

Phenomenological Approach to Human Condition in Counselling and Psychotherapy

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ABSTRACT

Applying phenomenology to counselling and psychotherapy is not new in the field of psychology. It is a known fact that the Western models of identifying and classifying mental illness and behavioural problems do not fit well in the life-world of many indigenous communities around the world. The health concepts and healing practices differ obviously based on the life-world and belief systems. Even some of the classifications of psychosomatic sickness need to be reclassified as pneumasomatic as per the uniqueness of the experience and of specific communities (Janetius, 2015). There are also delusive healers in different communities who act as psychotherapists and mental health professionals in disguise, who help people in tune with their worldview and belief system (Janetius, 2013). Exploring the health concepts and healing practices and life-world of different communities and the uniqueness of their subjective experiences, culture-specific approaches are highly recommended for therapy to be meaningful. To this effect, phenomenology comes to the rescue of mental health professionals. This paper conceptualises and explains why and how the philosophical concept phenomenology is integrated into counselling and psychotherapy.

Keywords: *Phenomenological Counselling, Indigenous Therapy, Culture-Specific Therapy, Philosophical Counselling*

The history of medicine started with a fusion of facts, folklore, and superstitions. Counselling and psychotherapy evolved from ministrations of priests, shamans, magicians, soothsayers and witch doctors of the ancient world. Understanding the human condition subjectively, these traditional healers attempted to determine the causes of both physical and emotional distress. Krippner (1988) identifies that behaviour therapy, hypnotherapy, psychodrama, NLP etc., are closely parallel to the traditional native healing methods. Contemporary psychotherapy that took a new shape from Sigmund Freud and his concept of religion as infantile neurosis paved the way to rule out many subjective experiences. Besides this, under the pretext of being very scientific in

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its approach, contemporary psychology has compartmentalised human condition and evaded subjective spiritual, religious or faith experiences that are inscribed in the minds of many people. Today psychologists have become aware of the importance of taking a client's cultural background into account when assessing the problem and determining treatment. Scholars recognise that most therapies are based on Western systems of psychology, which stress the desirability of individualism and independence. However, cultures of Asia emphasise different values, such as conformity, dependency on others, and obeying one's parents etc. Techniques that might be effective in the West or similar cultures might be inappropriate for a client from other cultural backgrounds. Therefore, there is a call among psychologists to situate subjective experiences of human beings in counselling and psychotherapy. As Frie (2003) points out, "with the advent of post-modernism, the unity of the individual mind, the notion of an objectivity, knowable world, and the view of language as the carrier of truth have all been implicitly or explicitly rejected... (In contrast) postmodernism asserts that the person, or subject, is not only shaped, but also subverted by the contexts in which it exists" (p.2). In order to understand human conditions of clients for effective therapy, therapists must be aware of their own cultural biases and adopt a phenomenological outlook.

It's difficult to differentiate counselling and psychotherapy. Counselling psychology that became popular after World War II served relatively healthy clients, related to interpersonal relationships, adjustment difficulties, life crises and stresses. On the other hand, psychotherapy dealt with severely disturbed individuals. Today this distinction between psychotherapy and counselling is quite vague and often used interchangeably. Psychotherapists and counsellors often treat the same kinds of problems with the same set of techniques. However, a slim difference that can still be made between counselling and psychotherapy would be: counselling is less intensive and more focused toward active listening, direction setting, and issues that don't require in-depth analysis whereas psychotherapy is more on dealing with emotional problems, neurosis, and more of therapy focused.

In the Indian context, many times advice and similar help offered by pastors, community leaders and social workers who have little or no training at all in specific fields of counselling or guidance or therapy often claim their informal help or advice as counselling and therapy. Counselling and Psychotherapy differ from such bare-foot or pseudo-counsellors. First and foremost, counselling or psychotherapy is not about advice giving. Secondly, they are specialised assistance by a mental health professional in which treatment methods and techniques are guided by well-developed theoretical frameworks.

