

# ***Phenomenological concepts in clinical practice: From presenting problems to case formulation***

James Yu<sup>1</sup>

The present article highlights the implications of phenomenology in counselling and psychotherapy practice, specifically concerning understanding the client's presenting problems and conducting an initial case formulation. These routine activities in clinical practice are shaped by the clinician's philosophical and theoretical backgrounds. Phenomenology, as an alternative philosophical tradition to Cartesian dualism, offers cornerstone concepts such as the lived-world, the lived-body, intersubjectivity, *Befindlichkeit* and a horizontal perspective on the unconscious. Their implications to clinical understand will be illustrated with a case study.

**Keywords:** *phenomenology; case formulation; presenting problems; unconscious; bracketing; descriptive; contextualization*

Phenomenology is one of the unique big-picture philosophical movements emerged from continental thoughts (Nisbett, 2003). Although phenomenology is not an alternative psychological theory and different scholars in the phenomenological tradition have vastly different propositions, its implications on clinical practice have not been systematically explored in the literature.

In the practice of counselling and psychotherapy, the clinician generally conducts two routine activities, implicitly or explicitly (as in written forms), on which subsequent interventions or treatments are predicated. These include a detailed profile of the client's presenting problems and a case formulation based on available clinical data. The primary purpose of this paper is to propose and illustrate how phenomenological concepts can concretely shape and inform these activities.

According to Merleau-Ponty (1962, 1964), phenomenology fundamentally challenges the Cartesian dualistic view of reality which allegedly obscures our understanding of human experience. As clinical practice is always based on implicit viewpoints on human existence and reality, an alternative non-dualistic perspective should bring about different views on psychopathology. Stolorow and colleagues (2002) argue that a phenomenological approach to psychopathology should be "unencumbered by objectifying images of mind, psyche, or psychical apparatus and is therefore free to study experience without evaluating it for its veridicality with respect to a presumed external reality" (p.144). Hence, preoccupations with the distinctions between inner and outer, real and unreal, and subjective and objective, are counterproductive to the clinician's

attempt to understand the experience of clients.

## **The Lived-world: Primordial Dimension of Experience**

In contrast to the dualistic notion of an inner mind or psyche standing at odd with an outer world, Merleau-Ponty (1962) proposes a more fundamental and experience-near notion of the lived-world which transcends the conceptual separation of the mind and the reality. The lived-world is a first-order experiential world, which is historical, temporal, emergent, and nonsubstantial. It is more primordial and fundamental than the second-order scientific and theoretical constructs such as the mind and the reality. Dualistic concepts such as the mind, the psyche or the outer world are viewed as abstractions of the first-order experiential world.

A phenomenological approach to clinical practice advocates that the clinician must endeavour to bypass the limitations of dualistic thinking and focus instead on the first-order level of experience. Rogers (1961, p.23) also emphasises that "it is to experience that [the clinician] must return again and again, to discover a closer approximation to truth." Translating this principle into practice, the clinician should be committed to understanding the level of experience as close as it is lived first-hand by the clients. Accordingly, diagnostic categories and psychological theories should be treated only as the preliminary tools to facilitate this process of understanding.

## **Intersubjectivity, *Befindlichkeit* and the Lived-Body**

In phenomenology, the lived-world should not be conceived as an isolated territory, but as a field or "a system composed of differently organized, interacting subjective worlds" (Stolorow et al., 1987, p.ix), otherwise known as intersubjectivity. Intersubjectivity refers to the fact that the primordial context of human existence is a communal world. Hence, meanings of existence must be understood in their intersubjective contexts.

---

Corresponding Author: James Yu

Email: required

<sup>1</sup> required

Australian Counselling Research Journal ISSN1832-1135

Dreyfus (1989) borrows Martin Heidegger's notion of *Beindlichkeit* in German to describe how temperament, affect, mood, and emotion can potentially "colour" a person's experiential world. *Beindlichkeit* refers to human emotions and moods as a kind of disposition that is intertwined with how one is situated in the world. When a little boy experiences humiliation from his parents, his emotional reaction (i.e., embarrassment) is not only capable of magnifying the situation, but also engulfing his total experience to become an ontological dimension in his lived-world. If this is a prominent feature of the boy's intersubjective contexts—that is, he experiences such embarrassment on a regular basis, his emotion can be arrested in its course and gradually transform into a dimension of his lived-world. Extreme intensity of singular emotional experience can also engulf a person's experience to become an ontological dimension, which is exemplified in cases where trauma is present.

