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# A PSYCHOLOGY OF CONFRONTATION

BY BARBARA HAUPT

Modern psychology has often been embarrassed by a certain well-closeted skeleton for which Descartes ultimately gets the blame. This skeleton is the bifurcation of human consciousness from the "real" world—or to play slightly upon the words, a modern instance of stripping the flesh from the spirit. Since Locke and Leibniz, each school of psychology has invented its own formula for restoring the unity of man, but most of these have had to compete with the current vocabulary. And the vocabularies have put man into contrasting dimensions—subjectivity and objectivity, secondary and primary qualities, feeling and reality, mind and matter.

Today a new movement in philosophy and psychology—phenomenology—emphasizes the *phenomenon* as the meeting point of *I* and *World*. It treats consciousness in its lively encounter with the "real" world without reducing it "naturalistically" to the stuff of the world. Phenomenology has many of its roots in the complex history of mental and behavioral analysis. Many psychological systems have tentatively treated some of the aspects of behavior that phenomenology now claims as its special problems: the person's modes of encountering existence.

Some of the seventeenth and eighteenth century English thinkers observed ways in which the act of perception itself colored or formed what persons saw; and Gestalt psychologists in the twentieth century supplemented these observations in their "field" theory. German thinkers from the eighteenth century to the present ascribed various powers of forming percepts directly to the mind or brain. Phenomenologists, unlike contemporary behaviorists, interbehaviorists, neo-Freudians and biosocial psychologists, treat behavior as it reveals this peculiar fact about consciousness: the coloration or meaning that phenomena typically take on for a human being confronting them.

This event of confrontation came into the spotlight for modern psychology through the works of Edmund Husserl, who absorbed and transformed the tradition of German psychology. Many of today's practicing psychologists and psychiatrists, particularly in Europe, have accepted and modified his assertions; and they acknowledge him as the father of the new movement.

In his *Ideas of Pure Phenomenology* (1928) Husserl states that "consciousness" and "Being" are the same thing in his science, and that they cannot be reduced to the categories of the empirical sciences. He aims to dislodge the "bias of naturalism" from the study of consciousness. In Husserl's system, the real world receives its meaning as phenomena or existing reality (*seiende*) only as the intentional meaning-product of an ego. All reality exists through "the dispensing of meaning" by a *sense-giving consciousness*. This consciousness is something absolute, not derivative from a nervous system, sensorium, complex of drives or social intercourse as every type of physiological behavioral, libidinal or biosocial psychology would have it. It is independent of meanings bestowed categorically upon it from another source.

Husserl holds that consciousness as such grasps the objectively real in certain limited forms, which cannot be studied empirically by analyzing the structure of objects, but only "phenomenologically." That is, a "pure consciousness" itself, a person standing in consciousness and not a technician working from the outside, must analyze the forms of consciousness. These are specifically the varying modes of time, space, matter and causality.

Husserl assigns to phenomenology "its own proper preserve" beyond the "positive sciences." It arrives there by the unique method he names "eidetic phenomenological reduction." The first step in this method is to put the entire natural world "in brackets"—that is, to take nothing for granted about phenomena. The next is to concentrate on what remains—the "phenomenological" forms of experience, forms not adopted from "factual" experiences (*Faktizitäten*). In seeking these forms the analyst tries to determine how phenomena typically present themselves to a normal ego; he seeks the *essential* forms of all possible empirical facts, not generalizations from empirical facts.

Husserl distinguishes essential form or *eidōs* from individual *existence*. Several experienced objects may share a specific *essence*—a form or meaning they have for a person—but each has its own

unrepeatable *existence*. To discover the *eidōs*, Husserl examines what the normal consciousness does to the reality it confronts or, the reverse, what reality does to the normal consciousness. What, he asks, are the eidetic phenomenological forms? The healthy mind, he finds, experiences *time, space, matter* and *casuality* in specific ways; to alter these is to alter a person's "reality." Phenomenological therapists today examine the diseased personality for deviations from what they have established as the normal eidetic pattern. Psychotic individuals, they discover, vary radically from comparatively normal persons in the way they apply these forms, and the variation tends to be consistent for a given type of behavior disorder.