Counselling and psychotherapy

Over the last few decades, the field of counselling and psychotherapy expanded enormously in the number of approaches, the numbers of people enter the profession and the numbers of clients opt for therapeutic assistance. Before 1950, psychoanalysis, the therapy module started by

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Sigmund Freud that focused on the unconscious, early childhood experiences and the inner world of the client were virtually the only form of psychotherapy. In the later years, many theorists have developed many other psychodynamic therapies, some even significantly different from Freud's original techniques. In the 1950s and 1960s behavioural therapies that focus more on the learning, stimulus-response interactions emerged as a second force. In the latter years, humanistic-existential therapies known otherwise phenomenological therapies came as a third force in psychology. In the recent years, transpersonal approaches are becoming a strong force. As the number of approaches to therapy grew, the practice of psychotherapy and counselling spread from clinical to non-clinical settings, which was conducive to its becoming popular all over the world today. In India, although counselling has not penetrated the non-clinical settings like schools, industries and similar areas, the future is very encouraging.

Most dominant therapeutic approaches could be classified as (1) psychodynamic, (2) behavioural, (3) cognitive, (4) existential-humanistic, and (5) eclectic.

Psychodynamic approaches focus on the anxiety-provoking situations, unconscious mechanisms and early childhood experiences to identify clientele problems. Dream analysis and free association of clients' thoughts are some of the traditional techniques. As against the concept of the Freudian unconscious, behavioural approaches focus on the observable and measurable behaviours. All our behaviours are learned so we can unlearn; based on this principle, the behaviourists help individuals to replace the distressing behaviours with more appropriate ones. Cognitive approaches emphasise the beliefs and thoughts. Irrational beliefs or distorted thinking patterns can cause a variety of problems that lead to mental and behavioural problems and the therapist's direct people to think more rational constructive ways. Humanistic-existential approaches focus on the client's present life situation, aspirations and motivations in understanding, shaping and modifying behaviour. Therapists show empathy and care to facilitate clients toward personal realisations and decision-making, take responsibility for their actions, to accept themselves, and to recognise their own potential for growth and change. Eclectic therapy is an integrative approach to one or more theories and therapies put together. Today many therapists prefer this approach.

Phenomenology

Phenomenology is a philosophical perspective as well as an approach to qualitative research. Husserl understands phenomenology as a discipline that attempts to describe what is given to us in experience, without any obscuring preconceptions or hypothetical speculations (Husserl, 1970). Spiegelberg (1970) defines phenomenology as, "...the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions" (p. 810). The above two simple definitions make it clear that instead of making intellectual speculations about reality, phenomenology advocates to a pure description of 'what is'. In short, phenomenology turns

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away from *a priori* assumptions and theories to describe the subjective experiences without hypothesising or imposing itself onto another person's understanding.

Phenomenology seeks to arrive at the essence of the *noema*. *Noema & Noesis* are technical terms in phenomenology used by Husserl to refer to correlated elements of the structure of any intentional act. *Noema* in particular stands for the object or content of a thought, judgment, or perception (Rassi & Shahabi, 2015). Through descriptive language, phenomenology identifies the phenomena, how the subjects perceive them in a given situation. It is a powerful tool for understanding subjective experiences, gaining insights into people's motivations and actions, and looking through culture-specific assumptions and indigenous wisdom. Free from hypotheses or preconceptions, the phenomenological research seeks essentially to describe rather than explain (Husserl, 1970). To this effect, a wide variety of methods are used in phenomenological approach that includes interviews, conversations, participant observation, action research, focus meetings and analysis of personal texts; in short, minimum structure and maximum depth without any theoretical and researcher bias (Gorden, 1969; Oakley, 1981; Plummer, 1983; Janetius, 2013; Measor, 1985).

Need for Phenomenological Approach

Phenomenology was relatively not known outside the philosophical settings before the advent of postmodern thinking. In the last few decades, its implications for psychology and other social sciences have been slowly realised (Kearney, 1984). The three European psychiatrists, Jaspers, Boss and Binswanger, were the first to apply the work of Husserl and Heidegger to make an existential approach to therapy and psychopathology (Mills, 1999).