The lived-body, as Merleau-Ponty (1962, 1964) suggests, corresponds with the lived-world. The boy's experiences associated with the humiliation gradually become sedimented, forming the foundation of his habitual postures and bodily gestures in ways that make his life embarrassment-prone, thus reinforcing a sense of self that is built upon an organising principle of anticipating and avoiding humiliation.

## Phenomenological Reconceptualization of the Unconscious

Distinct from classical psychoanalytic notions of the unconscious, phenomenology advocates for experience-near concepts to capture the commonly observed clinical phenomenon that most human beings are not aware of their deepest motivations. For example, the horizontal notion of the unconscious (Husserl, 2001) allows clinicians to explore the underlying meanings and motives of their clients' behaviour without making reference to any unobservable psychic entities. This phenomenological notion is a type of metaphoric characterisation which seeks to describe the conscious-unconscious phenomenon with common-sense metaphors.

The horizontal unconscious suggests that a person's issue would fall outside of his or her awareness if it has transformed into a dimension of the context in which all future objects and events are encountered. The issue is no longer experienced as a dated moment or event in life, but as a general manner of existence like an atmosphere.

The past is spread out in front of this person as an atmosphere of the present. If this dimension becomes a core one in his or her whole existential context, it will show up in this person's habitual and rigid ways of relating to objects and other people in the world (Dreyfus, 1989).

Stolorow and colleagues (2002) propose three interrelated realms of the unconscious based on the notion of horizon. The prereflective unconscious refers to emotional convictions and organising principles that shape and thematise a person's experiences but operate outside the realm of reflective self-awareness. Similar to the phenomenological notion of atmosphere, it pervades everywhere in the person's horizon such that it cannot be identified as a perspective with anything to contrast with it. The dynamic unconscious refers to experiences that were denied of articulation because they were perceived to threaten significant relationships from which one's sense of self emerged. Such experiences are faded into the background of the horizon but continue to shape our conscious experiences in powerful ways. Lastly, the invalidated unconscious refers to ex-

periences that could not be articulated because they never evoked the necessary validating responsiveness from the environment. These experiences are like fragments of a gestalt floating in the empty space along the horizon but loaded with strong emotional forces that also significantly shape our conscious experiences and relational strivings.

Stolorow and colleagues (1992) provide an alternative concept of "organizing principles" of experiential world, which guides clinicians to explore how our clients' experiential world is organized in ways that give rise to distinctive meaning and themes in life. In terms of psychoanalytic practice, the clinician would focus on the more or less unconscious and invariant organising principles that underlie their patients' recurrent themes in life.

## Tools to Understand Experience: Bracketing, Description, and Contextualization

The phenomenological approach to counselling and psychotherapy refutes the concepts of "decontextualized absolutes or universals...neutral or objective analysts...God's-eye views of anything or anyone" (Stolorow et al., 2002, p.76). From a phenomenological perspective, clinical understanding is built upon genuine respect of the client's utterances, an expansion from the contents into contexts (e.g., historical, relational, and dynamic), and a continuous reflection of an evolving therapeutic relationship. Bracketing, description, and contextualization are three interrelated intellectual exercises for clinicians inspired by phenomenology.

Bracketing allows clinicians to suspend their taken-for-granted beliefs in abstract theories and mechanisms underlying their clients' problems. It is a crucial mental maneuver that helps clinicians to shift toward an emphasis on understanding and describing their clients' experience as fully as possible. Contextualization refers to a committed exploration into the various contexts of the experience of clients. Their psychological and affective difficulties should be understood in terms of relevant historical and interpersonal contexts. The above epistemological tools are foundational to the phenomenological endeavour to understand human experience.

## Application I: Understanding the meaning of our clients' presenting problems

Presenting problems are only the client's initial attempt to articulate an aspect of his or her lived-world that precipitates the pursuit for counselling. Phenomenology suggests that human beings are always in meaningful relationships with the world. Even in so-called disordered conditions, there are meanings in what would generally be regarded as negative, maladaptive, or pathological in the client's presenting problems. Clinicians can move beyond the judgement categories, namely, normal or pathological, adaptive or maladaptive, rational or irrational, by focusing on the uniquely sophisticated ways in which clients interact with their surroundings. The traditional practice of psychotherapy emphasises the contents of presenting problems. In contrast, phenomenology calls for a continuous expansion of contents into contexts in clinical practice.

