

CHAPTER 6 - THE PHENOMENOLOGICAL APPROACH

Having explored the variables which contribute to the psychotherapeutic relationship and the relationship itself, it is necessary to gain a general understanding of the basic phenomenological principles on which the case study is grounded. The phenomenological view is based on the premise that man lives in and relates to the world and is not an object in isolation. This approach emphasises the wholeness of man and grounds him within a context. This is vitally important as it highlights that man can only be understood in terms of his whole existence and not merely within the framework that makes a distinction between healthy and sick. This is essential for understanding and working with the patient in psychotherapy as it emphasises that the mentally ill are not alien beings. They are simply individuals with a different perception and view of the world from the average, shared reality of society. It is imperative to have an approach, such as phenomenology, that recognises this fundamental relatedness to avoid further isolating people who do not adhere to the socially acceptable norms of behaviour. This chapter discusses the principles of phenomenology and its approach to psychopathology. The following chapter deals with the validity and usefulness of this approach to the views of abnormal behaviour, psychosis and psychotherapy.

Phenomenology has its roots in the philosophy of Kierkegaard's existentialism of the nineteenth century and Husserl's philosophical views of the early twentieth century. Phenomenology is not a theory which is a preconceived system of beliefs based on general principles independent of the particular things to be explained. It is a philosophy which is a set of beliefs attained by the use of reason and argument in seeking the truth and knowledge of reality especially of the causes and nature of things and of the principles governing existence (Tulloch, 1993). Thus, phenomenology is a manner or style of thinking, a study of the "essences" or the perception of physical phenomena and human behaviour (Merleau-Ponty, 1967). It is a matter of describing life, behaviour and events rather than explaining or analysing them. Husserl (as cited in Merleau-Ponty, 1967) calls phenomenology a "descriptive psychology" or a "return to the things themselves" where the phenomena in the person's world are explored and described (p. viii). Thus, Kruger (1988) states that phenomenology attempts to clarify how man encounters other people in the world, how man relates to the world and how each individual finds meaning in his particular world. Polkinghorne (1989) reports that human behaviour is not simply a mechanical, learned response as Pavlov's canine experiment suggests, but a manifestation of meaningful experience. He states that Husserl's view is that "all knowledge is ultimately grounded in human experience" (p. 45) so phenomenology is focused on the actual phenomena of psychic experience and aims at connecting man with the events in his life as they are lived and experienced. With this view, theory is not a prerequisite as phenomenology does not attempt to find the causes of behaviour but simply to describe the meaning that each individual's behaviour has for him. Jaspers (1963) believes that it is only once one looks for an explanation in the underlying causes that one has a need for a theory to assist the therapist in discovering the facts.

THE WHOLENESS AND CONNECTEDNESS OF MAN:

Phenomenology totally rejects the Cartesian split between mind/body and man/world.

Its broader view is of man as a whole with a unity of body and mind, behaviour and the situation (Moss, 1989). Merleau-Ponty (1967) believes that "there is no inner man, man is in the world, and only in the world does he know himself" (p. xi). Friedman (1985) states that Boss views "the essence of existence" (p. 78) as living and sharing with other people. Kruger (1988) supports these views with his statement, "to be at all, to exist, is to be with fellow man and things" (p. 33). Heidegger's view of man 'being-in-the-world' (Dasein) places man's experiencing firmly in interaction and relationship. Dasein means 'to be there in the world' and being-in-the-world thus expresses how man always experiences, lives and is grounded in the context of his own personal world (Chessik, 1986). Jaspers (1963) describes living as "an encounter with a world which we all call concrete reality. To live involves struggle, impact, creation" (p. 325) and constant interaction with and feedback from the world. The existentialists hold that man and his world are a whole - one larger unit in which each is only understandable in relation to the other (May, 1958). Man is shaping and being shaped by the world (Moss, 1989) and is thus defined and understood in relation to his world and vice versa.

The notion of being-in-the-world emphasises that connectedness, interaction and dialogue with the whole environment in which a person exists are fundamental to human life. The above statements stress that the phenomenological view is based on the premise that man lives in and relates to the world and is not an object in isolation.

Phenomenology does not separate subject from object. Man, as a whole, is in constant, dynamic interaction with the world. As Moss (1989) states, the question "Who am I?" is inseparable from the question "What kind of world do I live in?" (p. 80). How man experiences himself influences how he experiences others and himself in the world (Chessik, 1986). Heidegger describes man as being "thrown" into the world where there is no choice in terms of culture, history, language, gender and the like. This means that an individual is in relationship to a world which consists of a "meaningful set of relationships, practices, and language that we have by virtue of being born into a culture" (Leonard, 1989, p. 43). It thus becomes impossible to view man in isolation and everything that is lived is experienced in terms of the world. Insofar as one is living a connected and intentional existence of constant interaction within the world, man is able to make certain choices. So, although man does not have total free will due to the 'thrownness' of his life situation, the fact that he influences and is influenced by the world allows him to have some freedom within the specific situation where he is able to choose within his given context. Phenomenology stresses the importance for man to make his own choices because the selection from his own unique range of possible responses provides him with authenticity. Having made the unique choice of response, action and behaviour, man is responsible for that choice and the consequences that follow. This opens his experience to the possibility of guilt as man acknowledges his right to choose and bear the consequences of being real and authentic (Kruger, 1988).