Today there is a tendency among many psychologists to reduce the inter-human situation to mere scientific scores; also commit a mistake of treating a theory as a metaphysical assertion. This way of doing a wrong classification of relative or approximate knowledge as absolute knowledge prevents the possibility of getting a fresh data. The conventional psychology seeks to experimentally quantify human relations and ignores often the subjective understanding and experiencing the stimuli and responding. This distinction between objective and subjective vanishes in phenomenological questioning where the emphasis is on the subjective nature of all experiences.

The phenomenological approach is more appropriate for counselling and psychotherapy not only because phenomenology is about searching, describing human experiences as it appears but also it studies the life-world of people as it appears and as people experience. Belief-systems, that is, the belief of faith and the worldview that the patient and the community holds as the innermost cultural, spiritual, psychological resources for healing, are important factors for counselling psychotherapy process (Richards & Bergin, 1997).

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The effectiveness of therapy depends on to a large extent on the quality of the relationship between the client and therapist. The better the rapport between therapist and client, better the outcome of therapy. This trust or rapport is possible only when a therapist has the openness to conceptualise clientele experiences. It is a known fact that the various schools of counselling and therapy originate from specific worldviews and theoretical frameworks. How a professional therapist classifies clients' presenting problems are found in DSM-V and such causes and cures are the creations of Western stereotypes and worldview. In contrast, native healers, shamans and other less professional therapists cling on to the belief system and life-world in the healing process, and such a practice is appealing to millions even today (Janetius, 2015).

In counselling and psychotherapy, culture is understood to pose a barrier to quality therapy (Santos, 1998). Psychologists are slowly becoming aware of the fact that people from different ethnocultural groups do indeed have unique thinking, behaviour and personality patterns, entirely different from what the generalised Euro-American psychological theories suggest (Trimble, 2008). These Western counselling and therapy modules do not fit to the need of people from another culture. Therefore, an effective therapist should work in harmony with background influences of the human condition specifically the tradition, life-world, environmental and geographic conditions of the clients. I am of the opinion that it is necessary that cross-cultural approach should be replaced by a culture-specific approach in identifying human conditions, clientele problems and therapeutic interventions. It is here that phenomenology puts its leg strong.

Cross-cultural psychology views culture simply as a site of variations for human behaviour, whereas, culture-specific psychology considers culture as the birthplace for psychological processes, an essential tool in therapy. Therefore, psychologists are becoming aware of cultural relativism and focus increasingly on cultural contextualization in understanding and answering human behaviour and mental health issues (Cole, 1996). It is true that the diagnostic manual of mental disorders (DSM-V) that is widely used as a standardised tool of classification of mental sickness encourages clinicians to be culturally sensitive in their therapeutic approaches. However, the classifications in DSM-V itself are cross-cultural. As Bruner (1990) points out, "Scientific psychology . . . will achieve a more effective stance toward the culture at large when it comes to recognize that the folk psychology of ordinary people is not just a set of self-assuaging illusions, but the culture's beliefs and working hypotheses about what makes it possible and fulfilling for people to live together. . . It is where psychology starts and wherein it is inseparable from anthropology . . ." (p. 32).

Postmodern counsellors and psychotherapists identify the deficiency in cross-cultural counselling and they stress the need to understand human phenomena in relation to specific culture rather than accepting generalised universal truths (Yeo, 2000). Therefore, to be a competent therapist one should be open to the subjective cultural concepts, ethnic identities, and

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develop culture-specific approaches in order to understand the patients. This awareness and focus on culture-specific psychology makes phenomenology applicable in understanding and helping clients from a different socio-cultural background in their specific culture. In short, culture-specific psychology opens vistas for 'less pre-conceptions, less hypothesising, out of presupposition and assumptions', therefore, it is right to say, a competent culture-specific therapist should be a phenomenologist.

