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REFLECTIVE PSYCHOTHERAPY:
AN EXTRAPOLATION FROM JEAN-PAUL SARTRE'S
EXISTENTIAL PHILOSOPHY

BY

Y. K. GOH

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PREFACE

The final form that this essay has taken arises from an initial impetus to investigate the role of imagery in psychotherapy. Three recent articles (Singer, 1970; Singer, 1971; Cordner, 1970) reviewed the recent upsurge of interest in the use of imagery in psychotherapy. These authors did not find any systematic account capable of integrating the various uses of imagery in psychotherapy; nor did they provide any useful theoretical integration themselves.

The use of imagery in psychotherapy varies from the traditional psychoanalytic use of "free associated" fantasy to Assagioli's (1965) extensive system of psychotherapy called Psychosynthesis which relies solely on image visualization and on to Gendlin's (1970) technique of Experiential Focusing and Wolpe's (1958) procedure of Systematic Desensitization.

In attempting to integrate these diversified theoretical frameworks into a meaningful conceptual system, I am struck by the lack of reference to the role of the activity of imagining on the part of the patient in psychotherapy. Most psychotherapists have put the emphasis on the content of imagery in accounting for their therapeutic
effectiveness.

This led to an exploration into the process of imagining. Subjectively, when I engage in an act of imagining I find myself changing the focus of consciousness. In other words there is an alteration in what I am conscious of. This brought me back to the issue of consciousness which is the topic of the present essay – the implication of the concept of Consciousness and its component element of Reflection in psychotherapy. Specifically, it is an examination of one particular conceptual system of consciousness – Jean-Paul Sartre's Existential Philosophy of Consciousness – for its implication in the practice of psychotherapy.

I hope to show that what has commonly been referred to as "the mysticism of Existentialism" can be understood in practical psychotherapeutic terms. Most important of all, I hope to show that the process of psychotherapy can be better understood using the concept of reflection in terms of the change in level of consciousness. It is thus an attempt towards providing a general theory of psychotherapy based upon Sartre's version of Existentialism.

Chapter I takes a quick look at the concept of consciousness in general psychotherapeutic literature. In this chapter, the purpose of this essay will be further elaborated. Chapter II introduces Sartre's conceptual
system of consciousness and reflection which will be
applied in a general discussion of psychopathology in
Chapter III. In the next two chapters the focus is specifically
on the process of psychotherapy, with Chapter IV attempting
to relate the concept of reflection to the general process
of psychotherapy and Chapter V to further illustrate this
through a discussion of some specific techniques of
psychotherapy. This is followed by the conclusion to the
essay in Chapter VI.
CHAPTER I

INTRODUCTION: THE ROLE OF CONSCIOUSNESS IN PSYCHOTHERAPY

Tomkin's observation that,

"(T)he paradox of maximal control over nature and minimal control over human nature is in part a derivative of the neglect of the role of consciousness as a control mechanism" (Tomkin, 1962, pp. 3)

serves adequately to introduce a brief discussion on the concept of Consciousness in psychology and more specifically, in the area of psychotherapy.

In the opening statement to his comprehensive theory of personality in terms of affect-imagery-consciousness, Tomkin attributed the contemporary neglect of the concept of Consciousness to the two historical developments in psychology - Behaviorism and Psychoanalysis.

However, within the last decade or more we have seen the rapid upsurge of a "third force" in psychology, variously described as humanistic, existentialistic, phenomenological and personalistic (eg. Bugental, 1967). It sounds paradoxical indeed that in the science of psychology we now speak of the emergence of the "Person" in psychology (eg. Allport, 1968), as though psychology, in its attempt to understand human nature has thrown the baby out with the water. There is no doubt that this
return to the "Person" is a response to the distress call in the wilderness of the stranded child.

It does seem that the scapel-like precision of the surgeon-patient operation as exemplified in the behavioristic dictum that,

"there is no neurosis underlying the symptom but merely the symptom itself. Get rid of the symptom and you have eliminated the neurosis" (Eysenck, 1960, pp. 105);

and the religious-like ritual of the priest-confessor relationship as exemplified in Freud's famous statement that,

"(M)uch has been accomplished if we can change neurotic misery into common unhappiness" (in Fagan and Shepherd, 1971, pp. vii)

are no longer sufficient for most therapists or for the patients seeking help.

Emerging with the third force is a new set of attitudes and a new way of looking at man. Allport (1968) described this as "man seen as being-in-process-of-becoming", as contrasted with "man seen as a reactive being" in Behaviorism and "man seen as a reactive being in depth" in Psychoanalysis. Thus man as being-in-process-of-becoming has been variously described as "self-actualizing" (Maslow, 1968); "self-realizing" (Rogers, 1951); man in search of meaning (Frankl, 1971); man the decision-maker (Keen,
1970); man in awareness of himself (Perls, Hefferline and Goodman, 1951); and man as proactive and functionally autonomous (Allport, 1961).

In contrast to the Behaviorist whose unit of analysis is the learned habit and the Psychoanalyst whose unit of analysis is the character structure, the Existential Psychotherapist uses the ongoing experience as his point of departure (Keen, 1970). The adaptation of different units of analysis have wide implication for the implicit theory of personality inherent in all practices of psychotherapy.

Whereas the Behaviorist strives to discover the principles of learning to be applied to the psychotherapeutic task of unlearning the reflexive behavior, and the Psychoanalyst attempts to explain the repressed defences in order to make the unconscious conscious, the Existential Therapist describes the immediate conscious process of being.

However, this new way of conceptualizing man does not negate the usefulness of the other ways of understanding man, as Allport (1968) and Keen (1970) have consistently pointed out. To quote Keen,

"the existential approach to human psychology does not seek the conditioned habits or characterological peculiarities as explanations of the
troubled person's troubles. They are only guides to understanding his experience of himself and the world. The abnormality, the problem that is attacked, is in the person's experience rather than in his behavior or his character structure. This approach is perhaps the psychological ramifications of the philosophical view which places consciousness in the center of the definition of man rather than on the periphery as an epiphenomenon." (Keen, 1970, pp. 4, emphasis added #)

Thus it is neither the observable behavior nor the unconscious defences, but rather the individual's subjective consciousness of his action that is the important component of analysis. It is the purpose of this essay to discuss this aspect of human functioning - the conscious process of being.

Just as with the concepts of Behavior and the Unconscious, the concept of Consciousness will need to be defined and clarified. However I do not intend to labour unduly on the definition of the term Consciousness and its various derivatives and component concepts, but feel that they are best understood within the whole context of the discussion. It is hoped that the meanings of these terms will become clearer as we proceed.

# For the rest of this essay all emphasis underlined will be original - unless as specified.
Another point that needs to be made is that there are probably as many ways of conceptualizing Consciousness as there are different versions of philosophical systems. I will discuss my essay based upon my own interpretation of the concept of Consciousness as it is conceptualized in Sartre's version of Existentialism.

For Sartre, the distinction between psychology and philosophy is at best tenuous. In an interesting essay designed as an essay in phenomenology, Sartre (1940) titled his work "The Psychology of Imagination." Together with his earlier work called "The Emotions: Outline of a Theory" (1939), Sartre constructed a whole system of philosophy in "Being and Nothingness" (1943 #). This is his most complete and well known philosophical work. There is no doubt that much psychological thinking serves as the foundation of Sartre's philosophical writings. As Blackham (1965) said, "Sartre's most interesting contribution to existentialist philosophy is as a psychologist."

As will be shown later, it is the concept of reflection conceptualized in terms of a change in the level of consciousness that we find most usefulness in adopting Sartre's system of philosophy. However, I have not adopted Sartre's philosophical system nor his version of Existential

# The conceptual system to be discussed in Chapter II is based mainly upon this work (abbreviated as "BN") as translated by Barnes, 1971.
Psychoanalysis for our purpose in toto. Neither do I pretend to have interpreted his phenomenological analysis into psychological principles with strict faithfulness to its philosophical underpinnings. What I have done is to outline a conceptual system of consciousness and its component concept of reflection - based upon my own interpretation of Sartre's writings (Sartre, 1971, 1972) and the interpretation of Sartre's writings by others (Barnes, 1971; Desan, 1954; Fell, 1965; McMahon, 1971; Stern, 1968; and Warnock, 1965).

Sartre postulated two levels of consciousness - the pre-reflective and the reflective. Human behavior is predominantly pre-reflective - in the sense that man is more often engaged in being, doing or acting rather than knowing. Reflective knowing, as we will argued, is an important component of mental health.

Sartre's philosophy postulated that in order to gain "pure", subjective reflective awareness, it is necessary that the person knows himself from the point of view of the Other; for it is through the Other that the individual is "really" an object and can thus be known by the Other. Psychotherapeutic literature has the tendency to overemphasize either intrapsychic phenomena (eg. classical Freudian psychoanalysis) or interpersonal behavior (eg. Haley's (1963) transactional approach to psychotherapy) in its explanation
of the process of psychotherapy. I feel that Sartre's conceptualization of the process of reflection serves adequately to integrate the intrapersonal component of subjective experiencing with interpersonal behavior.

The major emphasis of this essay is on how the therapist as the significant Other in the client-therapist relationship facilitates the client-process of reflective awareness. We will now proceed to look at Sartre's system of consciousness.
CHAPTER II

THE CONCEPTS OF CONSCIOUSNESS AND REFLECTION:
A THEORETICAL FRAMEWORK

In this chapter I will introduce a conceptual system of consciousness and reflection that will serve to provide the frame of reference upon which the rest of this essay will be based. In order to provide a better understanding of the terms and concepts used, an attempt will be made to draw out the similarity and differences between the conceptualization adopted here and various other theoretical postulations in psychotherapy.

"Being" and "Existence"

Before we become involved in a discussion of the concepts of consciousness and reflection, there are two basic concepts - Being and Existence - which need to be clarified. Stern (1968) made the following distinctions between Being and Existence thus:

"Being is universal, abstract, timeless, and unlimited by space. Existence is individual, concrete, limited to a definite, very short time, and confined to a restricted spatial environment. Being is 'everywhere' and 'always.' Existence is 'here and now'.
Being embraces everything and everyone. Existence is always one's own - my own, your own.
Being is unaware of itself. Existence is self-conscious and understands itself.
Being is objective, determined, and logically necessary; ..... Existence is subjective, completely fortuitous, sheer fact, free, without any necessity." (Stern, 1968, pp. 22-23)
Traditional classical philosophy concerns itself mainly with the concept of the general Being, as distinct from the concept of Existence. On the other hand, Existentialism attempts to focus upon the concrete individual, the existing Human Being, in contrast to the general state of Being. The basic tenet of Existentialism is thus the upholding of specific Existence in place of the general essence of Being, whereas classical philosophy assumes the precedence of essence over existence.

It is upon this basic premise, that man is first and foremost existence, is subjective, is here and now, concrete, and unlike Being in general, is timeless and unlimited by space, that Human Being is being-in-the-world. To put it in another way, the existence of man is the subjective, individualistic, concrete way of apprehending the world. He is being-in-the-world. This hyphenated "being-in-the-world" attempts to indicate the inseparability of the man-world relationship. Thus man's existence always implies being-in-the-world.

To quote Stern,

"(W)ith the basic position of being-in-the-world .... Existentialism places itself beyond realism and idealism, both of which, starting from a subject without a world, need to have the world outside the subject demonstrated afterward. If this demonstration is considered possible, we speak of 'realism'; if it is considered impossible, we speak of 'idealism.'" (Stern, 1968, pp. 27)
There is no necessity to prove the existence of the world, for it is implicitly assumed in existence that existence is being-in-the-world. Human existence, or being-in-the-world, is simply human consciousness. There is nothing "before" consciousness; that is, consciousness is not caused by something. It is an existential characteristic that man as being-in-the-world reveals himself through his consciousness. The world is there as soon as human consciousness is there. In other words, consciousness is always consciousness of something, and human being is consciousness as being-in-the-world.

As a consequence of emphasizing the primacy of consciousness, Existentialism reversed the classic Descartes' "cogito, ergo sum" dictum ("I think, therefore I am") and replaces it with "sum, ergo cogito" ("I am, therefore I think"). This best expresses Existentialism's denial of the primacy of cognition.

The rest of this chapter centers upon the discussion of the concept of Consciousness as it is conceptualized in Sartre's version of Existentialism. Sartre's system of consciousness has been adopted for the reason that within his postulations, he has extensively elaborated upon another concept - the concept of reflection. As will be shown later, it is in this concept of reflection that we find most implications for psychotherapy.
The Sartrean Concept of Consciousness

The Sartrean concept of consciousness consists of the three dimensions of being-in-the-world - being-for-itself, being-in-itself and being-for-other; and of the two levels of consciousness - prereflective cogito, the primary consciousness, and cogito itself, the secondary, reflective consciousness.

It is the interplay between the three dimensions of being and the two levels of consciousness that Sartre's major and most complete philosophical work, "Being and Nothingness" (Sartre, 1971) is concerned with. In this work, Sartre described the relationships between the three dimensions of being, integrating them within a total system of consciousness.

To gain some insight into the meaning of the three dimensions of being, we will here draw a parallel between them and the existential analysts' description of the three modes of man's being-in-the-world (May, 1958) - the Umwelt, Mitwelt and the Eigenwelt.

The umwelt is the world of things and objects; it is the natural world. To quote May,

"(F)or animals and human beings the Umwelt includes biological needs, drives, instincts - the world one would still exist in if, let us hypothesize, one had no self-awareness." (May, 1958, pp. 61)
This corresponds to Sartre's postulation of the being-in-itself, and the classical philosopher's general Being. Being in this dimension is to become objective, to be what it is. It is what it is in the sense that it is its identity, just like, for example, a mountain is a mountain and a chair is a chair. It is "as full as an egg"; it is "massive". In other words, it is thing-like. It is never either possible or impossible. It simply is.

Being-in-itself is non-conscious; it lacks self-awareness. It is "opaque to itself precisely because it is filled with itself." (BN, pp. 28) To quote Sartre, "Being-in-itself has no within which is opposed to a without and which is analogous to a judgement, a law, a consciousness of itself. The in-itself has nothing secret; it is solid (massif)." (BN, pp. 28) As such it is only susceptible to external relationships like all other things and objects are.

In contrast to the Umwelt, the Eigenwelt is

"self-awareness, self-relatedness, and is uniquely present in human beings. But it is not merely a subjective, inner experience; it is rather the basis on which we relate. It is a grasping of what something in the world ..... means to me." (May, 1958, pp. 63)

This is analogous to Sartre's being-for-itself. It is existence, or Being in the Existentialistic sense. It is
consciousness.

While the in-itself is full of positivity - is itself and is what it is, the for-itself is basically the negation of itself. Consciousness is always consciousness of something which is not consciousness itself. It is self-conscious in the sense that it is conscious of itself as not being what it is and is what it is not. It is characterized as emptiness, a gap, or a lack; as always needing something for completion.

It is nothingness and has to be, as contrast to the in-itself which simply is and "knows no otherness."

Thus whereas a mountain is a mountain in the in-itself, man as the for-itself is not a soldier or a professor or a waiter; he has to be, which he imagines, and which he can be separated just as the subject is separated from the object. As will be shown later, being-for-itself is best characterized as the being in constant pursuit of a selfness, an identity.

Mitwelt is the world of interrelationships between man and man. It is the encounter of man with man in which,

"the relationship always involves mutual awareness; and this already is the process of being mutually affected by the encounter." (May, 1958, pp. 63)

This description of the Mitwelt by May fits Sartre's detailed postulation of the dynamic of the other's "look" or "gaze"
as it affects one's being-for-other. This dimension of consciousness is that in which the for-itself reveals itself to be an object existing for others. We will now proceed to take a closer look at the interrelatedness of these three dimensions of being.

The For-itself in constant pursuit of the In-itself: Man in constant pursuit of a Self

As has been mentioned earlier, the primary level of consciousness for man is the pre-reflective cogito. That is, man is first and foremost acting, as contrast to reflecting. To quote Sartre, man is "nothing but the sum of his acts."

To act is,

"to modify the shape of the world; it is to arrange means in view of an end; ..... an action is on principle intentional ..... (man) intentionally realized a conscious project." (BN, pp. 559)

Stern (1958, 1968) has emphatically pointed out the similarity between Sartre's conceptualization of the free man in conscious choosing of his "fundamental project" and Adler's postulation of an individual's "goal" and "life plan." It is not our intention to elaborate upon this, but to follow Sartre's conceptualization into a discussion of what this means in terms of the concepts of consciousness and reflection.

What is this acting man, or man intentionally
realizing a conscious project? Basically, this acting man is consciousness revealing its being to the world. This must not be misunderstood to mean that there is at first consciousness and afterward "revelation" of being, but consciousness is precisely the revelation of the world. That is, consciousness is no-thing; it is a "lack of being", a nothingness, an emptiness; and it is precisely this vacuity that is the original motivation for all human action.

Thus consciousness is always consciousness of something which is not itself. For Sartre, this conscious man, as the being-in-the-world who is nothingness and free to be for itself, this being-for-itself, acts on the world to be some-thing. Man by way of his consciousness shapes his world in order to be some-thing. The means is consciousness, or being-for-itself; and the end is in the form of selfness, to become some-thing, an identity like the in-itself.