In the nineteenth century, the development of bourgeois society emphasised respectability and conformity. During this period, both Kierkegaard and Nietzsche warned that man was losing his sense of being which results in a loss of his world and thus a sense of community (May, 1958). This possibility remains very much a danger in contemporary society. Boisen (1962) supports the importance of the need for a sense of community and living in a connected world of relationship when he states that the "primary evil lies in the realm of social relationships ... in a life situation involving the

sense of personal failure" (p. 28).

The view that the person is in constant dialogue with the world and is outwardly focused is critically important in shifting the focus away from viewing only particular aspects of a whole human being as if he were like a clock, made up of pieces that can be taken apart and put back together again. It becomes impossible to truly comprehend man and his behaviour without some understanding of the context of his being-in-the-world as "every entity in the world is grasped as an entity in terms of world, which is always already there" (Leonard, 1989, p. 43). The end result is understanding that one must always come back to viewing man's experience and perception within the context of his world.

Thus, phenomenology views man as living in and grounded by the world (Chessik, 1986). Previous theories, based on the Cartesian, scientific view, largely disregarded the reality that man lives in the world and is not an island. It becomes imperative to have an approach, such as phenomenology, that recognises this fundamental relatedness. The challenge in psychotherapy is to pull theory away from the narrow pathway of observing and working with only aspects of the individual, to always viewing him within his context - the broader perspective. With this perspective as the basis of the phenomenological approach, techniques may be used in psychotherapy to focus specifically at times, but one must remain solid in the basic belief of the unique individual living in his unique context in the world.

THE UNITY OF MIND AND BODY:

The scientific world views man as possessing a body rather than being a body, that is, a mind-body unity. Merleau-Ponty (1967) views man, his mind and body as being one with the world. He was one of the first to stress the subjectivity of the body when he stated that perception is a bodily event in that we perceive and find reality through our body in constant interaction with the world. This bodily experience is at a pre-reflective, pre-verbal level as the experience is lived in the body before it is known to the conscious or reflective mind. So, analytic reflection starts from our experience of the world and comes back to the body subject to be experienced and interpreted as unique for that person. The body is never merely an object in space, that is, it is not a thing enclosed within itself but a subject constantly interacting with the world.

Given the unity of mind and body, Merleau-Ponty speaks of a "lived body", far removed from the physiological one that can be dissected as some object (Moss, 1989). In phenomenology one **is** one's body rather than one **has** a body. Most of the time, people live without an explicit awareness of the body and take it for granted. Kruger (1988) states that man is usually only aware of his body when he is ill, in pain, being examined and focused on. Phenomenologists view the body as a living, experiential, active body dynamically involved in relationship with people and objects in the world. Man's perception through the body provides him with a personal meaning, point of view of and unique relationship to the world. The expressive body is thus the focus of inherent meanings. How man behaves is affected by his interactions and the responses made to him. This constant sharing and co-defining shapes and defines the person's sense of an I and mineness (Moss, 1989).

With the belief that man is always related to the world, comes the recognition that behaviour is directed towards objects in the world. Phenomenology views the body as already situated in the world, inhabiting space. Husserl's view is that consciousness is necessarily consciousness of something. This implies an intention and link towards an object with which man is in relationship. For example, man does not simply see but sees something, man loves or hates someone. The subject is always linked with the object. The body intentionally reaches out to the world that invites man, as a whole, to interact (Kruger, 1988). Moss (1989) states that how and why an individual behaves in a certain manner is determined by the specific nature and meaning that the object has to that individual. The body's objective position in space is not the only issue to consider. It is the task of the body, so to speak, in that situation that provides the meaning of that specific behaviour. As Merleau-Ponty (as cited in Kruger, 1988) states, "my body is there where it has something to do" (p. 62). All behaviour is both intentional and purposeful. That is, the aim of any behaviour is to complete the task that the person has set out to achieve. For example, the complete absorption of a student in the hours spent reading and studying for examinations, indicates the strong desire and need for that student to complete his studies successfully. Each individual interacts with and perceives objects differently according to his own history, beliefs, fears and desires. Thus, the same object may have different significance for different people but each unique meaning is what is real for each person.

