Comprehensive Assessment Essay

A Defense of Existential-Phenomenology Informed Clinical Psychology (EPICP)

Fielding Graduate University: PhD in Clinical Psychology

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Appendix A: Cognitive Analytic Existentialism

Existential Phenomenology is My Theoretical and Clinical Orientation

At the outset I declare myself as a thoroughgoing scientist, a steadfast realist, and a committed naturalist, although I now recognize these as articles of faith. It is within this framework that I embrace an existential-phenomenological approach to clinical psychology. My phenomenological orientation reflects the precedence that I have come to accord lived experience over theory, diagnosis, and protocol; especially in the psychotherapeutic hour, but also in my general experience of the world. To the extent that I adopt the phenomenological attitude, I strive for the transparency of all interpretation, especially of social construction. Such transparency as I can realize detracts nothing from my respect for the validity or utility of any particular theory, diagnostic system, or method, each of which is subject to verification within the limited domains of the world to which they refer. I will discuss important elements of my own psychotherapeutic philosophy that I have drawn from each of the major traditions. The phenomenological attitude subordinates these formal structures to my experience of being-with each client and it postpones analytic reflection. My pre-reflective experience is much richer than any formal theory I might hold about my client, due to the elegant attachment and apperceptive machinery that human biopsychosocial evolution has yielded (Johnston, 1999), which we experience as intersubjectivity (relatedness, being-with) and intuition (Cosmides & Tooby, 1995; Merleau-Ponty, 1962; Schore, 1994). Intuition and formal theoretical reasoning predominate, cooperate, and conflict in distinctive ways within different domains. The utility of intuition or reasoning in any particular domain is a matter for empirical analysis (Kahneman, 2003; Kahneman *et al.*, 1982; Kahneman *et al.*, 1977). My embrace of the phenomenological attitude in the psychotherapeutic hour is based upon such an analysis, which follows.

I have come to construe the term “existential” in two quite different ways; as a set of observations about the fundamental conditions of human existence and also as an orientation toward lived experience (Jaspers, 1971). My existential orientation reflects my intellectual and visceral recognition of the fundamental human conditions that I share in common with every client. The notion of universal human conditions is a highly abstract and theoretical affair. Yet hypotheses

about existential conditions such as thrownness, temporality, mortality, alienation, relatedness, and freedom have withstood many tests of rigorous analysis and they are consistent with the existing body of empirical scientific knowledge. The apodictic insight at the root of every rigorous empirical reduction reveals *the* preeminent existential condition of human existence: absolute subjectivity. Existential phenomenology has developed by means of *radical* empirical observation and analysis, which I have recapitulated in the course of my development as a psychologist and as a philosopher.

Existential phenomenology is a dialectic which balances confident theoretical interpretation (the existential *verities* and their derivatives) with an essential skepticism toward all theoretical interpretation (*epoché*). Absolute subjectivity is a fundamental condition of human existence, yet this recognition itself is a result of empirical analysis. The phenomenological attitude strives for transparency of interpretation while existential convictions about the human condition provide a framework for understanding each client in advance of my actual experience of her, or even in spite of it (van den Berg, 1972). Of course, in any actual encounter I inevitably make further interpretations, and act on many of them, *but not in a predictable way*.

I will outline the historical development of existential phenomenology in philosophy and illustrate its practical influence on my psychotherapeutic approach and on my identity as a psychologist. I will show theoretical and empirical support for *Existential-Phenomenologically Informed Clinical Psychology* (EPICP) from the tradition of non-directive counseling, psychotherapeutic outcome analysis, common factors research, and from the recent convergence of mindfulness traditions with empirically supported CBT treatment methods. First, I will try to describe the path by which I have arrived at EPICP as my theoretical and clinical orientation.

My Path to Existential Phenomenology

The seeds of my interest in existential phenomenology germinated in the Cuban missile crisis of 1962, when I was 11 years old. I was convinced that I and everyone I knew were about to be annihilated by nuclear weapons and I realized that I was going to die eventually in any case. Since then I have been in search of a convincing worldview that is consistent with my narcissistic

aspiration to immortality. I have never found religious representations that support this aspiration to be convincing, and until college I absorbed myself in science fiction, which speculated on the broadest scale that was then accessible to me. In my undergraduate years I established two lines of inquiry that I initially took to be independent, which carried throughout my adult life prior to Fielding. One was among spiritual traditions and popular metaphysics (I did not really come to appreciate philosophy as a rigorous discipline prior to my Fielding experience), and the other was among the physical and information sciences. Both lines of inquiry were in pursuit of a convincing view of a meaningful and hospitable world, and information science also constituted my profession and provided my livelihood.

My original graduate training was taken at Wharton, in business and operations research, which led me to a career in computer systems engineering. As an adult my professional and academic interests converged in the theory and application of information systems, economic behavior and game theory, artificial intelligence, evolution and genetic algorithms, and complex adaptive systems. I also continued to read among various spiritual traditions and, later, in the literature of consciousness studies. Since 1994 I have participated in a conference entitled "*Toward a Science of Consciousness*" (Hameroff *et al.*, 1996), which seeks to approach the question of subjectivity from every possible perspective. While the contents of consciousness and the operation of psychological processes yield slowly but consistently to reductive experimental analysis, subjectivity and meaning do not as yet. I have found that empirical and spiritual lines of inquiry tend to converge in philosophy.

I regard reason and the scientific method as the only authentic touchstones of truth, although I now recognize this as an article of faith (Jaspers, 1955). I believe that an essentially deterministic physical universe, including all the phenomena of experience, probably falls within the scope of reductive empirical analysis, at least in principle (Dennett, 1991; Pinker, 1998). But fundamental empirical boundaries are apparently established by the finite extension of curved space, by quantum indeterminacy, and by the spatiotemporal singularity of the big bang (Barrow, 1999). On more practical ground, even fully defined physical systems like weather rapidly become

computationally intractable as their complexity increases. The human brain would be unpredictable even if its principles of operation were fully understood (Cadoli, 1995; Moravec, 1988).

At age 49, such was my intellectual and philosophical preparation for Fielding and for my encounter with Will Kouw in my first seminar at my first research session, on phenomenological interpretation of the TAT. I was immediately attracted to Will's perspective and I have filled the spaces of my curriculum with his seminars and clinical training at most national sessions, and with his philosophical syllabus. Although his 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), I have completed all of the academic and clinical training requirements that were included in his original proposal.

In addition to the core Fielding curriculum, I have also completed the Transaction Analysis Redecision Therapy (TART) track, the Violence Prevention track, and the erstwhile Group Dynamics specialization. In my clinical practicum and internship I have had the flexibility to test various theoretical perspectives and experiment with various clinical methods as I have encountered them, under excellent supervision in most cases. Each perspective and method that I have encountered has provided some distinctive prism through which unique insights about the human condition and that of individual clients can be discerned. Each perspective reflects some essential aspect of the complex dynamic reality that encompasses them all, even when they appear to be in contradiction, and sometimes even when the theory that supports them appears to be quite wrong.

I have found that psychological theory is placed in perspective in the consulting room, where it is invariably transcended by the particular situation and by my experience of each individual client. Whenever I have tried to adhere strictly to any formal clinical method, I have felt more or less out of alignment with the client upon whom I have been practicing. My reflections upon these experiences have prompted Will to observe my "*ubiquitous experience of discord between what you experienced as the implementor of theoretically formatted procedures and protocols, and the lively interpersonal dynamics of being-with another person whose human aspects had to be virtually*

ignored in the service of being theoretically 'correct' (Kouw, 2006a)". EPICP has provided me a theoretical framework and a posture in the psychotherapeutic encounter which encompasses and accommodates other theoretically formatted procedures and protocols. EPICP subordinates phenomenological reflection to immediate experience and theoretical reflection to phenomenological insight.

Philosophical Foundation of Existential Phenomenology

> *Two men were arguing about a flag flapping in the wind. "It's the wind that is really moving," stated the first. "No, it is the flag that is moving," contended the second. A Zen master, who happened to be walking by, overheard the debate and interrupted them. "Neither the flag nor the wind is moving," he said, "It is mind that moves." – Anonymous Zen Story*

Existential-Phenomenologically Informed Clinical Psychology cannot be properly understood outside the context of its philosophical origin and development. The essential phenomenological insight of absolute subjectivity is at the root of most theories of mind and most spiritual traditions. Phenomenology has always been central to the development of continental European philosophy, where its existential implications were most notably recognized and elaborated (Glendinning, 1999; Schroeder, 2005). Although traditions of experimental science and analytic philosophy have generally struggled to deprive subjectivity of any practical significance, they have been drawn back to phenomenological issues by their own methods. Phenomenology has recently been rediscovered by neuroscientists in search of the biological correlates of consciousness (Crick & Koch, 1998; Faw, 2004), by analytic philosophers in various logico-semantic models of consciousness (Searle, 1985), and by physicists in observer effects on quantum phenomena (Gribbin, 1984). I will sketch the philosophical foundations of EPICP in a space that still accommodates, within the allotted 30 pages, a demonstration of theoretical and empirical support for EPICP from other disciplines, and a discussion of my own evolving psychotherapeutic method.