As Desan said, "(N)o body except Sartre has emptied the For-itself or human consciousness to such an extent." (Desan, 1954, pp. 55) Stern described the For-itself thus,

"(B)eing never what he is, being always separated by a region of nonbeing from what he has to be according to his idea, being always in the making of himself, man never coincides with himself, but is 'full' of negation, an ever-questioning and denying hollow projected toward the future. Consequently man, the being-for-itself, is the opposite of nature, the being-in-itself, is what it is, and is the only object of the principle of identity." (Stern, 1968, pp. 63)
Thus man is always in the making of his Self. The being-for-itself is constantly attempting to overcome its nothingness and nonbeing in order to gain a selfness or identity. It is thus this empty for-itself that creates the world, the whole mass of being which lies outside consciousness in the being-in-itself. To quote Desan, the for-itself "is not a person, nor a substance, nor a thing; it is merely the revelation of the In-itself." (Desan, 1954, pp. 10) Or as Fell (1965) put it, "(I)f one doesn't play at being, one is nothing, and one does play at being precisely because one is nothing." (pp. 107)

The concepts of Negation and Freedom

Inherent within this framework of viewing man is the conceptualization of a "gap" within consciousness - the distance between the for-itself and the in-itself, between consciousness itself and the object of consciousness. It is within such a conceptualization that Sartre went further to postulate his most important metaphysical concepts, the concepts of Negation and Freedom.

The existent of this gap, plus the evident ability of man to question himself, gives rise to consciousness (the being-for-itself) the power to negate - or as Sartre put it, to "nihilate"or "naught". It is the property of negation in human consciousness that gives man the freedom to say no, to deny, and to reject; to conceive of the
negatives and to imagine what is not yet the case. Man is the free agent who can conceive of "a world of possibility superadded to the world of reality." (Fell, 1965, pp. 55)

To quote Fell,

"(O)ne is not restricted to the real; one enters the realm of the ideal. Possibility is the ideal negation of actuality. One has the power to actualize the merely possible ..... Questioning and Negation carry implicitly within them the recognition that I am not what I question or negate." (Fell, 1965, pp. 55)

Freedom is the existence of this gap within consciousness and the power of consciousness to negate. Consciousness is the ensemble of the possibilities, the future actions and visions needed to fill this gap through free thoughts and choices. To quote Sartre, "what I ceaselessly aim towards is myself, that which I am not, my own possibilities." In other words, I am always "a desire to be." It is within such a conceptualization that human action has to be understood only by the end, the "original choice", the non-existent and the negatives upon which consciousness is based.

Pre-reflective and Reflective Consciousness

What we have said so far is that the for-itself is in the constant pursuit of the selfness in the in-itself; that nothingness, through the process of negation attempts to become thing-like. It is precisely the gap within consciousness that is the original motivation for all human action towards establishing an identity for himself. However these
come from a reflective analysis of consciousness, and while man acts within the level of the pre-reflective cogito, he will not know of these processes, although he is conscious of his project to achieve the selfness - either through instrumental-rational-voluntary acting or through emotional-imaginary-involuntary acting.

In pre-reflective cogito, one simply acts - either directly on things and events in the world we have objectivized, or indirectly on ourselves in order to "magically transform" things and events in the world as in emotional consciousness. In other words, one shapes the world pragmatically and instrumentally or magically and emotionally, in view of attaining our original project of pursuing man in the form of a Self. As Sartre said, "my acts are commanded only by the ends to be attained and by the instruments to be employed." (BN, pp. 348)

That which is available on reflection - the recognition of the for-itself in its pursuit of an in-itself, is not available in pre-reflective cogito. One is conscious of what one is doing, for, by definition, acting is always intentional; always the means to an end. Thus to be conscious is to act. But Sartre argued that this does not mean that one knows what one is doing, because to be conscious and the object of consciousness is not the same thing. In the
pre-reflective cogito, the for-itself and the in-itself is a total for-itself-in-itself unity, an indissoluble synthesis.

It is this total synthesis between the for-itself which is a pure subjectivity, and the in-itself which is pure objectivity, that we say that the being-for-itself in the pre-reflective cogito is object-centered, or object-directed. To be object-centered in the case of the for-itself-in-itself synthesis is to objectivize the world — in the sense of attributing things, events and situations with the quality or state of being an object. That is, to attribute them with given, fixed, determined characteristics.

One can say that the pre-reflective cogito is the global felt sense of being which is not differentiated into the for-itself which posits for itself a Self. The person is totally engrossed in the things, situations or events of his concern; he "lives" in them, so to speak; there is no distance between him — the for-himself and them — the in-themselves, thus leaving no room for reflection or deliberation. As Sartre put it, "my consciousness sticks to my acts, it is my acts," and "it is a pure mode of losing myself in the world, of causing myself to be drunk in by things as ink is by a blotter." (BN, pp. 348)
Being object-centered, an important consequence for pre-reflective consciousness is that the meaning of the relation between the implicit me and the object appears as if it comes from the things and events objectivized. To quote Sartre,

"there is no self to inhabit my consciousness, nothing therefore to which I can refer my acts in order to qualify them. They are in no way known; I am my acts and hence they carry in themselves their whole justification. I am a pure consciousness of things ..... " (BN, pp. 347)

Some examples may help to clarify the characteristics of the pre-reflective cogito functioning. In the instrumental mode of writing, for example, I am not usually conscious of myself as deliberately forming each stroke of the pen on the paper precisely because I have chosen to attain a certain goal. I am simply writing. While the pen and the paper are instruments to be handled in my act of writing, I am totally engrossed by the pen in my hand and the paper in front of me. I act upon these instruments as if the pen and the paper are the pen to be written with and the paper to be written upon. Thus instead of conceiving the pen and the paper as the possibles which I hope to realize in my act of writing, for that moment, it seems as though they are simply tools to be used; as if "I have to do what I have to do."

On the other hand, the emotional-imagery-involuntary
mode of consciousness is the reaction to situations which are perceived as "too difficult." Emotional consciousness, like all acts, is purposive and intentional in the sense that it is the means towards achieving the conscious project. However, it is involuntary because no other instrumental means are perceived as available. While the instrumental act is the pragmatic acting on things in the world to attain a certain goal, the emotional act is the "magical transformation" of things in the world through acting on ourselves when action in the pragmatic world is of no avail. To quote Fell, "emotion is use of the body as a magical instrument for the imaginary transformation of a world which is perceived as 'too difficult.'" (Fell, 1965, pp. 45)

An example Fell cited from Sartre may help to clarify what this means:

"Sartre's literary works .... provide a number of illustrations of this point. In The Wall Pablo Ibbieta, imprisoned, awaits execution. For him all roads are truly barred. He can act upon nothing but himself; therefore he fabricates a 'gloomy' world in which all objects are devalued. In such a world not even his best memories interest him any longer. In a valueless world one can suffer nothing. This magical quality of gloom is everywhere .... The same objects, people, events which only a short time before had been intensely interesting are now uniformly dull, neutral. For Pablo, 'things have changed.' .... emotion is unreflective. Pablo 'lives' the magical world he has created." (Fell, 1965, pp. 17-18)

Thus "I am depressed" and "the world is depressing" are one and the same thing through the magical transformation of emotional consciousness. There is here an "as if"
coincidence, an imaginary coincidence between the subject-object relation as a result of an attempt to objectivize the situations with characteristics as given. Similarly, things are lovable, disgusting and fearful, as if these characteristics are given in the things themselves; as if these qualities are "out there" and not "within" me.

In summary, it can be said that in contrast to the traditional view where the Self is given and freedom is its goal, for Sartre, freedom is given and the Self is its goal. It is important to note here that what man is free to choose is not the ultimate end, for the goal is always to become an in-itself - an identity, but merely the means thereto.

**Being-for-other**

Sartre viewed man's constant attempt in pursuit of his self-identity as an impossible goal. The for-itself can only behave as if it is an in-itself; it can only play at being an in-itself. There will always be a lack of "coincidence" between the for-itself with itself, for consciousness is always consciousness of something other than itself. "The for-itself is the being which determines itself to exist inasmuch as it can not coincide with itself." (BN, pp. 125-126) Warnock described this lack in consciousness, in the being-for-itself, as "a lack of completed possibilities; and it must always remain unsatisfied as long as being is
conscious." (Warnock, 1965, pp. 45) Not only is man's pursuit of his goal doomed to failure, but in his pursuit, he is always frustrated by the presence of the Other. This brings us to a discussion of Sartre's third dimension of being - being-for-other.

Just as I attempt to objectivize things, events and situations in the world, I also attempt to make an object out of the Other, to perceive the other person as part of the phenomenon of the world. However, Sartre maintained that this is an illusion, for the Other is presented to us not as a thing in the world, but first and foremost, as "one who looks at me." (BN, pp. 345) For example,

"(W)hat I apprehend immediately when I hear the branches cracking behind me is not that there is someone there; it is that I am vulnerable, that I have a body which can be hurt, that I occupy a place and that I can not in any case escape from the space in which I am without defence - in short, that I am seen." (BN, pp. 347)

To quote Sartre, "(H)e is the subject who is revealed to me in that flight of myself toward objectification." (BN, pp. 345) The presence of the Other is always the other-as-subject and my constant concern to perceive the other-as-object is precisely because of my permanent possibility of being-seen-by-him. What this means is that I implicitly recognize the Other's consciousness and freedom to objectivize me. This objectification of me by the Other escapes me, is hidden from me, outside me and unrevealed to me.
I implicitly recognize that I am an object for the other; that I have a Self, a being-for-other which I will never know for it is only for the Other that I am a "real" object and thus be known. In other words, in the presence of the Other's look I am alienated from my Self which I am inaccessible to. To quote Sartre,

"..... the Other's existence brings a factual limit to my freedom. This is because of the fact that by means of the upsurge of the Other there appear certain determinations which I am without having chosen them. Here I am - Jew or Aryan, handsome or ugly, one-armed, etc. All this I am for the other with no hope of apprehending this meaning which I have outside and, still more important, with no hope of changing it." (BN, pp. 671)

All my possibilities, my being-for-itself in free pursuit of the in-itself, become detached from me as well, for in the presence of the Other I am now associated with objects of the world, "far from me in the midst of the world." As Sartre said, "my possibility becomes a probability which is outside me." (BN, pp. 354) "I am no longer master of the situation." (BN, pp. 355)

All these are equivalent to passing judgement on myself as on an object. It is implicit and not contemplated. It is pre-reflective. Just as we have mentioned earlier in our discussion that the pre-reflective cogito is a for-itself-in-itself unity, in the presence of the Other, I am a for-itself-in-itself-for-other unity. Thus
Sartre gave the example that,

"I have just made an awkward or vulgar gesture. This gesture clings to me; I neither judge it nor blame it. I simply live it. I realize it in the mode of for-itself. But now suddenly I raise my head. Somebody was there and has seen me. Suddenly I realize the vulgarity of my gesture, and I am ashamed." (BN, pp. 302)

In this level of the pre-reflective cogito, it is "I am ashamed"; it is an instantaneous, spontaneous, "immediate shudder which runs through me from head to foot without any discursive preparation." (BN, pp. 302) However, implicit in this pre-reflective cogito is the possible awareness that in actuality "I am ashamed of myself as I appear to the Other," which is available on reflection. As Sartre put it, "no one can be vulgar all alone." Thus shame is shame "of oneself before the Other"; it is an immediate recognition that I am as the Other sees me.

The Other is the indispensable mediator between myself and me, for it is in the presence of the Other's look that I experience the limitation of my freedom. A conflict between the being-for-myself and the being-for-other necessarily results; that is, a conflict between what myself as a free-agent in pursuit of my for-itself-in-itself unity, and me as fixated by the Other in my for-itself-in-itself-for-other unity. Thus I simultaneously recognize my freedom as I encounter the limitation to my freedom as a result of the existence of the Other's freedom.
Stern commented that,

"Sartre drew some original conclusions from these premises by affirming that man meets obstacles only in the field of his freedom, and there is no freedom except 'in situation.' Thus facticity, or situation, becomes a condition of freedom and not as determinism affirms, an obstacle to it. Nobody can escape from a jail in which he has not been imprisoned. Man encounters everywhere obstacles and resistances which he has not created. This encountering is what Sartre calls 'facticity' or 'situation.'" (Stern, 1968, pp. 146)

Just as in the case of shame, other spontaneous reactions like fear, pride and alienation are an immediate recognition of the existence of the Other and of the fact that we are being looked at. These reactions are petrifying for in them I implicitly recognize that I am an object for the other, which cannot be known by myself except for the Other. There are two alternative behaviors I can adopt - to play the role that the Other has fixed for me, thus totally relinquishing myself of responsibility as a free agent; or to contain the Other as an other-as-object, thus depriving him of his subjectivity and freedom to objectivize me.

The former is the dimension of the being-for-other and the latter the dimension of the being-for-itself as discussed in detail earlier. In the presence of the Other, my constant attempt to pursue an in-itself through the for-itself, to objectivize things and events in the world is pushed to the limit.
To quote Sartre,

"... my constant concern is to contain the Other within his objectivity, and my relations with the Other-as-object are essentially made up of ruses designed to make him remain an object. But one look on the part of the Other is sufficient to make all these schemes collapse and to make me experience once more the transfiguration of the Other. Thus I am referred from transfiguration to degradation and from degradation to transfiguration without ever being able either to get a total view of the ensemble of these two modes of being on the part of the Other - for each of them is self-sufficient and refers only to itself - or to hold firmly to either one of them - for each has its own instability and collapses in order for the other to rise from its ruins."

(BN, pp. 394)

The concept of "Bad Faith"

Whether I engage in either of the dimensions of being, I am invariably living in Bad Faith, for I am ignoring the truth of freedom when I attempt in both cases to objectivize or being objectivized. Bad Faith

"has in appearance the structure of falsehood. Only what changes everything is the fact that in bad faith it is from myself that I am hiding the truth." (BN, pp. 89)

Why does man engage in bad faith? It is an existential fate of man to engage in bad faith as a result of the absolute freedom implied in Sartre's concept of consciousness. This massive responsibility is a heavy burden for conscious man to shoulder.
In order to escape from the recognition of this freedom and responsibility man remains in the pre-reflective level of acting, for freedom manifests itself only when the conscious man engages in reflection. When we reflect, we face our freedom and the gap between me and the object posited. I stand at a distance to it, in a relation with it; I recognize my responsibility in this relationship. Inevitably I am overwhelmed by it, giving rise to "anguish." "Anguish is the reflective apprehension of freedom itself." (Warnock, 1965, pp. 55)

But instead of facing the anguish inherent in man's unsatisfiable pursuit of a Self and the absolute freedom to choose the many possibilities to fulfil this, man evades this anguish by taking flight in Bad Faith. To quote Warnock,

"..... Bad Faith is an attempt to escape from the anguish which men suffer when they are brought face to face with their own freedom." (Warnock, 1965, pp. 52)

Sartre argued against the use of the concept of the unconscious in place of Bad Faith. For Sartre, there can only be conscious being, as in the for-itself, and non-conscious things, as in the in-itself. To be conscious is simplicitly to imply consciousness of something which is not itself - a negation between what consciousness has to be and what the object of consciousness is. In other
words I can become something only when I know I am not already that thing. Man as the conscious being cannot possibly hide from himself what he does not already know. He is thus "ignorant" of the truth rather than being "unconscious" of the truth, for he is too busy "living" in Bad Faith in his constant pursuit of the in-itself to allow for reflection. In other words, it is through the activity of reflection that man becomes aware of his condition; that in actuality it is he who has posited itself an object to be pursued.

Thus, for Sartre, man's salvation lies in the recognition of his own condition and the assumption of responsibility for one's own acts. As Barnes (1971) put it, "the existentialist hero recognizes the irrational nature of his initial choice but saves himself by a rational acceptance of the hard facts of his condition." It is the recognition of the existence of this consciousness, this for-itself which is nothingness which allows it the absolute freedom to be. It is here that we go on to the discussion of the concept of reflection and its implication for psychopathology and psychotherapy.
CHAPTER III

PRE-REFLECTIVE CONSCIOUSNESS AND REFLECTION:
ITS IMPLICATION FOR PSYCHOPATHOLOGY

The last chapter indicates that man's primary consciousness - the pre-reflective cogito - is living in Bad Faith. It is ignorant of the truth that the for-itself is in the constant process of freely creating meaningful relations with the world of his own choosing. It is the denial of one's freedom and responsibility. Living in pre-reflective acting is to become thing-like, static and permanent; to deny that "to the for-itself being means to make known to oneself what one is by means of a possibility appearing as a value"; instead, to be in Bad Faith is to "consider values as transcendent data, independent of human subjectivity." (BN, pp. 722)

It is to live in deterministic excuses, to be unauthentic. It is man in constant search for a definite, stable identity, or self or personality, or character to be possessed. However, I cannot flee from what I am - a being-for-myself, a consciousness with my freedom to be, rather than a being-in-itself which should be. I can flee in order not to know - as I have done through the pre-reflective cogito by engaging in Bad Faith in order to escape from anguish, and to become ignorant of what I am.
These are Sartre's ethical and moral metaphysical postulations. Thus for Sartre, man's ultimate salvation is to live in "Good Faith" - to be in clear light of his responsibility and freedom to choose what to make of himself. We will now attempt to extract from these analyses some implications relevant to psychopathology.