How each man lives in the world as an embodied being expresses the personal meaning that any event or interaction has for him. For example, the differences in personal space allowed with a stranger, a friend or a lover provide an indication of the individual's personal relationship to those people. In order to inter-relate fully, Pirsig states that man must be completely attentive to the object with which he is interacting. This means an active rather than passive involvement of engaging with another person (Kruger, 1988).

Being-in-the-world emphasises the connectedness between the mind and body. Gendlin (1964) states that all experience is lived and felt through the body. Both Merleau-Ponty and Gendlin stress that the body experiences meaning at a pre-reflective level and it is only when we pay attention to the feelings in the body, that we can begin to gain a clearer sense of that meaning at a reflective level. This highlights that meaning is experienced in the body at a deep level that precedes any rational, reflective understanding and languaging. To gain understanding Gendlin suggests focusing on the sensations felt in the body. For example, the physical feeling experienced in the throat, solar plexus and abdomen (Halling & Goldfarb, 1991). It is only as one becomes attuned to the bodily sensations and brings them forth to a reflective level that the individual may gain an accurate sense of the meaning that particular experience has for him. This Gendlin describes as the 'felt-sense' of the experience. For example, a person may feel apprehensive when the boss confronts him on a particular issue. He will only truly comprehend what the meaning of that apprehension is about if he focuses on the felt-sense in the body. By bringing it to a more reflective level he may analyse that the apprehension links to confrontation with his father in the past.

Phenomenology focuses on what is currently being experienced in the interactions and

connectedness of the person and how this is being lived within his relationships in his world. The goal of phenomenology is, therefore, to understand the phenomena in their immediacy and not to explain, predict or control them (Moss, 1989). From this it is abundantly clear that the linear approach to causality has no place within phenomenology (Valle, King & Halling, 1989).

PERCEPTIONS OF REALITY:

Each individual's experience of reality is based on his interpretation of it. Merleau-Ponty (1967) claims that perception is a faith in the belief that there is a world to live in and interact with. However, as faith is not knowledge, there is always the threat of discovering that what one is experiencing is not reality. Merleau-Ponty views truth and untruth as two ways of existing on the same level of reality and states that one can only perceive correctly when the body has an accurate grasp of what is being observed. However, one's grasp can never be total and absolute, as reality cannot be verified, and one person's perception can be different from another's perception of the same phenomena. As perception is at a pre-reflective level and difficult to verbalise, Merleau-Ponty states that the individual is in a state of ambiguity where he may alternatively live in a world of illusion or reality. This uncertainty of what is illusion/false and reality/true can exist concurrently at a pre-reflective level. However, once this is brought into conscious awareness, these opposing realities create ambiguity and confusion. Hence there is a need to gain a balance and sense of congruence by accepting only one reality.

How man perceives is directly linked to the goal or task that the individual is aiming to reach (Wertz, 1989). For example, the meaning that the student attempting to finish his degree may attach to problems that arise, will depend on whether he is aiming to attain a distinction for his degree or not. If man can interpret reality and illusion according to his own perceptions and beliefs, the available possibilities of interpretation and experience are endless. Thus, Kruger (1988) describes the world as providing a "totality of meanings" (p. 36). However, there is always the question of what is "abstractly true and what is existentially real" (May, 1958, p. 13). The interpretation and meaning for each individual also lies in the interaction and dialogue with others who may confirm or deny the reality or meaning. For phenomenology, the value lies in the experience and its meaning for the patient and not in scientific proof. Kierkegaard and Nietzsche correctly warned that there was a "growing split between truth and reality in Western culture" (May, 1958, p. 14). Kierkegaard's philosophy opened up the possibility that subjective reality may be true even though it contradicts objective fact. This does not mean that objective reality is cast aside but that the meaning of the objective fact for the individual depends on his relation to it and the meaning it has for him. This is a critically important viewpoint when dealing with abnormal behaviour and psychosis.

THE PHENOMENOLOGICAL VIEW OF TIME:

Phenomenology thus works with man's primary experience of the world and not in the scientific realm. Phenomenology not only has a profoundly deeper and broader perspective of man in the world but also expands this concept to temporality. The focus in psychotherapy has traditionally been on the past as the crux in understanding behaviour without taking into consideration the present let alone the future. In the early

1920's psychoanalysis was "bogging down in ... the patient's past" (May, 1958, p. 7). For example, Freud spoke of the influence of past events on the present consciousness of the patient (Kruger, 1988). However, more importantly, the stress was that to heal the problem the "contents of the unconscious" (p. 15) had to be recovered and the past explored. Freud always tied the present symptom to an earlier event in life and retained the principle that the present could only be explained by the past. Kruger states that Freud "never gave any great significance to the present tense, nor was his meta-psychology able to accommodate the future as future" (p. 16).