Socrates and Pyrrho: *Elenchus,* Classical Skepticism, and *Epoché*

The threads of classical skepticism run through analytic philosophy in the scientific method and through continental philosophy in the phenomenological method. The method of systematic doubt at the heart of both the continental and analytic traditions in Western philosophy has its

origin in Socrates and his dialectical method of *elenchus*, which was the critical deconstruction of any statement or argument in order to test its truth value (Jaspers, 1962; Robinson, 1971). Socrates did not deny that certain statements could be made or that certain knowledge could be obtained, although he claimed that he never found any certainty himself.

Pyrrho, a contemporary of Plato and Aristotle, is usually identified as the first skeptic philosopher and founder of the classical school known as Pyrrhonism (Jaspers, 1962; Suber, 1996). Although they seek and love truth, Pyrrhonean skeptics claim that they are certain of nothing, and that they have arrived at their uncertainty by means of rigorous investigation and analysis. Skeptics do not quarrel with appearances themselves, but only with accounts that are given of appearances. Modes of critical inquiry called the "*tropes*" were the mechanism of the skeptical reduction by means of rational argument. The skeptics realized that dogmatic belief is an obstacle to investigation and they strove to detach themselves from it in the mental state of *epoché*, which is essentially the phenomenological attitude. *Epoché* is a Greek term which describes the theoretical moment where all belief in the existence of the real world, and all action, is suspended. Although Husserl was later to employ *epoché* in his phenomenological method, in classical skepticism the intention of critical inquiry is the discovery and verification of a presumed objective reality rather than the exploration of phenomena themselves.

Descartes: Hyperbolic Doubt and Dismissal of Experience

> *"…that I should hold back my assent from opinions which are not completely certain and indubitable just as carefully as I do from those which are patently false. So, for the purpose of rejecting all my opinions, it will be enough if I find in each of them at least some reason for doubt."*
>
> (Descartes, 1641)

The epistemological task which Descartes sets himself at the outset of his Meditations is to demonstrate a certain foundation for scientific knowledge (Smith, 2003). To this end he reduces the ordinary spectrum of epistemic attitudes to its normal endpoints, unconditional affirmation and unconditional denial (Rosenberg, 1998). Once he establishes that some proposition is doubtful, Descartes' methodological injunction is not to adopt an attitude of Pyrrhonist epoché, which is non-judgmental, but rather to categorically reject it. Since Descartes' goal is epistemic certainty, his

method “drills down” through a presumptive epistemological hierarchy, dismissing questionable sources of knowledge categorically. Such hyperbolic skepticism dismisses not only all propositions that are based on reasoning or authority, but also sensory, apperceptual, and indeed all other phenomenal experience as well.

It is ironic that by dismissing all subjective experience as a possible fabrication of the Evil Genius, Descartes comes to an essentially solipsistic conclusion! The ego that is revealed by the *cogito* is a solitary consciousness, not necessarily even embodied, which can be sure of nothing but its own existence as a conscious mind. At this point Descartes himself flies off both the epistemological and the phenomenological rails with his desperate “proof” of a benevolent God, but along the way he has ruled out the possibility of certain theoretical or scientific knowledge and established the epistemic preeminence of phenomenology. Karl Jaspers saw fit to characterize Descartes 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).

Kierkegaard and Nietzsche: Existential Philosophy

> *"Being an individual man is a thing that has been abolished, and every speculative philosopher confuses himself with humanity at large; whereby he becomes something infinitely great, and at the same time nothing at all....To be a particular individual is world-historically absolutely nothing, infinitely nothing -- and yet, this is the only true and highest significance of a human being, so much higher as to make every other significance illusory.... (Kierkegaard, 1959/1835)*

Søren Kierkegaard was the first philosopher to write explicitly about existentialism. He used the term in relation to his conclusion that human existence is inherently subjective, and that all perception and knowledge are necessarily first-person (Shestov, 1969). What is characteristic of human beings for Kierkegaard is that we stand out as responsible individuals who must make free choices. We are compelled by circumstances to take huge leaps of faith at every turn, despite the fact that we can never know with certainly the outcome of our choices. These necessary leaps of faith constitute both our freedom and our responsibility. Kierkegaard saw philosophy as the expression of a reflective individual existence rather than a systematic construction from first principles or the discovery of an ideal order.

Nietzsche also regarded individual human experience as the only possible basis for philosophical analysis. He agreed with Kierkegaard that one of the serious flaws of past philosophical systems was their failure to pay enough attention to the values and experiences of individuals in favor of abstract formulations about the nature of the universe. Both Kierkegaard and Nietzsche criticized the rational, idealistic, and systematic structures of previous philosophy and wrote instead on the importance of the individual and the affirmation of the individual's own values and beliefs. Both wrote in an unsystematic way and approached philosophy from the standpoint of real people involved in the messy particulars of real life (Jaspers *et al.*, 1986; Shestov, 1969). Kierkegaard and Nietzsche admitted biography and autobiography into philosophy.

Brentano: Phenomenological Psychology

Franz Brentano believed that philosophy and psychology should and could be undertaken with methods as rigorous as those of the natural sciences, even though he recognized that all knowledge must ultimately be derived from first-person experience and from reflection upon it. Brentano identified subjective experience as the legitimate object of scientific psychological investigation, in what he called "the science of mental phenomena" (Brentano, 1973) and drew and important distinction between what he called *genetic* and *descriptive* psychology (Brentano & Müller, 1995). Genetic psychology takes a third-person perspective and employs experimental and statistical method to establish theory, whereas descriptive psychology aims to observe and describe the contents of consciousness from a first-person perspective, just as it is experienced.

Brentano characterized mental phenomena as 1) the exclusive object of inner perception, 2) unitary in appearance, and 3) always intentionally directed toward some object. Brentano relied on phenomenological introspection for his "empirical" project to identify and describe *"fully the basic components out of which everything internally perceived by humans is composed, and by enumerating the ways in which these components can be connected"* (Brentano & Müller, 1995). He identified three basic types of mental phenomena (presentations, judgments, and phenomena of love and hate) and described them in terms of what he saw as their characteristic intentionality.

Husserl: Transcendental Phenomenology and the Eidetic Reduction

Husserl had already obtained his PhD in mathematics before his exposure to Brentano's lectures on psychology and philosophy at the University of Vienna convinced him to dedicate his career to philosophy. In his first works he tried to rectify Descartes' failure to establish a certain foundation for mathematics and the natural sciences by grounding them in the psychological processes that underlie the concept of number (Husserl, 2003). In the wake of a devastating critique of *Philosophy of Arithmetic* by Gottlob Frege[1], Husserl realized that his epistemological project was hopeless and he vigorously repudiated the "psychologism" that he had so recently embraced (Tieszen, 1994). He realized that any attempt to reduce human experience to the isolated terms of experimental science or logic would necessarily exclude the essence of humanity, which is consciousness, and that a human science must address the phenomena of experience directly (Husserl, 1970). The slogan of Husserl's phenomenology is, "*back to the things themselves,*" by which he means what is actually given in experience.

Husserl realized that in order to study the structure of consciousness it would be necessary to distinguish, explicitly, between the act of consciousness and the object-in-itself at which it is directed. In the natural attitude, conscious phenomena are mistaken for the objects of their intention (the presumed objects-in-themselves) and the phenomena themselves remain transparent. In the phenomenological attitude, knowledge of essences is taken to be revealed by bracketing all assumptions about the nature or existence of an external world; a method Husserl referred to as epoché. The phenomenological attitude is an intentional relaxation of intentionality and attention to what presents *itself*.

From *Ideas* onward, the physical and psychological bases of perception were of little interest to Husserl, who concentrated on what he saw as the essential, ideal, structures of consciousness (Kockelmans & Husserl, 1994; Macann, 1993). He referred to this process as the eidetic reduction. It provided a radical new way of looking at all manner of objects by examining how they are

[1] Frege's critical deconstruction of *Principles of Arithmetic* in many ways presages Noam Chomsky's devastating review of BF Skinner's *Verbal Behavior* many years later, revealing huge leaps of faith in both cases.

actively constituted in our manifold intentionality toward them. In the phenomenological attitude, the object ceases to be regarded as a source of signals about what it is (the quintessential perspective of the natural sciences), and is revealed as a network of perceptual and functional aspects which collectively constitute its singular meaning. In order to better understand the world of appearances and objects, transcendental phenomenology attempts to identify the invariant features of how objects are perceived and it pushes attributions of reality into the background. The phenomenological reduction helps us to free ourselves from prejudice and secure the purity of our detachment as observers, so that we can encounter "things as they are in themselves" independently of any presuppositions. The goal of phenomenology for Husserl is a descriptive, detached analysis of consciousness in which various objects are constituted.

The *Crisis of the European Sciences* is Husserl's unfinished work that deals most directly with these issues (Husserl, 1954). In it Husserl undertakes a critical review of Western philosophy and science, emphasizing the limitations that are inherent in their increasingly positivistic and naturalistic orientation. Husserl asserts that mental and spiritual phenomena possess their own reality, independent of any physical basis, and that a science of the spirit (*geisteswissenschaft*) could be established on a scientific foundation as robust as that of the natural sciences.

