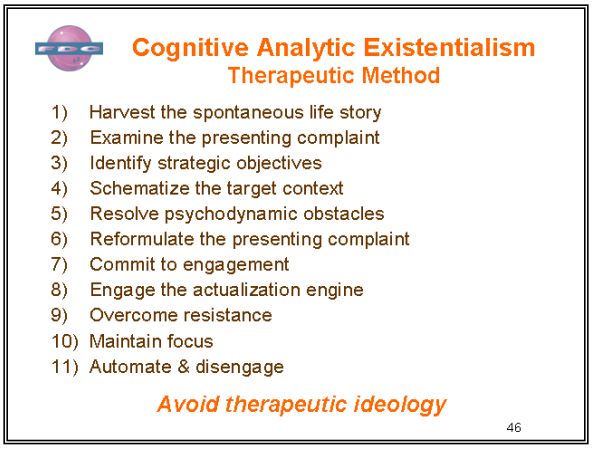
What do you want to change about yourself today?

If I were not defending my identification with EPICP I would be taking the perspective of Transaction Analysis & Redecision Therapy (Berne, 1961, 1964). I have completed the TART clinical track at Fielding, so I am a card carrying transaction analyst, but I regard the theory and technique of that discipline as subordinate to my phenomenological orientation, as I do the aspects of psychoanalysis, behaviorism, and humanism that I have discussed above.

One pearl of wisdom that I have taken from TART is the standard opening of each therapeutic exchange: "*What would you like to change about yourself today?*" The question cuts straight to the intervention, and it asserts that it is within the power of the client to change themselves! I love this question, but I don't use it anymore because it begs a diagnosis and a treatment plan, however microscopic. No matter, this exchange is ongoing throughout the clinical encounter; it is what empowers and guides both parties to it.

My universal therapeutic protocol

Always reserving the superordinate detachment of the phenomenological attitude, there *is* a general protocol that reflects important elements of my therapeutic approach. This protocol appears in slide #46 in the overheads that I used several years ago for a presentation that was part of my assessment in *Theories of Personality & Psychotherapy*, which is attached as Appendix A. I still like it.



1. **Elicit and harvest the life story**: At the start of each clinical relationship I try to remain as passive as I can, so that I can be receptive to what the client actual brings. In most cases this means that I ask sometime like "*tell me your life story*". This is the only point in our relationship where my own participation is fairly well separated from that of my client.
2. **Examine the presenting complaints**: At some point in the telling of the life story, and sometimes as the starting point, most clients have some sort of statement about why they have come. This is a starting point for discourse. Although I try to take whatever the client presents at face value, I also strive to "horizontalize" this presentation in order to avoid assigning inordinate weight to it. After all, it sometimes

happens that the client's initial rationalization for counseling turns out to be a red herring, or at least not quite on the mark in the light of further exploration.

3. **Negotiate tentative objectives**: Once both of us appear to have some reasonable comfort that we share a level of common understanding about what we are doing there together, an exploration/negotiation begins regarding what we might like to do about it.

4. **Schematize the therapeutic context**: I have already confessed that I cannot (or do not yet choose to) maintain my distance from diagnosis for long, as EPICP recommends. At some early point I spontaneously begin to formulate an interpretation of what is going on in my relationship with my client, and in her life in particular. Although I do not usually create a graphic representation of my interpretation, I might as well.

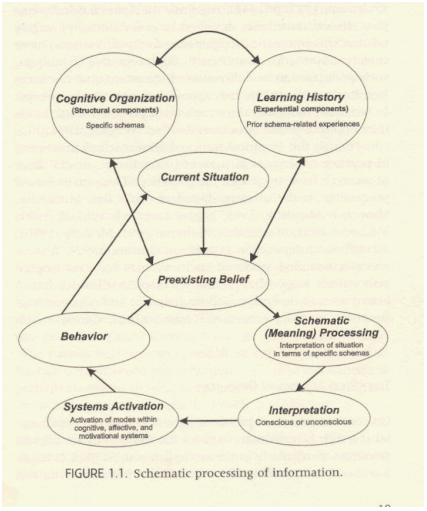


FIGURE 1.1. Schematic processing of information.

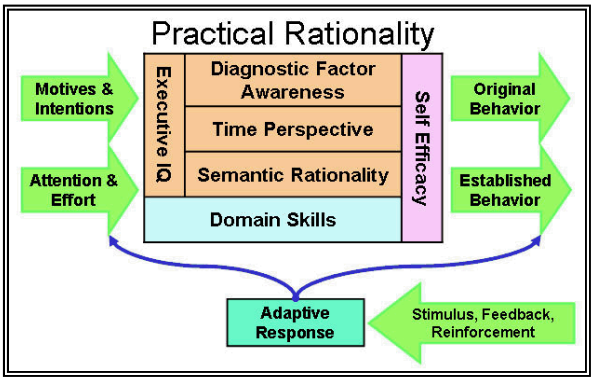
5. **Resolve psychodynamic obstacles**: People do not always say what they mean, they do not always know what they mean, and they embrace meanings that are contradictory. It is necessary to interpret. I have referred to the catalog of psychodynamic transformations that both psychoanalysis and cognitive behaviorism have formalized, and then there is always intentional deception. There is always a delicate balance between interpretation and attention to what the client is actually saying.

6. **Reformulate the presenting complaints**: As the shared context of the therapeutic partners is expanded and refined in discourse, the client's situation often appears in a different light than at our initial encounter. There is always a delicate balance between the definition and persistence that is sometimes necessary in order to achieve significant

results, and the detachment from this that is necessary in order to avoid red herrings and other counterproductive attachments or protocol.