How does a person form experience eidetically? Husserl contends that "pure consciousness" performs "intentional acts" in which its attention is directed to real objects and grasps them as phenomena—that is, in certain perspectives (*Abschattungen*). He agrees with Brentano that attention determines the reality of a perception; it gives the perception *Aktualität*. Many sensory data present during an intentional act are merely marginal. Not focusing to a *consciousness of something*, they are "dormant actualities" (*Inaktualitäten*). Some entire experiences are not intentional because in them the consciousness is not directed to anything. The ego must meaningfully "glance toward" an object before an intentional experience, or *cogito*, can occur. On the other hand, in order for a *cogito* to take place it is necessary *only* that the ego confront something; the object need not be real. Thus, as Meinong had maintained, not only perception but also fancy, will and approval are *cogitos*. *Apprehended* objects, on the other hand, are "objectified" intentional objects.

Before Husserl, psychologists treated the subject of attention sensationistically, concerning themselves primarily with separate sensory reports, and collecting data about the physical conditions for perception. But he insists upon the *unity of apprehension* and thus continues the tradition of Kant and Herbart, who on this point opposed Locke and Hume and their successors. He assumes, unlike many contemporary psychologists, that the facts about conscious experience are of a different kind altogether than "naturalistic" data about the physical world.

Husserl draws a sharp distinction between Being as Experience and Being as Thing. Like the nineteenth-century phenomenologists, he considers the starting place for knowledge to be the immediate, immanent experience. This experience guarantees the *existence* of

its object and of an absolute self. As a person feels himself in the stream of experience, confronting an intentional object, he knows that he is. Cogito means at once I grasp (something) and I live. Like contemporary phenomenologists, Husserl insists that, though in confronting an object the ego experiences itself as absolutely real it has no essential components apart from its way of being related or ways of behaving. Present-day phenomenological therapy takes as its starting-point this fact of confrontation—the way the person encounters his world of things and people.

In discussing phenomenological time (experienced time, rather than clock time), Husserl emphasized the unity of the stream of consciousness, a fact that William James and Henri Bergson also found important. Each new experience takes place in a context peculiar to the particular ego. Two individuals' streams of consciousness have unlike essential contents. Thus the same *Faktizataet* occurs as a different phenomenon for each individual, and its peculiarity sheds light on the nature of the entire stream of consciousness in which it occurs.

Modern phenomenology takes up mental disorder at this point. It attempts to determine the character of the stream of consciousness or the subjective world of the patient in terms of specific essences or categories peculiar to human consciousness. His distortion of one or more of these known forms of consciousness may provide the key to peculiarities of behavior that cannot be adequately understood by more conventional methods of delving into the person's past or comparing his behavior with well-known syndromes.

Some of the psychiatrists who today are applying phenomenological principles to psychiatry are Eugene Minkowski and Henri F. Ellenberger in France; Erwin W. Straus, now in Kentucky; Baron Viktor von Gebattel in Germany; Ludwig Binswanger in Switzerland and Rollo May in New York. In his book on the new movement, *Existence* (1958) May has included articles by each of these men, in which they explain their theory and practice and submit case reports.

Ellenberger outlines the three main types of phenomenological investigation now being carried on. The first of these is *descriptive phenomenology*. This approach is an attempt to describe carefully and accurately the subjective experiences of mentally ill persons and so to form a comprehensive impression of the world they actually live in. The psychiatrist takes the statements of the patient at face value, not trying to reduce them to what the patient "really" means or to interpret

them as "transference" phenomena. As he listens to his patient, he does not correlate items in the report with any preconceived schemata. In fact, he may make the most effective discoveries by letting himself acquire the "feel" of the derangement that confronts him; he may intuit (*einfühln*) what is amiss long before he can verbalize it.

A second type is *genetic-structural phenomenology*, developed by Minkowski and von Gebattel. Its aim is to define the basic disturbance in the consciousness—a derangement in one of the forms by which one encounters or is encountered by the world—and to trace all of the patient's symptoms and the content of his consciousness to this one disturbance.

Minkowski analyzes the case of a schizophrenic depressive Frenchman who lived under the nauseating delusion that the whole world was in alliance to punish him for his "guilt" by saving up scraps and leftovers of every imaginable kind in order to stuff them all inside him on a certain fateful date unknown to him. Minkowski discovered, by living with the patient day and night for several months, that the man lived in a world that had a peculiar structure of its own, a distortion of the normal phenomenal world of time and consequently of space.

