

*An analysis of Husserlian phenomenology:
its resistance to psychologism, its
understanding of the natural attitude and its
relationship with cognitive behavioural
psychotherapies*

by Charles Bernard Hamblet

A thesis submitted in partial fulfilment of the requirement of Staffordshire University
for the degree of Doctor of Philosophy.

Date of submission: May 2011

Abstract

Husserlian phenomenology has often been cited as an influence on research methodologies within nursing research and psychology. However, at the same time, Husserl was explicitly opposed to what he termed 'psychologism'. The thesis argues that Husserl's opposition to the psychology of his day was based specifically upon his opposition to the naturalist treatment of consciousness. Moreover, the thesis suggests that there is a tendency within the Social Sciences to misread Husserlian phenomenology as a type of introspectionist account of subjective states. The thesis critiques the claim that cognitive therapy is Husserlian phenomenology, but concludes that there are aspects of cognitive psychotherapy which do appear to be using parts of a methodology that Husserl would have recognised as a legitimate phenomenology. Indeed, the thesis argues that by gaining a further understanding of Husserl's 'discovery' of attitude and interest and the fundamental structures of intentionality, cognitive therapists could enhance and further their understanding of what takes place within the change process during cognitive psychotherapy. Conversely, cognitive therapy's description of the maintenance of emotional disorders can contribute to Husserl's own account of the natural attitude; that is, that the natural attitude consists of a universalising attitude which is fundamental to the natural attitude per se. The thesis develops this argument further, by examining the theoretical underpinnings within cognitive therapy and extrapolating what appears as the incidental, yet significant, phenomenological structures within cognitive therapy's clinical interventions. The thesis uses the phenomenological structures identified within cognitive therapy's treatment of emotional disorder, firstly, to develop the phenomenological description of the universalising attitude as a subset to the natural attitude which, it is argued, disguises or presents itself as the 'genuine natural attitude'. Secondly, the concept of the universalising attitude is developed further to suggest a hierarchy of attitudes within the natural attitude.

Contents

List of figures	ix
Quotation from <i>The Crisis of European Sciences and Transcendental Phenomenology</i>	x
Overview of structure and aims	xi
Abbreviations for works by Husserl	xiv
Acknowledgements	xv
<u>Part 1. An introduction to the key concepts of the thesis; the maintenance cycle of emotional disorder and the defining concepts of Husserlian phenomenology</u>	17
1. Introduction	18
§1. A brief introduction to the maintenance cycle in CBT.....	20
§2. Husserl’s concept of the natural attitude.....	21
§3. Luft’s description of attitudes and interests within the natural attitude	23
§4. The phenomenological reduction.....	23
§5. An overview of the universalising attitude as developed in part 4.....	25
2. An overview of the cognitive behavioural maintenance cycle of emotional disorder and the key Husserlian concepts used to develop the notion of the universalising attitude	27
§1. The cognitive model for emotional disorder.....	27
§2. The cognitive behavioural maintenance process.....	30
§3. Husserl’s concept of the natural attitude and the notion of attitudes as developed by Luft used in Parts 3 and 4 to enhance CBT’s account of the psychological maintenance cycle.....	31
§4. Concluding comments for chapter 2.....	33

3. An overview of Husserl's opposition to psychologism and naturalism	38
§1. A phenomenological definition of naturalism.....	39
§2. The consequences of naturalism.....	43
§3. Concluding comments for chapter 3.....	44
4. The key concepts of Husserl's description of consciousness	47
§1. The bracketing of the natural bias or naivety of experience.....	47
§2. The reduction and the naivety of the natural attitude as presented in <i>Ideas I</i>	50
§3. Husserl's concept of intentionality and intuition as described in the <i>Cartesian Meditations</i>	53
§4. Concluding comments for chapter 4.....	58
 <u>Part 2. The appropriation of phenomenology in psychiatry and psychology</u>	 63
5. Jaspers and Binswanger: The fixedness of delusional belief and the schizophrenic epoché	64
§1. The fixedness and incorrigibility of delusional belief in the schizophrenic's experience.....	65
§2. Ludwig Binswanger and the schizophrenic epoché.....	68
§3. The schizophrenic epoché; not a bracketing but an example of a universalising attitude.....	70
§4. Accessing the patient's subjective experience to access the universalising attitude.....	73
§5. Concluding comments for chapter 5.....	75
6. The application of Husserlian phenomenology in psychology and nursing research (a case study)	77
§1. The use of the phenomenological reduction in nursing research and psychology.....	79
§2. Carl Rogers and client centred psychotherapy.....	83

§3. Concluding comments for chapter 6.....	87
--	----

Part 3. The interpretation of Husserlian phenomenology in the clinical practice of cognitive behavioural psychotherapy..... 90

7. Cognitive therapy compared with phenomenological-existential approaches to therapy: a review of Edwards (1990)..... 91

§1. Historical influences on Beckian cognitive therapy.....	92
---	----

§2. Edwards's 'broad' definition of phenomenology.....	93
--	----

§3. The description of Husserl's phenomenological reduction with cognitive therapy.....	97
---	----

§4. Concluding comments for chapter 7.....	101
--	-----

8. The Socratic dialogue and the use of micro-skills in psychotherapy..... 106

§1. Beckian cognitive therapy.....	107
------------------------------------	-----

§2. Rational Emotive Behavioural Therapy (REBT) and Philosophical Counselling.....	109
--	-----

§3. The Socratic dialogue.....	110
--------------------------------	-----

§4. Compassion focused therapy and neuroplasticity.....	112
---	-----

§5. The micro-skills of psychotherapy.....	115
--	-----

§6. Concluding comments for chapter 8.....	115
--	-----

9. Post-traumatic stress disorder from a cognitive behavioural perspective..... 119

§1. The efficacy and rationale of reliving.....	121
---	-----

§2. The efficacy and rationale of cognitive restructuring.....	125
--	-----

§3. Brewin's dual representation theory.....	129
--	-----

§4. The efficacy of imaginal exposure with cognitive restructuring.....	130
---	-----

§5. The metacognitive model of PTSD.....	131
§6. An evaluation of these approaches in terms of the potential significance for Husserlian phenomenology.....	134
§7. Concluding comments for chapter 9.....	136
10. An overview of Larrabee (1995) on Husserl’s phenomenology of inner time consciousnesses; the implications for PTSD.....	140
§1. Linear temporalising of ‘ordinary’ day-to-day memory.....	144
§2. The non-linearity of trauma memory.....	148
§3. Concluding comments for chapter 10.....	150
11. The circularity of the feedback loops in cognitive therapy, the maintenance cycle in the clinical disorder	156
§1. Negative automatic thoughts.....	159
§2. Safety seeking or safety behaviours.....	162
§3. Self monitoring and selective attention.....	163
§4. Concluding comments for chapter 11.....	166
12. A phenomenological analysis of the natural attitude: A review of :Luft’s accounts of attitude and interest.....	169
§1. The constitution of attitude.....	171
§2. The constitution of interest.....	174
§3. The home attitude and the naivety of the natural attitude.....	181
§4. Concluding comments for chapter 12.....	187
13. The significance of attitudes and interest for cognitive therapy...../.....	192
§1. The significance of attitude for Husserl, and the role of dysfunctional beliefs in cognitive therapy: a brief résumé.....	192
§2. A new term for the proposed attitude.....	194

§3. The phenomenological characteristics of attitudes within the natural attitude as seen in the psychopathology of emotional disorders treated within cognitive therapy.....	195
§4. The ‘taken for granted-ness’ of the natural attitude, illustrated by an example of the illusionists ‘sleight of hand’ trick.....	197
§5. The use of the phenomenological attitude in therapy.....	203
§6. The significance of the questioning style in cognitive therapy, in accessing attitude.....	207
§7. The significance of ‘neutrality modification’ as part of the change process in cognitive therapy.....	209
§8. A phenomenological description of panic disorder; an account of the universal attitude in a clinical presentation.....	214
§9. The need for CBT to acknowledge the universalising attitude as more than a collection of emotions, cognitive processes, beliefs and behaviours if an effective change process is to occur.....	218
§10. The implications of the universalising attitude for CBT; that the attitude is more than an example of an individual’s psychological attitude.....	222
§11. Concluding comments for chapter 13.....	226