**Psychopathology**

As we have said earlier, whereas traditional psychology postulates a given Self in seeking of Freedom, Sartre has postulated that Freedom is man, and his ultimate goal is to possess a definite, fixed identity. Thus Horney (1950) postulated the existence of a "real self" which is overwhelmed by the "idealized self", resulting in an "alienation from self" as the neurotic symptom. For Fromm (1941) a patient is neurotic because he is alienated as a result of the giving up a a "real self" to a "pseudo self". Weiss (1961) postulated that a patient is alienated because he is neurotic. Thus while the traditional psychotherapists speak of the "loss of self" as self-alienation, for Sartre alienation is precisely the for-itself attempting to gain a Self for itself resulting in an ignorance of the process of the for-itself in free pursuit of the in-itself. For Sartre, alienation is a fundamental human condition. There is not first a Self which has been lost through neurosis, or a Self which has been lost thus causing neurosis, but man is first and foremost nothingness which in his pursuit of
an identity alienates himself though becoming that identity.

It is precisely in the pursuit of an identity which he has not that a Self is posited. As a result, his being-for-himself, his freedom to be, becomes fixated by the objectivized Self. Alienation is an inevitable corollary of man's pursuit of an identity, not the loss of an identity. To quote McMahon,

"(T)he primary source of his alienation is the obstacle he finds standing between his apprehension of his liberty and his free exercise of it: he lives in need. Because of this he is involved constantly in the effort to satisfy his needs."
(McMahon, 1971, pp. 316)

Alienation is the recognition of one's freedom on one hand, and one's limitation of this freedom by the situation or facticity.

Just as there is no Self to start with, there is no "ego" in defence against the unconscious forces of the "id" and the "superego", but it is precisely the pre-reflective consciousness, the intentional acting against the recognition of its own nothingness that an "ego", or self is posited. There is no "Ego" or Self to be defended, but there is the nothingness to flee from. It is the bringing into awareness, through reflection, that one is fleeing towards an identity which one has the freedom and responsibility in choosing - that is the code of mental health. It is to live authentically in direct confrontation with one's condition.
To do this is to act directly on the environment to attain the goal pursued, but in full reflective awareness of one's responsibility in having set the goal for oneself. That is, it is to act in the instrumental mode reflectively. The emotional-imagery-involuntary mode of behavior is essentially negative, for it does not constitute an effective mode of behavior towards attaining the conscious project; neither is behaving solely within the pre-reflective level of the instrumental act a "Good Faith", for within this mode of acting, one is under the illusion of appropriating things for things' sake. To quote Stern,

"..... Existential psychoanalysis will reveal to man the true aim of his search, which is a kind of synthetic merger of the being-for-itself he is, with the being-in-itself he recognizes and wants to possess ..... Knowing that the aim of their search is being, they would not appropriate things to themselves for the thing's sake, but would try to realize a symbolic appropriation of their being-in-itself." (Stern, 1968, pp. 202)

Thus man has to be aware that in his acting he stands in "symbolic appropriation" to the things attained if successful, and if he fails, he is responsible for the failure to attain the goal chosen.

To be alienated means that the being-for-itself has lost its freedom and responsibility as a result of being an in-itself; being objectivized, being fixated with an identity and a self. This happens in pre-reflective cogito, when the
for-itself becomes in-itself-for-himself or in-itself-for-
other. Instead of being a pure subjectivity, a pure
consciousness and no-thingness, in constant objectivizing
of things and events, I become as if I am those things and
events themselves. Instead of realizing the "symbolic
appropriation" that I, a subjectivity, stand: in relation
to the things and events that have been objectivized, I am
totally engrossed in the symbols themselves. As Sartre
said, I am both symbol and symbolization at once.

The traditional use of the concept of alienation
has been confusing and vague. This is probably due to the
conceptualization of alienation in terms of the "loss of
self", as if one has lost some power to feel or to integrate
himself, or lost the sense of purpose in life or meaning
for life - as if some-thing or some state is lost which is
caused by or is causing the neurosis.

Instead of conceptualizing alienation in terms
of the loss of some-thing, as has traditionally been, we
will understand by alienation here as precisely the becoming
some-thing of consciousness. This is not a mere play with
words but has implication for our conceptualization of
psychopathology.

Alienation is the characteristic of the pre-
reflective cogito when the for-itself behaves as if it is
the for-itself-in-itself-for-myself or for-itself-in-itself-for-other unities – an empty subjectivity becoming as if a full, obstantive object. We can distinguish between two types of alienation, corresponding to the two different modes of pre-reflective acting. One is when the pursuit of the for-itself in the in-itself through the instrumental mode is successful; that is, one supposedly experiences the feeling of selfness. The other is when in his pursuit he experiences difficulty and has to resort to the emotional mode of acting to magically transform the world in order to indirectly gain selfness.

Two types of Alienation or Neurosis

For heuristic purposes, these two types of alienation – one in terms of the instrumental mode and the other in terms of the emotional mode – can be compared to the new type of neurosis called "existential neurosis" and the group of classical affective psychoneurosis, respectively. It will be shown that it is possible to describe the characteristics of these two different types of neuroses using the conceptual system we have been following.

The former type is best represented by what Frankl termed "noogenic neurosis." Frankl conceptualized his version of psychology as "height psychology" in contrast to "depth psychology" (Frankl, 1967, pp. 21), the latter which has traditionally been dealing with classical affective
neurosis. As Frankl said, for "height psychology,"

"(it) tries to make the patient aware of what he really longs for in the depth of his self ..... it tries to elicit his striving for a meaning to life, and it tries also to elucidate the meaning of his existence ..... in the age of the existential vacuum, the danger lies much more in man's not being burdened enough. Pathology results not only from stress, but also from relief of stress which ends in emptiness." (Frankl, 1967, pp. 21)

Thus while the classical neurosis may be characterized by the confrontation with a lack of stress, and emptiness. The former is a result of one's confrontation with obstacles and difficulties on one's way towards a goal, while the latter is one's realization that in spite of the "smooth sailing" on one's way towards some goal, somehow, the path is never ending. While in the former one experiences the sense of being pushed back, in the latter one experiences being pulled towards something which one does not know of. The former is best described as "frustration", whereas the latter is more of a "bewilderment."

We have equated unsuccessful instrumental acting on the world to the classical types of neurosis. Within our framework of viewing psychopathology, this places emotional-imaginary-involuntary behavior as an important component of these neuroses. Emotional consciousness is the magical transformation of the world into an imaginary situation when the world has been perceived as being too difficult for
the for-itself to become the in-itself through instrumental acting. In other words, it is a frustrated striving leading to various emotional reactions and their concomitant imaginary world views.

There is some support for the instrumental-emotional distinction we have made here in a recent paper by Fischer (1969). Fischer cited much research in support of his thesis that hallucinatory behavior is a result of an inability on the part of an individual to,

"verify through voluntary motor performance in Euclidean three-dimensional physical space the phenomena experienced in the conceptual and sensory dimensions." (Fischer, 1969, pp. 161)

The author postulated the high "sensory to motor ratio" as the major determinant of hallucination. Thus in the traditional sensory deprivation experiments, it is not the sensory deprivation per se, but the corollary motor deprivation that is important in causing hallucination. Fischer redefined hallucinations as "intensely active sensations which blocked peripheral voluntary motor manifestations."

The similarity between this postulation and our postulation, that emotional-imaginary-involuntary acting is a last resort when instrumental acting is of no avail, is made clearer when Fischer says that,
"patients start hallucinating when 'there is no way out' (to change through willful motor performance the outside universe)." (Fischer, 1969, pp. 167)

This seems to be consistent with Sartre's conceptualization of the two modes of pre-reflective acting.

Thus while the emotional mode of behavior is imaginary and involuntary, the instrumental mode is rational and voluntary. It is rational for it is the pragmatic, direct acting upon the world to attain the goal. Only through the latter mode of acting can the "phenomena experienced in the conceptual and sensory dimensions" be verified in "three dimensional physical space."

However, constant successful instrumental acting on the world without reflective feedback is existentially neurotic. One is constantly being pulled towards, striving for goal after goal until one finally is caught in the cognitive bewilderment of losing sight of the symbolic appropriation, of not seemingly reaching any end to one's striving.
Symptomology of the two types of Alienation

Both these categories, emotional and instrumental acting, share a common core experience - the experience of hopelessness. On one hand is the experience that I always get what I want and yet I am not satisfied, and on the other hand is the experience that somehow I never seem to get what I want. One can say that in one case is the moratorium on instrumental acting on the world because I am never happy with what I attain anyway; in the other case is a moratorium on the ground that no matter how hard I try I will never get it anyway. Thus in the former case it is one of saying "if only I know what I really want, then I'll be all right"; whereas in the latter it is "if I don't want it, I can't be hurt."

Melges and Bowlby's (1969) specific emphasis on the concept of hopelessness as it is related to an individual's goal and plan to attain that goal, is relevant to our discussion here. These authors conceptualized hope and hopelessness as "a person's estimate of the probability of his achieving certain goals." It is a person's anticipation of certain events, a person's outlook on the future.

The authors' detailed examples of two types of hopelessness in psychopathology approximate our two categories of alienation. In one type of hopelessness, the individual has lost all incentive in pursuing the goal for it has been
proven useless. However he has not given up the goal - his original goal remains relatively unchanged; he has only given up pursuing it. This characterizes the group of psychopathologies called depression. It is not difficult to see the parallel between this type of hopelessness and our emotional-imaginary-involuntary mode of acting and alienation where there is a disjunction between plan and goal.

The other type of hopelessness is when the individual has given up the future and his goal completely and instead has turned to the present. Melges and Bowlby (1969) cited the sociopath to be representative of this type of pathological hopelessness. This is quite similar to our second category - the unreflective instrumental mode of acting and alienation. From a casual observation it seems that Melges and Bowlby's sociopath and our existential neurotic are quite different types of psychopathology, showing vastly different types of symptom.

However, within the conceptual system adopted here, a case can be made that underlying both these pathologies is the same core experience - the experience of alienation and conflict in one's pursuit of an identity. In the last chapter we mentioned the inevitable conflict as a result of the presence of the Other. In the presence of the Other one recognizes simultaneously one's freedom as one recognizes its limitation as a result of the freedom of another. The
individual discovers that he is an "insoluble contradiction".

If he chooses to act on the world instead of resorting to emotional acting on himself, two alternative patterns of instrumental acting are available. He can act to become either a for-itself-in-itself-for-himself or a for-itself-in-itself-for-other. In other words, either the being-for-himself or the being-for-other predominates in his pre-reflective instrumental acting on the world.

Both the sociopath and the existential neurotic behave predominantly in the pre-reflective instrumental mode to the exclusion of the emotional mode. This is in agreement with the symptoms of these two types of pathology. Thus the commonly agreed upon characteristics of the sociopath (used synonymously here with psychopath) are their emotional shallowness and lack of anxiety and their impulsivity to act out on the environment. (Cleckley, 1964; Buss, 1966) The existential neurotic is characterized by being bland in their affect; it is a boredom rather than a depression. To quote Maddi,

"..... in existential neurosis, depressive affect is the exception rather than the rule, with apathy - an actual absence of strong emotion - being the usual state." (Maddi, 1967, pp. 313)

Similarly, Weiss (1961) observed that for the existential
neurotic "(N)o feeling is experienced, no joy, no longing, no love, no anger, no despair, no continuity of time and life, no self."

"He never imagines or daydreams. He has no goals."
Furthermore, his activities are not chosen for "(T)here is little selectivity, it being immaterial to the person what if any activities he pursues." (Maddi, 1967, pp. 314) He is "consistently pragmatic and materialistic in his outlook on life." (Maddi, 1967, pp. 316)

Thus in both types, the sociopath and the existential neurotic, there is a lack of emotional acting and a lack of planned activities in the future time perspective; a lack of long-term goal-oriented behavior, exhibiting a sense of hopelessness we have discussed earlier.

However, it can be hypothesized that what differentiates these two types of instrumental acting is that while the sociopath acts within the dimension of the being-for-himself, the existential neurotic acts as the being-for-others. For the sociopath his constant attempt is to objectivize the Other and the Others are treated as objects. To quote Bush, "the psychopath is alone in his tendency to treat
others as objects rather than as fellow human beings." (Buss, 1966, pp. 431) For the existential neurotic he treats himself as an object for the Other. As Weiss said,

"(T)he (existentially) alienated patient often is a good observer of himself. Together with the therapist, he looks at himself as though he were a third person in the empty chair." (Weiss, 1961, pp.

He considers himself to be "nothing more than a player of social roles and an embodiment of biological needs." (Maddi, 1967, pp. 315) His relationships with others are generally looked upon as "serving some specific social or biological end. His view of relationship will be rather coolblooded." (pp. 316)

Thus just like the sociopath, the existential neurotic is a hollow, isolated person. Whereas for the sociopath this emptiness is a consequence of acting solely for himself, for the existential neurotic the emptiness is the result of solely acting for others. It would seem that the ideal condition is to act instrumentally as a "controlled schizophrenic" between the two extremes, and to reflect upon one's acting constantly to give one a sense of direction.

Maddi hinted at his dissatisfaction with the global concept of alienation to explain existential neurosis when he said that,
"it is true that traits sometimes considered under the rubric of alienation are not covered by my definition of the existential neurosis. Such things as anguish, rebelliousness, acute dissatisfaction, and civil disobedience are sometimes considered evidence of alienation. Alienation in such cases is usually taken to be from society and not at all from self."
(Maddi, 1967, pp. 314, emphasis added.)

Although the author did not label this latter type of alienation as sociopathy, the resemblance of this description to what we have said of the sociopath is quite obvious. This adds further support to our contention that alienation as defined and differentiated in our conceptual system is of practical and theoretical importance.

Buss (1966) contrasted the sociopath to the psychoneurotic by the observation that while the former is characterized by an inadequate control of his impulses, the neurotic (classical neurosis) is characterized by an excessive control over his acting. Similarly, Maddi (1967) cited low activity level as the characteristic distinguishing the emotional neurotic (depressive) from the existential neurotic. These observations are consistent with our conceptual system.

Thus while the classical psychoneurotic's distinguishing symptoms are manifested in anxiety and an experience of frustrated goal seeking, these symptoms being a result of a "regressive" emotional mode of acting upon
hImself, the sociopath and the existential neurotic are characterized by a lack of emotional acting and instead predominate in instrumental acting.

Concomitant to this shared experience of hopelessness common to all pathology is another core experience intrinsic to all which again can be understood from our conceptual system. This is the lack of a sense of responsibility for one's acting. For the emotional acting of the classical psychoneurotic, the magical transformation of the world makes the world a depressing place, the objects in the world fearful, the others in the world are persecuting him, etc. - all responsibility for one's emotional acting have been transformed and thus externalized. For the existential neurotic, by being-for-others, he becomes an object of another and he is merely playing a role as demanded by others. As Maddi said "he tries to play his social roles well and to insure physical satisfaction and survival. Indeed, he is his social roles ..... " (Maddi, 1967, pp.315)
As for the sociopath, the others are objects given to be manipulated which do not require any act of decision and responsibility on his part. To quote Buss again,

"(T)he psychopath is truly amoral and accepts no personal responsibility for his action. He is adept at finding excuses and trite rationalizations, but these are only to convince others. He never rationalizes to himself because there is no responsibility, no blame, and thus no basis for guilt." (Buss, 1966, pp. 434)
As Sartre said of the emotional and instrumental actings in the pre-reflective cogito, "I am my acts." All acts are object-directed, as we have seen in the last chapter. Thus the neurotic depressive says "I am sad," implying consciousness is sadness - a characteristic of the in-itself, which simply is. Thus the for-itself is in full pursuit of an identity with the in-itself - in this case the state, the mood or the thing called sadness. Similarly for the existential neurotic and the sociopath, they are simply their happenings - just as events "happen" to Meursault in Camus' (1954) "Stranger" and to Alex in Burgess' (1962) "A Clockwork Orange" respectively.

Man acting in the pre-reflective cogito is totally engrossed within the objects concerned, living and wholly present within them. As mentioned earlier, there is no distance between the subjectivity on the one hand and the objectivized things and events on the other, leaving no room for reflection or deliberation. "It is precisely because we are wholly present, we can not hope to have an analytical and detailed consciousness of what we are." (BN, pp. 596)

As such, there is no responsibility, no ownership of the happenings. It just "happens." On the other hand, in reflective cogito, I become aware of the happening. As
for the neurotic depressive, I become aware of my being sad in the reflective cogito. The for-itself now posits for itself an object of consciousness. There is the subjectivity I who experience the happening which I have objectivized and thus "reified" as "sad". Thus it is the I who have to be sad, rather than I am sad. In the traditional Sartrean argument, Sartre said "If I make myself sad, it is because I am not sad - the being of the sadness escapes me by and in the very act by which I affect myself with it." (BN, pp. 104) Thus in the reflective cogito, the individual becomes aware that it is I who have changed rather than the world which has changed to become a sad place to live in.