The man suffered from a paralyzing sense that all meaningful time progression had stopped; his life centered on a single fatal focal point, the date of which was unknown to him but imminent at every instant of his existence. His retribution was planned, by hostile forces; everything was planned. There was nothing left for him to do but pick out the pieces of the scheme and discover new evidences of it everywhere around him. He spent his time determining new sources of trash that could be used against him. By feeding his delusion he was devouring his own life, his sense of moving creatively into the future. Minkowski attacked the illness at what he considered to be the aggravating instant—the distortion of the normal sense of progressively creating one's own future—and brought the patient to an understanding of the basic problem.

Von Gebattel analyzes the case of a boy who had a compulsion for cleanliness and, though constantly engaged in washing himself, never felt clean. He regards this patient as a person whose course toward self-realization, towards Becoming, is inhibited. The heart of a compulsion is not an irrational drive or urge, but essentially a blockage. No progression is possible in such a life. It is bound to the past; irrational guilt is slavery to the past. In the normal consciousness



life purifies itself by moving ahead through time and making good what was neglected or done poorly. In the compulsive consciousness, life is bound to some moment in the past or to the past as such, spending itself in the attempt to finish something which it can never finish to its satisfaction. Consequently the compulsive image is likely to be one of pollution versus cleanliness, the patient trying futilely to clean up, tidy up his past so that he can some day direct himself with a clean slate toward the future. His behavior is directed toward an *Entwesen* or de-essentialization, anti-eidos, formlessness; all else that he encounters besides the *Unform*, the compulsive symbol, is meaningless for his life. And he himself is oriented toward an *Entwerden*, a non-Becoming. In a sense he is losing his soul, because he is losing his life in spite of all his efforts to reclaim it. The problem for therapy is not to rid him of the compulsive behavior, to alleviate it in some way, but to achieve a reconstruction of his consciousness, a new orientation to life.

A third type of phenomenology is *Categorical phenomenology*. Its aim is to reconstruct the inner world of the patient with respect to the way he experiences time, space, causality and materiality. Time is normally experienced as a *flowing of life* or *Werdezeit* ("becoming time"). The normal person feels himself to be engaged in *Eigenaktivitat*, connecting the past and the future by his own activity and inmost drive to activity in the present. The future is "open" to him. He is projecting something more or less definite into it, projecting himself into it; and it is coming to meet him, bringing an expectation of fulfillment. Further, the normal person's time is "*inserted into the social, historical and cosmic time.*" The mature person lives as a member of ever widening circles of community, as he senses other *Werdezeiten* parallel to his own.

For some depressed persons time does not flow; the schizophrenic's time tends to be very slow or nearly to stand still. For the manic, on the other hand, time races. The sense of *Eigenaktivitat* weakens for many schizoid patients; they are not actively connecting past and future. For the maniac and many other psychopaths the future is not "open" for them to project a plan into; rather it is empty. For the depressed the future is "blocked." And the schizoid person cannot insert his time into a social, historical or cosmic time, his stream of consciousness is an isolated one.

Space, Ellenberger says, is not phenomenologically the isotropic

space of mathematics, where equal distances are alike. It is "anisotropic"—each dimension has different values. And everything in space is felt in its relation to the body, a mobile focal point. The facts of spatial arrangement are meanings for the subject to whom they are related. Limitations, distances, directions, roads, boundaries, clearness, elasticity are the categories of experienced space, "*oriented space.*" He cites Binswanger's concept of *gestimmter Raum*, *attuned space*, which is space characterized by one's own feeling tone or emotional pitch. It is felt as full or empty, expanding or constricting, hollow or rich. Binswanger reports that in organic diseases of the brain the patient suffers deterioration of oriented space and in manic-depressive and schizoid cases deterioration of attuned space.

Causality is a third form of consciousness: it is felt as determinism, as chance or as intentionality. The melancholic patient experiences almost all causation as determinism; he has little sense for free and conscious human intention. The manic tends to see chance everywhere, just as he finds the future to be empty of meaning. Some paranoid cases see intentions in nearly everything that happens; there is an ominous will directing events at them with sinister intention.

The fourth form phenomenology discovers for consciousness is materiality, in which there are variations of consistency, color, lightness and plasticity. These too tend to be consistent for a given disorder. For instance, the manic tends to see in rose color, rather than in the pervading black of the depressed state, and to sense everywhere a lightness, softness, resilience and multiformity.

Erwin Straus relates psychiatric data of all of these varieties to the various modes of confrontation, normal and abnormal. The primary fact of experience is that I, the real total person, confront the object, the world, as the real Other. It is not just my senses or specific nerve energies that encounter reality; and it is not an assortment of primary and secondary qualities that I confront. Unlike many contemporary psychologists, Straus does not speak of the *I* as an *organism* or an Ego, in the sense of a mere adjustor between rival claims within the psyche. He starts from the fact of *relation*. In experiencing the Other, what is important is distance, direction, besetment, and the possibility of my behaving actively toward it.