Part 4. Developing a phenomenological account of the universalising attitude.....231

14. The implications of the cognitive behaviour maintenance cycle for Husserl’s concept of attitude and interest.....232

§1. Using cognitive therapy to provide an eidetic description of the characteristics of attitudes occupied within the natural attitude.....	234
§2. The natural attitude and Husserl’s concept of naturalism (revisited).....	245
§3. Naturalism and the naturalistic attitude.....	246
§4. Noematic identity and the constitution of sameness.....	250
§5. The significance of PTSD in providing a phenomenological description of the universalising attitude.....	255
§6. The universalising nature of the natural attitude.....	263

§7. A hierarchy of attitudes within the natural attitude, the ‘natural conduct’ of attitudes within the natural attitude.....	270
§8. The role of interest in the hierarchy of attitudes.....	274
§9. A clinical example of ‘specific disorder’, a snake phobia, to further develop the universalising attitude and its natural conduct amongst the hierarchy of attitude.....	275
§10. The case example.....	276
§11. The universalising attitude ‘disguising’ itself as the natural attitude.....	279
§12. The problem of describing the natural attitude and the universalising attitude, as <i>attitudes</i>	280
§13. Concluding comments for chapter 14.....	287

15. Conclusion..... 290

§1. Key themes demonstrated in the thesis..... 290

§2. Implications for CBT and Husserlian phenomenology..... 292

§3. Avenues for further research..... 298

Appendix 1..... 302

DSM (IV) Definition of Trauma.

Appendix 2..... 304

DSM (IV) Criteria for Panic Attack.

Appendix 3..... 305

Comparisons of the concept of evidence for cognitive therapy and Husserlian phenomenology.

References.....310

List of figures

1. 'ABC' model	28
2. Beck's schematic model of emotional disorders	32
4. ABC model used in assessment	109
5. Ehlers & Clark (2000) model of PTSD	127
6. The metacognitive model of PTSD	132
7. Diagram illustrating a generic 'five areas' formulation	165
8. A five areas model depicting a non-pathological example of an attitude	235

But with the break with naïveté brought about by the transcendental-phenomenological reorientation, there occurs a significant transformation, significant for psychology itself. As a phenomenologist I can, of course, at any time go back into the natural attitude, back to the straightforward pursuit of my theoretical or other life-interests; I can as before, be active as a father, a citizen, an official, as a 'good European', etc., that is, as a human being in my human community, in my world. As before, and yet not quite as before. For I can never again achieve the old naïveté; I can only understand it.

(Husserl, *The Crisis of European Sciences and Transcendental Phenomenology*....., p.210)

Overview of structure and aims

The dissertation is divided into four main parts. The first part concerns Husserl's opposition towards psychologism. This part aims to demonstrate that his opposition towards psychologism was based upon specific understandings of what the psychology of his time was about, namely that it was based upon naturalism. However, as the latter stages of part 1 suggest, this does not exclude psychology from Husserl's phenomenological project. Rather the use of a phenomenological method can be used to enhance our understanding of the process taking place during cognitive psychotherapy. Hence, the hypothesis of this thesis: cognitive psychotherapy can gain an advanced understanding of its own practice by pursuing an understanding of Husserlian phenomenology.

The second section concerns the apparent appropriation of Husserlian phenomenology by psychology. This appropriation suggests there has been a general misinterpretation of Husserlian phenomenology within mainstream psychology. This misinterpretation seems to coincide with a generic use of the term 'phenomenology' which has been employed to refer to the subjective state of an individual as data used as part of a qualitative type research methodology. This misinterpretation refers only to research within psychology which claims to be following, or based upon, a *Husserlian phenomenological* methodology.

This can be seen in the latter stages of part 2, where the thesis uses nursing research as a case study to demonstrate this point. The thesis argues that the use of the term Husserlian phenomenology within nursing research is indeed illegitimate, in that it

simply does not appear to resemble Husserl's own project, and at best nursing research's 'Husserlian' phenomenological project fits the more generic term of phenomenology, in that it seems preoccupied with using subjective states of individuals as data for its research.

The third part of the thesis, 'The Interpretation of Husserlian Phenomenology in Clinical Practice', is in many ways the central aim of the dissertation in that it concerns the relationship between cognitive behavioural psychotherapy and Husserlian phenomenology. The thesis begins by looking at cognitive therapy's claim to be Husserlian phenomenology, and argues that despite some formal differences between Husserlian phenomenology and cognitive therapy, there are aspects which can be seen as being part of Husserlian phenomenology. The thesis suggests that despite cognitive therapy's claim to be indebted to Husserlian phenomenology, such a conceptual influence again seems to be based upon a misunderstanding of Husserl's own project, in that the reference to Husserl is illegitimate, as Husserl would not recognise this as his phenomenology.

Nevertheless, unlike the procedures predominant in nursing research which are erroneously linked with Husserlian phenomenology, cognitive therapy does appear to some extent to involve aspects of a methodology seen in Husserlian phenomenology. The second main hypothesis of the dissertation is that Husserl's 'discovery' of the natural attitude is central to cognitive therapy's understanding of what it terms the maintenance cycle of disorder. More precisely, the thesis argues that it is only when one is able to perform a phenomenological analysis of the natural attitude that one is

able to appreciate the significance that Husserl's concept of attitude and interest have on the 'change mechanism' and indeed how this takes place within cognitive psychotherapy. Here the dissertation argues that the phenomenological analysis of attitude provides the cognitive therapist with an enhanced understanding of what contributes to the maintenance of an emotional disorder, and it is here the term 'universalising attitude' is introduced.

The final stages of the thesis focus upon developing a phenomenological account of the universalising attitude. Here we explore the final hypothesis: that cognitive therapy's understanding of the maintenance cycle of emotional disorder provides an enhanced understanding of Husserl's concept of the natural attitude. The universalising attitude is not a *new fundamental attitude* within the natural attitude. Rather it is the primary character of the natural attitude, a connection that at times seems to be overlooked by Husserl's own phenomenological description of the natural attitude. It is suggested that in examples of psychopathology the universalising attitude breaks away from the natural attitude so that it presents itself to the patient (or disguises itself) as the genuine natural attitude. Finally, from this position the concept of the universalising attitude is used to develop a hierarchy of attitudes (all understood as sub-attitudes) operating under the 'umbrella' of the natural attitude.

Abbreviations for works by Husserl

CES: The Crisis of European Sciences and Transcendental Phenomenology, Trans. David Carr, Evanston IL: Northwestern University Press, 1970.

CM: Cartesian Meditations, An Introduction to Phenomenology, Trans. Dorian Cairns, Dordrecht and Boston, Martinus Nijhoff, 1982.

Ideas I: Ideas Pertaining to a Pure Phenomenology and a Phenomenological Philosophy: General Introduction to a Pure Phenomenology (First Book), trans. Fred Kerston, Dordrecht: Kluwer, 1982

Ideas II: Ideas Pertaining to a Pure Phenomenology and a Phenomenological Philosophy: Studies in the Phenomenology of Constitution (Second Book), trans. Richard Rojcewicz and André Schuwer, Dordrecht: Kluwer, 1989.

LI 1: Logical Investigations, Vol. 1, trans. J.N. Findley, London: Routledge & Kegan Paul, 1970.

LI 2: Logical Investigations, Vol. 2, trans. J.N. Findley, London: Routledge & Kegan Paul, 1970.

Acknowledgements

I would like to thank Professor Douglas Burnham for all his excellent support and advice throughout my work on completion of the thesis. I am indebted not only to his knowledge of modern continental philosophy but also to his skills as a philosopher and supervisor. I would also like to acknowledge the contribution from the years of my clinical work as a psychotherapist and the distressing experiences shared with me by the many patients I have worked alongside in therapy. Not only have the anecdotal observations drawn from this been fundamental to the development of the thesis, but many of the experiences shared with me by patients have humbled and also inspired me personally. Finally I would like to thank my partner Julie Snow for all her support and patience. Without the love and support from Julie and my step children, ‘the girls’; Hannah, Lucy and Rebecca, none of the following thesis would have been possible or even worthwhile in its endeavours.

