Phenomenology and psychotherapy

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- As being-in-the-world (Heidegger: Da-sein), a patient is the presencing and embodiment of a world. All experience is situated.

- No experience (well, almost none) can be understood purely in medical psychiatric or diagnostic terms.

- The patient’s world is the horizon of her experience. Its dimensions are cultural, historical, linguistic, and imaginal.

- World is also historically sedimented, conflictual, anxious, and not self-evidently revealed.
• Heidegger: It is because phenomena are for the most part concealed that there is need for phenomenology.

• Merleau-Ponty: Phenomenology and psychoanalysis “intend the same latency.”

• Ricoeur: Behavior is like a text in that its meaning and significance escape its author’s intentions.

• Romanynshyn: The depth of the unconscious is lateral (between us) rather than vertical (within a person).

• Therefore, interpretation is most originally given within the structure of perception and understanding. Without interpretation everything remains unintelligible.

• Therefore, truth as meaning and significance lies between us.
Notes on human temporality/historicity

- Human experience is not strictly determined but it is deeply historical.

- Heidegger: Temporality stretches from birth to death.

- Freud’s terms—regression, repetition compulsion, fixation, transference—are attempts to speak of the complexity of human historicity.

- Ricoeur on Freud: Desire points backwards towards childhood and is lived as force, and also towards the future, lived as freedom, imagination, and longing.

Saturday, April 23, 2011
The therapist is figured within the patient’s world before the first meeting, and in more complex ways afterwards. You, oh therapist, are being interpreted too!

The therapist meets the patient equally as being-in-the-world, with horizons of experience and understanding. Our understanding includes that cultural organization of experience called “psychology”. 

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Implications of phenomenological understanding for the work of psychotherapy

- Perfect understanding is impossible. The idea of perfect understanding is a preverbal omnipotence fantasy and is defensive.

- Your interpretations should not be too burdened with the pressure to be "right" (representational theory of truth).

- Every understanding between you and the patient will be a creative synthesis of horizons of meaning (Gadamer) that brings something new into being.
Therapeutic conversation is serious play, like a squiggle game, in which a new reality is created.

When you tell the client what you believe or understand, you are not “reading the person’s mind,” but simply saying what is on your own mind. The patient/client can then take it up or leave it, perhaps taking it up later.

Reverie is often more useful than reason in accessing what is going on between you.

Rule of thumb: when stuck, stop looking at the client and drop into reverie, with yourself included. (Christopher Bollas: In therapy there are two patients present and the task of the therapist is to make room for both of you.)
My favorite readings:


“We should not try to “get rid” of a neurosis, but rather to experience what it means, what it has to teach, what its purpose is.... We do not cure it -- it cures us.... From the illness itself we can learn so much for our recovery, and what [the medical model] flings away as absolutely worthless contains the true gold we should never have found elsewhere.”

(Jung, 1934: The State of Psychotherapy Today. CW 10, p. 170.)
"For, twist and turn the matter as we may, the relation between doctor and patient remains a personal one within the impersonal framework of professional treatment. By no device can the treatment be anything other than the product of mutual influence, in which the whole being of the doctor as well as that of the patient plays its part.... For two personalities to meet is like mixing two different chemical substances: if there is any combination at all, both are transformed." (Jung, 1929, "Problems of modern psychotherapy," CW 16, p. 71).
"The psychotherapist should no longer labor under the delusion that the treatment of neurosis demands nothing more than the knowledge of a technique; he should be absolutely clear in his own mind that psychological treatment of the sick is a relationship in which the doctor is involved quite as much as the patient" (Jung, 1934, "The state of psychotherapy today," CW 10, pp. 159 and 164).