7. **Commit to engagement**: Another pearl of wisdom that I have taken from TART is the emphasis on the therapeutic contract. The therapeutic partners have some understanding with each other about what they are doing together. This not only authorizes me to meddle in the life of my client, but it establishes the extent to which the client is responsible for making any changes that she might embrace. To the extent that a client is unaware of her power to *change what she chooses to change about herself* *today*, the therapeutic contract may itself empower her.

8. **Enable and engage the actualization process**: As I have indicated, I believe that a generalized actualization process, which I take to identical with practical rationality, can be represented as a procedure. There is no possibility of doing justice to that assertion in this space, but I have written a dissertation draft that addresses this question in considerable detail. Since my readers expressed a concern that I had "ignore[d] all the work in cognitive behavioral psychology that addresses those very issues over the past fifty years", I have attached that draft as Appendix B in order to demonstrate that I have not, in fact. For present purposes I can only offer this cartoon representation of what a procedural model of practical rationality (or actualization, if you like) might look like. My actual dissertation focuses specifically on time perspective.



9. **Overcome resistance**

10. **Maintain focus**

11. **Habituate the actualization process**

12. **Disengage**

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Joe Ferguson

From: Melissa Timmons [mtimmons@fielding.edu]
Sent: Thursday, March 02, 2006 10:03 AM
To: Joseph G. Ferguson
Cc: Nolan Penn; Kjell Rudestam; Nancy Leffert; Katie Davis; Elaine Tagles; Melissa Timmons
Subject: Revisions Requested/Comprehensive Essays (Joseph Ferguson) PSY

Importance: High

Categories: Fielding

March 2, 2006

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 April 15, 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 April 15, 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, Nancy Leffert, Katie Davis, Elaine Tagles, Melissa Timmons

Comments:

February 26, 2006

Comments on 776-Revised

This version of the comprehensive examination essay is a significant improvement over the previous version. We commend you for your greater focus in trying to present a cohesive and coherent argument supporting your theoretical orientation. In addition, you provided more detailed support for many (although not all) of the inferences used in this essay. Despite these positive new developments, we still have considerable concerns, which are summarized below, and which will require another revision. Students are expected to make a scholarly presentation of their theoretical orientations and the logical arguments and research support for those orientations in the comprehensive examination. We are concerned that you view this examination as a place to present unsubstantiated personal perspectives (see lines 362-364) or to engage in dialogue with the readers, neither of which is appropriate, as this is an examination that you must pass to proceed in the program. On lines 12-13, you claimed that no defense of CBT or psychoanalysis would be required in an exam such as this one.

The expectations for your EPICP model are no different than that expected for any theoretical orientation. Moreover, in discussing and critiquing other theories, your assertions need to be substantiated and not ignore current perspectives in those theories, e.g., psychoanalysis or CBT.

1. Your perspective, which is presented under the rubric of Existential-Phenomenologically-Informed-Clinical-Psychology (EPICP), still is not clear to us. We still do not have a sense of how a therapist practicing from this perspective would actually treat a client or patient. What actually takes place when a client presents problems or concerns to a therapist? The student needs to explain this. As mentioned in the previous feedback, perhaps a case example that clearly details how this theory is manifested in treatment would assist in that explanation. We repeat our earlier feedback that you need to address "how your perspective 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."

2. A related issue has to do with the paucity of theoretical and empirical support for this model. There is still an absence of how research informs your clinical choices or guides you in the interventions you select as a psychologist. We realize that you are adopting a rather innovative perspective here; however, we assume that others have grappled with the question of furnishing empirical support for the EPICP model. In this context, we suggest that the student explore the literature on the EPICP orientation to see if logical arguments based on theory and research can be used to support the efficacy of this model. (We realize that not all types of psychotherapy models will have the sort of empirical evidence that CBT and Interpersonal Psychotherapy have for various disorders; however, there are alternatives to the use of quantitative empirical support. For example, logic and theory can be used to support a given treatment modality, particularly if the logic and theory are based on generally accepted assumptions about human behavior and human change.

3. You made a number of claims that were unsubstantiated, not entirely correct, or unclear.

    a. The statements found on lines 273-275 need further elaboration and substantiation.

    b. As we mentioned previously, the inferences about psychoanalysis (found on lines 371-374) refer to rather dated models of psychoanalytic theory. The student will find far more relativitism in newer perspectives, such as intersubjectivity, object relations, and self psychology.

    c. On lines 374-385 your comments about CBT continue to ignore the extensive writings of Albert Bandura. Bandura's social cognitive theory, which continues to be the most comprehensive theory underlying CBT and has from the early 1960's emphasized how human functioning can never be understood without acknowledging and addressing the higher cognitive processes of humans which behaviorism ignores. You need to reconcile or substantiate your statements on lines 374-385 with Bandura's writing. (FYI, a brief but succinctly presentation of this emphasis can be found in Social Cognitive Theory: An Agentic Perspective by Albert Bandura in the ANNUAL REVIEW OF PSYCHOLOGY, pp. 1-26, Vol. 52, 2001.)

    d. Please explain what you mean by "surrendering" to a theoretical perspective.

    e. You need to provide further details on the use of "intuition" and "apperceptual relaxation" as found on the first part of the paper.

f. On p. 4 you state that "existential-phenomenological clinicians must be selective about their employment." You need to elaborate how that is so and discuss how this selectivity influences access to various clinical and cultural populations.

We remind you that the comprehensive examination is limited to two revisions, after which the student receives a No Pass if the exam is viewed as unsatisfactory. This will be your second revision.