Part 1. An introduction to the key concepts of the thesis; the maintenance cycle of emotional disorder and the defining concepts of Husserlian phenomenology

Chapter 1. Introduction

Husserl's historical resistance towards psychologism is well acknowledged and this has largely been interpreted as proof of his opposition towards all psychology. However, Husserl's apparent ambivalence towards the developments of psychology, does not appear to have prevented the psychologists of his day from paying increasing attention to his work (Spiegelberg 1972, Levinas 1973/95,). For instance, throughout the twentieth century psychologists and psychiatrists of various theoretical orientations repeatedly acknowledged Husserl, claiming to be influenced to some extent by his phenomenology, or actually performing some aspect of Husserlian phenomenology (see Crotty 1996, Leahy 2003). Disciplines such as sociology, psychology, nursing research and cognitive therapy have all at some point claimed to have been influenced to some extent by Husserlian phenomenology. With respect to cognitive therapy, Leahy (2003) goes further than this by describing cognitive therapy *as* phenomenology:

Cognitive therapy owes a conceptual debt to earlier philosophical work on phenomenology by Husserl (1960): indeed cognitive therapy is phenomenology in that it describes and analyzes the categories of experience. The difference between cognitive therapy pioneer Beck, and philosopher Husserl, is that Beck provides a method for testing out the phenomenological experience, by testing out one's thoughts against reality. (Leahy 2003, p.1).

In contrast to the above quotation, at no point in the following thesis do I suggest that the cognitive behavioural therapies are Husserlian phenomenology, as they clearly have very different and distinct functions. Cognitive therapy is essentially a set of practices used to help people with emotional difficulties, whilst Husserlian phenomenology, described in the most basic terms, is an apparatus designed to describe phenomena as they appear in the process of consciousness.

As we shall see, despite Leahy's assertion that cognitive therapy *is* phenomenology (and with the exception of a few isolated examples of research, for example, Edwards 1990, Corrie & Milton 2000), there has been very little written on the relationship or methodological influence of Husserlian phenomenology and cognitive behaviour therapies (CBT).

This thesis will attempt to examine the extent to which cognitive therapy can be seen to resemble, at least, *aspects* of Husserlian phenomenology and to what extent cognitive therapy 'tests out' the phenomenological experience (as Husserl would have understood it). As we shall see later, the process involved in the therapeutic process of change within cognitive therapy can be seen, to some extent at least, to exemplify fundamental aspects of Husserlian phenomenology. This is most obvious within what is termed the 'change methods' of psychotherapy.

This I believe is significant for cognitive therapy, in that Husserl's phenomenology helps us to gain an understanding of the mechanics underlying the process taking place during therapy. I shall argue that the underlying structures of cognitive psychotherapy illustrate aspects of Husserl's methodology, which are central to the success of CBT. I believe this demonstrates that a methodology which is now over 100 years old is still very much alive and relevant for the twenty-first century.

Nonetheless, at the risk of sounding contradictory before proceeding with the development of the argument, it is important to note that there seems to be little semblance of what could be seen as a concrete methodology which one could

immediately and implicitly associate with Husserlian phenomenology within nursing research or, as I shall argue, to a lesser extent, cognitive therapy. By this I mean a methodology which could be seen to resemble the methodology (or at least part of it) described by the 'later' Husserl, referring to works such as *Ideas II*, *CM* and *CES*.

During the latter part of the thesis I shall suggest that cognitive therapy's understanding of the maintenance of emotional disorders can contribute towards understanding certain aspects of the qualitative nature of the natural attitude. This is perhaps most evident in cognitive behavioural conceptualisations of depression, anxiety disorders and specifically post-traumatic stress disorder (PTSD). At this juncture I wish to provide a clear introduction to the main themes of the thesis, by beginning with the maintenance cycle, followed by an overview of Husserl's account of the natural attitude, Luft's (1998, 2002) interpretation of attitudes, the use of the phenomenological reduction, and finally the universalising attitude.

§1. A brief introduction to the maintenance cycle in CBT

The maintenance cycle is referred to in the CBT literature as the process which is involved in perpetuating or continuing an emotional disorder. Originally this was seen as an interaction between cognition, emotion and physical symptoms. For example, in the case of anxiety, thoughts about a feared situation or outcome would increase the anxiety, the physical symptoms being seen by the patient as evidence that the anxiety was justified. The concept of safety-seeking behaviours was later added to the model (Salkovskis 1991). These are voluntary behaviours undertaken to prevent the feared catastrophe occurring. They are directly and logically connected to the physical

symptom and its feared consequence. For example, in the case of an anxiety disorder, the physical sensations of breathlessness are interpreted as the onset of suffocation and this leads to the patient utilising safety behaviours such as over-breathing, loosening clothes around the neck, and opening windows. These behaviours are seen as maintaining the emotional disorder in that the behaviour is seen helping the patient to 'prevent a close shave' from a perceived threat occurring. In other words, the safety seeking behaviour prevents disconfirmation of the cognition and in fact reinforces the belief that similar situations are to be feared in the future.

In addition to this, the safety behaviour can sometimes have a deleterious effect on the patient's physical symptoms. This in turn is interpreted by the patient as evidence that their belief or appraisal of a situation is correct, leading to further anxiety (a more detailed introduction is developed in the following chapter, while chapter 11 provides a complete and comprehensive account of how this cycle perpetuates itself). This will then be developed by referring to Husserl's concept of the natural attitude and specifically Luft's (1998, 2002) interpretation of attitudes (in parts 3 and 4 this will be used to develop the concept of the universalising attitude).

§2. Husserl's concept of the natural attitude

Husserl's notion of the natural attitude has often been criticised for being an inconsistent or incompletely operative concept (Fink 1956, Luft 2002, Moran 2008). However, in its most basic form Husserl's natural attitude could be seen as the natural surrounding world, which is given in one's everyday experience of the world as a non-thematic assumption, or more specifically a stance that underlies our naive sense

of the objectivity and facticity of the world. The natural attitude treats everything as ‘given’ and ‘real’ in the same way. The world of ‘common sense’ is both unquestioned and taken-for-granted, providing naturalism with the raw, observable, taken-for-granted ‘data’ upon which natural science bases its foundations and assumptions. The natural attitude also treats consciousness as part of the natural world (chapter 3 provides a brief overview of Husserl’s opposition towards this).

The natural attitude is, by its very nature, the natural attitude to possess, the invisible ‘default’ attitude which encompasses everyday activities. In contrast to the phenomenological attitude, the natural attitude of everyday living hides itself so that one is unaware of being in an attitude or indeed unable to describe this as an attitude until one has another attitude, such as the phenomenological or philosophical attitude (Luft 2002, p.153). Here the thesis argues that cognitive therapy does not attempt to encourage the patient to transcend or leave the natural attitude, however, through various therapeutic interventions it forms a basic yet fundamental phenomenological attitude from which the patient is first able to recognise examples of the universalising attitude and compare this with other examples of less problematic attitudes, thus serving to dismantle the universalising attitude which has formed the problem focus for therapy¹.

¹ As we shall see in the latter stages of the thesis, there are many examples of universalising attitude and cognitive therapy only recognises the symptoms of emotional disorders or pathological attitudes. It would not be possible or ‘therapeutic’ for cognitive therapy to dismantle all the everyday non-pathological examples of the universalising attitude the patient may be experiencing (such as ‘being in love’, ‘having a faith’ or ‘holding a dogmatic view’), all of which would be unlikely to form the ‘problem focus’ of therapy as they are not recognised by the patient or by psychotherapy as being examples of ‘pathological problems’.

§3. Luft's description of attitudes and interests within the natural attitude

Husserl's notion of an attitude can be seen as something that lies in the background. It can be aimed at the world as a stance or position placing the world in to a particular context or perspective. The world is viewed by the attitude in a particular light (Luft 2002, p.158, Moran 2008, p.414). This is not to suggest that being in a certain attitude equates to a passive interpretation of the world, but refers to how one actively 'devotes' oneself to the world in a given moment. Luft (1998, 2002) describes how daily life within the natural attitude consists of inhabiting and passing through a multitude of different attitudes, and attempts to develop Husserl's incomplete account of the natural attitude by describing how one passes through various differing modes or sub-attitudes of the natural attitude. Within these described varying attitudes, the surrounding world is not just seen as a fixed intentional state that is passively received but a nexus of meaning which is constantly changing and structured by one's daily life of *interests*. Luft (2002) uses the Latin origin of the word, *inter-esse*, to describe how Husserl's notion of interest means to be among things, to be in a certain context (Luft 2002, p.156). However, I shall argue that this understanding of interest is incomplete and later (chapter 14, §8) I will present an alternative interpretation of Husserl's notion of interest which describes how interest also acts *on behalf* of the attitude.