Another school of thought focusing mainly on the past and present behaviour has been behaviourism. This approach has never looked at the future - for example, that anxiety and neurosis may be due to the fear of a future event or possibility. Behaviourists have only been interested in observable, objective phenomena. They are not interested in understanding behaviour from the point of view of the subjective, volitional human being but study the aspects of the environment that influence and shape behaviour (Skinner, 1953).

Fessler states that the traditional approaches have always begun by reducing the unity of the whole in the psychotherapeutic encounter, conceptualising various parts and then studying them separately (Smith, 1979). The phenomenological approach of Heidegger's being-in-the-world (Dasein) and of studying man in relation to his whole world of experiencing introduces the concept of a three-dimensional temporality. This alters the whole approach of working with man and assists in healing the split between man and body, and man and the world. The phenomenological view of temporality also highlights the approach's concept of wholeness and context.

The phenomenological approach is that "time is in man; it characterises his existence" (Kruger, 1988, p. 65). Dasein is historical - "one is one's whole life-history and one is one's lived time" (p. 71). That is, one's life-history includes one's past, present and future. Heidegger views human lived experience as temporal and argues that temporality is "directional and relational" and applies only to being, not physical objects (Leonard, 1989, p. 49). The life journey that man undertakes is an ongoing, continuous one which precludes the concept of splitting time into separate and delineated parts. Boss claims that a human being's relationship to time thus results in his "always ordering the past, the present and that which we anticipate in one or other way and thus we are timing our dwelling and journeying in the world" (Kruger, 1988, p. 66). Thus, time is not viewed as linear because the linear concept creates a problem in linking past, present and future. They cannot be viewed as separate concepts chronologically following each other but all belong to the current, lived moment in the present. As all three phases of past, present and future are constantly interchanging and interacting, time is seen as a transition, an activity and dynamic in nature.

In the phenomenological approach, the importance of the past is recognised. The past is set to some degree in that the situation into which we are born is out of our control. As stated, we are thrown into a world of culture, family, relationships, practices, rituals and language which determines, to some degree, our attitude and approach to life. Heidegger talks of the past as "having-been-ness" and that "everything we have been is an essential determination of our existence" (Leonard, 1989, p. 49). At the same

time, "what an individual seeks to become determines what he remembers of his has been" (May et al., 1958, p. 69).

However, the past is not simply something that has-been and is no longer of any value but is currently with us in the present. The past is not viewed as being most important and significant when it occurred in the past but rather how those experiences manifest themselves in the present and how they might affect future expectations. Van den Berg (1972) states that the past has no function as the past but only as it is lived and experienced now as "a present past" (p. 80). He makes the point that the past has a hold on people's perceptions and experiences in that past experiences influence the individual's current views, attitudes and general approach to life. These perceptions and attitudes affect our present and future behaviour. One only recalls that from the past which is relevant and significant and recall tends to be inaccurate as it is coloured by subjective interpretation of events. What a person recalls from the past will dictate, to some degree, the self that develops due to the large variety of possibilities and options open to the individual to recall. Past events and unresolved issues can impede the individual's growth in the present and stifle the possibility of future development and attainment of goals.

Phenomenology thus views the past as setting conditions but the present, current behaviour as originating from the future because of an "expectance or wish or fear or desire" (Van den Berg, 1972, p. 86). Our current behaviour and choices are, therefore, not only influenced by past experience but guided by our future fears and desires. Van den Berg states that "the present is an invitation from out of the future to gain mastery over bygone times" (pp. 91 - 92). The future is thus a very important aspect of this view of temporality. One can really only understand behaviour if one is looking at the individual as he emerges into his future in the process of self-actualisation. Halling and Dearborn Nill (1989) state that one only gains a complete understanding of an individual as the "historical dimensions of a person's life become evident" (pp. 185 - 186). Likewise, as present attitudes and circumstances change, so does the recollection of the past and the more pleasant events are allowed to emerge as the individual grows and integrates.

Therefore, all three dimensions of temporality are present in any single one act, that is, "the past is within the present which is the way it is appearing now" (Kruger, 1988, p. 67). One cannot perceive time as a "series of ever new moments of the present" (p. 106) because it is always developing, moving, constantly incorporating and inexorably linking all three dimensions of temporality. Thus, one is always **being** rather than **is** or **has been** in fixed categories. This hermeneutic approach shows the need to constantly move from the whole to the parts and back to the whole, that is, from the present to the past to the future and back, in order to understand the whole (Valle et al., 1989).