For the individual, he needs to be disengaged from, withdrawn from, detached and distanced from the totality of the for-itself-in-itself of the moment in order to engage in reflective consciousness. It is by a "pure wrenching away from himself and the world" that he can become aware of his acts within the context of his conscious project.

He is too involved living his pursuit that he is incapable of cognition and reflection which would "isolate the choice symbolized, ..... fix it by concepts, and to bring it forth into the full light of day." (BN, pp. 729) Until he can "defrost" himself from the for-itself-in-itself
totality he is simply "sad" and "depressed." He would not apprehend this suffering as unbearable. He just lives his depression. Consequently he does not act instrumentally to change the world. As Sartre said,

"(I)t is on the day that we can conceive of a different state of affairs that a new light falls on our troubles and our suffering and that we decide that they are unbearable .... He suffers without considering this suffering and without conferring value upon it. To suffer and to be are one and the same for him. His suffering is the pure affective tenor of his non-positional consciousness, but he does not contemplate it." (BN, pp. 561-562)

Just as the depressive cannot see himself in a new light, the existential neurotic cannot imagine how anyone with his "fate" could have any other attitude towards the world, and the psychopath cannot comprehend what the world is for if it is not for oneself. They are all apparently fixated in the static condition of alienation, living in hopelessness and a lack of responsibility; living in Bad Faith, in Sartre's terminology.

It is obvious that the capacity to disengage oneself from one's pre-reflective acting in order to re-engage in reflective awareness is an important therapeutic element. The next chapter is a discussion in more detail of this concept of reflection and its implication for psychotherapy. It will be shown that unless he "questions himself exactly as if he were someone else" (BN, pp. 728) he cannot hope to
detach himself from his acting. This can only be done "from the point of view of the other."
CHAPTER IV
REFLECTION: ITS IMPLICATION FOR
THE PROCESS OF PSYCHOTHERAPY

Reflective consciousness is an important component of living in "Good Faith" or ideal mental health. It is to know rather than to be. As Sartre implied, to know is to fix by concepts and abstraction whereas to be is to live it, to experience it, do it or be it.

In pre-reflective cogito it is as if to be and to know is one and the same thing. This is the basic foundation of all Bad Faith, or neurosis. It is an ignorance of the truth of consciousness. A casual testimony to this is the upsurge of what Perls (1972) called the "pseudo-spontaneity of the turner-owners" culture as a result of the popularization of encounter group experiences. An inadequate understanding of the distinctions between "to be" and "to know" leads to a hedonistic assumption underlying what has commonly been referred to as "spontaneous" behavior - in many ways similar to the pre-reflective pathological behavior discussed in the previous chapter.

This distinction between to be and to know will become clearer once we elaborate upon the concept of reflection. Before we embark on this, it needs to be pointed out that within Sartre's system of conceptualization, reflective
consciousness is an uncommon process. (Fell, 1965, pp. 139) However I tend to agree with Fell that the passage from the unreflective to the reflective level of consciousness occurs much more frequently than Sartre postulated it to be. Within the conceptual system adopted here for explaining psychopathology and psychotherapy, it is my belief that the three distinct patterns of behavior discussed earlier - emotional neurosis, sociopathy and existential neurosis - are limiting cases of a continuum from extreme rigidity of remaining within the pre-reflective cogito to the ideal flexibility of oscillating from "pure", authentic reflection to pre-reflective, instrumental or emotional acting. As will be shown, the process of reflection involves more than one "level" of reflection within Sartre's conceptual system.

"Pure" and "Impure" Reflection

Sartre said that when an individual attempts to engage in reflective cogito "reflection is a recognition rather than a knowledge." (BN, pp. 219, emphasis added) In the act of reflection, the being-for-itself objectivizes itself, positing a quasi-object and thus providing only quasi-knowledge (that is, recognition) rather than pure objective knowledge. It is the attempt of the for-itself to be conscious of itself, which is logically impossible, for consciousness is always the consciousness of something which is not itself.
However, we reflect as if we have posited for ourselves our own consciousness as an object of reflection. This can only be done by "hypostatizing" a strictly contemporary fleeting activity (consciousness) into a "thing" or a "state" of the immediate past. (Fell, 1965, pp. 88) Reflection in this case is "impure," for in objectivizing consciousness, it creates a "virtual" object (for example, the thing called "ego", or the state called "sadness") with a past. Thus while in pre-reflective cogito, consciousness is directed entirely upon objects of the immediate present, in impure reflection, consciousness is directed upon a past.

To quote Sartre, in impure reflection,

"(W)hat it grasps at each moment is not the pure project of the for-itself as it is symbolically expressed by the concrete behavior which it apprehends. It grasps the concrete behavior itself ..... It grasps at once symbol and symbolization ..... It is penetrated by a great light without being able to express what this light is illuminating." (BN, pp. 729)

An example may help to clarify what this means. In the case of the pre-reflective cogito, it is "I am depressed" here and now. I live my depression, experiencing the heaviness and the sadness and helplessness of it. When I reflect upon my depression, I usually do it impurely. That is, I tend to say, "I have been depressed," or "I was feeling depressed," without really being able to "wrench" myself away from that depression, that state or mood that I have
posited for myself. I conceptualized it as "I who have
gone through a state of depression." As Sartre said, I
"grasp the concrete behavior itself .... symbol and
symbolization." It is a recognition, a quasi-knowledge.

What is required is that I look at myself "from
the point of view of the other"; for it is only through
the other that I can "really" be an object and thus be known.
In other words, I need to "purify" my reflection by distancing
myself from my pre-reflective act, just as the Other is
able to know me by being "outside" my act. What this
means in practical terms is that I need to come to perceive
myself, "me", as someone there who is sitting there then
experiencing depression.

This is what Sartre meant by the "pure wrenching
away from himself and the world." This is the distancing,
the disengaging, or detaching or withdrawing, which ever
term one may use to describe the process. It is to "purify"
reflection. In purified reflection, as in the situation
when I say to myself "there was I sitting there experiencing
depression," I can then know, here and now, at this moment,
that I am not in depression. In other words, I become
aware of my freedom to be depressed or not to, with causal
independence of its past. That is, it is precisely because
I am not depressed now, at the moment, that I can choose to
become depressed later, or that I was depressed earlier.
Thomas (1967) gave an example similar to this when he said "suppose I tell a lie and then admit that I have lied. The very act of being aware that I have lied and admitting this means that I am telling the truth. I then am free to become something else." (pp. 227)

Fell said,

"(P)urifying reflection thus replaces a casual account of emotion with a purposive account, a passive account with an active account. It purifies the emotion of its deception." (Fell, pp. 93-94, 1965)

In the situation of pure reflection, it is an awareness that it is the "I" who was sitting there experiencing depression and am now not experiencing it but thinking about it. For the existential analyst, it is the reaction of the person to this awareness and the meaning of the relation between this "I" that I am aware of and this posited state of depression, that is explored; rather than, as contrasted to the psychoanalyst who posited this object of depression as either true or false, a reality in itself existing for itself to be explored and explained away. The former is pure reflection, whereas the latter is impure reflection.

In so doing, the classical psychoanalyst has "hypostatized" and "reified" an act for the patient rather than having helped him to escape from, or to distance him from it. Thus the purpose of analysis is not to recourse
to psychological explanations in terms of inexplicable original givens, but rather to become aware of the existential condition.

The two-phase structure of Pure Reflection

For the purpose of this essay, we can conceptualize the "pure" reflection process as consisting of two phases. The first phase of pure reflection is a "wrenching away" from one's acting in order to look at oneself from another's point of view. It is an objective confrontation with oneself as others would confront us with our acting. The second phase is a subjective encounter with oneself with this objective knowledge. Thus it is "I was there and then experiencing depression, now I am thinking over it, how do I feel about it all?"

These two phases of reflection can be seen as parallel to Sartre's postulation of a double nihilation or negation in pure reflective consciousness. The first is to posit a state or condition which I am not presently - "a pure present nothingness", in Sartre's terminology. For the example we have been using, this is to conceive of the state of "happiness" as a pure possibility. That is, "I am not happy presently," rather than, "I am depressed". This is equivalent to our objective confrontation. One can translate this into psychotherapeutic terms according to the conceptual system we have adopted for psychopathology.
by saying that this constitutes an expansion of the sense of hope - remembering that in our earlier discussion, hopelessness is one of the two core experiences of neurosis.

The second nihilation is to negate the present nothingness by declaring that, "I do not want to be happy any longer." This is equivalent to our subjective encounter phase. Once again, in psychotherapeutic terms, it can be understood as a conscious voluntary commitment and decision to instrumentally act on the world. In other words it is a gaining of a sense of responsibility - the second core experience lacking in neurosis.

Both phases of reflection have to occur in order for therapeutic change to occur. This is what Sartre meant when he said earlier that, "(I)t is on the day that we can conceive of a different state of affairs that a new light falls on our troubles and our suffering and that we decide that they are unbearable." (BN, pp. 561, emphasis added)

In other words, it is not only the objective fact, my self-as-object, but it is also my subjective evaluation of this objective fact - a reconstruction of my self-as-subject, that are necessary for change to occur. These two phases of reflection will be translated into the process of "self-observation" and "reflective feeling" in psychotherapy, which will be discussed later.
Frankl held a similar view of psychotherapy when he said,

"the ultimate meaning is no longer a matter of intellectual cognition but of existential commitment. One might as well say that a meaning can be understood but that the ultimate meaning must be interpreted. An interpretation, however, involves, a decision." (Frankl, 1967, pp. 34, emphasis added)

It is my belief that there is a lack of a clear, explicit theoretical understanding of this two-phase structure of the process of reflection that results in much confusion in the practice of psychotherapy. When Fenichel said that,

"... interpretation (in psychoanalysis) splits the ego into an observing and an experiencing part so that the former can judge the irrational character of the latter" (Fenichel, 1945, pp. 26),

the process of interpretation is equivalent to the process of reflection in our conceptual system. However reflection is conceived mainly as the objective understanding of the pre-reflective act concerned; as a passive acceptance of a causal account.

Little emphasis is placed upon the subjective meaning of the act, which is the second phase of the reflective process. This subjective component of the process has been de-emphasized and subsumed under the umbrella concepts of transference and resistance. It was due to the impetus of Roger's client-centered therapy that heralded the
emergence of an emphasis on this subjective component of reflection. Thus, to quote Rogers,

"... this newer therapy places greater stress upon the emotional elements, the feeling aspects of the situation, than upon the intellectual aspects. It is finally making effective the long-standing knowledge that most maladjustments are not failures in knowing, but that knowledge is ineffective because it is blocked by the emotional satisfaction which the individual achieves through his present maladjustment." (Rogers, 1942, pp. 29)

However, while this new therapy stresses upon the "feeling" aspect, in doing so it has lost the objective component of reflection to the general, vague concept of "insight." Thus what the client-centered therapist attempts to do is to facilitate the client's gradual achievement of insight into himself and his situation through a clarification of his feelings. As Hart adequately described the position of the client-centered therapist in their early formulation, "(T)he therapist was a psychological midwife, whose function it was to aid in bringing forth the client's own insights and positive actions." (Hart, 1970, pp. 7)

The distinction between Unreflective Emotion and Reflective Feeling

At this point it is important to make the further distinction between emotion and feeling. Sartre regarded feeling and emotion as mutually exclusive. However, Fell (1965) cited that Sartre's usage of the term "feeling"
has not been consistent, for in some passages the term "feeling" is equated with emotion. Sartre also made a further distinction between reflective and unreflective feeling. Fell quotes Sartre as meaning,

"only for reflective consciousness does feeling appear 'as a certain subjective tonality.' But on the unreflective level feelings 'have special intentionalities ... . The feeling envision an object.' (Fell, 1965, pp. 137-138)

It seems that the so-called feelings on the unreflective level - presumably catering for an explanation for the presence of affective tonality within the pre-reflective cogito of instrumental acting, can better be accounted for in terms of a subsequent reflective process rather than strictly an accompaniment of unreflective instrumental acting.

As we have pointed out earlier the process of reflection in man occurs much more frequently than Sartre would like to admit and that the shift from one level of consciousness to the next is more flexible than Sartre originally postulated. (Fell, 1965, pp. 139) The pathological cases discussed earlier can be conceptualized as the limiting extremes. In these extremes of behaving predominantly within the pre-reflective level, if reflective consciousness occurs at all, it is much more noticeable than in the case of the "normal" individual who is constantly shifting from one level of consciousness to the next.
Thus, following Fell, I would reserve the term "feeling" to refer purely to the subjective, affective tonality within the reflective level of consciousness as a result of a subject's decision and commitment to evaluate his act; and reserve the term "emotion" for the pre-reflective acting within the emotional-imaginary-involuntary mode. Within such a conceptualization it is possible thus to speak of a "feeling for one's emotion," indicating a reflective awareness of one's pre-reflective act.

As Fell said,

"'Feeling' refers of necessity to a subject's reaction to experience, ..... saying that something 'is felt' is an elliptical way of saying that something is reacted to by a subject who is aware of the effect of a certain stimulus upon him ....." (Fell, 1965, pp. 138, emphasis added)

An illustration may help to clarify the distinction I am making. A severe neurotic depressive can be totally engrossed and bogged down with his emotion of depression. His deathen cheek, his drooping shoulder, his eyes as if seeing through you, and his blank expression — all these giving the impression that he is "living" and experiencing his depression in tot. However it is probably, and most likely, that he has no feeling of his condition. For him to say that, "I feel depressed" is an impure reflection. He has "hypostatized" himself within the "fog" of depression.
In order for him to "really" feel his depression, he needs to detach himself from this "fog" of depression and to look at it in terms of himself-as-object and then, to make a subjective decision on this objectivized self; that is, he has to ask, "how do I feel about what I know of myself." Thus the expression on his face when he says, "I feel depressed" would be quite different in contrast to the expression when he asks, "how do I feel about my being depressed." This latter declaration may bring crying to express the unbearability of his experience of depression, or he may give a deep sigh and say, "now I am really depressed," or he may say,"but I still cannot see what else I can do about it," etc. These latter expressions are indications of reflective feelings towards one's condition. As one can see, they are quite different from the former expression of unreflective emotion.

An inadequate understanding of the process of reflection in psychotherapy has led to much confusion between the parts emotion and feeling separately play in the process of psychotherapy. Emotional behavior is needed for change only to the extent that, as in the case of the classical affective neurosis, this emotional behavior, as pre-reflective acting, serves the raw material for subsequent reflective analysis. The actual change agent in the psychotherapeutic interaction is the objective confrontation
with this raw material and the subsequent subjective encounter, the feeling of, this emotional raw material, and not the emotion itself. It is within this conceptualization that we can say that within the therapeutic situation, emotion should be expressed not simply for emotion sake, as one often hears that an interaction is too "intellectualized" and the patient is "externalizing" so we must make it more "intense" or gain more "depth." Emotion is expressed in order that one can reflectively feel with the experienced emotion. Feeling is precisely the reflective awareness of one's emotion.

Rogers' "Reflection of Feeling": A Clarification

Rogers described the therapist technique of the reflection of feeling as,

"to assume ..... the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this emphatic understanding to the client." (Rogers, 1951, pp. 29, emphasis added)

In other words, it is to "mirror the client's phenomenological world to him." (Hart, 1970, pp. 8)

Raskin vividly described this therapist technique in these words:

"..... counselor participation becomes an active experiencing with the client of the feelings to which he gives expression, the counselor makes
a maximum effort to get under the skin of the person with whom he is communicating, he tries to get within and to live the attitudes expressed instead of observing them, to catch every nuance of their changing nature; in a word, to absorb himself completely in the attitudes of the other." (quoted in Rogers, 1951, pp. 29)

It is to "tune in" to the client's pre-reflective being, doing, or acting. It demands that the therapist be totally engrossed with the client's living. How the client "sees himself" is nothing but the client's actual acting. As we have consistently emphasized, at this pre-reflective level, it is as if to be and to know is one and the same thing.

I see this process of reflection of feeling as an attempt to facilitate the client to differentiate between the two levels of consciousness - "to be," the unreflective, and "to know," the reflective awareness of the pre-reflective act. However, partly because of Rogers' belief in the inherent resource of the client for growth and change, this process of trying to differentiate between the two levels of consciousness has been virtually left to the client himself. As such, the therapist is passive, non-directive and practically non-interventive. As Rogers said,

"(I)n client-centered therapy the client finds in the counselor a genuine alter ego in an operational and technical sense - a self which has temporarily divested itself (so far as possible) of its own selfhood, except for the one quality of endeavoring to understand." (Rogers, 1951, pp.40)
Thus the client is given the responsibility of self-direction. However, this attempt by the therapist to facilitate reflective awareness of one's pre-reflective acting is indirect and often inadequate. It is indirect in the sense that in his attempt to mirror to the client how he sees himself, the therapist hopes that the client will come to question his own perception of himself. It is as if the therapist is indirectly saying to the client, "Is this how you 'really' sees yourself?" or "Is this how you want to see yourself?" It is not enough simply to mirror to the client how he sees himself, because he has always been living in this internal frame of reference. What is needed, as Moustakas put it, is,

"(P)erhaps a balance ..... that does not depend solely on (his) own perceptions of (himself) but includes the feedback of others. When I am not in touch with myself, the perceptions of others may help to point the way. However, I see this direction in self-awareness as an occasional movement from the outside in to facilitate the inside out." (Moustakas, 1972, pp. 94)

I feel that Rogers has neglected this "outside in" component of the client-therapist interaction; and that he has made a conceptual mistake when he assumed that,

"(I)n the therapeutic experience, to see one's own attitudes, confusions, ambivalences, feelings, and perceptions accurately expressed by another, but stripped of their complications of emotion, is to see oneself objectively, and paves the way for acceptance into the self of all these elements which are now more clearly perceived." (Rogers, 1951, pp. 40-41, emphasis added)
To see himself objectively, for the client, is to see himself as the other would see him. For it is only for the Other that he can really be an object. For the therapist who by training is more capable of reflective consciousness and thus less rigid in his being-for-himself and being-for-other, he can see the client from these two frames of reference simultaneously - as being-for-the-therapist-himself and as being-for-the-client (that is, as being-for-other).