§4. The phenomenological reduction

It is my contention that cognitive therapy serves as a crude reduction, which does not enable the patient to overcome the *natural* attitude, nor is it the intent of the therapy to facilitate this, rather therapy assists the patient in recognising the universalising appeal of the natural attitude. I will argue that *the therapy* works by enabling the

patient to recognise and ‘recalibrate’ to a less problematic attitude or mode within the natural attitude. It begins this by helping the patient to recognise the universalising attitude as an example of one of the many examples of sub-attitudes of the natural attitude, but an attitude that, like the encompassing natural attitude, refuses to recognise itself as an attitude among others.

In this thesis I will argue that various non-verbal therapeutic interventions, such as the illustration of the maintenance cycle, and the use of thought records, contribute to a reduction of the attitude. The most effective part of the reduction is in the verbal skills of the CBT therapist, specifically in the use of Socratic questions. I shall argue that this serves as the first stages of the *epoché*, helping the patient to recognise and bracket certain attitudes which, I would argue, can be seen in many examples of clinical presentations. What is central to this is the patient’s discovery (through the therapeutic process) of how to suspend other ‘attitudes’ that he or she may experience within the natural attitude. By doing so he or she enters the phenomenological attitude whereby the patient is able to ‘stand back’ from and explore their assumptions or behaviours which presumably have been problematic for them.

The thesis argues that the reduction is not a instrument which, once performed, is effective and valid for all future times but through the intervention of cognitive therapy the reduction is a process which needs to be performed at regular periods, particularly when the patient in therapy encounters other problematic examples of the universalising attitude. The goal of therapy is to encourage the patient to develop their

own skills in performing a process of techniques qua reduction, in helping them to identify problematic examples of universalising attitude.

§5. An overview of the universalising attitude as developed in part 4

In part 4 of the thesis, I argue that CBT's² conceptualisations of the maintenance of emotional disorders can be seen as an extreme example of the natural attitude, which I term the universalising attitude. I argue that this is more than the maintenance of a subjective 'dysfunctional' psychological state, but an example of what I term a universalising attitude, an aspect of the natural attitude which appears to have been overlooked by Husserl.

The universalising attitude is fundamental to the very character and cohesiveness of the natural attitude. As with other examples of attitude, the universalising attitude is more than a means of providing a passive lens through which one views the world. However unlike other sub-attitudes, the universalising attitude is constantly reframing itself in a manner in which it sees itself as being self evident. Using interest to act upon its behalf, it searches for further validation of itself as the 'correct' and 'only' attitude to be in. By doing so it displaces other potential attitudes, so that in pathological examples of emotional disorder the universalising attitude presents itself to the patient as the dominant and only attitude to take. Other sub attitudes are experienced as no longer being so effortlessly passed through as they are in typical 'non-pathological' everyday living in the natural attitude.

² The term 'CBT' is sometimes misleadingly used to give the impression of a particular school of thought or at least one specific type of intervention within psychotherapy. A more accurate description of CBT would be as an umbrella term, used for the amalgamation of behavioural and cognitive psychotherapy respectively (Roth & Pilling 2008, p129).

The following chapter attempts to provide what is generally taken as the ‘CBT’ model of emotional disorder, the following sections describing the maintenance cycle of emotional disorder. The chapter also provides an overview of the key Husserlian concepts such as reduction, intentionality and natural attitude, which will be used later to develop the proposed notion of the universalising attitude.

Chapter 2. An overview of the cognitive behavioural maintenance cycle of emotional disorder and the key Husserlian concepts used to develop the notion of the universalising attitude

§1. The cognitive model for emotional disorder.

Men are not disturbed by things but by the views which they take of them.
(Epictetus, trans. Long 2004, p.3).

The above quotation taken from Epictetus' *The Enchiridion* is often cited to illustrate the philosophical origins of cognitive therapy in the Stoic philosophical tradition. That is, specific situations do not cause an emotional response, rather the individual's appraisal or interpretation of the situation is what is responsible for any change in affect. Ellis (1990) describes 'going back to philosophy', combining the 'best elements' of Stoicism, Epicureanism, and several other phenomenological-humanistic-existential philosophies which he describes as ultimately contributing to the formulation of the 'ABC theory' of emotional disturbance. A is the activating event, or the trigger for the anxiety/depression, B is the belief about the event, or the thoughts that were activated when the anxiety or depression occurred, and C is the emotional or behavioural response, which is described as forming the core of most cognitive behavioural therapies.

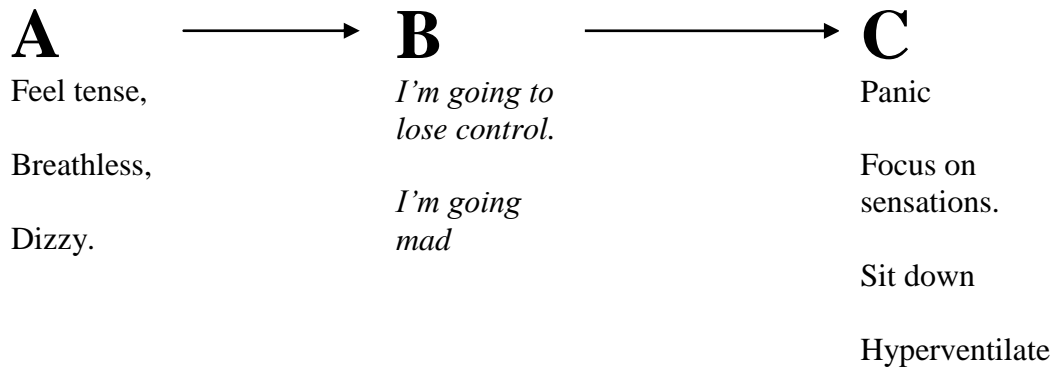


Figure 1. 'ABC' model.

The philosophical origins for the 'constructivist' philosophical premise, that reality is determined by cognition, is possibly most prominent in Kant's transcendental philosophy, and the subsequent phenomenological movement of Husserl. Kant describes reality in itself as directly unknowable; rather it can only be accessed through what he describes as categories or schema. Therefore, an individual could never have direct access to reality, or what Kant describes as *noumena* or 'the thing in itself', but could only gain access to their schema. The constructivist perspective within cognitive theory describes the individual as creating knowledge about their reality, which corresponds to the individual's idiosyncratic and independent reality. In contrast to this, the rationalist tradition within cognitive theory describes reality as objective and knowable; therefore one's feelings should correspond directly to external reality.

However it is not easy to categorise various cognitive models to the corresponding philosophical tradition. For instance, Ellis (1990) has described his model for rational emotive therapy as not being completely rationalistic. Blackburn & Twaddle (1996)

describes Beck's model for cognitive theory as consisting of both philosophical traditions, situated in the centre of the constructivist and rationalist continuum. For instance, some aspects of his model assume a separate external reality to the patient's, which is accessible via use of behavioural experiments for hypothesis testing. Other aspects echo the constructivist's position, for instance, looking at the advantage and disadvantage of individual's holding certain beliefs about their own subjective reality.

As we can see the philosophical emphasis of early developments in cognitive theory at first appears to place great emphasis upon the primacy of thought. Indeed cognitive therapy has been described as being philosophical not only because of the already discussed origins, but because it attempts to teach clients how to avoid fallacies in critical thinking (Le Bon 2001, p.104.). This apparent causal emphasis placed upon the process of thought over emotion is commented upon by Safran & Segal (1996), who make the observation that prior to the 1980s emotion was treated within the paradigm of the cognitive behavioural tradition as 'a post cognitive phenomena'. Emotions are described as being treated as undesirable products of faulty thinking processes. In contrast, *rationality* is seen as 'the benchmark' for mental health and that change is brought about through the promotion of rational thinking. Traditionally, thought and feeling have been considered separate but related areas. A large quantity of research demonstrates that cognition has a role in emotional disorders, however, there remains a controversy about the precise relationship of thought and feeling, and the primacy of one over the other.