THE PHENOMENOLOGICAL VIEW OF PSYCHOPATHOLOGY:

Phenomenology moves away from the concept that psychopathology or mental illness is a disorder or disease that can be separated from the context of normal, everyday living. Phenomenologists want to understand disturbed people within the context of their perspective and relation to the world just as they want to understand ordinary

people in the same manner. Thus, the aim is to use similar principles in conceptualising normal and disturbed existence (Kruger, 1988). That is, phenomenology seeks to understand the disturbed person in terms of the lived reality of his specific world, rather than viewing him through the eyes of the outside observer, looking at him from a medical or psychiatric perspective. If man lives and experiences as a whole unity within the world, then mental illness is not an external event that "attacks a person" but is a "state of being in which the person starts relating to the world and fellow man in ways which are not readily comprehensible i.e. socially validated" (Kruger, 1988, p. 170). Binswanger views psychology and psychotherapy as not only being concerned with man as a mentally ill person but with "man as such" (May, 1958, p. 4). As man is a unity living in the world, one cannot, for example, say someone has schizophrenia, but rather that someone is schizophrenic (Laing, 1969). A person does not have a disease or mental illness but lives it in his everyday world of relating and functioning. In order to meet and hear the illness one cannot simply treat the diseased aspects as they do not exist separately from the whole human being.

Binswanger believes that the diagnosis of mental illness is a cultural and societal judgement. However, if the individual's world develops historically within the context of community and society, then being normal or abnormal are simply different ways of being-in-the-world. So, abnormal behaviour can be understood within the context of the person's world. If man is in relationship to the everyday world, then the basic principles governing life also govern mental illness. As mental illness is not something that happens to someone but is rather a manner of inter-relating with the world, one can understand the person's problems by viewing how he inter-relates with his world and his experience of others' reactions to that (Kruger, 1988).

With the cultural and societal judgement that exists in defining and dealing with psychopathology and psychosis, comes a specific languaging which further categorises and dehumanises the individual. Halling and Dearborn Nill (1979) do not use the word psychopathology but refer to abnormal behaviour as "disturbed behaviour" (p. 180) which removes the stigma attached to terms such as mental illness. Van den Berg, 1955, (as cited in Laing, 1969) has stated that medical jargon is a "vocabulary of denigration" (p. 27). The languaging states that the patient is abnormal, that there is a pathology, that he is mentally sick which results in the patient having to deal with a negative attitude from society as well as his own problems. Laing (1969) cautions us to beware of words, such as psychiatric labels, which isolate the patient further and instead stresses the need to recognise the distinctiveness and uniqueness of the psychotic and his "separateness and loneliness and despair" (p. 39). Laing believes that as long as we have the attitude that "we are sane and he is insane" (p. 39), it will remain difficult to comprehend the patient's world. The current attitude of many people is that one sees a psychiatrist or psychologist because one is mad and this further alienates the person by either preventing him from seeking help or feeling ashamed about the fact that he has the need to. Whilst it is useful to have a terminology to clarify general guidelines of disturbed behaviour, extreme caution should be exercised to prevent destructive labelling.

The fact that in everyday life, the beliefs and approaches to mental illness are largely determined by the prevailing social norms, indicates that the world is a shared world.

Mental illness results in losing touch with that sense of a shared world. Van den Berg (1972) describes psychopathology as "the science of loneliness and isolation" (p. 110) as the individual is cut off from healthy relationships and a shared reality. He believes that "loneliness is the central core of ... illness" and "the nucleus of psychiatry" (p. 105). By defining psychopathology this way, Van den Berg is not implying that the mentally ill are a different species but that they have different perspectives of the world and reality which result in them feeling alienated and isolated from society. Boss agrees that psychopathology results in a loss of connectedness and openness to the world and views psychopathology as "an expression of the entire existence of an individual involving a limitation on his freedom of expression and action" (Kruger, 1988, p. 177). Boss thus views the patient's world as becoming narrowed and constricted through his attempt to make sense and control his way of being. Van den Berg (1972) states that the healthy person's world is characterised by "direction, utility and purpose" (p. 59) but, for the disturbed person, the world is no longer experienced as inviting and open to exploration. Merleau-Ponty's views support this as he submits that the rigid, determined forms of behaviour seen in disturbed people reflect the relations of a person who is unstructured and lacking integration (Masek, 1991). May (1958) describes the disturbed person as never developing beyond the limited and restricted forms of experiencing in childhood. In later years, the person tends to perceive others and experience life in terms of the same restricted and distorted views.