Postmodern thinkers identify existential situations as a factor in which our being presents itself to awareness and the human individual and surrounding environment are intertwined. Human beings can't be isolated from history, culture and language. Due to this fact, phenomenology has become a clinical method that explores the quality of lived experiences (Frie, 2003). As Heidegger (1962) points out 'to let that which shows itself be seen from itself in the very way in which it shows itself from itself' (p. 58). Due to this fact, from the traditional psychoanalysis to the present day transpersonal approach, we can see psychologists trying to apply phenomenology to both research and practice. For example, Freudian Psychoanalysis adopts a phenomenological approach to its therapy. As Merleau-Ponty (1979) points out, "It would be a mistake to imagine that even with Freud, psychoanalysis rules out the description of psychological motives, and is opposed to the phenomenological method; psychoanalysis has, on the contrary ... as Freud puts it, that every human action has a meaning" (p. 158). In psychoanalysis, the therapist by way of free associations gives attention to anything that comes to awareness. Here, psychoanalysis is very similar to the phenomenological method. However, one can establish some differences in psychoanalysis and phenomenological interpretation: in psychoanalysis, all data are interpreted by its own theoretical assumptions, whereas phenomenological approach insists subjects interpreting their human condition from their own life-world.

When talking about the phenomenological approach in counselling and psychotherapy, it is important to understand two concepts from anthropology: *etic* and *emic*. A human condition could be studied from two basic viewpoints, namely *emic* and *etic*. The *emic* approach seeks to understand from the view of its adherents, while the *etic* approach does the same but by means of analytical tools and concepts drawn from outside (Pelto & Pelto, 1978). An *etic* approach understands the phenomenon cross-culturally whereas *emic* approach understands culture-specifically. Studying culture according to pre-established *etic* procedures impedes the discovery of cultural diversity, whereas *emic* analysis broadens the view (Headland, Pike & Harris, 1990). Moreover, the *emic* approach focuses on studying socio-cultural phenomena from within a specific cultural context and understanding, as the people from within that culture understand it (Gudykunst, 1997). The two specific areas where phenomenology can be applied to the human condition in counselling and psychotherapy would be research and practice.

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Research

Many scholars have a prejudice towards qualitative or descriptive methodology. It is because as Heppner, Kivlighan, and Wampold (1992) point out, descriptive or qualitative research does not fit the *pure science myth* (p. 194) of the experimental research mongers who reduce research to quantitative numbers. However, many social scientists agree the fact that quantitative methods are not privileged over qualitative methods or experimental methods over naturalistic approaches (Braud & Anderson, 1998). Besides this, descriptive research allows researchers to understand many variables more fully and to develop more worthwhile and useful studies. Qualitative research designs, drawn from anthropological and other social science research methods, depend on the written or spoken words and/or observable behaviours as data sources (Bloland, 1992). The phenomenological approach fits well into this descriptive qualitative research because it involves observation and description of variables as they are distributed throughout a population. Phenomenological research differs from ethnographic research. Ethnographic research involves observation and description of phenomena within a specific setting (Wiersma, 1995). The purpose of ethnographic research is to observe and document what occurs in particular setting without manipulating variables or imposing structure. Ethnographic research is not concerned with providing contextual data. Therefore the emphasis is on observation and description of what occurs without pre-conceived hypotheses. Such research may generate hypotheses throughout the data-collection process and/or focus observations around these hypotheses (Wiersma, 1995). While there is no control over extraneous variables as in analogue research, some argue that it is the 'naturalness' that enhances the validity of such research (Smith & Glass, 1987). Phenomenological research is similar to ethnographic research but goes further gaining the subjects' understandings of environments, involvements, and experiences. Thus, phenomenological researchers collect data by interviewing and asking the subjects how they experience specific phenomena. Bracketing, that is, the deferment of the researcher's personal prejudices and biases and horizontalization, that is, treating all data as if it were equally important, are the specific tools used (Heppner et al., 1992).

Practice

In every counselling and therapy session, when a therapist and client meet, there is a cross-cultural communication taking place; regardless of the racial educational or socio-economic similarities between the two parties (Owen, 1989). Rigid *etic* approach or perspective creates this cross-cultural communication. When the therapist allows the client to define the problem to the client's own satisfaction, cross-cultural outlook gives room for culture-specific outlook and this phenomenological outlook was brought out by Carl Rogers (Rogers 1951). In dealing with healing and therapy Castillo (1997) identifies disease-centred and client-centred approach. A disease-centred approach focuses on the symptoms observed and then makes a diagnosis. A client-centred approach (person-centred), on the other hand, focuses on the patient's worldview, how the client defines the illness and what the patient believes to be the cause of the illness. Consequently, a person-centred approach focuses on culture-sensitive assessment.