Thus for the therapist to see the client as the client sees himself is for the therapist to be a being-for-other. This has traditionally been called "empathy," or in common parlance, to see it from the other's point of view. On the other hand, for the client to see himself objectively is to require the therapist to confront the client with the therapist's own being-for-himself. This latter therapist behavior has been generally referred to as "congruence," or for the therapist to be at one with himself.

As such, what the therapist communicates to the client in "reflection of feeling" is the client's own predominantly pre-reflective acting embedded within the client's own frame of reference. Thus it does not directly facilitate the client to know, in the sense of objectively knowing himself in order to make a subjective feel about this known fact. It is just like asking the client to go from the pre-reflective act straight to the second phase of
reflective feeling without having to know what one is supposed to feel about.

The fact that the therapist should only communicate to the client the way the client sees himself necessarily involves a direct self-restraint on the part of the therapist not to disclose his own being-for-himself. Gendlin vividly described this thus:

"The client is silent, or talks of trivia. Attempts to verbalize his implicit communications make him angry, fearful, or withdrawing; or, as we try to respond to a deeper level of feeling, we find that the client simply has not meant to look at himself more deeply — and misunderstand us. We have all sorts of impressions and images of what the client feels. Perhaps we only imagine these, or perhaps sub-verbally the patient does communicate. We wonder what to do with all this richness of events which occurs in our own moment-to-moment experiencing, as we sit quietly or converse superficially. We feel much empathy but can show little. As we go along on a casual level, or in silence, we wonder if we aren't allowing ourselves to be just as helpless as this fearful person. We are in conflict, not knowing whether to push harder or to attempt being even softer. We blame ourselves for too much helpless waiting, then, minutes later, for too much interruption, pressure, and demand. We wonder whether the client is doing anything significant with us, whether we are failing him. We become impatient and angry at giving so much inward receptivity while so little of it seems communicated. We value deeply what little or trivial communication he gives us, and we do not want to push that away. Yet we feel dishonest when we seemingly assent to silence or to this trivial level of communication." (Gendlin, 1962a)

As a result the client is deprived of being confronted with his objective self; of how his acting affects the therapist
as a person. This self-restraint required of the therapist in the initial formulation of client-centered therapy was, as we have mentioned earlier, partly due to Rogers' belief in the client's own resource to heal, and partly due to, as Rogers said,

"(I)n a therapeutic relationship when the therapist endeavors to keep himself out, as a separate person, ..... personal distortions and maladjustments are much less likely to occur." (Rogers, 1951, pp. 42)

However, recent developments in client-centered therapy as exemplified by Gendlin's (1962a, 1967; 1968, 1970) new Experiential Therapy have come to emphasize the interactive nature of the client-therapist relationship, thus allowing for the therapist's own reflective feelings to be included in the process of psychotherapy. As Gendlin said,

"(T)hey (referring to his passage quoted above) are our impressions of the patient and our incipient moves toward the patient. In suppressing then, we suppress our incipient interaction with the patient." (Gendlin, 1967a, pp. 374)

In summary we can say that while the traditional psychoanalyst stops at the first phase of the reflective act and de-emphasizes the second phase by subsuming it under the concepts of resistance and transference, the early client-centered therapist in emphasizing "feeling" has by-passed the first phase through embedding it within the vague concept of insight. For the psychoanalyst, insight is the main therapeutic agent. The gaining of insight will
dissolve the irrational emotion and conflict thus paving the way to recovery. Insight is a specific therapeutic intervention which is actively "administered" to the client. Marmor defined insight in psychoanalysis as follows:

"..... what we call insight is essentially the conceptual framework by means of which a therapist establishes, or attempts to establish, a logical relationship between events, feelings, or experiences that seem unrelated in the mind of the patient. In terms of the analyst's objectives, insight constitute the rationale by which the patient is persuaded to accept the model of more 'mature' or 'healthy' behavior which analysts of all schools, implicitly or explicitly hold out to him." (Marmor, 1962 pp. 290)

On the other hand, for the client-centered therapist, it is the direct attack on the irrational emotion and feelings of the client which constitutes his main therapeutic technique. Insight is the consequence of such therapist intervention on the client's "feelings." If any insight is to occur at all, it is to come from the client himself.

"Intellectual" and "Emotional" Insights

As a result of the differences in emphasis of therapeutic intervention, a vague schism between "intellectual" insight of traditional psychoanalysis and "emotional" insight of client-centered therapy emerges. Hobbs' skepticism about the concept of insight which made him regard the whole concept as an epiphenomenon is still prevalent today, as the followers of the popular and successful Behavior Therapy would proclaim. To quote Hobbs,
"(T)he role of insight in therapeutic progress has probably escaped detailed analysis because we have no good definitions of what is meant by the term. Particularly are we lacking in criteria for differentiating between intellectual insight and emotional insight, if there are, indeed, two such entities." (Hobbs, 1962, pp. 742)

I believe that the differentiation of the reflective process into two phases - which I have called here the objective confrontation and the subjective encounter phases - will help to clarify the concept of insight. The use of the two-phase structure of the process of reflection can further help to integrate the two components - what has traditionally been called the "intellectual" or "cognitive" component and the "emotional" or "experiencing" component of insight in psychotherapy.

Bardin's (1965) definition of involvement as "to give one's self the freedom to express feeling" adequately described the subjective encounter phase. The second phase of reflection is the subjective encounter phase where the commitment to, decision making of, involvement with or feeling about of something takes place. Feeling is reflective awareness. It is the client-process of subjective evaluation about something - events, objects, things, people, situations, relationships etc. - in other words, it is the feeling about some "cognitive content."

Osgood, Suci and Tannebaum (1957) in their research
on perception, meaning, and attitudes using the Semantic Differential demonstrated that the meanings associated with semantic concepts are fairly stable. The authors found three factors or clusters of meaning, that are used by their subjects in response to stimulus content: Evaluative, Potency and Activity factors. Of these, the Evaluative factor is the most outstanding factor accounting for approximately half to three-quarters of the extractable variance.

These studies seem to suggest that our feelings for most cognitive contents are primarily evaluative reactions which can be subsumed under the bipolarity of towards-against, or like-dislike, or good-bad, etc. This feeling for, or evaluative reaction to, the semantic context or cognitive content seems to be fairly stable, lying along the approach-avoidance continuum.

The implication of this for our discussion here is that what has traditionally been called the "clarification of feeling" is not so much attempting to find the right label for that particular "feeling, or attempting to identify the "correct" feeling, but rather it is the making explicit of the cognitive content upon which the feeling is based. It is the attempt to making the bipolar feeling more appropriately attached to the correct cognitive content. Thus our reflective feeling of the objectively confronted cognitive content changes only to the extent that the cognitive
content changes.

In a way, we can say that feeling is a process, in the sense that it is the subjective affective tonality accompanying the clarification of the objective confrontation phase. It is the "feedback," so to speak, to us as to how we are proceeding towards clarification. When we say, "No, that's not quite right, I mean .......," we are probably saying that, "Yes, I have this feeling of discomfort, but somehow I am not sure what I am feeling uncomfortable about." Thus it is not really the "feeling" that we are actually clarifying, but what we are feeling about that is clarified: the feeling is there—that of uncomfortableness.

In summary, it is my belief that the traditional dichotomy of insight in terms of intellectual and emotional has been an artificial schism due to a lack of conceptual clarification of the process of reflection. Our use of the term feeling to refer specifically to reflective awareness of something has the advantage of integrating the cognitive and the effective components of "insight."

Although most psychotherapeutic practices usually assume the necessity of both components for change to occur, they have not been conceptually clarified and delineated. For example, Brady implicitly made the distinction when he said,
"... insight accompanied by appropriate emotional release implies some conviction by the patient that the insight is valid and relevant to his life, and that he has some commitment to alter the way he thinks and behaves on the basis of his newly acquired self-knowledge." (Brady, 1967, pp. 305, emphasis added)

Brady's use of the term "insight" here specifically implies a gaining of hitherto unawared self-knowledge. As one can see, the term "emotional release" denotes a kind of reflective feeling accompanying the more "cognitive" insight into oneself.

Although Glasser did not explicitly use the term "insight", he comprehensively described the two-phase structure of the process of reflection succintly when he said,

"(O)ur job is to ..... confront (the patients) with their total behavior, and get them to judge the quality of what they are doing." (Glasser, 1965, pp. 56)

The Interactive Process of Psychotherapy

Psychotherapy as conceptualized here requires the total involvement of the therapist as a person, both as a being-for-himself and a being-for-the-client; that is, to confront the client as the way the client is seen by the therapist objectively according to the therapist's frame of reference, as well as confronting the client with the client's own perception of himself. In both the traditional
psychoanalytic and the client-centered therapy situations, there is a lack of an interactive, total involvement between the therapist and the client. In the case of psychoanalysis, the therapist is playing the role of another person when the patient expresses emotions and feelings, because as defined in transference these expressions are expressions by the client towards some past figures in the client's life. (Glasser, 1967) In the case of the client-centered therapist, feelings and emotions expressed by the clients are empathized or "thrown back" by the therapist to the client. Thus in both situations, the therapist functions as an uninvolved person.

The way the client perceives his own act within his own internal frame of reference may not necessarily coincide with the way the therapist, in his being-for-himself-as-a-therapist, perceives the client's acts. The latter is the "outside," external frame of reference for the client. The emotional or instrumental acting is the client's acting on the world, indirectly and directly respectively. In the therapeutic interaction, it is an acting on the therapist specifically.

As such he acts on the therapist in one of three ways - emotionally acting on himself to magically transform the therapist, or manipulating the therapist just as he manipulates other objects in the world, or conforming to the
therapist just as he has conformed to the world outside. In other words, the therapist is simply a "given" out there - the magical healer, the object to be evaded or manipulated, or the one to show the lead towards a meaning in life.

However, I feel that in all therapeutic situations, it is precisely because the therapist does not behave simply as the "given" out there that facilitates change in the client. It is precisely because the therapist does not behave as another "given" out there that constitutes the difference between what the therapist does in the therapeutic interaction and what the general others have not been doing. As a matter of fact, there is sufficient research evidence to indicate that it is because the general others in the client's environment behave as if they are "givens" in the client's environment that sustains the client's pathological conditions (eg. Bateson, G., Jackson, D., Haley, J., and Weakland, J., 1956; Laing and Esterson, 1964)

The implication of this, that the therapist does not behave simply as a "given" or a character out there, is that the patient's attempt to constantly objectivize the therapist is frustrated. As such, he has no alternative, within the psychotherapeutic situation, other than to respond to the therapist's reflective feelings and objectification of the client. In other words, the client has to respond to the therapist as a subjectivity who is in constant process
of interacting with the client rather than categorizing or explaining to the client. It does seem that accompanying the process of change is the gradual breaking off of the expected patient-therapist role into a person to person interaction.

Thus Pentony said,

"What most characterizes the person showing insight (intellectually and emotionally) is an increasing ability to put himself in the position of the other. He empathizes more with the other. He is much less sure that he knows in advance what the other thinks and is going to say. He seems to be more aware that there are two perspectives on his behavior and he is able to hold them in juxtaposition so that their interrelatedness becomes apparent and a new scene unfolds. The consequence is an emerging new view of himself and his potentialities."
(Pentony, 1970, pp. 260, emphasis added)

What the therapist must do that the generalized others seldom do, is to confront the client with the client's self-as-object, as well as the client's self-as-subject. It is through being confronted with this objective self that the client can become aware of the effect of his acts in the world; of the feelings that can be aroused in the other. As a result of this confrontation and a subsequent subjective encounter with one's objective self, the client is forced to re-evaluate his self-as-subject.

This process of establishing an "open" system in the person-to-person interaction has the result of
expanding the choices and alternatives for the client. He is not a personality, a character or some quality, expected to be doing and saying some predetermined things. The client has to act and react to the therapist moment by moment. The situation demands that he become self-responsible, for he has to decide and to judge each moment that he is involved in interacting with the therapist. He is committed to the interaction; he is directly encountering, confronting, and experiencing his freedom to be.

It is not a passive acceptance of oneself as one is, or saying to oneself that one should be responsible for one's act, or that one is free to choose to do what one wants to do. Rather, it is an active deciding and judging of what is happening moment by moment in the interaction. It is the breaking down of the patient-therapist paradigm into an intimately involving person-to-person relationship. This is what is usually referred to as the "here and now," the living in the present between the patient and the therapist both as involved individuals acting as well as reflecting on each other's listening, and clarifying as well as expressing feelings toward what has been listened to.

Brehm's (1966) Theory of Psychological Reactance is relevant to what we have been saying here. Psychological Reactance is a "motivational state directed toward the re-establishment of the free-behaviors which have been
eliminated or threatened with elimination." This is quite similar to Sartre's postulation that our constant concern is to contain the other within his objectivity. It is precisely because the other is always the other-as-subject, a free being-for-himself that can objectivize me without the possibility of my ever knowing, and thus threatening my freedom, that I constantly attempt to objectivize the other.

What is of immediate relevance to us here is that Brehm cited experimental evidence to support his hypothesis that,

"when one perceives that it is difficult or impossible to establish the objective truth of a matter, or when one perceives that there is relatively wide disagreement among people about what one should think or feel, then one will feel free to select one's own position and/or feeling." (Brehm, 1966, pp. 92)

This is an interesting observation for it supports our description of the dynamics of the reflective process. As a result of the confrontation by the therapist with other alternative ways of perceiving and feeling about the client's act, the path is set for the second phase to select one's own position; to decide and to judge for oneself. Similarly, Kiesler (1971) in his experimental studies on the Psychology of Commitment said,

"(O)ur data imply that one's commitment to some behavior follows from one's perception that he was free to have acted otherwise .... One's perception that he has freely elected to act in some way should certainly constitute to the degree to which he feels committed to the act. Having elected to act in a particular way should
make him feel more personally responsible for his behavior." (Kiesler, 1971, pp. 159-160, emphasis added)

This second phase of the reflective process can be conceived as an assimilation and consolidation of materials confronted in the first phase. It is a "working through" of psychoanalysis; the "experiencing" of Gendlin's Experiential Therapy (1964, 1968); the "reconstructing the perceptual field" of Rogers (1942, 1951); the gaining of "meaning of Frankl's Logotherapy (1967, 1971); the working out of a "personal cosmology" of Hobbs (1962); the "getting a patient to acknowledge the values he really believes in" of Glasser (1965); and the gradual "desensitization" of aroused imagery of Wolpe (1958).

In conclusion, we have postulated that the elements in the psychotherapeutic process of reflection that facilitate change are:

A) Phase I: Objective Confrontation by the Therapist

This requires that the client be detached from his pre-reflective acting in order that the process of objective self-observation by the client can be facilitated. We will have a look at some examples of specific techniques to illustrate this in the next chapter.
B) Phase II: Subjective Encounter by the Client

This requires that the client hold in juxtaposition his confronted self-as-object (that is, what he is) and his moment-by-moment self-as-subject (that is, what he is doing pre-reflectively). Through the therapist using himself as an instrument in the first phase, the client is introduced to engage in a process of reflection for himself - that is, to engage in a process of feeling, judging, deciding, assimilating and integrating aspects of himself. This is what is meant by involvement, commitment and the gaining of a sense of self-responsibility; the gaining of the ability to feel (by definition, to reflect) and to express this in the person to person interaction with the therapist. Gendlin's psychotherapeutic technique of facilitating experiencing will be discussed as the best example of facilitating this subjective encounter phase.

Although the two phases of reflection have been distinctively characterized, this has only been done in order to provide conceptual clarity to the psychotherapeutic process, and to draw the similarity between them and the traditional concepts of "intellectual" and "emotional" insights. I believe that in practice the therapist and the client are constantly shifting from pre-reflective acting to reflective awareness, and from objective confrontation and subjective encounter. It has been the purpose of this essay to provide some conceptual clarification in the
hope of helping the therapist to answer the question "what exactly am I doing."
CHAPTER V

TECHNIQUES OF REFLECTION IN PSYCHOTHERAPY

In the previous chapter we have attempted to crystalize out the important change agents in the patient-therapist interaction. The twin concepts of "objective confrontation" and "subjective encounter" have been used to clarify the process of reflection in psychotherapy.