## The Case of Jenny: Presenting Problems

Jenny was a twenty-year-old female college sophomore student. She self-referred to the psychology clinic at her University in order to gain a better understanding about her negative emotions, thoughts and memories, which were essentially her presenting problems at the time. She complained about having repeated

episodes of uncontrollable emotional outburst in her social life, experiencing difficulties with meeting new friends in college, and suffering from a heightened level of anxiety. These presenting problems were considered by her parents as adjustment issues in college and possibly a biological-based emotional disorder. Jenny was in between consulting with a psychiatrist for medication advice and finding a psychotherapist to understand herself better.

To understand Jenny's lived-world, it is important to explore the historical and interpersonal contexts of her presenting problems. Jenny first began to experience an elevated level of hurtfulness, anger, and fear after a car accident that took place during the senior year of high school. On the night of the accident, she was one of the four passengers in the car with a driver who was under the influence of alcohol. She stated that the car had slipped on the icy road, hit a snow pile and flipped over. The impact immediately knocked her out of consciousness until her friends pulled her out of the car. She began feeling very disoriented and decided to walk home which was not far away from the accident site. At the door, Jenny recalled staring at her mother and said, "I am dead." Because she departed from the accident site, only her friends were present when the police arrived and investigated the scene. She later learned that her friends blamed her for the alcohols found in the car. Charges were pressed against her for illegal possession of alcohol and distributing alcohols to minor, which resulted in a yearlong parole and community service. Since then, she suffered from sustaining injuries on her back and legs. She also experienced occasional nightmares and a heightened level of anxiety about being in a car while imagining various kinds of disaster that could have happened. Interpersonally, she felt extremely angry and upset about her close friends' betrayal. Although Jenny began to meet new friends in college, her enduring and intense emotions made it difficult for sustaining and enjoying these new relationships.

As the above illustration shows, presenting problems can lead clinicians to an enriched understanding of the contexts in which their clients construct meanings in their lives. It also reveals how the meanings of the presentation problems are co-constructed by the client and the therapist, which is essentially an intersubjective clinical phenomenon participated by two human beings. The interplays between two embodied beings are what determine and shape the meanings of therapeutic communication, such as whether or not something can be expressed or made aware of. Highlighting that both the client and the clinician are embodied beings calls attention to the therapeutic exchanges at the level of bodily gestures, affect, and temperament.

It should be reminded that it is easy and tempting for clinicians to unintentionally dehumanise their clients by diagnosing, categorising, and theorising about them. Viewing the therapeutic situation as an intersubjective clinical phenomenon, the clinician's stance plays a central role in how the presenting problems are conceived. Generally, one can adopt many different stances when listening to the client's narratives such as introspective, empathic, problem-solving, and sceptical. A sceptical stance, for instance, translates into paying a lot of attention to the truthfulness of the client's utterances as well as the motivation behind them. Hence, the presenting problems should always be understood as an interplay between the clinician's therapeutic stance, theoretical convictions and personal backgrounds, and the client's backgrounds and motivations.

It is in this intersubjective context in which Jenny's presenting problems was understood initially by her clinician as a narrative in which she was a victim of an unfortunate event and its aftermath. However, this initial understanding was only the beginning of an ongoing interplay between them.

## Application II: Case Formulation from a Phenomenological Perspective

Traditionally, case formulation is defined as a distinctive activity where clinicians provide a written conceptualisation of clients based on initial clinical data gathered from diagnostic interviews and psychological assessments. From a phenomenological perspective, case formulation is not viewed as an isolated clinical activity independent of the ongoing process of clinical exchanges. Regardless of the theories adopted by clinicians, all the presenting problems, symptoms, and assessment data should be thoroughly contextualised.

### A Brief Case Formulation of Jenny

As counselling continued, the intersubjective contexts in which Jenny's problems emerged in life began to unfold. She was raised in a family in which her father was emotionally withdrawn, and her mother was mentally unpredictable partly due to multiple sclerosis. In Jenny's lived-world, she never experienced validation from her father who always disapproved of her decisions. She experienced some caring and love from her mother but in inconsistent and unpredictable ways, which led to immense feelings of ambiguity and uncertainty throughout her upbringing. She was also strongly convinced that her mother's "bad genes" were passed onto her. She perceived her brother as a very negative figure who never cared for and protected her when she needed most. She felt that he had been a bystander in all of her emotional and social struggles. Specifically, he never helped and protected her when she was constantly teased and bullied by his peers in the neighbourhood. Jenny's extended family was characterised by a long history of serious medical illnesses and deaths, which is a major theme in the historical and interpersonal contexts of her traumatic reactions toward the car accident. She talked about her unsettling feelings of having to anticipate and deal with the deaths and losses of close family members as she was growing up.