Heidegger: Existential Phenomenology and *Dasein* Analysis

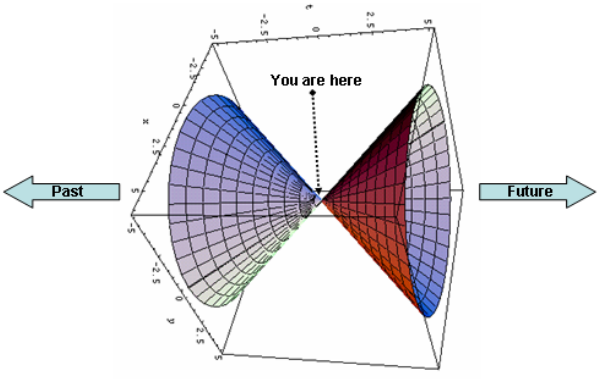
> *"For us phenomenological reduction means leading phenomenological vision back from the apprehension of a being, whatever may be the character of that apprehension, to the understanding of the* being *of this being."* - (Heidegger, 1982)

Martin Heidegger adapted Husserl's phenomenological method to an *ontological* reduction and arrived at a perspective in which *being*, rather than consciousness, is taken as the primary object of analysis (Crowell, 2001; Luft, 2004; Macann, 1993). For Heidegger, the starting point of philosophy is *Dasein*, of which human existence is an instance. Where Husserl confined himself to the description of constituent experience and suspended his judgment about theory or external reality, Heidegger articulated a complex and compelling worldview that has strongly influenced subsequent philosophers and psychologists (Richardson, 2003). In exquisite, excruciating prose,

Heidegger examines the situation of Dasein and erects the theoretical scaffolding of modern existentialism.

Heidegger points to temporality as the essential condition of human existence, which is Dasein (Heidegger, 1962, 1982; McCall, 1983). Temporal existence always holds alternative future possibilities; it is potentiality-for-being (s*einkönnen*). Heidegger observes that Dasein finds itself *thrown* into the world, aware of time and hurtling toward death, always already-in historically conditioned circumstances, with restricted but open future (and past) possibilities.

I envision this aspect of Dasein in the metaphor of a light cone, also known as a world line, where the scope of possibility expands from a temporal origin in the present, and where the planes that truncate the cone represent birth and death. This is the terrain of freedom and responsibility. At this level every life story is the same and it is only in details of individual history that we differ. Everyone is aware of these circumstances and it scares the hell out of us.



Heidegger also observes that Dasein is *fallen* in the world to the extent that it is absorbed in its social and cultural context; to the extent that it relinquishes its freedom to some *Other*. Dasein is encompassed in every dimension by horizons of possibility and *must constantly choose*. Awareness of this necessity, and of being-toward-death, is Heidegger's measure of authenticity. To the extent that we are inauthentic we suffer the existential guilt (s*chuld*) of forsaken possibility. To live authentically means to be aware of one's existence, social and cultural context, freedom, responsibility, and the inevitability of anxiety, guilt, and death. It means to accept these things and to act resolutely nonetheless. This understanding informs the therapeutic encounter of EPICP as, indeed, it informs *every* human encounter.

Buber: *I-Thou,* 2nd Person Perspective, and the Spectrum of Intersubjectivity

Martin Buber framed his analysis of the human condition in terms of the relational posture in which the objects of experience are encountered (Horwitz *et al.*, 1988; Stanford University, 1997). Buber distinguished two basic relational modes, I-Thou *(Ich-Du)* and I-It *(Ich-Es)*, which represent the endpoints on a spectrum that runs from intersubjectivity to objectivity. I-Thou is intersubjective, which is to say that the sense of self is, to some extent, inclusive of the other. I-Thou relationship stresses the holistic co-existence of two beings, without qualification or specification. For Buber, I-Thou lacks any specific structure or content and therefore does not constitute an objective event in the experimental scientific sense, although I will speculate shortly about the possible correspondence of infantile attunement and dyadic states of consciousness to Buber's I-Thou relational state.

In I-It relationship the intentional object is regarded in a utilitarian light and manipulated or experienced in service of the self. I-It relationship reduces intersubjectivity to an exchange of signals although, strictly speaking, communication or dialogue is possible *only* in this relationship. Therefore, the I-It relationship is always present to some degree in practical human encounters like ordering food in restaurants or doing psychotherapy. For Buber, only relationship to God is necessarily and essentially *Ich-Du,* and therefore devoid of any objective content or operational significance. Any attempt to characterize God is, therefore, idolatry.

In this spirit, existential-phenomenologically informed clinical psychology emphasizes I-Thou as the essential human relationship at the heart of the therapeutic encounter, although it admits of any particular I-It relations *as they arise spontaneously within the intersubjective space that is created between its co-participants*.

Sartre, Merleau-Ponty, and the Proliferation of Existentialisms

The particular line of philosophical thought that I have sketched above constitutes both the substantive and historical bases of my own identification with EPICP, and it constitutes the philosophical basis for my defense of it here. Following Husserl and Heidegger, there has ensued a wide proliferation of developments under existential or phenomenological headings in a broad range of fields including philosophy, psychology, sociology, ethics, ecology, literature, and art criticism (Stanford University, 1997). Sartre expressed his philosophical insights in a literary style, closely interwoven with his social and political commentary, and he emphasized the conscious exercise of freedom and responsibility as the mark of authenticity (Sartre, 1956). Merleau-Ponty embraced the results of experimental psychology in his phenomenological analyses and he emphasized the embodied nature of experience in opposition to what he regarded as the false mind/body problem (Merleau-Ponty, 1962).

A rich variety of ongoing developments in existential and phenomenological thinking have carried forward from Husserl, Heidegger, Buber, Sartre, and Merleau-Ponty in various directions under a wide variety of headings. But according to Will Kouw *"… it is important that we keep a clear distinction between e-p and 'existentialism.' Existential Phenomenology and its Transcendental Phenomenology roots preserve a special philosophical lineage for e-p clinical principles; the variety of existentialistic authors do not claim that heritage and thus lack academic justification for their use of the adjective.* (Kouw, 2006b)"

Existential-Phenomenologically Informed Psychotherapeutic Method

From the perspective of EPICP the essence of psychotherapy is the human encounter, and the intention of psychotherapy is to promote creative self-reflection and authentic engagement in the world (Boss, 1963; McCall, 1983; Spinelli, 1989; Valle & Halling, 1989; van den Berg, 1972). The existential-phenomenological therapist refrains from diagnosis and theoretical interpretation in order to remain open to the immediate presentation of his client, and to resist the collapse of possibility that diagnosis and interpretation inevitably entail. The therapist's role is to facilitate the client's exploration of her own authentic context and freedom.

The single clinical method of EPICP is attunement to the client in the open posture of the phenomenological attitude, which entails spontaneous engagement in the dynamic intersubjective process that unfolds in the course of the therapeutic encounter (or any human encounter). The phenomenological attitude encourages spontaneous rather than systematic participation on the part of the therapist and, equally important, it discourages his attachment to whatever material he does happen to present. The therapeutic mechanism of EPICP is the opening up of possibility and the active facilitation of "*an open economy of thought, feeling, and imagination* (Drob, 2000)". This posture yields guidance of the therapeutic encounter to the client without diminishing the intimate participation of the therapist. It stimulates the client's own process of creative development and brings *it* to bear on the psychotherapeutic process, rather than bringing some psychotherapeutic process to bear on the client. Engagement in the therapeutic discourse is intended to stimulate, support, and enhance the creative process of self-actualization as it unfolds according to the client's own lights. It is not a circular claim that the goal of the psychotherapeutic encounter in EPICP is the discovery and development of an autonomous psychotherapeutic attitude in the client herself.

And that is the entire psychotherapeutic method of EPICP.

Bracketing EPICP: The Back Side of the Light Cone

The therapeutic method that I have just described actually takes flesh in individual encounters that are rich, at every level, in specifics that EPICP explicitly declines to anticipate. But the spontaneous engagement of even the most perfect phenomenological attitude is informed by a personal history of thought, experience, and higher-order conditioning of all kinds. The phenomenological attitude excludes nothing necessarily, not even the most formal theoretical interpretation or systematic action (Jaspers, 1955). Certain clinical circumstances, such as suicide risk, take priority in the clinical encounter and demand programmatic action (American Psychological Association., 2002). Each individual therapist engages his client, however spontaneously, in the light of a plethora of specific attitudes, beliefs, and predispositions. I will outline my own natural-attitude theory of psychology and describe my psychotherapeutic method

as the conclusion of this essay, under the heading of Cognitive Analytic Existentialism. But I have come to regard all such theory and technique as subordinate to my existential-phenomenological stance. I see no conflict here.

I am mindful that I have taken up half of the 30 pages allotted to this comprehensive essay in sketching the philosophical foundations of EPICP, which I regard as essential to this comprehensive defense. I am also aware that a primarily philosophical defense of my clinical approach will not be acceptable to each of the Fielding faculty who might be selected to pass judgment on this essay, and on my doctoral candidacy (this essay is my last requirement, but for one KA that I will complete while awaiting your feedback). I will therefore turn to a demonstration of theoretical and empirical support for the EPICP *clinical method* from the literature of non-directive therapy, psychotherapy outcome research, and the strange recent confluence of mindfulness traditions with CBT and empirically supported treatment (EST). In order to do this it will be necessary to bracket, in a self-referential epoché, the theoretical edifice that I have just erected.

The clinical method that I presented in the previous section might well have alternative histories and rationale that are arbitrarily different from the personal history and philosophical rationale that I have presented herein as EPICP. There are many paths to the phenomenological attitude and its application in psychotherapy. The past segment of the world line that I offered earlier as an illustration of Heidegger's existential landscape (pg. 11) is just as open to alternate histories as it is to future possibilities (to *Existenz)*. In fact, several mainstream traditions of psychotherapy have adopted clinical methods quite similar to those of EPICP, and an examination of their rationale and research offers institutional support for the psychotherapeutic method of EPICP.