Lazarus & Fay (1982) supports the 'traditional' view within cognitive therapy, that thought controls feelings and appraisal triggers emotions. In contrast to this, Zajonc &

Markus (1984) argue that thoughts are always immersed in feelings and that emotions precede and activate cognitions. In addition to this, Watts (1990) argues that feelings are independent of thought but induce feeling related cognitions. Contrary to this, it is perhaps worth noting that the clinical phenomenologist, Jaspers (2003) suggests that feelings reflect the sensation of an internal atmosphere, describing a typology of abnormal feeling states which can be divided up into the following; apathy, feelings of personal incapacity, (including changes in bodily sensations) and the feelings of having lost feeling.

§2. The cognitive behavioural maintenance process

The dominant assumption amongst many mental health clinicians up until the 1960s was that negative thinking was a surface feature or by-product of clinical depression, underlying biological disturbances or psychodynamic conflict. They assumed that if the underlying causes were treated successfully, then the negative thinking would improve. The early observations made in Beck's clinical findings, from the analysis of the dreams of depressed patients and the process errors which maintained the negative bias in the content of thought, appeared to support this hypothesis. Beck has been cited as realising that the causal sequence could work equally as well the other way and that 'negative thinking could itself cause depression'. More recently Beck seems to have revised his position somewhat, stating that:

It seems unwarranted to assert that cognitions cause depression. Such statements would be akin to saying that delusions cause psychosis. (Beck 1987, p.10).

To expand upon the above statement, instead of suggesting a direct causal status, cognitive theory contends that negative cognitions are ‘functionally related’ to depressive schemas or core beliefs that have been activated in response to a relevant stressor. In other words, negative thinking is not the cause of a depression, but is part of it. This in turn is maintained by a combination of cognitive, behavioural, emotional and physical factors which form feedback loops into the patient’s idiosyncratic beliefs, consequently perpetuating the cycle of low mood. These are often referred to in CBT literature as the ‘psychological processes which keep the problem going’ (Westbrook, Kennerley & Kirk 2007).

§3. Husserl’s concept of the natural attitude and the notion of attitudes developed by Luft, used in Parts 3 and 4 to enhance CBT’s psychological maintenance process

As we shall see later in the thesis, I believe cognition, emotion and behaviour can be seen as all being part of an example of attitude, as described by Luft (1998, 2002); that is, part of the interplay of attitudes which all make up the everyday experience we have within the natural attitude. More specifically, I will argue later that, as with all clinical cases of anxiety disorders, depression can be seen as an extreme type of natural attitude or universalising attitude.

The reader may note I use the terms universalising and natural attitude interchangeably, this is because it is my contention that the universalising attitude is not being proposed here as a new attitude, rather the universalising attitude *is part of* the natural attitude. It is what makes the natural attitude cohesive and comprehensive. It is the very thing that allows us to inhabit the natural attitude, naively and unaware

of the natural attitude's existence. By referring to CBT's theoretical description of the maintenance of emotional disorder, I shall also later describe how the cognitive therapist's theoretical account of the maintenance of emotional disorder provides the first indication of the universalising attitude's existence.

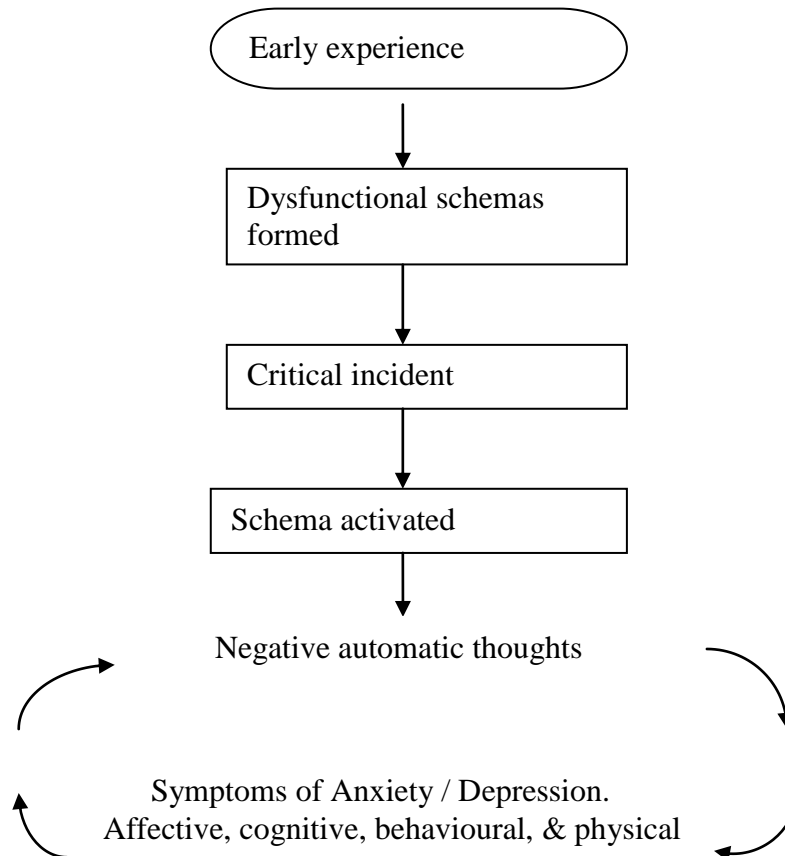


Figure 2. Beck's schematic model of emotional disorders

As can be seen in the above schematic diagram, the cognitive theory of emotional disorder appears to emphasise that particular biases in information processing will lead to congruent emotions. The diagram illustrates the development of the dysfunctional schemas from early childhood experiences, the schemas remaining latent until a particular situation (the critical incident) activates the schema. After the

activation of the schema there is a change in specific information processing which contributes to the development and maintenance of the behavioural and physiological aspects of depression. These changes within information processing manifest themselves in the depressed individual's consciousness as negative automatic thoughts, and are accompanied by negative distortions in the individual's cognitive processes. Although Beck's schematic model of emotional disorders has been most influential and crucial for the treatment of emotional disorders, there are a number of apparent limitations with the model.

In summary, this section has described the cognitive model of emotional disorders, the content and the processes of the cognition which are understood to influence emotion, behaviour and physiology through the individual's appraisals of him- or herself, others, the world and their interpretation of events. For example, the individual who perhaps appraises herself as a failure may feel depressed and cease to take the initiative. Conversely the process of cognition is described by the cognitive model as influencing our experience of the world through the flexibility an individual may have in switching between different modes of processing.

§4. Concluding comments for chapter 2

This chapter provides an overview of the following key points. Firstly the chapter provides a detailed overview of the cognitive model of emotional disorders, and the relationship between cognition, emotion, physiology and behaviour. The cognitive model of emotional disorder regards cognition as that which 'regulates' emotional disorder, and does not provide a direct causal impact upon emotion. Secondly, the

chapter has provided a basic description of the maintenance process responsible for emotional disorders which consist of cognitive, behavioural, emotional and physical factors. These factors are seen as interacting with each other and the individual's environment and forming a feedback loop which essentially serves to reinforce the individual's idiosyncratic beliefs and subjective appraisal of an experience. In this model, different modes of processing which influence our experience of the world are described. I shall later develop this point by referring to Husserl's noetic and noesis, the concatenations of consciousness which allow the idiosyncratic aspects of subjectivity; namely that which provides the sense of being an individual, and how this in turn is based upon the differing attitudes or modes within the natural attitude. There is a tendency within cognitive therapy to use the term cognition to include a variety of psychological processes. For example, Gilbert (2010) observes how the term information processing is overly used within CBT:

The weaknesses with CBT are well known with many of them stretching back to debates in the '70s and '80s on emotional versus cognitive processing ... all kinds of psychological processes get labelled as cognitive and subsumed by CBT ... [T]he term information processing is meaningless and over inclusive. Every cell in your body, not to mention your computer, is an information processing system. But they do not have cognitions. (Gilbert 2010, p.13).