The main thesis of this essay is that:

1) symptoms of psychopathology are signs of rigidity in a person's consciousness. By rigidity of consciousness we mean a fixation at one level of consciousness to the exclusion of another. Thus what characterizes most neurosis is the predominantly pre-reflective acting with little reflective awareness of one's acts. We have cited the affective neurotic and the existential neurotic and sociopath as examples of this, using Sartre's distinction between emotional and instrumental acting to distinguish the former from the latter.

However, there are other psychopathological symptoms which are signs of what has been called "over-reflection" rather than indications of a lack of reflection. Within our framework of viewing psychopathology, these are characteristics of fixation at the first phase of the process of reflection. In Sartre's terminology, it is "impure" reflection.
The obsessive-compulsive neurosis and some forms of schizophrenic thought disorders are examples of these. It is also characterized by what in psychotherapeutic terminology we have called the "intellectualizing" clients who seem to show "insight" into their problems but nevertheless are entangled within these problems without being able to free themselves from them.

The clients and patients in this second global category of symptomatology may be described as being "chocked" with introspective analysis with little subjective assimilation of their self-generated objective confrontation. While we have postulated that a necessary prerequisite to therapeutic change is an initial self-detachment from one's pre-reflective acting in order to have an "outside" look at oneself, it seems as if the "over-reflective" clients have remained outside of themselves. Thus while fixation at the pre-reflective level results in the person acting on others directly or indirectly as objects in the environment, fixation at the "impure" reflective level results in the person perceiving himself as a virtual object. The former is characterized by a total engrossment in one's pre-reflective act, whereas the latter results in the person getting entangled in logical explanations and relations pertaining to "things" and "objects." Laing (1970) in his book entitled Knots gave ample examples of patients caught in these obsessional doubting and thought disorders.
Within such a conceptualization, it has been argued that optimal mental health is acting with pure reflective awareness. In other words, it is the guiding of oneself towards a chosen project through constant reflection. This reflection requires not only the looking at oneself from an external frame of reference but also requires the subjective involvement of making judgement and decisions in regard to this objective confrontation. As has been emphasized earlier and will be further elaborated in this chapter, it is the interpersonal characteristic, the interactive nature of the therapy process that facilitates the reflective process to run its "full course."

Thus the task of the therapist is:

2) to facilitate pure reflection in the client. In other words, it is to facilitate the client to conduct his pre-reflective acting with full awareness; to "do things" within a new framework, or to behave in a new light.

I will now attempt to look at specific examples of some currently popular psychotherapeutic techniques. These techniques will be discussed with the aim of further exploring and clarifying the dynamics of the patient-therapist interaction necessary for therapeutic change. Other theoretical postulations similar to our conceptualization will be cited for comparison.
"Acting on - Reacting to" as compared to "Interacting with"

As we have mentioned earlier, the therapist in the beginning of therapy is simply a "given" in the client's immediate perception of his world. That is, he is either an object in the world to be manipulated, or a shaman healer. As such the client will be acting on the therapist and expecting the therapist to react to him, rather than interacting with the therapist.

Haley's (1963) distinction between complementary and symmetrical relationship adequately described the distinction we are making here between "acting on - reacting to" and "mutual interacting". The former corresponds to Haley's complementary relationship whereby,

"two people are exchanging different types of behaviors. One gives and the other receives, one teaches and the other learns. The two people exchange behavior which complements, or fits together. One is in a 'superior' position and the other in a 'secondary' in that one offers criticism and the other accepts it, one offers advice, and the other follows it, and so on." (Haley, 1963, pp. 11)

Person-to-person interaction as conceptualized here is a reciprocal, mutual, symmetrical relationship whereby,

"two people exchange the same type of behavior. Each person will initiate action, criticize the other, offer advice, and so on .... The people in such a relationship emphasize their symmetry with each other." (Haley, 1963, pp. 11)
Just as Haley conceptualized psychotherapy as a transformation of the patient's communicative behavior from one of complementary to one of symmetrical relationship, we have conceptualized psychotherapy as a process whereby the patient learns to interact with the therapist rather than act on the therapist.

It has been postulated that the initial patient's attempt to objectivize the therapist is a consequence of the patient's threatened freedom to choose what he desires to be. It is precisely because his freedom or desire to be is threatened in the presence of the Other (by the Other's freedom to perceive us as he chooses to) that he constantly attempt to fixate and objectivize the Other. I will repeat the quote of Sartre mentioned earlier in order to illustrate this again. Sartre said,

"..... the Other's existence brings a factual limit to my freedom. This is because of the fact that by means of the upsurge of the Other there appear certain determinations which I am without having chosen them. Here I am - Jew or Aryan, handsome or ugly, one-armed, etc. All this I am for the other with no hope of apprehending this meaning which I have outside and, still more important, with no hope of changing it." (BN, pp. 671)

From this basic premise we have further argued that an important prerequisite to change is that the therapist does not allow the patient to act on him pre-reflectively for this is precisely the reason for the
patient's disorder. Instead the therapist should bring
the patient into reflective awareness of his attempt to
objectivize. This can be done by the therapist through
exerting his subjectivity, thus confronting the patient with
the therapist's freedom to see the patient as he chooses to.
The important point to be noted here is that this is
simultaneously a confrontation by the therapist with the
patient's own freedom, for the patient does not have to
be as the therapist sees him. The fact that the therapist
sees him differently from the way the patient sees himself
precisely indicates that the patient has intended to see
himself differently from the way the therapist sees him.

This confrontation provides for a pure reflective
awareness of one's own subjectivity— and encounter with
one's own freedom to be different from what the Other sees
us to be. In other words, the patient is more concerned
at depriving the therapist of the therapist's freedom to
act on him rather than to exert his own freedom and take
the responsibility to be different from what the therapist
sees him to be.

It is precisely this that the therapist arrested,
and confronted the patient with. As long as the therapist
maintains his subjectivity and does not behave as an object
or attempt to objectivize the patient, the therapist remains
unpredictable and uncontrollable. By so doing the therapist acknowledges the patient's own subjectivity as well as his own subjectivity. The patient's attempt to flee in "Bad Faith" through objectivizing himself or the Other is arrested, as a result of the interplay between the patient's pre-reflective acting and the therapist's confrontation with the patient's attempt to objectivize him.

Pentony (1971) pointed out that individuals who detach themselves from interacting, treat others as "non-persons", and that,

"(T)he feedback they (the therapists) provide for him has no impact on him. Such a person is virtually immune to change." (Pentony, 1971, pp. 22)

Similarly Lewis (1972) made the same observation when he recently attempted to highlight the "invisible" therapeutic elements that have traditionally been taken for granted. He formulated the psychotherapeutic process in terms of interpersonal influence through the "orienting response" followed by subsequent re-categorization of the client's attitudes and beliefs.

Comparing numerous animal and child development studies with various psychotherapeutic practices, Lewis argued that the important component necessary for the process of interpersonal influence in psychotherapy is the initial
arousal of the patient's capacity to be influenced. In other words, the patient needs to be "oriented" towards responding to the therapist's attempt to influence. To quote Lewis,

"(T)he therapist presents new elements of understanding to his patient which supply new categorization. But this is not enough. These elements must be noticed to provide any effect." (Lewis, 1972, pp. 125-125, emphasis added)

In this initial stage of therapy, the client is only passively receiving what has been said, rather than actively assimilating what has been heard. We can characterize him as not "listening." This is because the client is engrossed in his pre-reflective acting, or entangled in his impure reflection. Thus the first task of the therapist is to detach the client from his acting or to carry forward his impure reflection. This will then pave the way towards listening to the therapist and to himself, characterized by an active moment-by-moment interacting with the therapist involving judging and deciding as symmetrical persons.

Frankl's Logotherapeutic Technique of Paradoxical Intention

One psychotherapeutic technique which directly attempts to facilitate client self-detachment is Frankl's logotherapeutic technique of Paradoxical Intention. To quote Frankl, paradoxical intention is a direct attempt to help the patient to "objectivize his neurosis by distancing himself from his symptoms." (Frankl, 1967, pp. 206)
Frankl postulated this initial self-detachment as a necessary step towards "taking a stand" upon one's condition. The similarity between our conceptualization of psychotherapy in terms of the two phases of objective confrontation and subjective encounter and Frankl's postulation, is evident.

In the technique of paradoxical intention the therapist instead of attempting to cure the patient of his symptoms directly encourages the patient to intentionally produce his neurotic symptoms. For example, Gerz (1971) instructed a 35 year old man who has the phobia of dying of a heart attack to "'try as hard as possible' to make his heart beat faster and die of a heart attack 'right on the spot'", and to do this three times a day. Similarly a 45 year old mother with a 24-year history of claustrophobia was told to "walk into the elevator and ride up with the strong intention of passing out and showing how wonderfully she can become panicky and paralyzed."

Frankl explained the effect of paradoxical intention in terms of the client's change of attitude towards his symptoms as a result of the self-detachment from his neurosis. The author conceptualized the often reported laugh, shock and in some instances, anger, expressed by the clients who are confronted by such unorthodox therapist behavior, as reactions to one's own symptomology. However, I feel that these reactions are first and foremost reactions
to the therapist rather than direct reactions by the clients to their own symptoms.

As mentioned earlier, in the objective confrontation phase it is precisely because the therapist does not allow himself to be objectivized and thus behaves not simply as a "given" that facilitates detachment of the client from his pre-reflective act. Thus the reactions of the client are reflective reactions to the therapist as a person, as exemplified by the woman who said angrily, "I don't have to be afraid! I am afraid! This is ridiculous. You are making me worse!"; and another woman patient who remarked smilingly, "Doctor, you are teasing." (Gerz, 1971) These remarks are directed first and foremost at the therapist, not towards the client's own symptoms. These reactions are indications that the patient is listening to the therapist. These are what Lewis (1972) called the "orienting responses." The patient is ready to start interacting with the therapist now rather than to continue to act on the therapist.

Reflective reaction to one's objective symptomatology gradually follows once the patient starts interacting with the therapist. Now he subjectively encounters his objective state and begins to pass judgement and make decisions. In other words, he starts to reflectively feel about his condition, to "take a stand" upon his condition. Thus Gerz's patient said later, that,
"I am trying so hard - I can't do it. I don't know what is the matter with me - I can't be afraid any more. I guess I'm trying hard enough to be afraid."

Pentony (1971) and Lewis (1972) in discussing therapeutic change within the framework of interpersonal influence called such technique "confusing tactics." To quote Pentony,

"If the client can be confused, left in doubt as to the nature of the situation and how to handle it, then it becomes much easier for the therapist to assert his influence in the situation. One way for the therapist to achieve this is to behave in an unorthodox and unexpected manner." (Pentony, 1971, pp. 18)

The author gave several entertaining examples of therapists employing such tactics with paranoid patients. Thus Pentony reported a patient of Lindner where the patient

"spent large portions of his working day charting realms of outer space to which he would travel on exploration trips. Lindner got him to produce his charts and notes, purported to find discrepancies in them and dispatched the patient off for whatever information he needed. As Lindner became more and more engrossed in the project, the patient became progressively unenthusiastic and ultimately told him the whole thing was a lot of crap." (Pentony, 1971, pp. 19)

It is precisely because the patient does not get the expected feedback that he has to stop acting on the therapist and instead start to interact with the therapist.
The therapist has become unpredictable, which requires that the patient interacts with the therapist as a person moment-by-moment, and not as a "given," a personality, a character, or a role. Now he has to listen to the therapist; he has lost his internal frame of reference to support his acting. Literally, the patient has been "shaken" out of his pre-reflective acting or impure reflective consciousness.

Haley's Therapeutic Paradox

Haley (1963) postulated that the cause of changes in the process of psychotherapy

"resides in what all methods of therapy have in common - the therapeutic paradoxes which appear in the relationship between psychotherapist and patient." (Haley, 1963, pp. 179)

Haley cited various schools of psychotherapy - directive (eg. Wolpe's Systematic Desensitization, Frankl's Paradoxical Intention, Erickson's Hypnotherapy, etc.) as well as non-directive (eg. Rogerian client-centered therapy and classical psychoanalysis) - and argued that the main therapeutic agent in the patient-therapist transaction is the "taking over" of the client's behavior by the therapist.

Defining psychopathology as the result of the patient's using paradoxical communications to keep himself "out of reach" of the therapist (thus controlling the therapist), Haley postulated that an important task of the therapist is to
control the patient by "trapping" him with the therapist's own therapeutic paradoxes.

Thus the therapist,

"a) sets up a benevolent framework defined as one where change is to take place, b) he permits or encourages the patient to continue with unchanged behavior, and c) he provides an ordeal which will continue as long as the patient continues with unchanged behavior." (Haley, 1963, pp. 181)

According to Haley, all psychotherapeutic methods can be shown to possess these three characteristics of Therapeutic Paradox. Successful therapy is a process whereby,

"a therapist maintains control of what kind of relationship he will have with a patient, .... and therefore influence his emotions and somatic sensations." (Haley, 1963, pp. 19, emphasis added.)

However, Haley has not adequately accounted for the exact nature of how, through gaining control of the relationship, the therapist can gain control of the patient's behavior. The other criticism is that although Haley emphasized that the patient engaged in paradoxical communication in order to relinquish himself of any personal responsibility over his acts, it would seem that therapy as conceptualized by Haley perpetuates the patient's lack of sense of self-responsibility.

It is my contention that as a result of an attempt to compensate for the traditional intrapsychic explanation
of behavior change, Haley has over-emphasized the patient-therapist transaction much to the exclusion of the subjective patient process that is taking place in the process of psychotherapy. Lewis (1972) made this observation when he said,

"(N)eglect of the emotional and subjective aspects of encounter is neglect of elements essential for psychotherapy, which can be shown by one example. Haley, a transactionalist who spurns considerations of what one might assume to be going on inside a patient's head, sees the essential elements of therapy as follows: ..... There is no mention of feeling in this model of therapy. ..... The myopia of this formulation is that it leaves most of the profound experiences of mankind out of account." (Lewis, 1972, pp. 152)

Haley's heavy emphasis on the concept of power as an explanation of the therapeutic influence is a direct result of his transactional orientation. It is my contention that the subjective, personal change in experienced sense of hope, and heightened sense of self-responsibility in the patient, has been neglected.

Haley conceptualized the therapeutic paradox as follows:

1) The patient engages in his symptomatic behavior with the therapist, in an attempt to control the therapist.

2) The therapist takes this control away from the patient, by directing the patient's symptomatic behavior himself.

3) The therapist is set to "win" the power struggle because,

a) if the patient refuses to obey the therapist in
producing the symptoms, the patient is cured of the neurosis.

b) if the patient obeys the therapist's instruction to produce the symptom this means that the therapist has been successful in defining the patient-therapist relationship, thus leading to a transfer of this influence to other aspects of patient behavior.

Within this conceptualization, the patient's behavioral change is conceived as a last resort due to compliance and compulsion. There is nothing else that the patient can do thus he has to be what is expected of him.

Pentony (1971) in his paper entitled "The Authority of the Therapist" pointed out the two common usages of the term Authority. To quote Pentony,

"(T)he existence of the two uses of the term authority tells us that there are two ways in which something originating with one individual can come to influence the behavior of another. The first is by a process of imposition from above...... This is authority in the sense of domination and control over the individual - the authority of authoritarianism. The second way in which something which has its source in another can influence a person's behavior is by the latter being drawn to it as something from or through which he can learn or develop his own resources or use in pursuing his objectives. This is authority in the sense of authoritative." (Pentony, 1971, pp. 24-25, emphasis added)

Pentony has been quoted at length because the distinction pointed out succinctly describes the distinction I am making between power as a closed system concept of
of influence as contrasted to freedom as an open-system concept of influence. It is not difficult to see that influence as conceptualized in Haley's Therapeutic Paradox is influence due to authoritarianism. It is my purpose to show that the effects of what has been termed the therapeutic paradox can be understood using the concept of freedom, thus explaining influence in terms of authority in the sense of authoritative. This is consistent with our conceptual system developed in the earlier chapters.

Instead of conceptualizing therapeutic change in terms of loss of power and control by the patient and the subsequent taking over of the patient's behavior by the therapist, we would argue that what causes change is the reflective awareness by the patient of his freedom to be. We have assumed as a basic premise that all acts are conscious acts (not necessarily reflectively aware acts). In other words, all acts are by definition intentional, goal-directed and a desire to be. This freedom to be what one intends to be is implicit in unreflective acts. The aim of the reflective process in psychotherapy is to bring to awareness the freely intended nature of one's act. As we have said earlier, the fact that the therapist sees him differently from the way the patient sees himself precisely indicates that the patient has intended to see himself differently from the way the therapist sees him.
When the patient's acting on the therapist is frustrated, there is an immediate awareness that he has failed in his intention to act on the therapist. This is reflective awareness and this is the subjective encounter with himself as a result of the therapist's objective confrontation with him. Although coercion by the therapist on the patient to behave differently is possible at this stage of psychotherapy, and does take place in some instances of psychotherapeutic interaction, it is my contention that this is not the main change agent in any form of psychotherapy. Otherwise it would be difficult to account for subsequent autonomous and self-generated patient behavior which cannot be understood as therapist-controlled behavior.