Ideological and Theoretical Support from Non-Directive Methodologies

> *"The counselor tries to get within and to live the attitudes (of the client) expressed instead of observing them, to catch every nuance of their changing nature; in a word, to absorb himself completely in the attitudes of the other. And in struggling to do this, there is simply no room for any other type of activity or attitude; if he is attempting to live the attitudes of the other, he cannot be diagnosing them... cannot be thinking of making the process go faster."* (Rogers, 1951, p. 29)

By delimiting my domain as non-directive methodology, rather than as client-centered therapy, I admit Freud as the unlikely originator of non-directive psychotherapeutic technique (Raskin, 1948). Although his engagement in psychotherapy was governed by a very specific psychodynamic model, he found it necessary to rely upon free association, and other non-directive techniques, to extract the repressed material that he felt was necessary for his dogmatic interpretation. Freud did not believe that essential repressed material could be discovered in any direct line of inquiry (Ford & Urban, 1998; Freedheim *et al.*, 1992; Healy, 1930). Until Freud finally revealed his agenda with some interpretation or other, his clients probably experienced something very much like what they would have experienced in session with Carl Rogers or Will Kouw. Freud writes that "… w*hile the first objective of psychotherapy consists in attaching the patient to the treatment and to the person of the physician, it is possible to forfeit this primary success if one takes up from the start any standpoint other than that of understanding, such as a moralizing attitude* (Freud, 1959)."

Otto Rank was one of Freud's closest associates until, like many others, he broke with him over a technical dispute about psychoanalytic theory (deCarvalho, 1999). In his independence from Freud, Rank eventually concluded that the specific content of psychotherapeutic discourse was largely irrelevant and he came to focus exclusively on the dynamics of the therapeutic process itself, with the will of the client as the central force (Rank *et al.*, 1936). In doing so Rank certainly did not discard his own interpretation of psychoanalysis or any of his other theoretical convictions, only he subordinated these to his non-directive method as I have subordinated Cognitive Analytic Existentialism to the method of EPICP. For Rank, the neurotic is bound not by any particular content of her past but by her posture in the present. Therapeutic progress is achieved through an

understanding of present dynamics rather than past content. Rank's emphasis on therapeutic dynamics over content helped shape the ideas and techniques of *Relationship Therapy*, which was developed by Jessie Taft (Taft, 1933), in collaboration with Virginia Robinson and Frederick Allen in the 1930s {deCarvalho, 1999 #1204].

This work informed the development of Carl Rogers' *Client-centered Therapy* {Rogers, 1951 #1200; Rogers, 1959 #109}, which Rogers referred to for a short time as *Non-Directive Counseling*. Client-centered therapy emphasizes the therapist's empathic participation in the client's phenomenological world. In mirroring this world, the therapist does not disagree or point out contradictions, nor does she attempt to uncover unconscious processes. The focus is on immediate conscious experience and the assumption is made that an innate tendency toward self-actualization will manifest itself if given the opportunity for exercise. Rogers specified only three conditions for effective therapy: therapist authenticity, empathy and accurate reflection, and unconditional positive regard (Rogers, 1954). According to Rogers, if the therapist shows these three necessary and sufficient qualities then the client will improve even if no other psychotherapeutic techniques are employed. If the therapist does not display these qualities then the client will not improve no matter how many psychotherapeutic techniques are brought to bear on her.

Common Factors: The Psychotherapeutic Method of the Dodo Bird

If *experimental* support is to be found for the EPICP therapeutic method, albeit indirect, it is in the literature of psychotherapeutic outcome and common factors research (Goodheart *et al.*, 2006; Reisner *et al.*, 2005; B. E. Wampold, 2001). Regardless of how this literature is delimited, it is vast. Psychotherapy outcome research varies in quality and ranges from descriptive and very general to experimentally controlled and very specific. Much of it has been conducted in order to demonstrate the superiority of one approach over another with respect to some particular diagnosis. Reimbursement systems often demand random controlled trials in support of specific psychological services, and the APA has accommodated these demands by establishing criteria for what are now known as Empirically Supported Treatments (ESTs) (Chambless & Ollendick, 2001; Waehler *et al.*,

2000). For example, the APA Committee on Science and Practice currently has this to say about empirically supported treatments for depression:

> "*Behavior therapy, cognitive therapy, and interpersonal therapy have all been well-established as beneficial treatments for major depression. In addition, some evidence suggests that brief dynamic therapy, self-control therapy, and social problem-solving therapy are useful in the treatment of major depression. Finally, some evidence from studies with older adults suggests that cognitive therapy and reminiscence therapy are useful in the treatment of geriatric major depression.* While other psychotherapies may be helpful in the treatment of depression, they have not been evaluated scientifically in the same way as the treatments listed here [*emphasis is mine*]."
>
> - (American Psychological Association., 2006)

Some approaches lend themselves to manualization and random experimental design far better than others, and proponents of methods falling within the yellow highlight understandably take umbrage at being dragged onto this ground (Wampold *et al.*, 2005). In fact, the great majority of ESTs that have been approved by the APA are CBT treatment protocols for individual DSM diagnoses. It seems that the more specific the diagnostic target the greater the differential effectiveness that may be experimentally demonstrated among treatments (Messer, 2004), which should be expected. If the presenting complaint is an inability to wiggle one's ears and quack like a duck, I am quite certain I could offer a manualized treatment protocol that would be demonstrably more effective than even the most sophisticated non-directive counseling, interpersonal therapy, or general group psychotherapy in treating adolescent boys for this condition (especially if I get to establish the diagnostic and outcome criteria!). If the presenting condition is depression, however, then each of these approaches may offer very different but equally effective results. In fact, *some* well-designed random control trials have failed to detect any difference among non-directive counseling, CBT, and general group psychotherapy in the treatment of depression (Bower *et al.*, 2000; Ward *et al.*, 2000). This may be because depression, despite its precise and singular diagnostic code[2], is actually a very broad construct involving many aspects of the clients' life and the meaning that she makes of it.

In order to emphasize the dimension of specificity in psychotherapeutic objectives, Bruce Wampold has drawn an important distinction between *psychological treatments*, which are specific,

[2] DSM 296.22 = a single moderate episode of major depressive disorder.

and *psychotherapy*, which is arbitrarily more general (Wampold, 2001). Comparing psychotherapeutic methods which operate at different levels in this hierarchy is like comparing whole automobiles to braking systems. Legitimate comparisons must be made in terms of therapeutic objectives and outcome measures that are sufficiently general to take in all of the treatment methods under comparison. Using Wampold's terminology, this means comparing psychotherapies to one another on more general criteria *as well as* comparing psychological treatments to one another using arbitrarily more specific criteria (Barlow, 2006). This is precisely what a large number of studies have attempted to do over the course of the past 10 years or so, which has led inevitably to the identification and analysis of common psychotherapeutic factors (Horvath, 1988; Jorgensen, 2004; Messer & Wampold, 2002; Reisner, 2005).

Definition and methodological issues abound in the measurement of psychotherapy outcome, but rigorous and sophisticated meta-analyses and mega-analyses have demonstrated clearly that: 1) psychotherapy is about 75% more effective than placebo for most psychological complaints, and 2) psychotherapeutic technique appears to be irrelevant to outcome at this level of analysis (Froyd, 2006; Goodheart et al., 2006; Wampold, 2001). According to Michael Lambert's meta-analysis of outcome studies (Lambert & Barley, 2001), only about 15% of the difference in improvement obtained through psychotherapy is due to factors related to specific therapies and another 15% of the difference can be attributed to patients' expectations for treatment.

Saul Rosenzweig was the first to suggest the possible equivalence of psychotherapies due to the overwhelming influence of common psychotherapeutic factors, and he invoked what is now famous as the Dodo bird verdict from Alice in Wonderland ("…at last the Dodo said, *Everybody has won and all must have prizes!*") to describe the hypothetical equivalence of psychotherapies (Rosenzweig, 1936). For Rosenzweig, the common factors employed by the psychotherapeutic Dodo bird are: 1) catharsis, 2) therapist personality, 3) coherence of the therapeutic ideology, and 4) therapist ability to provide the patient with a different way of thinking about herself. The Dodo bird verdict finally received its first experimental support in 1975, when Lester Luborsky and Barton Singer concluded, based on their review of the comparative treatment research, that there was no

evidence of differential treatment effects (Luborsky *et al.*, 1975). In subsequent reviews, Luborsky *et al* (1993) and others (Drisko, 2004; Horvath & Symonds, 1991) have reiterated this position and provided evidence suggesting that any differential treatment effects may be due to biases in results introduced by the researcher's theoretical orientation, which might result in some treatments being delivered in a more sophisticated manner than others (Luborsky *et al.*, 2002). Importantly, many of these studies have also noted evidence of differential treatment effects for a small number of psychological conditions, including panic disorder, mild phobias, and schizophrenia (Chambless, 2005; Goodheart et al., 2006).