As we have seen, despite cognitive therapy's infamous acknowledgement of the conceptual influence of Epictetus, cognitive psychology has developed and become a separate academic discipline in its own right. Finally, within the cognitive model of emotional disorder there appears to be very little focus upon consciousness or intentionality, appearing to reduce a person's experience to a series of 'thoughts', this will be discussed in chapter 11. The cognitive model regards most if not all examples of subjectivity as some form of cognitive process. Recently there has appeared a trend within cognitive psychotherapy to attempt to base its interventions and developments

more upon cognitive psychology or cognitive science, appearing to ignore its previous philosophical origins. Indeed, to paraphrase Wells (2005), from a workshop that he conducted; ‘*if one is in search of truth go and study philosophy, cognitive therapy is about changing people’s minds*’. It is perhaps worth noting that to describe cognitive therapy’s motives in this manner as an *anathemata* towards the objectives or purpose of philosophy or phenomenology is to risk what seems to be, at times, almost a reduction of the significance of the patient’s experience in psychotherapy to an exercise of persuasion, to convince the patient that his or her problem doesn’t exist.

This perspective contrasts with other theoreticians within cognitive therapy, such as Padesky (1993), who makes the distinction between ‘guided discovery’ and simply ‘changing minds’. Teasdale (1996) appears to support this by suggesting that at a psychological level ‘changing minds’ risks invalidating specific meanings or thoughts a client may hold, whilst guided discovery within the Socratic dialogue can help both client and therapist by creating alternative schematic models. Possibly even more importantly than this, if the therapist sees the patient’s *attitude*³ in terms of an *appraisal or interpretation* which simply needs to be changed, then this fails not only to understand the universalising nature of the client’s attitude, but more importantly fails to respect or indeed acknowledge the ‘intelligence’ of the universalising attitude itself.

In the next chapter I shall present Husserl’s opposition towards psychologism, and argue that this was due to psychologism presupposing a theory of being. This is because psychologism itself is based upon ontology of naturalism, which as we shall

³ The reader will note that I use the term ‘attitude’ not in its everyday usage but rather in a similar manner to what Husserl defines as the ‘natural attitude’. The ‘intelligence of the attitude’ is the first reference to what I shall later refer to as the ‘universalising attitude’.

see has a definitive way of interpreting being. The chapter attempts to demonstrate how Husserl attempts to go beyond a simple critique of psychologism, by presenting a critique which addresses the whole of the ontology of naturalism itself. The purpose of the chapter is twofold. Firstly to serve as a reminder to the reader of Husserl's conviction of there being a 'crisis within science', which results in an undermining of the humanities and social sciences. Secondly in terms of the overall aims of the thesis, this chapter serves as a possible warning of attempts within CBT to naturalise the *process* of cognitive psychotherapy itself.

The tendency to naturalise aspects of the psychotherapeutic process no doubt harbours the intent of trying to isolate aspects of therapy which can be used as individual 'stand alone' treatments. The objective of this appears to be to reduce the number of treatment sessions required, and to meet waiting list deadlines within the target-driven culture of the National Health Service in the UK, or parallels in other health services. Such attempts may be seen in the use of cognitive behavioural self-help books which seem to follow the tradition of naturalising the 'change mechanism'⁴ that is experienced in the patient's consciousness during therapy as a fact of physical reality which can be read about and implemented as a series of interventions upon oneself. Although I would acknowledge that there is *some* evidence which supports the efficacy of such self-help treatments, it is my view that this cannot be seen just as a naturalising of the therapy process itself, but also as failing to treat the phenomenon of consciousness as an essential living intentional experience [*Erlebnisse*]. No doubt Husserl would have regarded this as a naturalism which reduces consciousness to the same nature as the objective facts studied by the natural sciences (Kearney 1994). The

⁴ For a definition of the term 'change mechanism', see chapter 13 below.

consequence of this is that the natural attitude including that of psychology has as Husserl describes a naivety about it which overlooks the functioning subjectivity in which the 'change mechanism' is constituted.

Chapter 3. An overview of Husserl's opposition to psychologism and naturalism

The brain secretes thought as the liver secretes bile. (Quote from Vogt, cited in Johnstone 1965, p.17.)

Both behaviourism and cognitive therapy appear to take the 'objective' status of reality for granted and fail to put their own subjective presuppositions into question. Both appear to commit the error of reducing the intentional acts of consciousness, where meaning is first constituted, to quantifiable data of a purely empirical kind and consequently they fail to have an adequate concept of intentionality. Husserl's own breakthrough with intentionality is described by Moran (2005) as being realised in 1898, describing a 'universal a priori correlation between experienced object and manner of givenness'. That is to say, intentionality encapsulates the entire set of relations between subjectivity and every form of objectivity. It is in this respect that both behaviourism and cognitive therapy could be seen as examples of what Husserl describes as naturalistic psychology, attempting to become 'truly' scientific by adopting 'an extrinsic model of natural science'.

The overall purpose of this chapter is to gain a definitive understanding of Husserl's conception of and opposition towards naturalism and 'psychologism'. The chapter focuses upon fundamental ideas in Husserl's philosophical beginnings, focusing upon their logical connection, beginning with his *Philosophy of Arithmetic* (1891), which was intended to lay the foundations of a philosophy of mathematics (this work was reviewed by Gottlob Frege, who notoriously charged it with propounding a doctrine of psychologism).

In his initial phase Husserl analyses the concept of number from both the logical and psychological points of view. To briefly expand upon this further, from the psychological point of view, numbers do not only correspond to sets of elements liable to be counted, they constitute wholes beyond the capacities of immediate perception as soon as they include a large quantity of units. From this moment on, they only exist for consciousness as wholes expressed by symbols. This theory of symbolic wholes prefigured the basic principle which was to be developed by *Gestalt* theorists in later years. As we shall see, this chapter refers extensively to the ‘second phase’ of Husserl's work, which began with the *Logical Investigations* (1900-01), and focused upon his main concern, namely to establish the foundations of logic outside psychology.

§1. A phenomenological definition of naturalism

Husserl regards naturalism both as the dominant theoretical outlook of his age [and] also as deeply embedded in our ordinary assumptions about the world surrounding us. (Moran 2008, p.142).

Naturalism asserts that everything ‘there is’ belongs to the world of nature, and consciousness is seen as another aspect of this natural world. Hence consciousness is studied by the same methods that are appropriate for studying the natural world, and the apparent exceptions to this method can somehow be explained away. In metaphysics, naturalism may be analogous to materialism, however this is not to suggest that naturalism has to be materialistic. Indeed it would be a mistaken view that attributes naturalism to the thesis of materialism as Husserl would no doubt regard subjective idealism (the doctrine that consciousness creates the world) as a consequence of a naturalising predisposition where consciousness is cause and the world its effect (Moran 2008).

For Husserl philosophical naturalism reflects the notion of nature as a domain of spatial-temporal being governed by exact natural laws, the consequence of a concept which was born during the scientific revolution in the seventeenth century. Naturalism insists that the world of nature should form a single sphere without incursions from outside by 'souls' or 'spirits', divine or human. Within this world of nature, everything is seen as primarily a *physical* nature. However, this does not mean that naturalism has to somehow reject the phenomena of consciousness, or equate it with material phenomena. Rather the psyche or 'mental' is regarded at best as a dependent, secondary epiphenomenon.

The meaning of the existence of nature itself is misinterpreted by naturalism believing that by examining nature as it is revealed through physical science it has reached absolute being: '*The natural scientist has the tendency to look upon everything as nature and ... and so to falsify the sense of what can not be seen... [his] way*' (CES, p.79).

Husserl's objection to naturalism is not merely metaphysical. Naturalism is not a metaphysical theory which takes matter and mind as two existing beings, and fails to inquire into the mode of existence of each of these beings. Husserl's contention is that naturalism and its insistence upon the very objectivity of psychic phenomena *implies* the *existence* of the physical world. The following passages expand upon this point.

Being, for naturalism, may not mean having a material existence, rather it means *being there*, for instance, in the same way that the material world is 'there'. In other

words to think of something as existing is to think of something in a physical nature, consequently having the same mode of existence as physical nature has. Thus, for naturalism, it would seem, objectivity, reality and existence would all vanish if one were to take away from this account of existence the psychic phenomenon of consciousness and the 'fact' of its belonging to nature. Naturalism conceives the existence of the whole of being upon the model of material things. It understands the manner of appearing and of being, in the same way as it understands that of a material thing. A material thing is intimated through experienced subjective phenomena (*CES*, pp.79-80) in which it offers itself as an absolute reality. For naturalism, *to be* is to be like an 'inert matter'.