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Examine this therapy situation: Mr X comes to me with two specific symptoms as presenting problems. a) His deceased father appears in dreams; b) He is not able to sleep. For a disease-centred therapist, here is a client who is not able to sleep and the therapy should be focused on helping the client to sleep well. Here, a specific subjective experience of Mr X is not considered as a unique experience rather it is considered a common symptom of sleep disorder. However, in the client-centred or phenomenological approach, it is not so. The uniqueness of seeing his deceased father need to be explored further and this subjective experience plays a vital role in therapeutic intervention. As Panos and Panos (2000) pinpoint, offering a culture-sensitive therapeutic assessment will consider: What are the dominant cultural values and belief systems of the client? How does the client describe his experience of seeing his deceased father? How does the client define the sleeping problem? What are the client's beliefs about the cause of sleeplessness? It is here, the salient feature of phenomenology is applied in counselling and psychotherapy. Although all the therapy approaches do make use of phenomenological approach in one way or another, humanistic-existential therapy and transpersonal therapies are highly popular phenomenology based therapies.

The first existential therapists were European psychiatrists trained in psychoanalysis who were dissatisfied with Freud's emphasis on biological drives and unconscious processes. Existential therapists help their clients confront and explore anxiety, loneliness, despair, fear of death, and the feeling that life is meaningless. One well-known existential therapy is logotherapy, developed by Austrian psychiatrist Viktor E. Frankl in the 1940s. Person-centred therapy, originally called client-centred therapy, is perhaps the best-known form of phenomenology-based therapy developed by Carl Rogers in the 1940s and 1950s. In this form of therapy, people are helped toward growth, maturity, and life enrichment in their own perspective rather than the clinician.

Transpersonal Therapy: The word transpersonal comes from two words: *trans* (beyond or through) and *persona* (mask or *façade*). At first transpersonal approach in psychology and psychotherapy became widely used to refer to any human experience related to religion, spirituality, meditation and mysticism (Daniels, 1998). However, today it covers a wider variety of subjective phenomena, not necessarily religious or spiritual. It is also a process of harmonious blending of subjective experiences in psychology, which are often neglected by traditional, conventional therapeutic approaches. Lajoie & Shapiro (1992) identify five elements as the basic characteristics of transpersonal psychology. They are: (a) an interest in states of consciousness, (b) concern with humanity's highest or ultimate potential, (c) human experience that goes beyond ego or personal self, (d) the idea of transcendence, and (e) a spiritual dimension in human life. Abraham Maslow, the architect of humanistic psychology, is considered one of the pioneers of transpersonal psychology. The great importance Maslow gave to self-actualization, peak experiences etc as the highest attainable motivations and goals of humans, place him as the great explorer of the transpersonal in human beings (Walsh & Vaughan, 1993). A transpersonal

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approach sees human beings as intuitive, mystical, psychic and spiritual (Hendricks & Weinhold, 1982). Psychology considers development and the formation of a stable, integrated, and individuated ego as the goal of human development and mental health whereas transpersonal psychology exceeds such description of psychological theories and explores stages of personality development that extend beyond the individual ego into transpersonal realms (Wilber, 2000). However, it is important to distinguish bizarre phenomenon from transpersonal experience or phenomenon. Daniels (1998) argues that any event or experience or phenomenon that has a transformational meaning or an effect on a person can be considered the subject matter for transpersonal psychology. Therefore wide ranges of paranormal experiences are included in the subject matter of transpersonal psychology.

CONCLUSION

Today there is a great awareness among psychologists and postmodern thinkers to move from cross-cultural paradigm to culture-specific approach in understanding the human condition. Phenomenology comes in as a qualitative research method as well as a therapeutic approach to facilitate clients to make sense of their life-world. Thus, with the help of *emic* understanding, grounded in phenomenological approach, a therapist-client relationship can be improved for a genuine understanding of the life-world and thus resolve wide varieties of clientele problems in counselling and psychotherapy.

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