In recent years this line of inquiry has received a great deal of additional attention and psychotherapy outcome is now generally understood to be the result of: 1) client factors (e.g. motivation, insight), 2) therapist factors (e.g. empathy, confidence), and 3) specific interventions (e.g. interpretation, education, reinforcement). Although the whole issue of psychotherapeutic outcome and common factors remains controversial and highly charged, a consensus has begun to emerge that accepts the significant body of evidence for the effective treatment of specific kinds of distress, *and that also accepts* the significant body of research concerning the importance of the therapeutic relationship and common factors (Goodheart et al., 2006). Sophisticated psychotherapists recognize the parallel importance of qualitative as well as categorical analyses, phenomenological as well as naturalistic attitudes, and idiographic as well as systematic methods (Messer, 2004).

The psychotherapeutic methodology of EPICP provides a framework for psychotherapy that emphasizes the therapeutic relationship and related common psychotherapeutic factors, but it does not provide for any psychological treatments. This is not to say that individual existential-phenomenologists do not employ psychological treatments, as they certainly do, but only that EPICP declines to specify in advance when or which specific treatments might be appropriate at any point in any given psychotherapeutic encounter.

Attunement, Intersubjectivity, and Dyadic States of Expanded Consciousness

Ed Tronick, the second smartest member of the Fielding Faculty, has suggested an interpretation of the therapeutic relationship that frames the *being-with* aspect of the therapeutic relationship in terms of the infant attunement literature, read in the light of dynamic systems theory (Tronick, 2005; Tronick, 1998). Working from the perspective of infant-caregiver attunement, Tronick offers what he calls the *Dyadic Expansion of Consciousness* hypothesis as an attempt to explain the adaptive advantage of dynamic intersubjectivity. Tronick's hypothesis is based on a large body of developmental research that documents the biopsychosocial mechanics of dyadic attunement, which provide the infant with emotional and physiological regulation by proxy through the caregiver while she develops the cerebral capacity to do this for herself (Bullowa, 1979; Dixon *et al.*, 1981; Schore, 1994; Siegel, 1999).

Tronick's Dyadic Expansion of Consciousness hypothesis regards each individual as a self-organizing dynamic system that can be coupled with (attuned to) other similar systems by various means. The complexity of coupled dynamic systems is expanded exponentially and, to the extent that the attunement mechanism (signal exchange or communication) remains coherent, the capabilities of the total system are expanded as well (Geert & Thelen, 1996; Thelen, 2005). Dyadic states of consciousness are highly adaptive across a broad spectrum of domains from infant co-regulation through the most abstract social and intellectual interactions. Viewed from this perspective, the phenomenological clinical attitude and all non-directive methodologies have in common an emphasis on the dyadic state of intersubjective consciousness that is seen as central to the psychotherapeutic encounter. The condition of *I-Thou being-with,* which Martin Buber and Will Kouw both emphasize, probably has its roots in infantile attunement with the caregiver. The attunement mechanism that is vital to infant survival continues to develop and operate throughout the lifespan in many other domains, including psychotherapy and didactic instruction in philosophy. Tronick argues that an understanding of dyadic states of consciousness sheds light on the dynamics of psychotherapy. Perhaps this is the principle mechanism of psychotherapy if not of psychological treatment.

The Strange Confluence of Mindfulness Traditions and CBT in EST

Like the phenomenological attitude, mindfulness is the discipline of directed attention and *epoché* (Baer, 2006; Dryden *et al.*, 2006; Germer *et al.*, 2005). Eastern spiritual traditions have long maintained that mindfulness meditation reduces suffering and improves well-being. The relaxation of attachment to the naive interpretation of things is generally therapeutic in itself, and mindfulness meditation addresses such attachment directly. *Sensei* Shinzen Young has coined a penetrating western interpretation of this principle in his formula ***Suffering = Pain × Resistance***. Suffering is a function of resistance, and relaxation can relieve it. Marsha Linehan introduced mindfulness into the context of CBT with *Dialectical Behavior Therapy* (DBT), originally for work with clients who had been diagnosed with borderline personality disorder (Linehan, 1993), in order to get them to be more reasonable. The essence of mindfulness is non-judgmental attention, and mindfulness therapies arrange to deal with problematic material under conditions of relaxation and acceptance, hoping to alter the emotional tone of that material by re-association.

Like the psychotherapeutic method of EPICP, mindfulness provides only a framework for any particular encounter, the specific content of which is an independent and idiosyncratic matter. Formal meditation practices generally prescribe concentration on some type of intentional content, whether it be the sensation of breath, an audible or visual mantra, or everyday experience. Objects of attention can be arbitrarily abstract. Intellectuals, computer programmers, musicians, and athletes all attend to their respective interests in this way when they are *absorbed in thought*, *in the groove,* or *in the flow*. In this sense, mindfulness can facilitate any cognitive process and it should not be surprising that this facility has been incorporated into CBT protocol, essentially as a psychoeducational lubricant (Steven *et al.*, 2004). Those clever authoritarian behaviorists! Mindfulness techniques are employed to overcome emotional resistance by encouraging a non-judgmental attitude while directing attention to the particular elements of each treatment model.

Various meditative practices have been adapted to Western treatment settings and ingeniously combined with cognitive-behavioral protocols for specific disorders. Such treatments include *Mindfulness-Based Stress Reduction* (MBSR) (J. Kabat-Zinn, 1982; Jon Kabat-Zinn, 1990),

Mindfulness-Based Cognitive Therapy (MBCT) (Segal, 2002; Teasdale *et al.*, 1995), *Dialectical Behavior Therapy* (DBT) (Clive *et al.*, 2001; Clive *et al.*, 2004; Linehan, 1993), *Mindfulness-Based Eating Awareness Therapy* (MB-EAT) (Kristeller & Hallett, 1999), and *Acceptance and Commitment Therapy* (ACT) (Hayes *et al.*, 1999). These protocols cover a wide range of psychotherapeutic issues and a great deal of empirical research supports their effectiveness.

The adoption of a non-directive posture, like mindfulness or the phenomenological attitude, has the potential to facilitate the naturalistic methods of *any* psychotherapeutic method. The psychotherapeutic method of EPICP seeks to capitalize upon this facility *on behalf of the client's own idiosyncratic process and agenda* rather than those of her therapist or his school.

Cognitive Analytic Existentialism

I hope that I have represented my theoretical orientation toward Existential-Phenomenologically Informed Clinical Psychology in a light that fully recognizes and respects the full range of naturalistic theory and experimental scientific method. In order to provide a comprehensive portrait of myself as a psychologist, I offer my own natural-attitude theory and perspective. I do not entirely embrace any psychological or psychotherapeutic discipline other than EPICP, but I have found elements of each system that I regard as essential. I will describe and defend my synthesis of these elements here under the heading of *Cognitive Analytic Existentialism*, a label that I coined early in my Fielding career in satisfaction of my *Theories of Personality & Psychotherapy* KA (see Appendix A). The elements of this model are among the roots of the intuition that informs my participation in the psychotherapeutic encounter; and in human encounter generally. They constitute one aspect of my philosophy of being-in-the-world. They constitute my natural attitude toward psychology and psychotherapy.

As a developing clinical psychologist, I continue to search for more than my academic and clinical training have yet offered. I take it as my task to embrace the best insights and techniques of each perspective that I encounter while maintaining a skeptical posture toward their theories and practice systems. The existential-phenomenological posture is all about the recognition and preservation of freedom and possibility; it excludes nothing. The three major traditions of

618 psychological thought each offer distinctive theoretical and technical insights as well as instructive
619 shortcomings.

620 **The Wisdom of Psychoanalysis**

621 Freud established modern clinical psychology by demonstrating that complex thinking
622 proceeds outside of consciousness, and by formulating a mechanical model of mind that was in
623 tune with the predominant scientific paradigm of his era; steam and electricity (Ford & Urban, 1998;
624 Freedheim et al., 1992; Healy, 1930). Freud specified a wide range of psychodynamic
625 transformations that are essential to the proper interpretation of human communication. These are
626 the *dynamisms* of displacement, transference, symbolization, condensation, fantasy, repression,
627 reaction-formation, projection, isolation, undoing, conversion, introjection, identification,
628 sublimation, rationalization, idealization and dream-work. These transformations systematically
629 encode perception, memory, and meaning for various psychological purposes (Bornstein, 1998;
630 Weinberger *et al.*, 2000), which are interpreted within the psychoanalytic framework as repression
631 or conversion in the service of intrapsychic equilibrium. Although the interpretation of such
632 transformations varies dramatically among theoretical traditions, everyone employs them in the
633 course of the communication and mind-reading that constitutes every social encounter (Siegal,
634 2004; Tesser, 1994). Understanding and interpretation of these psychodynamic transformations
635 and their context reveals, in a sense, what the client is *really* saying. This sort of translation is a
636 problematic but inescapable element of all discourse, especially psychotherapeutic discourse.
637 Freud introduced the idea of psychodynamic transformation to modern psychology, which I regard
638 as the wisdom of psychoanalysis and a cornerstone of Cognitive Analytic Existentialism.

639 **The Wisdom 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)

640 This quotation is from a letter that my father wrote to Carl Rogers shortly before my birth,
641 which highlights an essential problem in psychotherapy. It seems that there are often two distinct
642 aspects of personality present, one that obeys its reinforcement history and one that may

transcend it. In fact, it seems clear 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 psychotherapy. Although the concepts and formulae of reinforcement and learning theory become problematic in the heights of the cognitive hierarchy, their principles govern even the loftiest of mental constructs. At the end of the day the immanent object of reinforcement is always some neural network. While an epiphany may occasionally result in the immediate and permanent transformation of a life, in my experience it is more common that important insights must be revisited, reformulated, tested, and reinforced in multiple contexts before they really sink in. Getting from insight to change generally requires a reinforcement schedule of some kind, whether the object is juggling, psychotherapeutic change, or philosophical insight. This is at the root of the frustration that my father was wrestling with in the quotation at the head of this section.