Jenny repeatedly talked about being the target of teasing and verbal abuses in her neighbourhood. The perpetrators were a group of young boys who were his brother's friends, and they often made fun of her appearance and weight and sometimes even threw hard objects at her. Jenny's victimisation was highlighted by an incident that took place when she was seven years old. One of the neighbourhood boys choked her on the neck until she almost fainted. Although she reported to her parents immediately afterwards, she felt that they did not take her seriously and downplayed her emotional reactions. Hence, she suffered not only from this traumatic experience but also a combination of her brother's betrayal and her parents' negligence.

In counselling, Jenny gradually acquired the insight that she was becoming more of an angry and hostile person after this incident. On the other hand, she increasingly despised any feelings and expressions of sadness and disappointment which were perceived as signs of weakness. To safeguard herself from being overwhelmed by strong feelings of vulnerability, she gradually became gravitated toward adopting a tough-girl identity which is her way of saying "I will rely on no one but myself." This identity was helpful in terms of regaining a sense of control in life, but it was loaded with intense anger, hurtfulness and disappointment. As such, she often found herself lashing out on those who had hurt her even in minor ways.

From an intersubjective perspective, Jenny's presenting problems were rooted in a rigid relationship with the world in which most significant individuals in her life were readily failing or hurting her in some ways. Although her symptoms and difficulties were directly related to the car accident as well as its legal and interpersonal aftermath, the major invariant principles of her lived-world were beginning to unfold. As a seven-year-old little girl, she felt that she had no choice but to depend on harbouring a "tough" identity to ward off her sadness and hurtfulness. However, the colossal intensity of those emotions associated with the accident and its aftermath were too overwhelming for this habitual defensive self-identity to handle.

As time passed, Jenny gradually moved on and rebuilt a new social network in college. She also fell back on her tough-girl identity when facing new challenges in her social life. She reacted strongly with anger whenever she felt betrayed or belittled by others, as it gave her a sense of control and reinforced her toughness. Furthermore, her easily irritated mood and vigilant body gestures created a lot of interpersonal problems in college. Her lived-world was still one inhabited by individuals who were readily failing, betraying, disappointing and hurting her in some ways. Her traumatic and disappointing past, so to speak, was still living in the presence, as she was unable to free herself from these painful intersubjective experiences. Moreover, up till the point when she entered counselling for the first time, she had no alternative resolution but to rely on being an angry, tough girl in order to maintain a sense of control and power in a frustrating interpersonal world.

## Conclusion

For counsellors and psychotherapists, the presenting problems of clients are often the first organised set of narrative information gathered from beginning sessions, whereas an initial case formulation is generally their first attempt to integrate all the available clinical information and observations at a later stage. Both are considered important milestones in clinical practice that lay the foundation for effective counselling interventions. This paper illustrates how phenomenological concepts, despite its philosophical roots, can directly and concretely inform how clinicians can conduct these two foundational activities in routine practice.

## References

- Dreyfus, H.L. (1989). *Alternative Philosophical Conceptualizations of Psychopathology*. In Harold A. Durfee (eds.), *Phenomenology and beyond: The self and its language* (pp.41-50). Dordrecht: Kluwer.
- Husserl, E. (2001). *Analyses Concerning Passive and Active Synthesis: Lectures on Transcendental logic* (A. J. Steinbock, trans.). Dordrecht: Kluwer Academic Publishers.
- Merleau-Ponty, M. (1964). *The Primacy of Perception* (J. Edie, eds.). Evanston: Northwestern University Press
- Merleau-Ponty, M. (1962). *The Phenomenology of Perception* (C. Smith, trans.). New York: Humanistic Press (Original published 1945).
- Nisbett, R. (2003). *The geography of thought: How Asians and Westerners think differently... and why*. New York: Free Press.
- Rogers, C. (1961). *On becoming a person*. Boston: Houghton Mifflin.
- Stolorow, R.D., Atwood, G.E. & Orange, D.M. (2002). *Worlds of experience: interweaving philosophical and clinical dimensions in psychoanalysis*. New York: Basic Books.

- Stolorow, R.D. & Atwood, G.E. (1992). *Contexts of being: The intersubjective foundations of psychological life*. Psychoanalytic inquiry book series II. Hillsdale, NJ & London: The Analytic Press.
- Stolorow, R.D., Brandchaft, B. & Atwood, G.E. (1987). *Psychoanalytic treatment: an intersubjective approach*. Hillsdale, NJ: The Analytic Press.