In addition to this, the reification of consciousness will be unavoidable, despite naturalism's efforts to conceive this essence of consciousness as different from the essence of material things. It does not matter whether consciousness is placed alongside the physical world or reduces the physical world into the contents of consciousness; for naturalism consciousness and the physical world co-exist in nature and have an identical way of revealing themselves and of existing.

This concept of existence forces one to naturalise the subjective phenomenon and essence of the physical world (for a more in-depth discussion of essence, refer to the following chapter, which defines Husserl's concept of intentionality in further detail). This, for Husserl, has long been the case because of the naturalisation of consciousness. As long as the existence of consciousness cannot be conceived differently, psychologism, the naturalisation of concepts will be unavoidable.

It is because of this unavoidable naturalised concept of consciousness that naturalism becomes a natural *ally* to psychologism. The naturalisation of consciousness is the condition of the naturalisation of essence (*LI 2*, pp.381-3), and once the former has been overcome it will be possible to *rehabilitate* essence. Naturalism, which for Husserl denies the existence of essence, follows its line of thought to its ultimate conclusion. Specifically, essences are psychological and natural facts. Whatever relation exists between them can only be the relation common to all natural facts, that is, the relation of causality. Therefore mathematical and logical conclusions are the products of their premises in the same manner as water is produced by the union of hydrogen and oxygen (*LI 1*, pp.129-34).

If philosophy, as the naturalists maintain, has the study of knowledge as its sole object, it can be identified with psychology, which in turn is considered one of the natural sciences. Logic can only be an art which is based on that part of psychology which studies the laws of thought. Concerning the problem of knowledge, psychologism places subject and object in the same world, which it calls nature, and studies their relation as a relation of causality. In order to know how a subject reaches an object which transcends it, one must look for causes which bring about knowledge: excitations of sensory organs by external objects, the reflexes and reactions of the organism. When naturalism is idealistic, it becomes a question of knowing how the flux of consciousness is produced, those causes inside the flux that must come into play, so that evidence appears at a certain moment in this flux. This evidence, for psychologism, is only a feeling and is void of any objective value (*LI 1*, pp.389). The whole of conscious life is reduced to a flux of inert states, of psychic atoms where evidence is an atom among other atoms. Truth is only this feeling of evidence.

§2. The consequences of naturalism

The naturalist ... sees only nature, and primarily physical nature. Whatever is, is either itself physical, belonging to the unified totality of physical nature, or it is in fact psychical, but then merely as a variable dependent upon the physical, at best a secondary 'parallel accompaniment'. (CES, p.79).

As we can perhaps now see, Husserl's main objection to psychologism is that it is founded upon the more general philosophy of naturalism, which as we have already seen, has a definitive way of interpreting the *structure* of being. In addition to this, naturalism misinterprets the meaning of the existence of nature itself. The critique of psychologism in the first volume of the *LI* is directed at the naturalisation of consciousness, and its unavoidable consequence of psychologism. This is why the *LI* begins by distinguishing essences from the psychological acts which conceive essences, and is necessarily led to study the essence of consciousness, and its mode of existing. As I have argued in this chapter, Husserl's understanding of psychologism appeared to be based upon an attempt to absorb logic into empirical psychology. This seems to suggest that Husserl's opposition towards psychologism presupposes a theory of being derived from naturalism, which in turn provides the foundations for the descriptive, empirical and humanist psychology.

Husserl shows that in both logic and arithmetic there are truths that have never been entertained in any human consciousness and indeed could never be humanly conceived. Cases of truth without the possibility of psychological evidence would include the computation of very large numbers, and decisions about membership in sets that are so large they are uncountable. The arithmetical and logical operations connected with such determinations could never be performed by a human mind or a computer. Their truth cannot be 'factual'.

Indeed, this no doubt pushes Husserl in the direction of phenomenology in volume 1 of the *LI*, where the word first appears as a footnote towards the end of that volume. Husserl's earlier concerns were with establishing the foundations of mathematics by adopting a methodology involving the reflective analysis of consciousness. Husserl would call this process descriptive phenomenology, and claimed it would provide a basis, albeit in different ways, both for empirical psychology and for the critique of knowledge. In short, 'psychologism' is the error of collapsing the normative or regulative discipline of logic down into the descriptive discipline of psychology. It would make mental operations (such as combination) the source of their own regulation. The 'should' of logic, that utter necessity inherent in logical inference, would become no more than the 'is' or facticity of our customary thinking processes, empirically described. Finally, it is during the third and fourth 'investigations' that Husserl looks at the ideal laws that for him are founded in universal essences, and it is this context that Husserl makes the distinction between essential and empirical generalities.

§3. Concluding comments for chapter 3

In this chapter the following points have been made: We have seen that Husserl's definition of and opposition towards psychologism is based upon the explicit understanding of it being founded upon the philosophy of naturalism. Husserl opposes naturalism and the manner in which it conceptualises consciousness as being 'something' that can be conceptualised in the same way as physical nature. We have seen how the naturalist position equates the 'real' with nature, reducing all that is knowable, through empirical senses, and by doing this fails to access the essence of

consciousness. In this chapter we have also seen how Husserl's opposition towards psychologism is based upon psychologism's attempts to understand logic as in the end a product of a psychology. The chapter has intimated that to fail to appreciate Husserl's opposition towards psychologism and naturalism is to fail to understand the overall aims of his phenomenology. As we shall see later in the thesis, the consequence of this is to treat his phenomenology as type of introspective psychology. This chapter has not addressed this particular issue in detail.

As the following chapter discusses, Husserl's choice of the term 'phenomenological psychology' may have been interpreted as proof of Husserl's profound interest in psychological problems. However, this interest would not be with the science of empirical psychology but with its phenomenological basis. Husserl's concern is always with the eidetic laws of consciousness, emphasising its intentionality, which for Husserl is the basic form of any kind of psychic life. By already providing an explication which demonstrates Husserl's opposition towards naturalism, it should become clear to the reader what Husserl was attempting to transcend. The interpretation of Husserl's phenomenology which sees it as a humanistic-psychological project, as a consequence of facts which was suggested in the previous section, can only be a *misreading* which in turn has been reinforced by Husserl's concern with the relationship between phenomenology and psychology.

The next part of the thesis (Part Two, The Appropriation of Phenomenology into Psychiatry and Psychology) provides the reader with an account of the extent of Husserl's influence within the clinical practice of the mental health professions, including psychotherapy, psychiatry, psychology and nursing research. This will then

be followed by Part Three, which looks at the interpretation of this appropriation of Husserlian Phenomenology in the actual clinical practice of psychotherapy.

Chapter 4. The key concepts of Husserl's description of consciousness

This chapter focuses upon the following main points. Firstly, Husserl's account of consciousness is a distinct description of consciousness which differs predominantly from psychological explanations of consciousness. Secondly, foremost within Husserl's account of consciousness is the notion of intentionality and intuition. Thirdly, Husserl's use of the phenomenological reduction. Fourthly the use of bracketing can be seen as the final main defining theme within Husserlian phenomenology⁵. Finally the chapter suggests that Husserl's attempts to preserve his phenomenological methodology as a project distinct from psychology and to refute charges of psychologism may have contributed to further misunderstanding of his phenomenology⁶, leading disciplines such as nursing research to misinterpret his phenomenology as a form of introspectionism.

At this juncture the chapter will proceed with the first main defining theme of Husserl's phenomenology, namely the suspension of the natural attitude as a prerequisite for the description and understanding of the structures of consciousness.

§1. The bracketing of the natural bias or naivety of experience

Some years after the publication of *Logical Investigations*, Husserl's philosophy takes a 'turning point' in the respect that he begins to consider the foundations for 'doing a new philosophy'. This contrasts with his view expressed in 1901 in *LI* that phenomenology was to be applied specifically to problems of logic, and these origins were later developed in *CM* (Moran 2007). In later works such as *CM* he viewed

⁵ Clearly there are many other defining principal themes within Husserl's phenomenology; however I have chosen these three areas as the main defining themes of Husserlian phenomenology as they provide the 'backdrop' for the later chapter which discusses the manner in which Husserlian phenomenology has been interpreted within nursing and psychological research.