Insight and operant conditioning are the twin pillars of psychotherapeutic change, which I regard as the wisdom of behaviorism and a cornerstone of Cognitive Analytic Existentialism.

The Wisdom of Humanism

It is 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 of mental faculty sits free will, which humanism refuses to dissect (Nahmias, 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. Humanism recognizes and respects the enormous explanatory gap that still exists between theoretical understanding and most of the human attributes in which we are actually interested.

Humanism generally eschews the reductive analysis of personality in the psychotherapeutic process, although most disciplines do not go so far in this as EPICP. Some actualizing tendency is usually taken to be inherent in human personality (Maslow, 1954) and humanism regards most psychopathology as some blockage of this tendency. Humanistic psychotherapy therefore

consists, one way or another, of establishing an environment in which the self-actualization process can exercise itself. I regard this as the great wisdom of humanism and a cornerstone of Cognitive Analytic Existentialism.

My Psychotherapeutic Approach

In the course of my Fielding experience I have come to embrace the various schemas presented above, among others. Taken together, they inform both my theoretical understanding and my clinical behavior. As a practical matter, each schema can 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 *captured by* that schema, which I try to avoid in the consultation room. Each encounter calls for unpredictable responses to unpredictable presentations, which is why I strive to bracket my presuppositions and restrain my intentions.

The Phenomenological Attitude and Epoché in the Consultation Room

The essence of the phenomenological attitude in psychotherapy is to pay attention to the client who sits before me. I permit each perspective that I have embraced to develop, if you will, its own independent 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 there is a part of my awareness always standing back from, and often restraining, whatever particular modes of interpretation or action toward which I might be inclined. This detachment permits me to direct my full attention to the immanent situation. For me, this is the starting point and foundation of every therapeutic encounter. Reflection and theoretical analysis are for office hours and the running path.

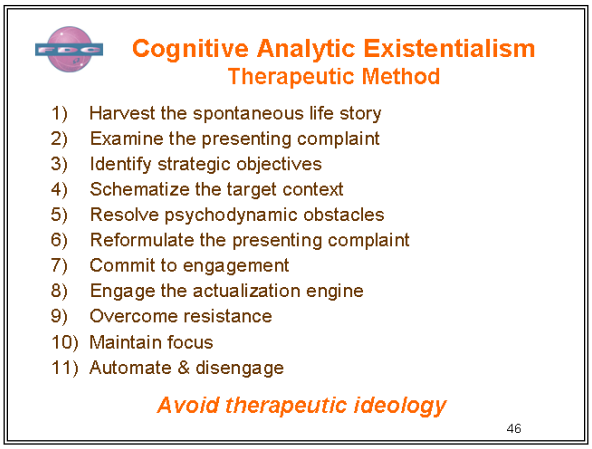
In my initial encounters with each new client it is my intention to be as attentive and receptive as possible to whatever she presents to me, at every level. In particular, I do not want to succumb to the stereotype of diagnosis. The only stimulus that I offer at the beginning of a therapeutic relationship is some version of "*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 spontaneously produce a 20 minute version as well. The idiosyncratic objects and instruments of

self-actualization are inherent in such stories. While they are being told I resist the siren songs of the dramatic particulars, which threaten to define my client in their terms. I know that I will, shortly and inevitably, embrace *some* interpretation of my client and her situation, and I will begin to formulate intentions regarding her. Restraint in doing so broadens my field of vision.

But the detachment and attunement of the phenomenological attitude *does nothing in particular*. Any interpretation, response, or intervention must be rooted in some theory, whether it is explicit or not. Embedded in the therapeutic discourse is an ongoing negotiation about the joint and respective intentions of client and therapist 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 relinquish myself temporarily to the formulation of therapeutic intentions, my client and I agree to work toward some objective or other, and we submit ourselves temporarily to some theory of action in the expectation that it will carry us in the intended direction. Submission to treatment method does not breach the phenomenological clinical attitude unless I get lost in it. The phenomenological awareness that I reserve for detached observation stands above the theory and above the action, to redeem me eventually from any method into which I might be *verfallen*.

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 to present Cognitive Analysis Existentialism for my assessment in *Theories of Personality & Psychotherapy*, which is attached as Appendix A. I still like it and it is a fair description of my actual clinical behavior.



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 my clients' own presentation. 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 indefinitely. At some point I begin to formulate an interpretation of what is going on in my relationship with my client, and in her life. Although I do not usually create a schematic of my interpretation, I might as well.

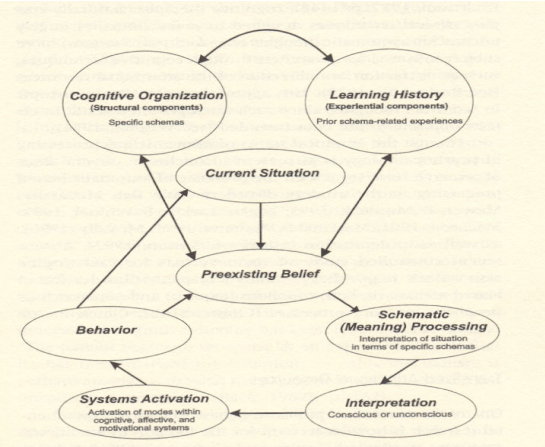


FIGURE 1.1. Schematic processing of information.

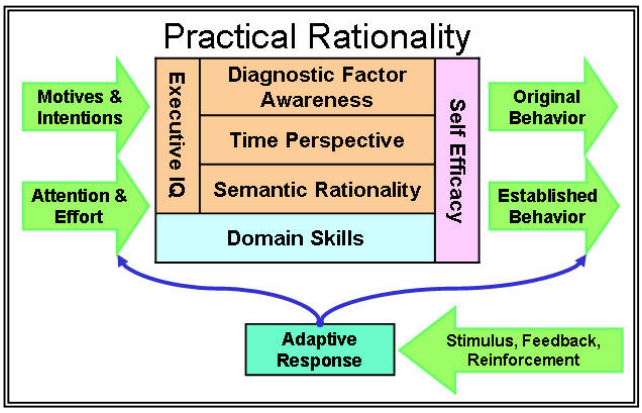
5. **Resolve psychodynamic obstacles**: People do not always say what they mean, they do not always know what they mean, and they regularly embrace meanings that are contradictory. It is necessary to interpret. I have referred to the catalog of psychodynamic transformations that both psychoanalysis and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

interpretation and attention to what the client is actually saying. This is the usual paradox of the phenomenological attitude.

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 resist the collapse of possibility that diagnosis and interpretation always entail.

7. **Commit to engagement**: One 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 be identical with practical rationality, can be represented as a procedure. For present purposes I can only offer this cartoon representation of what a procedural model of generic self-actualization might look like.



9. **Overcome resistance**

10. **Maintain focus**

11. **Habituate the actualization process**

12. **Disengage**

Diversity and Stereotype

It is important to recognize, appreciate, and respond to each client in the light of her age, gender, racial identity, ethnicity, culture, national origin, religion, sexual orientation, disability, language, political affiliation, education, occupation, medical condition, intelligence, physical fitness, personal history, social circumstances, psychological condition, socioeconomic status, or theoretical orientation (McGoldrick et al., 1996). Such influences constitute the clients' frame of reference and she cannot be fully understood outside their context. At the same time, these are the linchpins of stereotype. This is yet another paradox of interpretation and *epoché*. Stereotype is a pejorative word for a schema that is either inaccurate or objectionable. The approach to encounter and psychotherapy that I have described in this essay is as open to stereotype as to anything else that the clients' presentation evokes; only it strives to recognize this for what it is so as not to mistake it for my client herself.

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

References

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57*(12), 1060-1073.

American Psychological Association. (2006). Empirically supported treatments for depression. from http://www.apa.org/divisions/div12/rev_est/depression.html

Baer, R. A. (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Amsterdam: Boston.

Barlow, D. H. (2006). Psychotherapy and psychological treatments: The future. *Clinical Psychology: Science and Practice 13, no, 3*, 216-220.

Barrow, J. D. (1999). *Impossibility: The limits of science and the science of limits*. Oxford: New York.

Bornstein, R. F. (1998). Psychoanalysis and cognitive science: A multiple code theory. *Psychoanalytic psychology: the official journal of the Division of Psychoanalysis, American Psychological Association, Division 39, 15*(4), 569.

Boss, M. (1963). *Psychoanalysis and daseinanalysis* (L. B. LeFebre, Trans.). New York: Basic Books.

Bower, P., Byford, S., Sibbald, B., Ward, E., King, M., Lloyd, M., et al. (2000). Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy, and usual general practitioner care for patients with depression. Ii: Cost effectiveness. *British Medical Journal 321, no, 7273*, 1389-1392.

Brentano, F. (1973). *Psychology from an empirical standpoint*. London: Routledge and Kegan Paul; New York, Humanities Press.

Brentano, F. C., & Müller, B. (1995). *Descriptive psychology*. London: New York.