Successful psychotherapeutic methods need to capitalize upon the reflective awareness of the intentional nature of one's act and directly or indirectly attempt to encourage the patient to stay with this awareness of freedom to be, gradually working through this awareness within the interactive context of the process of therapy. This means the exploring of alternative acts, the feelings towards these acts and other acts, thus facilitating the patient to commit himself; to gain a sense of self-responsibility; to experience the uncertainty and openness of freedom to be, the varieties of feelings one has towards the various cognitive contents, the push and pull of staying with this subjective encounter
with one's own free intentions. The process of subjective encounter consists of working through the patient's face to face confrontation with his possibilities, his freedom. This is what characterized an open-system conceptualization.

It is not change because there is nothing else one can do but change because there are so many things that one can do. This is influence through the therapist as an authoritative person rather than the therapist as an authoritarian person. To borrow the terms from Fromm (1941), psychotherapy as conceptualized here is not only freedom from one's symptoms, but most important of all, a gaining of a sense of freedom to be.

Sartre's concept of Anguish as a reflective feeling resulting from one's direct confrontation with one's freedom adequately describes the subjective encounter the patient is going through. I will quote Sartre at length in order to further clarify the nature of this phase of the reflective process:

"anguish is distinguished from fear in that fear is fear of beings in the world whereas anguish is anguish before myself. Vertigo is anguish to the extent that I am afraid not of falling over the precipice, but of throwing myself over. A situation provokes fear if there is a possibility of my life being changed from without; my being provokes anguish to the extent that I distrust myself and my own reactions in that situation. The artillery preparation which precedes the attack can provoke fear in the soldier who undergoes
the bombardment, but anguish is born in him when he tries to foresee the conduct with which he will face the bombardment, when he asks himself if he is going to be able to 'hold up.' Similarly the recruit who reports for active duty at the beginning of the war can in some instances be afraid of death, but more often he is 'afraid of being afraid'; that is, he is filled with anguish before himself. Most of the time dangerous or threatening situations present themselves in facets; they will be apprehended through a feeling of fear or of anguish according to whether we envisage the situation as acting on the man or the man as acting on the situation. The man who has just received a hard blow - for example, losing a great part of his wealth in a crash - can have the fear of threatening poverty. He will experience anguish a moment later when nervously wringing his hands ...... he exclaims to himself: 'What am I going to do? But what am I going to do?' In this sense fear and anguish are exclusive of one another since fear is unreflective apprehension of the self; the one is born in the destruction of the other." (BN, pp. 65-66)

The patient lacks the necessary skill to explore the unknown; to carry himself forward in answer to his desperate outcry of "what am I going to do?", for he has no experience of this new reflective awareness of anguish. Although the provision of a conducive atmosphere in terms of unconditional positive regard, genuineness and empathy as propounded by Rogers' Client-Centered Therapy (Rogers, 1957) may help the patient to explore further, a more active guiding of the patient by the therapist as an authoritative figure can further the process of reflection. The recent use of the term "guide-traveller" to describe the therapist-patient relationship by the school of psychotherapy called Psychosynthesis (eg. Hammer, 1967; Aaronson, 1968;
Crampton, 1969) adequately portray the activities involved in the patient-therapist interaction. Kovacs (1965) was referring to such similar patient-therapist relationship when he called it the "intimate relationship." He poetically used Bettleheim's analogy that the therapist,

"must be prepared to enter into a peculiar experience. He must take a long walk through a tangled forest with his companion; must share the arduousness of the trail; must scrupulously refrain from picking paths or shortcuts for his partner; must experience the weariness, the hunger, and the thirst along with his partner; and promises to do nothing to interfere with his companion's freedom of movement or desire to sit and rest." (Kovacs, 1965, pp. 101)

**Wolpe's Systematic Desensitization.**

In summary we can say that psychotherapeutic practices differ on whether they emphasize the objective confrontation phase or the subjective encounter phase of the process of reflection. On the other hand we have, for example, Frankl's logotherapeutic technique of Paradoxical Intention, Haley's Therapeutic Paradox and Wolpe's Systematic Desensitization, with their major emphasis upon facilitating self-detachment. These techniques have not elaborated upon the patient-therapist activities that follow the initial objective confrontation. One can only infer that within the intricate matrix of reciprocal mutual interaction, a certain amount of subjective encounter by the patient does occur.

Frankl conceived of the technique of paradoxical intention as an adjunct to the more elaborate procedures
of logotherapy which promote the patient's capacity to take a stand on his condition and to evolve a coherent meaning for his life. Similarly, Haley postulates that in successful therapy, the original complementary relationship between the patient and therapist should be replaced by a symmetrical relationship whereby the patient regains a sense of self-responsibility when relating to the therapist.

However, I see the contribution of these techniques more in providing explicit examples of initiating the therapeutic process through direct facilitation of self-detachment. Wolpe's Systematic Desensitization has much to recommend in this respect.

The similarity between this technique of self-detachment using imagery and Frankl's paradoxical intention and Haley's therapeutic paradox is obvious, with one employing the visual modality and the other emphasizing the auditory modality. Kane (1971) in his review of experimental studies to evaluate the components postulated as necessary and sufficient for the procedures of Wolpe's Systematic Desensitization (Wolpe, 1958, 1961; Wolpe and Lazarus, 1966) concluded that,

"(T)he two main components of SD-I (systematic desensitization using imagery), muscular relaxation and hierarchial presentation of stimuli, seem to have vanished altogether - one to be replaced by a vague concept of 'mental relaxation' ......, the other disappearing altogether as unnecessary." (Kane, 1971, 95-96)
In a separate review by Wilkins (1971), the author derived at a similar observation when he said,

"... the only necessary condition appears to be imagination of fear-relevant scenes not necessarily arranged into a hierarchy and not necessarily concomitant to muscle relaxation." (Wilkins, 1971, pp. 311)

This leaves the activity of imagining by the patient as the basic essential component in the practice of systematic desensitization that provides the common denominator to account for the procedure's practical effectiveness. As Kane has suggested, the necessity for "mental relaxation" and hierarchial presentation may be an artifact of the whole theory of systematic desensitization.

Weitzman (1967) has taken pains to note that,

"(T)he therapeutic effect of systematic desensitization seems to be produced in periods of silence. That is, the therapist describes a scene which presumably sets a process in motion. So long as this process continues neither therapist nor patient speaks, and neither acts." (Weitzman, 1967, pp. 304, emphasis added)

In an attempt to inquire into what takes place in these periods of silence between the patient and therapist, Weitzman found that, and I quote,

"(W)hat emerges from the inquiry is the information that the initiating scene presented by the therapist undergoes a series of transformations and elaborations which are under the control of the patient's internal, psychological processes." (Weitzman, 1967, pp. 305, emphasis added)
Weitzman's postulation of the effectiveness of systematic desensitization in terms of an initial imagining followed by its subsequent transformation seems to fit our distinction of the two phases of reflection. Studies by Pinard (1957) consistently show the transformational nature of imagery. Pinard conducted experiments in "spontaneous imagery" and found that images spontaneously arising as a result of sensory deprivation have "cathartic effect and, when practiced persistently, generate a sense of inner strength and a feeling of significance which enables them to cope more successfully with their everyday lives and their external environment."

Pinard instructed his subjects

"to sit down in a room where light, sound, and temperature can be controlled, and to make themselves as comfortable as possible. They are asked to close their eyes and to look with their 'mind's eye' or their 'inner eye' as if they were looking through a point in the middle of their forehead, and to concentrate on what they 'see' in the visual field no matter what that might be. In no way are they to conjure up anything or attempt to hold what they see. Their task is to keep their mind exclusively on what presents itself spontaneously. The exercises last half-an-hour at a sitting, unless the subject feels compelled to terminate them sooner or desires to prolong them." (Pinard, 1957, pp. 150, emphasis added)

Reports from 334 subjects showed a systematic progression of images which can be divided into three stages - an initial stage of fear followed by an intermediate stage
characterized by loneliness and a final stage of comforting mysticism. It is worth mentioning that, for heuristic purposes, an analogy can be drawn between Pinard's three stages of subjective experience in spontaneous imagery and the experience of fear, anguish and meaning that has been implied earlier when we cited Sartre's emphasis on the experience of anguish when an individual comes face to face with his own freedom.

The use of Imagery in Psychotherapy

Wolpe's attempt at systematically directing the patient's imagining is a significant contribution to the practice of psychotherapy. The use of the capacity of the patient to imagine as a technique has been practiced since the early days of psychotherapy. As a matter of fact, Freud's only technique (in the sense of specifically requiring the patient to do something) is the arousal of fantasy and imagery through free associations and dreams, which are subsequently interpreted. Jung (see Hobson, 1971, for a comprehensive review of the development of Jung's technique of "active imagination") emphasized the "amplification" of the patient's fantasy and imagery as a major feature of his treatment procedures.

These early uses of imagery have their emphasis on the content of imagination. Explanations for their
effectiveness are in terms of unconscious materials made conscious through the process of symbolic interpretation. As such there is little necessity for these therapists to systematize the activity of imagining. However, with the increasing use of imagining (see Singer, 1971; and Cordner, 1970) as a technique by psychotherapists of non-psychoanalytic orientation (eg. Stampfl, 1967; Cautela, 1967, 1970a, 1970b; Wolpin, 1969; Maultsby, 1971; Hammer, 1967; and Johnsgard, 1969), a greater emphasis has been placed upon the activity of imagining as the therapeutic agent.

Singer (1970) in a review of the use of imagery in psychotherapy argued that the use of imagining for therapeutic purposes is a cognitive ability which needs to be learned. To quote Singer,

"(F)rom the standpoint of the theoretical position presented here the major role of the imagery techniques is that they involve a kind of informal training of patients to become aware of their complex internal activities. They learn to accept, control, and even enjoy their own fantasies rather than having to plunge into some type of excessive motor activity, rapid cognitive shifting, or focusing upon their physical condition in order to avoid confronting recurrent fears, doubts, suspicious, or memories of embarrassing moments." (Singer, 1970, pp. 40)

This, however, does not help us much in understanding the dynamic of how the patients change as a result of engaging in imagining - apart from the general observations that the
patients "become aware of their complex internal activities" and that they "learn to accept, control, and even enjoy their own fantasies."

It does seem to suggest that the activity of imagining serves as a "braking" mechanism allowing for consolidation of various mental activities before execution of an act. However, according to the conceptual system developed here, we postulated specifically that in the psychotherapeutic situation, the activity of imagining facilitates the patient to change his level of consciousness from pre-reflective acting to reflective awareness. It is through the detachment from his act that the patient is able to see himself acting as he would be or as he had been, and then, to freely involve himself in feeling about the objects and situations that in his act he is engrossed in. Thus we say "I can't imagine myself doing that," which really means "I don't feel comfortable seeing myself doing that."

There is research evidence which supports our argument for these possible specific effects of the activity of imagining in the sensitization situation. In the face of a lack of research support for Wolpe's theoretical postulation, Wilkins (1971) marshalled evidence to propose several factors operating in the desensitization accounting for the
effectiveness of the procedure.

A careful study of Wilkin's article shows that the alternative factors proposed as causing change in the desensitization procedure are based upon a single common denominator: the patient's self-observation. What differentiates the factors are the different sources from which the patient obtains this detached view of himself in the desensitization situation - directly from oneself or indirectly through others.

Two studies showed that the non-evaluative, objective feedback from the experimenter to the subjects of how they perform in the situation results in significant therapeutic effects. Leitenberg, Agras, Thompson, and Wright (1968) showed that the mere feedback of information to phobic subjects on how long they remained in the presence of anxiety producing stimuli has therapeutic effects on the subjects. Valins and Ray's (1967) snake-fearing subjects heard heartbeat-sounding noises increase in tempo during presentation of shock stimuli in relation to presentation of snake stimuli. For the experimental group of subjects that were told the noises were those of their heart beat (information indicating that they remained calm during snake stimuli in comparison to shock stimuli), significant reduction in avoidance behavior was observed - as compared to the control subjects who were told the noises were just extraneous sounds.
In these studies the subjects seem to have said to themselves, "Is that how I have been behaving (objective confrontation)? Well, it's not that bad after all then (reflective awareness)!") The reflective awareness following the objective confrontation of oneself by others in changing our attitude and behavior occurs frequently in most people's everyday life. Wilkins also suggested that therapist's evaluative feedback in terms of expected success in the desensitization situation is also effective in producing behavior change. In this latter situation it is something like, "Is that what I will be like? It can't be that bad then!"

The other source of information about oneself is direct self-observation. For example, the patient in the desensitization situation "sees" himself in imagination and observes himself in successfully stepping up the hierarchy. Wilkins also proposed that,

"(T)he subject imaginally observing himself successively approach the feared stimulus may very well be a process parallel to the subject observing a live model engaged in these successive approach behaviors."(Wilkins, 1971, pp. 315)

Thus Bandura, Grusec, and Menlove (1967) and Ritter (1968) have shown the therapeutic effect of vicarious learning by observing a model engaged in non-avoidant behavior with feared stimuli.
All these studies point to the importance of objective self-confrontation - directly through the use of imagery or through inferences from situational cues, or indirectly through another observer or through observing others in a similar situation to one's own.

Bem (1967) reported a series of studies which he gathered to provide an alternative explanation to Festinger's Cognitive Dissonance Theory, in terms of self-perception. Bem's Theory of Self-Perception as a special case of interpersonal perception is most interesting, for it lends direct support to our argument. To quote Bem,

"(S)elf-perception, an individual's ability to respond differentially to his own behavior and its controlling variables, is a product of social interaction." (Bem, 1967, pp. 184, emphasis added)

Bem's main thesis is that self-perception (in terms of self-descriptive behavior, self-descriptive attitude statements, or simply, self-expression) is based on "the individual's observation of his own overt behavior and the external stimulus conditions under which it occurs." (Bem, 1967, pp. 185) The author maintained that it is through past learning within the process of socialization that an individual comes to acquire his self-perception in terms of how others in his environment would describe him. Bem cited evidence to support his inductive analysis that ultimately an individual's learning to label his own internal stimuli is heavily dependent
upon the inference that others make of his inner states.

To quote Bem,

".... self-descriptive statements that appear to be exclusively under the discriminative control of private stimuli may, in fact, still be partially controlled by the same accompanying public events used by the training community to infer the individual's inner states. Private stimuli may play a smaller role than the individual himself suspects." (Bem, 1967, pp. 185)

The author gave the example to illustrate this:

"(W)hen the answer to the question, 'Do you like brown bread?' is 'I guess I do, I'm always eating it,' it seems unnecessary to invoke a fount of previlleged self-knowledge to account for the reply. In such a case the reply is functionally equivalent to one his wife might give for him: "I guess he does, he is always eating it." (Bem, 1967, pp. 186)

However, let's look at another example: let us assume that the answer to the question, "Do you enjoy staying indoors?" is "Of course I don't, I'm afraid to go outdoors." On the other hand, a naive, distant, casual observer would probably reply, "I suppose he does, he always stays indoors." The lack of correspondence between the two replies can be understood, within our conceptual system, as a difference in the level of consciousness. The former reply comes form the person himself who is engrossed in his "being afraid." He is afraid. On the other hand, the objective observer is detached from this subjective experience of "being afraid," and has made a distant observation.
Bem postulated that the reply, "Of course I don't, I am afraid to go outdoors" - a reply which does not correspond to one that would be made by an observer - is a result of the person's making the reply based upon "strongly conditioned internal responses" not available to an objective observer. Psychotherapy presumably would be a re-conditioning of these responses; an unlearning of pathological responses.

On the other hand, we postulated that it is precisely that man has the capacity to reflect and to engage in self-observation (as Bem as shown), that the psychotherapist should capitalize on this human capacity in order to facilitate change. This again illustrates what we mentioned earlier - the difference between a closed-system and an open-system conceptualization of change. Fell's (1965) description of "purifying reflection" as the "replac(ing) of a causal account ..... with a purposive account, a passive account with an active account," adequately highlights the difference between a closed-system and an open-system conceptualization.

Lest it be misunderstood, I wish to add here that existential psychotherapy as conceptualized here does not deny the influence of past experience and learning. While behaviorism follows the medical "disease" model of pathology in conceptualizing "bad habit" needing reconditioning through Behavior Therapy (just as a patient
with a diseased heart needs a heart transplant), existential psychotherapy as conceptualized here requires that the client reflects upon his "bad habit" and becomes aware that it is not like a heart - an object - that needs to be repaired or replaced.

Psychotherapy within such a framework facilitates the client to reappraise and reevaluate his condition; to take a stand towards his condition. In passing, it is interesting to note that if reports that the long survival of heart transplant patients is mainly due to the sheer determination of these patients to live, are true, this would seem to illustrate our point here - of the importance of the "noogenic" or "spiritual" dimension of being (as Frankl called it).