Like Husserl, Straus uses the example of walking around an object, each view of it being experienced equally as a phase of one's own existence in the continuum of one's becoming. What is most

worth studying is the way in which one is gripped by the object and the way in which he addresses himself to it. One normally experiences the actual in its limitation—in those aspects of it that address themselves to his senses at the moment; and this limitation points beyond itself to a fuller possibility. Since a person experiences his own time-stream as Becoming, he expects to be able to address himself to the object in the next moment and know more of its possibility. He expects to be able to act toward it reciprocally and to sense it in other ways as it further presents itself to him.

In some kinds of mental disorder Straus writes, "the character of reality is lost, because things can no longer be integrated into the temporal order of personal existence." One of these derangements occurs in mescaline intoxication, which heightens the existence of being influenced, overwhelmed and persecuted by the Other. The individual cannot reciprocate. He grows more and more passive, and feels sensorily dependent on all that touches him. Time seems to stop and space grows boundless.

Schizophrenia is another sort of breakdown of normal relations with the Other. The patient, in encountering it, does not go out to meet a reality which he expects to become more acquainted with in each moment, while retaining his own integrity and entirety. Instead, he experiences the world in a sequence of moments in which he becomes overpowered. Voices speak to him, but not persons, and these anonymous voices strike him violently. There are no boundaries between things and no measure of boundary. There is only the realm of the hostile Other and himself, alone, defenseless, paralyzed, unable to respond and interact with the Other. The schizophrenic world is not a land of dreams withdrawn from reality, but an alien reality engulfing the individual.

Schizophrenia, like all pathological variants of the basic relationship I-and-the-Other, is a distortion of the basic phenomenal realities that give meaning to sense experience. The sense "modalities" are distorted. Each of these—touch, sight, hearing,—has been discovered to have a certain "phenomenological" way of occurring in a life of normal encounters; for the normal consciousness each modality has a certain way of imparting meaning which in pathological states deviates from this norm.

The tactile sense (which in normal encounter is felt as reciprocal) becomes the experience of being touched or struck irrationally, from a distance. Seeing (the sense in which a person is normally most active

and autonomous, ordering what he sees from a certain perspective) may occur as optical hallucinations, a sense of being blinded by a light directed at one or, in some cases, of having images thrown at one. Sound (the most immediate of the sense modalities in its insistence, but also the one which most of all suggests continuity) depends for its pattern on a sequence in time. The schizophrenic hears voices and senses hostile powers like wind and fire which, like the voices, assault and penetrate him but remain volatile, intangible, striking from a distance and showing no logical or dependable progression. Thus in each mode of sense perception a person's ability to make free and meaningful encounters can break down.

All of these psychiatrists—though their techniques may vary—are pioneering in the study of this human capacity for real encounter, and treating its failures. And they share a common background in the theory of phenomenology. They set out from Husserl's initial standpoint—"phenomenological reduction." They "bracket" the naturalistic point of view, which tries to evaluate consciousness from the outside, "objectively." They try to discover 1) what stance the healthy person takes to the world and his life and 2) how this stance is taken in the specific modes of experience—the sense modalities and the forms of space, time, cause and matter.

Like Husserl these psychiatrists assert that consciousness gives form to what it lives; it makes real the *eidōs* of the world encountered and of its own existence. Existence, having soul or consciousness, must create essence, or it destroys itself. The phenomenologist regards the person as responsible for his own becoming, and he tries to understand and heal breakdowns in that responsibility. He shares this sense of the crisis of Being or Nothingness with the existentialist.

Phenomenology differs most basically from other types of psychology such as behaviorism, interbehaviorism, biosocial theory and neo-Freudianism, by trying to cope with that vague but total aspect of personality, consciousness itself. Its method is not a reductionist one. Rather, its dangers lie in the totality of its scope, which is nothing less than the entire orientation of the person to existence. Its promise is certainly great, if only because it is finding a way to understand and heal mental disorder by a method which sets out from a sense of the dignity and significant destiny of human life and a conviction of man's ability to make significant encounters with the Other over-against him. In view of the forces active today in dichotomizing, mechanizing and isolating man, phenomenology seems to hold a promise well worth pursuing.