Bullowa, M. (1979). *Before speech: The beginning of interpersonal communication*. Cambridge: New York.

Cadoli, M. (1995). *Tractable reasoning in artificial intelligence*. Berlin, New York: Springer-Verlag.

Chambless, D. L. (2005). Compendium of empirically supported therapies. In J. Koocher (Ed.), *Psychologists' desk reference* (2nd ed., pp. 183-192). New York: Oxford University Press.

Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology, 52*, 685.

Clive, J. R., Andre, M. I., & Marsha, M. L. (2001). *Dialectical behavior therapy*.

Clive, J. R., Henry, S., & Marsha, M. L. (2004). *Dialectical behavior therapy: Synthesizing radical acceptance with skillful means*.

Cosmides, L., & Tooby, J. (1995). From evolution to adaptations to behavior: Toward an integrated evolutionary psychology. In R. Wong (Ed.), *Biological perspectives on motivated activities* (pp. 11-74). Stamford, CT, US: Ablex Publishing Corp.

Crick, F., & Koch, C. (1998). Feature article. Consciousness and neuroscience. *Cerebral Cortex 8, no, 2*, 97-107.

Crowell, S. G. (2001). *Husserl, Heidegger, and the space of meaning: Paths toward transcendental phenomenology*. Evanston, Ill.: Northwestern University Press.

deCarvalho, R. J. (1999). Otto rank, the rankian circle in Philadelphia, and the origins of carl rogers' person-centered psychotherapy. *Hist Psychol, 2*(2), 132-148.

Dennett, D. C. (1991). *Consciousness explained*. Boston, MA, USA: Little, Brown and Co.

Descartes, R. (1641). *Discourse on method and meditations*. Mineola, N.Y.: Dover Publications.

Dixon, S. D., Yogman, M., Tronick, E., Adamson, L., Als, H., & Brazelton, T. B. (1981). Early infant social interaction with parents and strangers. *J Am Acad Child Psychiatry, 20*(1), 32-52.

Drisko, J. W. (2004). Psychotherapy outcomes - common factors in psychotherapy outcome: Meta-analytic findings and their implications for practice and research. *Families in society: the journal of contemporary human services, 85*(1), 81 (10 pages).

Drob, S. (2000). Kabbalah and psychotherapy. *The New Kabbalah*, from http://www.newkabbalah.com/index3.html

Dryden, W., Still, A. (2006). Historical aspects of mindfulness and self-acceptance in psychotherapy. *Journal of Rational-Emotive & Cognitive-Behavior Therapy 24, no, 1*, 3-28.

Faw, B. (2004). Cognitive neuroscience of consciousness a review article. *Journal of Consciousness Studies 11, no, 2*, 69-72.

Ferguson, C. K. (1950). Insight without change. (Personal letter from Charles Ferguson to Carl Rogers). Los Angeles, CA. http://www.fergi.com/Fielding/CarlRogers/Correspondence.htm

Ford, D. H., & Urban, H. B. (1998). *Contemporary models of psychotherapy: A comparative analysis* (2nd ed.). New York, NY, USA: John Wiley & Sons, Inc.

Freedheim, D. K., Freudenberger, H. J., Kessler, J. W., Messer, S. B., Peterson, D. R., Strupp, H. H., et al. (Eds.). (1992). *History of psychotherapy: A century of change*. Washington, DC, USA: American Psychological Association.

Freud, S., Riviere, J., & Strachey, J. (1959). *Collected papers. Authorized translation under the supervision ofJoan Riviere* ([1st American]. ed.). New York: Basic Books.

Froyd, J. E. (2006). *A survey and critique of psychotherapy outcome measurement*. Ann Arbor, Mich.: UMI Dissertation Services.

Geert, P. v., & Thelen, E. (1996). Dynamic systems of development: Change between complexity and chaos. *Contemporary psychology, 41*(10), 1002 (1001 pages).

Germer, C. K., Siegel, R. D., & Fulton, P. R. (2005). Mindfulness and psychotherapy. In (1st ed., pp. xviii, 333 p.: ill.; 324 cm.): Guilford Press.

Glendinning, S. (1999). *The edinburgh encyclopedia of continental philosophy*. Edinburgh: University Press.

Goodheart, C. D., Kazdin, A. E., & Sternberg, R. J. (2006). *Evidence-based psychotherapy: Where practice and research meet*: American Psychological Association.

Gribbin, J. R. (1984). *In search of Schrödinger's cat: Quantum physics and reality*. Toronto: New York.

Hameroff, S. R., Kaszniak, A. W., & Scott, A. (1996). Toward a science of consciousness: The first tucson discussions and debates.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). Acceptance and commitment therapy: An experiential approach to behavior change. In (pp. xvi, 304 p.: ill.; 324 cm.): Guilford Press.

Healy, W. (1930). *The structure & meaning of psychoanalysis*. New York: Alfred A. Knopf.

Heidegger, M. (1962). *Being and time*. New York: Harper.

Heidegger, M. (1982). *The basic problems of phenomenology*. Bloomington: Indiana University Press.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of counseling psychology, 38*(2), 139.

Horvath, P. (1988). Placebos and common factors in two decades of psychotherapy research. *Psychol Bull, 104*(2), 214-225.

Horwitz, R., Buber, M., & Religion als, G. (1988). *Buber's way to "i and thou": The development of martin Buber's thought and his "religion as presence" lectures* (1st American ed.). Philadelphia: Jewish Publication Society.

Husserl, E. (1954). *The crisis of European sciences and transcendental phenomenology; an introduction to phenomenological philosophy*. Evanston: Northwestern University Press.

Husserl, E. (1970). *Logical investigations*. London: Routledge and K. Paul; New York, Humanities Press.

Husserl, E., & Willard, D. (2003). *Philosophy of arithmetic: Psychological and logical investigations: With supplementary texts from 1887-1901*. Dordrecht: Boston.

Jaspers, K. (1955). *Reason and existenz; five lectures*. [New York: Noonday Press.

Jaspers, K. (1962). *The great philosophers* ([1st American] ed.). New York: Harcourt Brace & World.

Jaspers, K. (1971). *Philosophy of existence*. Philadelphia: University of Pennsylvania Press.

Jaspers, K., Ehrlich, E., Ehrlich, L. H., & Pepper, G. B. (1986). *Karl jaspers: Basic philosophical writings: Selections*. Athens: Ohio University Press.

Jaspers, K., Ermarth, M., & Ehrlich, L. H. (1994). *The great philosophers. Descartes, lessing, kierkegaard, nietzsche, marx, weber, einstein* (1st ed.). New York: Harcourt Brace & Co.

Johnston, R. M. (1999). *Observations regarding the evolution of instinct, intuition, and reason*. Hobart: J. Walch & Sons, Printers.

Jorgensen, C. R. (2004). Active ingredients in individual psychotherapy: Searching for common factors. *Psychoanalytic psychology: the official journal of the Division of Psychoanalysis, American Psychological Association, Division 39, 21*(4), 516-540.

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *Gen Hosp Psychiatry, 4*(1), 33-47.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, N.Y.: Delacorte Press.

Kahneman, D. (2003). A perspective on judgment and choice: Mapping bounded rationality. *The American psychologist, 58*(9), 697 (624 pages).

Kahneman, D., Slovic, P., & Tversky, A. (1982). *Judgment under uncertainty: Heuristics and biases*. Cambridge; New York: Cambridge University Press.

Kahneman, D., Tversky, A., & United States. Advanced Research Projects Agency. (1977). *Intuituve prediction: Biases and corrective procedures*. Eugene, Ore.: Decision Research Perceptronics.

Kierkegaard, S. (1959/1835). *Journals*. New York: Harper.

Kockelmans, J. J., & Husserl, E. (1994). *Edmund husserl's phenomenology*. West Lafayette Ind: Purdue University Press.

Kouw, W. (2005). Feedback from the academic committee regarding your proposed existential-phenomenological track: Fielding Graduate University: Existential Clinical Phenomenology forum: http://forums.fielding.edu/visible/aca-1/dispatch.cgi/_T_psyrestheoretical_docshare/docProfile/100101/1685278.

Kouw, W. (2006a). Discussion on the limitations of clinical method. In J. Ferguson (Ed.) (pp. Feedback to assessment in PSY751: Advanced topics in psychtherapy). Laguna Beach: Fielding Graduate University.

Kouw, W. (2006b). Feedback to proposal for existential-phenomenological track by dr. Sandy drob. In J. Ferguson (Ed.) (pp. Feedback to proposal for Existential-Phenomenological track by Dr. Sandy Drob). Laguna Beach: Fielding Graduate University.

Kristeller, J. L., & Hallett, B. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. *Journal of Health Psychology 4, no, 3*, 357-363.

Lambert, M. J., & Barley, D. E. (2001). I introduction - research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy, 38*(4), 357 (358 pages).

Linehan, M. (1993). Cognitive-behavioral treatment of borderline personality disorder. In *Diagnosis and treatment of mental disorders;* (pp. xvii, 558 p.: ill.; 524 cm.): Guilford Press.

Luborsky, L., Barber, J. P., & Beutler, L. (1993). Introduction tp special section: A briefing on curative factors in dynamic psychotherapy. *J Consult Clin Psychol, 61*(4), 539-541.