Thus it is not simply self-detachment and self-observation per se, but the process of exploring the subjective encounter phase that needs to be facilitated as well. In the example of the claustrophobic person discussed above, the therapeutic process does not stop at the stage where he sees himself and says, "That's me, one would think that I enjoy staying indoors." How he feels towards this objective confrontation needs to be explored. He may feel disgusted with himself for behaving in such a silly manner; he may feel that there is nothing else that he can do, for he has
not done anything else before; he may further attempt to 
flite in "bad Faith" by engaging in emotional acting of 
depression in fact of the difficult situation he is confronted 
with at that moment of awareness; or he may engage himself 
in "impure" reflection by asking himself "Well, if I don't 
enjoy myself indoors, then why am I afraid to go outdoors?"

Perls' Gestalt Technique of focusing on the "how" 
instead of the "why" during patient-therapist interaction 
vividly illustrates the direct confrontation of the patient's 
freedom by the therapist (Perls, 1972; Fagan and Shepherd, 
1971). Thus for the example above, when the therapist 
asks the patient, "How are you preventing yourself from 
going outdoors?" the patient is directly confronted with 
his freedom to be and to do. Gerz's example of the patient 
who said,

"I am trying so hard - I can't do it. I don't 
know what is the matter with me - I can't be 
afraid any more. I guess I'm trying hard 
enough to be afraid."

vividly describes the patient who has come to be aware 
that there is no some-thing called "afraid" that functions 
to stop him from doing what he wants to do, or that needs 
to be surgically removed before he can engage himself in 
doing something else.

There are various other techniques that directly 
facilitate this self-observation and self-confrontation.
Thus Danet (1968) reported that,

"(S)ince 1960 there has been an increasing number of reports in the literature describing the therapeutic value of confronting the patients with the reality of their own images and behavior. Such self-confrontation is aimed at facilitating and accelerating the processes of self-understanding and behavior change." (Danet, 1968, pp. 256)

The author reviewed the therapeutic benefit of the use of closed-circuit television and video recorder as tools for providing convenient, immediate, self-image confrontation.

Perls' Gestalt Therapy (1972; Perls, Hefferline, and Goodman, 1951; Fagan and Shepherd, 1971) contains a rich repertoire of "games" that facilitate self-confrontation. It has much to recommend for its simplicity in application and its power to induce self-awareness. Recently Boies (1972) made a review of the use of role playing as a behavior change technique. The author concluded that,

"(W)hile the theoretical concepts underlying personality change through role playing are not always clearly stated, workers in this area seem to feel that if a person's ability to take the roles of others is increased through exposure to role playing one is likely to see positive changes in his personality." (Boies, 1972, pp. 186)

The author gave a useful listing of research studies showing the effectiveness of role playing as a psychotherapeutic technique.
I believe that the central therapeutic element in the use of role playing is its potency in facilitating reflective awareness by arresting one's pre-reflective acting. It is through taking the roles of the others that one is distanced and detached from oneself, thus allowing for objective, self-observation. While some theorists postulated the effectiveness of role playing in terms of the rehearsal of specific behavior to help the patient learn a new skill (e.g., Lazarus, 1966), this theoretical position is too vague and general to have any useful explanatory power.

Gendlin's Experiential Therapy

So far we have looked at some common techniques that emphasize the facilitation of the objective confrontation phase. I wish to make clear that I am not saying these techniques only engage the patient in self-observation. What I am saying is that self-confrontation has been specifically facilitated in these techniques, whereas subjective encounter to assimilate the self-observation has not received special attention. There is no doubt that the second phase of the reflective process does occur, for example, as Weitzman has suggested, the therapeutic effectiveness of systematic desensitization seems to be produced in periods of silences after the initial presentation of the stimuli.
We will now discuss Gendlin's Experiential Therapy (1961, 1962b, 1964, 1967b, 1970a, 1970b) as an example of a psychotherapeutic practice that places its major emphasis on the subjective encounter phase of the reflective process. Gendlin's Experiential Therapy directly attempts to facilitate the client to become more explicit about his feelings.

The main emphasis of experiential therapy is on the concept of "felt meaning." This is equivalent to the reflective feeling in our conceptual system - in contrast to "sheer" emotion (our pre-reflective emotional acting), as Gendlin (1964) puts it.

Although I have conceptualized the process of psychotherapy as the facilitation of reflection from the objective confrontation phase to the subjective encounter phase, Gendlin's process of experiential therapy seems to suggest a direct attending to the implicit "felt meaning" which can then be explicitted or made explicit. "Felt meaning" is the concretely present flow of feeling - what Gendlin termed the process of "experiencing." It is "pre-conceptual, pre-objective, pre-reflective, pre-ontological." (Gendlin, 1966a, pp. 129) Gendlin further described it as:

"At any moment we can individually and privately direct our attention inward, and when we do that, there it is. Of course, we have this or that specific idea, wish, emotion, perception, words, or thought, but we always have concrete feeling,
an inward sensing that it is 'there' for us. It is not at all vague in its being there. It may be vague only in that we may not know what it is. We can put only a few aspects of it into words. The mass itself is always something there, no matter what we say 'it is.' Our definitions, our knowing 'what it is,' are symbols that specify aspects of it, 'parts' of it, as we say. Whether we name it, divide it, or not, there it is." (Gendlin, 1962b, pp. 11, emphasis added)

Gendlin postulated this implicit feeling of something as "pre-reflective" which we subsequently reflect, as when he said, "often we have feelings the meaning of which we do not know. We reflect." (Gendlin, 1962b, pp. 75) However, according to our conceptual system the fact that we have to "direct our attention inward" in order to reach this felt meaning implies a change in the level of consciousness from pre-reflective acting to reflective awareness.

It is my contention that, as a result of postulating this "felt meaning" as being pre-reflective and the lack of a clear differentiation between the two phases of reflection, Gendlin has conceptualized the making explicit of "felt meaning" as if there is this feeling there that needs to be correctly labelled, symbolized or worded; as if it is there that one can points to, refer to and then accurately conceptualized. As shown in our discussion of the distinction between emotion and feeling, "clarification of feeling" is more a clarification of the cognitive content upon which the feeling is attached. Thus, I would add to
Gendlin's statement the word "about", saying that, "It is not at all vague in its being there. It may be vague only in that we may not know what it is (about)."

In the attempt to compensate for the traditional "intellectual clarification" type of psychotherapy, Gendlin, I feel, has overemphasized the "feeling" aspect, leading to much misunderstanding of his writings. That Gendlin is aware of the two phase distinction is obvious, when he said,

"In medicine (as in car repairing) diagnosis and cure are two separate phases. First, one must know what's wrong, then one can decide what to do. With personality change, however, this two-phase distinction doesn't apply." (Gendlin, 1968, pp.215)

What Gendlin is against in the two phase distinction is the diagnostic aspect of the first phase. This is "impure" reflection, as we have mentioned in the earlier chapters. This is to indulge in psychological explanations in terms of inexplicable original givens; to hypostatize and reify an act, as we have said. However, Gendlin is not against the fact that we need to know objectively what is happening before we can "involve the client to explore further, to go over again what we both already know, hoping this time to involve his feeling life ....." (Gendlin, 1968, pp. 215)

We have made the explicit distinction between the initial self-detachment and self-observation followed by
the subsequent subjective encounter phase, which enables us to talk of feeling about - towards or against some contents - concepts, percepts, images, people, situations or relationships. One do not simply feel; one reflectively feels about something, be it that "mass" or that specific detail.

Gendlin, on the other hand, has not made this explicit link, mainly because, as we have said, he conceptualized the "felt meaning" as pre-reflective; Gendlin(1962b) did imply, however, in some vague way that "felt meanings" function in cognition. For example the author said,

"we may feel all this very strongly even though we may not know clearly what we feel .... what we feel is not an internal object (an 'affective state' as something ONLY inside us), but a felt sense of a whole situation - how we are in that situation, what we bring about, perceive and feel we are up against .... this felt sense also involves how we have interpreted and construed the situation. Therefore, such a felt sense isn't something ONLY felt, but is also intellectual.

We may be quite confused about what it involves, but at least IMPLICITLY it always involves aspects of interpretation, i.e., though, learning, perception, and construing." (Gendlin, 1968, pp. 209, emphasis added)

Thus the self-detachment and self-observation phase is implicit in Gendlin's Theory. However, in practice, Gendlin did emphasize the importance of this phase, as shown by his recent contrast between classical client-centered therapy and his new experiential therapy. The old rules
for client-centered therapists have been reformulated to give them new meanings. Instead of emphasizing on the "don't" of therapist behavior, the therapist in this new orientation is becoming more active and interventive. (Gendlin, 1970b)

The development of this new orientation, with its new framework of conducting the client-therapist relationship, received its impetus from the Wisconsin Project of treatment and research with a group of hospitalized schizophrenics. (Gendlin, 1961, 1962a, 1962c, 1966b; Rogers, Gendlin, Kiesler and Truax, 1967) Confronted with schizophrenic patients who present the therapist with solid silences and a lack of sense for an explorative process and who reject the therapist, Gendlin saw the necessity of confronting the patient with how the therapist feels about the patient, before any exploration of "felt meaning" is possible.

In such situation, the therapist must, as Gendlin put it, "use his own felt experiencing of the moment, much as he aims his responses at the patient's felt experiencing of the moment." (Gendlin, 1967a, pp. 370) To quote Gendlin,

"..... these clients lead the therapist to employ his own concretely felt experiencing as a source of his response behavior....... soon he (the therapist) comes to use these feelings to create interaction." (Gendlin, 1967a, pp. 374, emphasis added)
Thus in practice Gendlin sees the necessity for the therapist to confront some patients with the therapist's own feelings, giving the patient something to reflectively feel about, instead of simply requiring that the patient just go ahead and "feel." We can perhaps borrow an analogy to describe this as the provision of some cognitive content upon which one can "hang" our feelings.

I see the recent innovation in the technique of experiential focusing proposed by Gendlin (Gendlin, 1969; Gendlin, et al., 1968; Gendlin and Olsen, 1970) as an explicit recognition of this. For example, in experiential focusing, "(O)ne must cease talking AT oneself inside (what we have called 'impure' reflection); one must ask: 'What's wrong?' (to supply the 'cognitive content') and then keep quiet (that is, to reflectively feel), and refrain from answering oneself." (Gendlin, 1969, pp. 4, qualifications added)

The specific use of imagery in experiential focusing provides a good illustration of this. To quote Gendlin,

"(I)n our new procedure, individuals who obtain images easily, are instructed to let an image form from the globally felt body sense of the problem, hang-up, or troubled way they feel. Then, when the image has formed, they are as to how the image makes them feel, to the image's own peculiar felt significance." (Gendlin and Olsen, 1970, pp. 221, emphasis added)
The similarity between this procedure and Pinard's studies on "spontaneous imagery" is obvious. However, Gendlin directly facilitate the client to work through the feelings. In the same article Gendlin said,

"(I)n a theoretical way we could formulate the power of an image as the power to form a specific felt referent, a specific feeling which can then be focused on.... Letting an image form appears to be, at least for some people, a helpful step in the formation of a distinct feeling." (Gendlin and Olsen, 1970, pp. 223)

Gendlin's technique of experiential focusing when compared to Wolpe's technique of systematic desensitization succinctly illustrates what we have pointed out early in this chapter - that different psychotherapeutic techniques place different emphasis on the objective confrontation and the subjective encounter phases of reflection.

In systematic desensitization where objective confrontation is emphasized, the therapist directly facilitates the patient to imagine specific cognitive contents; although subjective encounter with the imagined content does occur, as Weitzman has suggested it takes place in the periods of silences, this is not encompassed within the theoretical postulation of the procedure. On the other hand, in experiential focusing where the subjective encounter phase is emphasized, the therapist refrains from instructing the patient to imagine, think or talk about any specific cognitive
content. Instead the patient is left to himself to "free associate." But the therapist directly facilitates the exploration of specific feelings aroused as a result of the client's engagement in imagining.
CHAPTER VI
SUMMARY AND CONCLUSION

Existential psychotherapy, with the exception of Frankl's Logotherapeutic technique of Paradoxical Intention, has been criticized for its lack of explicit practical formulations. This essay is an exercise to bridge the gap between the theoretical system of Existentialism and the various techniques of psychotherapy.

We started this essay with an exploration of Sartre's Existential philosophy and have derived from this an approach to psychotherapy - what I will call Reflective Psychotherapy. We have attempted to show that what has commonly been regarded as the "mysticism" of Existentialism can be understood and applied to the practice of psychotherapy.

London (1964) believed that all systems of psychotherapy have three major components: a social and moral philosophy, a theory of personality, and a more or less consistent body of techniques. In the attempt to construct a general system of psychotherapy, I have extrapolated from Sartre's version of Existential philosophy some implicit assumptions about personality, and have also attempted to make explicit the therapeutic elements in the process of psychotherapy.
Reflection is a human activity, albeit a secondary activity. It is precisely because it is essentially a basic human activity that it has been taken for granted. We reflect upon our doings. Sometimes we laugh at them; other times we frown upon them. That we can laugh or frown upon them is because we have, as a result of the process of reflection, detached ourselves from our actions and thus stand at a distance to evaluate and appraise them.

This is the basic paradigm that we have adopted for our approach to psychotherapy. The main argument is that, psychopathology is the consequence of a disturbed capacity to engage in pure reflection. That there are more sane persons than insane patients testify to the fact that for most of us, our capacity to reflect still serves us faithfully.

Psychotherapy attempts to teach the client the skill to reflect. More specifically it attempts to teach the client to reflectively feel about his conceptualization and abstraction of the world. This is the vital "feedback" constantly needed for any behavior and change of behavior. It is in this sense that psychotherapy as conceptualized here is activity orientated rather than content orientated; is a teaching of a skill, a problem-solving technique, rather than the curing of some disease.
Any intervention that facilitates the client to reflectively feel (evaluate, judge, decide, appraise or reappraise) will facilitate client growth. Differences in psychotherapeutic techniques are differences in ways of arousing cognitive contents upon which the client appropriately feels with. Imagery arousal is a potent technique. Paivio (1971) cited various postulations by Brunner, Piaget and Werner to support his assertion that the visual mode of imagery, in contrast to the predominantly auditory mode of verbal symbolization, is relatively more concrete functionally and involves "parallel processing" of information instead of the auditory verbal symbolic system which is more abstract and involves "sequential processing" of information.

It can be postulated that reflective feeling about cognitive content in the imagery mode is more explicit than in the verbal, symbolic mode. The content confronted in imagining is more specific in nature, in contrast to the content represented by verbal symbols. Not only can cognitive contents be supplied through imagining and through verbal symbols, they can also be provided through observation of other's behavior. We have discussed some psychotherapeutic techniques that facilitate the initial self-detachment which is necessary for subsequent self-observation to occur - observation through both "seeing" and "listening."
Differences in psychotherapeutic techniques are also differences in the emphasis either on the objective confrontation phase or the subjective encounter phase of the process of reflection. If our conceptualization of the psychotherapeutic process is valid, I feel that it has helped to explain what exactly the therapist does in the patient-therapist interaction. The lack of a theoretical framework to account for what the therapist is actually doing with the client is a serious obstacle to understanding the psychotherapeutic process. As a result, subsequent generations of trainee-therapists have to rely on intuitive sensing of accumulated trial-and-error experience to grasp the "what am I doing to the client" component of the process.

Thus the goal of the therapy process within such a conceptualization of psychotherapy is more than just a cure of symptoms. It involves a learning to engage in reflective awareness of one's behavior. In other words, it involves the learning to relate to oneself and to guide and understand one's own acts.

Perl's famous "Gestalt Prayer" succintly portrays this as,

"I do my thing, and you do your thing. I am not in this world to live up to your expectations. And you are not in this world to live up to mine. You are you, and I am I."
However, it is my belief that within the interpersonal process in the psychotherapeutic interaction, more is achieved than,

"And if by chance we find each other, its beautiful. If not, it can't be helped."

The process of confronting with one's and the other's world views, the concomittant subjective encounter of feelings of these discrepancies in the world, is part of the human experience. It is through the arena of the patient-therapist interaction that these experiences are facilitated to take place. It is "beautiful," "happiness," and "joy." But it can also be "sad," "disappointing," and "depressing." The negative feelings cannot be simply philosophized as "it can't be helped." It is an experiential feeling, a full reflectiveness awareness that I have come to intend and act according to my frame of reference which is different from yours and that is sad, depressing and disappointing. It is growth facilitating for it is precisely this reflectively felt sense that guides the next act that constitutes what we call a sense of self-responsibility, commitment, involvement, etc. It can be helped, not in the sense of mutual reconciliation, but in the sense that it becomes more meaningful to oneself as to why our world views do not meet.

This is what Frankl termed the "noogenic" or "spiritual" dimension of being - the ability not just to passively accept the events as "it can't be helped" but to actively assimilate
them as "now I know why it can't be helped." To quote Frankl,

"(I)n contrast to those existential writers who declare that man has to stand the ultimate absurdity of being human, it is my contention that man has to stand only his incapacity to grasp the ultimate meaning on intellectual grounds. Man is only called upon to decide between the alternatives of 'ultimate absurdity or ultimate meaning' on existential grounds, through the mode of existence which he chooses. In the 'how' of existence, I would say, lies the answer to the question for its 'why'." (Frankl, 1967, pp. 33)

Nietzsche succinctly described this in one statement thus:

"He who has a why to live(or suffer) for can bear with almost any how." This is the philosophical and moral message of our Reflective Psychotherapy.
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