Isolation of the self and apparently incomprehensible ways of inter-relating means that there are large areas of experience that cannot be shared with others or understood in terms of common meaning. This results in the individual withdrawing further into isolation. Blankenberg, 1991, highlights the patient's sense of loss of inhabiting a familiar world as being the major change in the patient's being-in-the-world (Corin & Lauzon, 1994). This altered relationship to the world is indicated by the patient's inability to understand interpersonal and social rules. Gendlin (1964) describes how experiencing can become structure-bound where the individual relates and reacts to only a specific aspect of a situation. This constricted manner of experiencing traps the person in a static state where he is unable to accurately perceive the dynamics involved and this halts the process of any forward movement in insight and growth. The patient is also unable to project himself into the future as a realm of possibility or retain a clear sense of the past but remains in that static state where there is little of the active, dynamic quality of real living. This inability to fit into the normal world and the sense of unfamiliarity further exacerbate the feelings of loneliness and isolation but this state is often sought as a means of protecting the self from the world. Laing (1969) describes the ontologically insecure person as someone who does not have the sense of being real, whole, alive and continuous with a firm sense of his own identity and reality. The ontologically insecure person fears a loss of identity if he ventures into a world of relationships. This results in an isolation of the self in an effort to preserve his identity from threatened engulfment, annihilation and/or implosion. Laing describes this withdrawing and isolation of the self as a means of protection as it is the opposite of being engulfed and absorbed by the other. But the extreme degree of separateness makes any real meeting and connection with others very difficult to achieve.

The person loses his sense of connection to the community as well as experiencing an inner feeling of disconnection from the self. He thus becomes a stranger to everything

and everyone, including himself. Fromm-Reichmann and Sullivan's writings address the loneliness, isolation and alienation in a world where a person loses relationship to himself and the world. These authors view withdrawal, depersonalisation, detachment and the covering up of problems with intellectualising as common ways of handling this isolation (May, 1958). Gendlin (1986-87) speaks of the tremendous isolation and disconnection in schizophrenics and has a powerfully basic message he conveys in different ways to his patients. He states: "I'll reconnect you to the world and to me, and in a different way than you were before because that failed - there you were isolated" (p. 182). It is a message that all disturbed, desolate and fragmented patients should receive in their isolation.

In the isolated, nebulous state of the disturbed person's world, the person seeks desperately to find some meaning that will allow him to re-enter the common world of shared meaning. Hanna Colm reinforces that neurotic behaviour and symptoms are often the patient's attempt to live with integrity as he struggles between the authentic self and society's demands. There are certain options available to the individual. He may choose to sacrifice himself to society's demands despite a lack of congruence within himself or he may choose to be himself at the possible cost of being rejected by society (Friedman, 1985).

People experience the same world in different ways due to different perceptions and interpretations. As stated, the phenomenological view of subject/object is not in accord with the traditional scientific one where subject and object are perceived as being separate. How an object is perceived depends on the observer's relationship to it within the overall context of his life. So, each person's perception will differ according to his past experiences, the meaning for him in the current context as well as in the light of any future expectations. But, for each person, his perception is a reality. For the patient who is perceiving and experiencing in a very different way, the world feels like an alien place. Van den Berg (1972) reminds us that, due to the altered reality of the patient, what seems real to him does not exist in our view. He explores how the relationship between mind, body and being-in-the-world differs when one is disturbed. How does the reality differ? The patient differs in how he remembers his past and this creates a different meaning for him in the present world of interacting. His perception and interpretation of the world differs from that of the healthy person. However, Van den Berg views the disturbed person as living just as constructively as the healthy person as each individual is attempting to cope with his world of experience to the best of his ability in order to make life more tolerable.

People can avoid connecting with themselves at levels that would assist them to understand their own thoughts and behaviour. Van den Berg (1972) refers to this as not-knowing which makes the patient different from people that do have knowledge and insight. Van den Berg views mental illness as an "alibi" (p. 41) used to prevent the not-knowing from coming into awareness and creating anxiety and distress. The not-knowing is thus often a means of ensuring safety from an uncomfortable reality. Van den Berg states that the disturbed person may avoid exploring his own dysfunctional thoughts and behaviour because it would highlight how different he is from others and the need to change his current behaviour and established, self-protective defences or ways of coping.

Phenomenology views the mind and body as one and disturbed behaviour is thus experienced and lived as a connected mind and body in the world. If the body reflects, lives and expresses the state of the person's being-in-the-world, it will also reflect the patient's inability to relate in an integrated manner in the world. The person who lives in an embodied way feels real and alive and is able to relate to others as a whole person. Laing (1969) states that the unembodied self is "felt more as one object among other objects in the world than as the core of the individual's own being" (p. 71). This means that the body is felt to be the core of an inauthentic self (False Self) and not the real self (True Self). If the person is ontologically insecure, he will experience himself as a mind-body split, more closely identified with the mind. Laing believes the patient may identify too strongly with the mind and feel detached from the body. If this occurs, the end result may be the start of psychosis. Thus, Laing stresses that one requires a firm sense of one's own autonomy in order to relate and be related to as one human being to another. If one does not have a firm sense of identity, every relationship threatens the patient with a loss of identity.