Luborsky, L., Rosenthal, R., Diguer, L., Andrusyna, T. P., Berman, J. S., Levitt, J. T., et al. (2002). The dodo bird verdict is alive and well-mostly. *Clinical Psychology: Science and Practice 9, no, 1*, 2 (11 pages).

Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies. Is it true that "everywon has one and all must have prizes"? *Arch Gen Psychiatry, 32*(8), 995-1008.

Luft, S. (2004). Husserl's theory of the phenomenological reduction: Between life-world and Cartesianism. *Research in Phenomenology, 34*, 198-234.

Macann, C. E. (1993). *Four phenomenological philosophers: Husserl, heidegger, sartre, merleau-ponty*. London: New York.

Maslow, A. H. (1954). *Motivation and personality* ([1st] ed.). New York: Harper.

McCall, R. J. (1983). *Phenomenological psychology: An introduction: With a glossary of some key Heideggerian terms*. Madison, Wis.: University of Wisconsin Press.

McGoldrick, M., Giordano, J., & Pearce, J. K. (Eds.). (1996). *Ethnicity and family therapy* (2nd ed.). New York, NY, US: The Guilford Press.

Merleau-Ponty, M. (1962). *Phenomenology of perception*. New York: Humanities Press.

Messer, S. B. (2004). Evidence-based practice: Beyond empirically supported treatments. *Professional psychology, research and practice, 35*(6), 580 (588 pages).

Messer, S. B., & Wampold, B. E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice 9, no, 1*, 21.

Moravec, H. P. (1988). *Mind children: The future of robot and human intelligence*. Cambridge Mass: Harvard University Press.

Nahmias, E., Morris, S., & Nadelhoffer, T. (2004). The phenomenology of free will. *Journal of Consciousness Studies 11, no, 7/8*, 162-179.

Pinker, S. (1998). *How the mind works*. London: Allen Lane Penguin Press.

Rank, O., Taft, J., & tr. (1936). *Will therapy; an analysis of the therapeutic process in terms of relationship*. New York: A.A. Knopf.

Raskin, N. (1948). The development of nondirective therapy. *Journal of Consulting Psychology*(12), 92-110.

Reisner, A. D., King, N., & Heyne, D. (2005). The common factors, empirically validated treatments, and recovery models of therapeutic change. *The Psychological record, 55*(3), 377.

Richardson, W. J. (2003). *Heidegger: Through phenomenology to thought* (4th ed.). New York: Fordham University Press.

Robinson, R. (1971). Plato's earlier dialectic. In G. Vlastos (Ed.), *The philosophy of Socrates*: Anchor.

Rogers, C. R. (1951). *Client-centered therapy, its current practice, implications, and theory*. Boston: Houghton Mifflin.

Rogers, C. R. (1954). *The necessary and sufficient conditions of therapeutic personality change*: Chicago.

Rosenberg, J. (1998). *Descartes' skeptical argument.* Paper presented at the Logical Analysis and History of Philosophy, Bonn.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry*(6), 412-415.

Sartre, J.-P. (1956). *Being and nothingness; an essay on phenomenological ontology*. New York: Philosophical Library.

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, N.J.: L. Erlbaum Associates.

Schroeder, W. R. (2005). *Continental philosophy: A critical approach*. Malden, MA: Blackwell Pub.

Searle, J. R. (1985). Patterns, symbols, and understanding. *Behavioral & Brain Sciences, 8*(4), 742-743.

Segal, Z. V. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: London: Guilford.

Shaffer, J. B. P. (1978). *Humanistic psychology*. Englewood Cliffs, N.J.: Prentice Hall.

Shestov, L. (1969). *Kierkegaard and the existential philosophy*. Athens: Ohio University Press.

Siegal, M. (2004). Social understanding and the cognitive architecture of theory of mind. *Behavioral and Brain Sciences 27, no, 1*, 122 (121 pages).

Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York: Guilford Press.

Smith, A. D. (2003). *Routledge philosophy guidebook to Husserl and the Cartesian meditations*. London: New York.

Spinelli, E. (1989). *The interpreted world: An introduction to phenomenological psychology*. London: Sage.

Stanford University., & Center for the Study of Language and Information (U.S.). (1997). Stanford encyclopedia of philosophy. from http://plato.stanford.edu/

Steven, C. H., Victoria, M. F., & Marsha, M. L. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*.

Suber, P. (1996). Classical skepticism: Issues and problems. from http://www.earlham.edu/~peters/writing/skept.htm

Taft, J. (1933). *The dynamics of therapy in a controlled relationship*. New York: The Macmillan Company.

Teasdale, J. D., Segal, Z., & Williams, J. M. G. (1995). How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behaviour Research & Therapy, 33*(1), 25-39.

Tesser, A. (Ed.). (1994). *Advanced social psychology*: McGraw-Hill.

Thelen, E. (2005). Dynamic systems theory and the complexity of change. *Psychoanalytic dialogues, 15*(2), 255 (230 pages).

Tieszen, R. (1994). The philosophy of arithmetic: Frege and Husserl. *Synthese library*(237), 85.

Tronick, E. (2005). Why is connection with others so critical? The formation of dyadic states of consciousness and the expansion of individuals' states of consciousness: Coherence governed selection and the co-creation of meaning out of messy meaning making. In J. M. Nadel, D. (Ed.), *Emotional development* (pp. 293-316): Oxford University Press.

Tronick, E. Z. (1998). Dyadically expanded states of consciousness and the process of therapeutic change. *Infant Mental Health Journal, 19*(3), 290-299.

Valle, R. S., & Halling, S. (1989). *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience*. New York; London: Plenum.

van den Berg, J. H. (1972). *A different existence; principles of phenomenological psychopathology*. Pittsburgh: Duquesne University Press.

Waehler, C. A., Kalodner, C. R., Wampold, B. E., & Lichtenberg, J. W. (2000). Empirically supported treatments (ESTs) in perspective: Implications for counseling psychology training. *The Counseling Psychologist 28, no, 5*, 657-671.

Wampold, B., Lichtenberg, J., & Waehler, C. (2005). A broader perspective: Counseling psychologys emphasis on evidence. *Journal of Contemporary Psychotherapy 35, no, 1*, 27-38.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ, US: Lawrence Erlbaum Associates, Publishers.

Ward, E., King, M., Lloyd, M., Bower, P., Sibbald, B., Farrelly, S., et al. (2000). Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy, and usual general practitioner care for patients with depression. I: Clinical effectiveness. *British Medical Journal 321, no, 7273*, 1383-1388.

Weinberger, J., Siegel, P., & DeCamello, A. (2000). On integrating psychoanalysis and cognitive science. *Psychoanalysis and contemporary thought, 23*(2), 147 (130 pages).

Appendix A: Cognitive Analytic Existentialism

Joe Ferguson

From: Melissa Timmons [mtimmons@fielding.edu]
Sent: Wednesday, September 27, 2006 6:43 PM
To: Joe Ferguson; Joseph G. Ferguson
Cc: Nolan Penn; Kjell Rudestam; Nancy Leffert; Katie Davis; Elaine Tagles; Melissa Timmons
Subject: Revisions Requested/Comprehensive Essays (Joe Ferguson) PSY

Importance: High

Categories: Fielding

September 27, 2006

Dear Joe,

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 November 10, 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 November 10, 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:

We have completed our review of this comp and here is our feedback:

This Comp has many admirable features, and is close to being acceptable. The student has produced thoughtful, well-documented effort with many creative and integrative themes. We particularly liked the student's discussion of the confluence of phenomemological. principles with aspects of Freud, Rogers, psychotherapy research, and mindfulness work, as well as the way that he integrated phenomenology as an overall perspective with various psychological techniques. The one place this comp fell short was in the student's attention to diversity issues. A brief discussion at the very end about recognizing stereotypes doesn't do justice to the question. So, we ask the student NOT for a re-write of this comp, but for an addendum-- a more detailed (3- 4 page) discussion of how he understands and works with the issues of similarity and difference, as a psychologist and as a therapist.

So, we congratulate the student on what he has accomplished with this draft, and look forward to seeing his addendum and the successful completion of the comps. If the student has any questions, we hope he will contact us.

Sincerely,
Sam Osherson, PhD

Sandy Drob, PhD

Joe Ferguson

From: Melissa Timmons [mtimmons@fielding.edu]
Sent: Monday, October 16, 2006 7:00 PM
To: Joseph G. Ferguson; Joe Ferguson
Cc: Nolan Penn; Kjell Rudestam; Nancy Leffert; Registrar; Katie Davis; Elaine Tagles; Melissa Timmons
Subject: FW: Approval of Comprehensive Assessment (Joe Ferguson) PSY

Categories: Fielding

October 16, 2006

Student name: Joe Ferguson
Student ID#: 61405
Grade: CR
Date of Approval: 10/16/06

Dear Joe,

I am pleased to announce that you have successfully completed your Comprehensive Assessment. A copy of the Comprehensive Committee's feedback is enclosed. Your official pass date is 10/16/06. Congratulations on having completed another Fielding milestone!

Sincerely,

Melissa Timmons
Academic Resources Administrative Assistant

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

Comments:

Readers: Sam Osherson/Sandy Drob

We have received the revision that we requested from the student, and we now find that this comp is acceptable as is. The student did a nice job of addressing our concerns about his discussion of diversity. So, we congratulate the student on the successful completion of the comps task and welcome him into the community of psychological scholars.

Sincerely,

Sam Osherson, PhD
Sandy Drob, PhD