In attempting to understand disturbed behaviour, Jaspers (1963) reminds us that one can never totally know everything. He suggests that the more one attempts to reduce man to a stereotype of what is typical and normative, the more one realises how unique each person is. This makes it necessary to study actual experience, relationships and modes in which the patient's being-in-the-world is expressed. Likewise, not everything that happens in mental illness can be explained by the criteria of science. The psyche is viewed as being-in-the-world which unfolds in continuous experiences as long as the person lives. Thus, understanding disturbed behaviour necessitates entering the patient's world.

THE PHENOMENOLOGICAL VIEW OF PSYCHOSIS:

As stated, traditional approaches generally describe psychosis as a failure of adjustment, a lack of contact with reality and the subsequent creation of a different reality in order to create some stability and congruence in the person's life. Phenomenology's view that psychopathology is governed by the same principles as everyday, normal, healthy life and that the primary difficulty lies in faulty relating-in-the-world provides a broader and gentler approach to psychopathology and psychosis. It also gives one the hope of connecting with and understanding even the most disturbed behaviour. Halling and Dearborn Nill (1989), writing from a phenomenological perspective, state that "even profoundly disturbed behaviour is intelligible, potentially at least" (p. 180) if one approaches it with a specific attitude and certain principles.

The psychotic's world is an isolated and often frightening one. With the increasing sense of isolation, comes a loss of the sense of self. Gendlin (1964) states that the self develops in interaction with others where the infant learns the ability to respond to his feelings. Appropriate behaviour and interpretation depends on the meaning attached to the felt-sense of the situation. He believes that when experience is narrowed or restricted the individual loses his sense of self and the ability to respond and interpret appropriately. The interactive process between the feeling and the event is limited or blocked. When there has been little sense of self developed in childhood, there is even less ability to connect in a relationship as a meaningful I. If events are perceived as concrete, objective, literal facts, there will be little felt-sense of the richness and variety

of possible interpretations and meaning for an experience. When this occurs, experiencing is no longer a process but structure-bound and static. The individual exists in an isolated and withdrawn world in which there are few links to a reality of being-in-the-world. Gendlin states that it is not the content of the individual's experiencing that is psychotic but the "structure-bound manner of experiencing, the absence or literal rigidity of felt experiencing and interaction" (p. 143). Psychosis is thus not "psychotic 'things' in a person, but a narrowed or stopped interaction process" (p. 146).

If the patient cannot take the "realness, aliveness, autonomy, and identity of himself and others for granted, then he has to become absorbed in contriving ways of trying to be real, of keeping himself or others alive, of preserving his identity ... in efforts ... to prevent him losing his self" (Laing, 1969, p. 44). Thus, relatedness to other people has a "radically different significance and function" (p. 43 - 44) for the psychotic or fragmented person because he is not secure within himself or his world. Laing states that the ontologically insecure person then becomes preoccupied with "preserving rather than gratifying himself" as life's problems are perceived as a "continual and deadly threat" (p. 44). Events thus have a more severe effect on the psychotic.

A major problem in understanding psychopathology and psychosis is that the patient's experience and altered reality is frequently very difficult for the well-adjusted person to understand and relate to. Jaspers (1963) suggests that one needs to explore both the form and content of the patient's experience to gain insight. Content is usually more easily understood as one is able to place it within the context of the individual's life experience. The shape or form in which the patient's experience presents itself, however, is often incomprehensible to other people. Jaspers feels that one can only understand the other's experience up to a certain point before it becomes impossible to relate to.

Later phenomenologists disagree with Jaspers, advocating that any human experience is possible to understand as the person's manner of being-in-the-world. Schwartz, Wiggins and Spitzer (1997) comment that no matter how different and alien the psychotic's reality appears to be, one can relate to it as a human experience. Laing (1969) believes, as many phenomenologists do, that the only path to understanding the patient is by entering his world, whilst drawing on one's own "psychotic possibilities" without foregoing one's "own sanity" (p. 35). All behaviour is in response to a context and therefore has a purpose. Even seemingly senseless, bizarre and self-destructive behaviour has a purpose for that particular person. To understand the meaning the experience has for the patient in his context, is to understand the patient and his world. Thus, Sass, 1992, correctly reminds us that we would be banishing the patient to an isolated existence if we did not attempt to enter his world, even if this is not with total understanding (Schwartz et al., 1997).

Hallucinations and delusions:

Phenomenology views an hallucination as a "perceptual act by which an alternate profile of reality appears" (Kruger, 1988, p. 184). Howard (1966) describes an hallucination as a "perceptual phenomenon" that comes "into being in a primary way" and has "no roots in a given perceptual reality" (p. 212). With the experience of a new

reality, alterations in the experience of time and space occur. This happens because the hallucination "occupies a literal space" (Havens, 1962 as cited in Prouty, 1992, p. 50). Howard (1966) states that the hallucination appears to the conscious self, within the normal visual field and is "bounded in space and time" and "takes on the character of objectivity as would any normal perception" (p. 212). However, hallucinations arise independently without the person's control. Lang (1938), a schizophrenic who experienced various types of hallucinations over an eight year period, writes that the conscious self is unable to replicate these phenomena and the self acts only "as a spectator. It does not anticipate, it does not initiate, it does not control the hallucination" (p. 423). He experienced his hallucinations as already organised phenomena and was sceptical of explaining them as a result of projection.

Prouty (1994) describes hallucinations as "the polar opposite of the fully functioning person" (p. 87). Gendlin (1964) describes hallucinations as "structure-bound" (p. 143) experiencing which means they are taken literally and experienced as an outside event and objective reality by the patient. The patient does not experience the hallucination as his as it is outside his boundary of the self (Prouty, 1994). The experience is then lived as an isolated incident and is not part of the ongoing felt-sense of functioning which is rigid and narrow. Gendlin views this structure-bound manner of experiencing as static, repetitious and unmodifiable. The hallucination transforms real life experience into an image that symbolises the individual's difficulties in being-in-the-world (Prouty, 1994).

Van den Berg (1972) describes how the hallucination is present for the patient. "The sick person who hallucinates has some objects for himself alone. He has a world of his own that is founded in his isolation" and "sooner or later, the lonely person will create his own objects" (p. 107). At the time of experiencing, hallucinations are very real to the patient and are taken very seriously. The patient's perceptions are a reality because that is how they have been experienced and lived. Van den Berg states that the mentally ill person will not accept the reality of the healthy person's world because his own reality is different. The mentally ill person is so alone and in such a "pathological way that he keeps to his own personal relationships" (p. 108) within his isolation. Van den Berg believes that hallucinations and delusions can only occur when there is a distance between the person and his environment. However, as man lives in the world, the patient's hallucinations and delusions are always apparent to others in his surrounding world of relationships.

Van den Berg (1972) reports how hallucinations, which are so meaningful at the time when they are experienced, become incomprehensible at times when the patient is living in a shared reality. The fact that one cannot see the other's hallucinations does not, however, preclude one from understanding them and the meaning they have within the patient's context. Prouty (1994) suggests that seemingly meaningless statements are often valuable clues to an important aspect of the patient's world. Kruger (1988) points out that if we are able to understand the patient's experience of his world, the experience will become meaningful and comprehensible. Thus, one does not discard, obliterate or label the hallucination, but accepts the reality of it. Howard (1966) says phenomenology is concerned with what appears in terms of more deeply understanding the patient's hallucinations, but the prime focus is on the form in which the phenomenon

appears. Thus, phenomenology provides a new manner of viewing the phenomenon in question and of broadening understanding.

As described, phenomenology views how the past is experienced in the current context of meaning for the patient. However, Gendlin (1964) states that in hallucinations one does not interpret and feel the meaning of a past event in the present. The patient tends to remain in the past which distances him from his current experiencing of life isolating him from his current day-to-day functioning. This leads to a rigidity or lack of felt functioning in the present which results in inappropriate, literal or concrete interpretations and the loss of a sense of self, further contributing to the sense of isolation experienced. Rogers, 1961 (as cited in Prouty, 1994), describes the hallucination as a process which assists in moving the patient from a rigid and alienating self-experience to "a clear, alive, immediate and integrated" (p. 78) self-experience.

Jaspers (1963) describes the delusion as "a transformation in our total awareness of reality" (p. 95). The disorder of perception is clearly evident in delusion and dominates the patient's experience of being-in-the-world. Van den Berg (1972) states that contrary evidence, even when it conforms to other people's reality, is ignored as the patient cannot afford to accept that reality. This would shake the very congruence he is struggling so hard to obtain and maintain as a form of self-protection. It becomes necessary for the patient to withdraw into his personal world to achieve this balance.

As with hallucinations, the primary experience of delusion is not easily understood by others and cannot be substantiated by the patient. The literal objects in the world have not changed. What has changed is the recognition of those objects as they are linked to an experience that has a different meaning for the patient. Hence, "all primary experience of delusion is an experience of meaning" (Jaspers, 1963, p. 103). Laing (1969) provides an excellent example of this different meaning in the delusion when he describes a man stating that he is dead when he is alive. Our society only views death as a biological fact and does not tend to accept psychic death as it is experienced by the patient. This results in him being judged as mad without any consideration being given to the meaning and experiencing for the patient.

It is clear that an altered view of reality, that does not conform to the average experience of man in society, is usually met with disbelief and viewed as abnormal. This results in isolation and loneliness for the individual living that reality and further exacerbates the difficulties that he experiences in the world. Phenomenology views man as a whole, unique individual whose reality should be accorded respect and understanding in terms of the meaning it has for him. This approach, therefore, offers a broader perspective of the understanding of disturbed behaviour as well as a deeper respect for the individuals's experiences and life.