⁶ Other commentators have made this and similar points, for instance, Paci (1972).

phenomenology as the ‘presuppositionless science’ of consciousness; in other words, the means for the description and clarification of all conscious experience, and its correlates and structures (Luft 1998, Moran 2007, Woodruff Smith 2007).

In Husserl’s phenomenology the natural bias of experience is suspended alongside the judgements of the individual, resulting in the suspension of the natural attitude, finally allowing the natural world to become accessible for specific inquiry. Husserl suggests performing a number of methodological procedures all of which essentially contribute to the altering of one’s viewpoint, to detach or defer assumptions that one may hold about the features of the phenomena under investigation. Husserl’s overall aim is to suspend the ‘natural attitude’ or ‘dogmatic attitude’ that imposes the meanings and understandings on what we experience and thus attempts to bring about a purification of consciousness.

From 1910 to 1911, Husserl’s focus extends increasingly upon the foundation of the natural and social sciences. Prior to this Husserl focuses upon addressing the nature of consciousness, of how we make sense of meaning and of how this relates to the sciences. For Husserl, the sciences appear to show an ever increasing detachment from their own conditions of possibility, increasingly naive, failing to see that ‘every region of inquiry presupposes some form of region of eidetic’.

So if we think of ... Science as a person they don’t understand their selves, that is, the thing that makes them what and who they are [sic]. (Drabinski 2007).

To expand upon Drabinski’s point further, Husserl uses the term naive in this context to explain how the sciences consist of various disciplines such as biology, psychology etc. Each discipline continues in its own ‘business’, or in the development of

knowledge within its own field, but remains unaware of the necessary conditions of meaning necessary for the phenomenon under its investigation. Each discipline regards itself as 'self generating and self sufficient', where the biologist studies biology and the psychologist 'does' psychology, and that the area of investigation is seen as an obvious 'given'. So for example, psychology as an academic discipline will continue in the development with its field of enquiry but never considers it necessary for itself to clarify the foundations for the sense or meaning of the object under its field of investigation. For Husserl, the crisis for science is that it does not understand itself, it remains within the natural attitude resulting in a 'naive objectivism'. This naivety which Husserl opposes is essentially inherent to all thought which is directed at objects. As we have seen this naivety consists in accepting objects as given and existing, without questioning the meaning of this existence and of the 'fact of its being given' (*Gegenbenheit*).

The consequence of this is the cultural assumption of the natural sciences as something that studies the 'real', concerning itself only with the 'hard facts', so that psychology's concern with the psyche or consciousness becomes the empirical study of the brain and various chemicals within it etc. Husserl believed that this cultural assumption of the natural sciences would dominate, so that the social sciences which provided an alternative account of the psyche or consciousness (and didn't offer the typical approach of the natural sciences) would at best be regarded as only having the same evidential status as an opinion or as the conclusions drawn from the results from a survey. We can see this in contemporary scientific research, for example, where the sociological findings of a survey are not regarded as having the same gravitas as the research findings from a 'hard science' such as physics or biology. In other words it is

dismissed as not being a legitimate ‘hard’ science that deals with ‘facts’ only.

Husserl defines phenomenology as a ‘science of essences’ in which the descriptive analysis elicits the *essence* of pure consciousness, whereas psychology uses descriptive analysis as a ‘science of empirical facts’ to describe what it regards as the underlying ‘cause and effect’ of subjective psychological experience. Husserl makes the distinction between essences which are seen as ‘non real’ whereas facts are ‘real’.

Phenomenology unlike psychology is an eidetic science, an eidetic theory of mental processes which is concerned with processes such as intentionality, intuition etc. For the phenomenologist consciousness is distinct from the realm of ‘real experience’; phenomenology unlike psychology is not a theory of pure phenomena or of *actual* experiences and facts where consciousness is treated as a *real* phenomenon. Rather Husserlian phenomenology sees and describes consciousness as transcendental phenomena. Phenomenology is *descriptive* in that it recognises the role of description in universal, a priori, or ‘eidetic’ terms as it is prior to explanation by means of causes, purposes or grounds.

In the following section I will briefly present an overview of the phenomenological reduction as a process which describes the pure essence of psychological phenomena. Empirical subjectivity is suspended alongside knowledge of the ‘real’ enabling the description of pure consciousness in its essential, non real form.

§2. The reduction and the naivety of the natural attitude as presented in *Ideas I*

It is within the natural attitude that the human is directed towards the world and posits the world as existing. The world which therefore encompasses the totality of being

appears with the character of being 'in itself'. This belief in its existence is inherent in any act which has the world as an object. For Husserl the natural attitude is essentially naive. This naivety is essentially inherent to all thought directed at objects. Here, I believe we can begin 'drawing out' some of the main distinguishing features of Husserl's treatment of consciousness compared with those of psychology's understanding of consciousness.

In *Ideas I* Husserl first explores the way from the pre-scientific natural attitude towards a phenomenology of essence. However Husserl does not follow it immediately through to a transcendental phenomenology, instead breaking off and returning to the natural attitude in order to show the way, in another direction, to the transcendental phenomenology. The first epoché does not completely suspend the natural attitude, whereas the second is described as breaking completely away from it.

During the employ of the first reduction Husserl uses its enactment to alter our view of consciousness. Its conceptual aim is to clarify the distinction between the empirical ego (which forms the focus of psychological investigation) and the transcendental ego (the focus of phenomenology). The first reduction results in the separation of the mind and all of its mental phenomena from the physical world, where the psyche remains understood as an abstract part of the real world. It is here that academic psychology can be seen to be founded upon a type of reduction in that it excludes or brackets out all aspects of 'real being' apart from that which is immanent to conscious experience (Russell 2006).

For Husserl the subject matter of the psyche can just as conceivably be within the

sphere of a 'science of facts' such as an empirical psychology or within an eidetic science such as a 'pure psychology'. Where empirical psychology would be concerned with the empirical laws of the psyche, pure psychology as an eidetic science would contribute to the development of a regional ontology of psychological being. In pursuing this pure psychology we would establish the necessary basic concepts fundamental to the description of 'any psychological phenomenon whatsoever'.

Mental phenomena understood in this way would still be investigated as 'real worldly occurrences', the psyche would continue to be understood as another element which is defined and found within the natural attitude. In contrast to this, psychology does not seem to consider the need to suspend the natural attitude, nor does it consider its basic dualist distinction between the physical and mental as problematic or open to the potential of a transcendental phase (which is seen in the second reduction).

Husserl argues that within the psychological stage of the first reduction, the notion of immanence is understood as a spatial metaphor whereby something is seen as 'being in me' or intrinsic to my consciousness as opposed to something being external to my subjectivity, or something 'out there in the physical world'. For Husserl even the psyche seen in the first reduction remains conceptually naive in that it is understood as an abstract or theoretical 'part' of the real world. Hence psychology remains entrenched and dependent upon the natural attitude. Husserl's employ of the second reduction, the transcendental reduction, leaves only but 'the stream of consciousness experience itself' as its residuum.

Here the former subjectivity of the psyche is now surpassed by a transcendental

subjectivity which is no longer of part of the ‘immanence’ used to define empirical subjectivity (where the personal mental activities of the individual’s psyche are seen by the psychological reduction as the epiphenomenon of an animated organism which occupies the realm of the natural attitude). Rather the transcendental subjectivity surpasses not only the idiosyncratic and the psychological subjectivity of empirical psychology but is now a stream or flow of consciousness which is free of all the vestiges of naturalism. The conscious experience of the world which remains after the transcendental reduction is intentionality, it is the intentional structure of consciousness which forms the principal object of focus for Husserlian phenomenology (Russell 2006).

Clearly then psychology as a transcendentially unreduced doctrine of the essence of consciousness does not belong to Husserlian phenomenology, the psychologist investigates the psyche as a natural phenomenon which is discovered within the natural attitude. Phenomenology is the investigation and observation of the intentional structures of consciousness of the world itself and not of an abstract psyche in a ‘natural world’ as seen in the psychological reduction. Therefore psychology as a transcendentially unreduced doctrine could not appear as a ‘phenomenological psychology’. Almost from the beginning of the ‘phenomenological psychology’ lectures of 1925, Husserl made the distinction between eidetic psychologies and transcendental phenomenology. He had been consistent in this since *Ideas I*.

§3. Husserl’s concept of intentionality and intuition as described in *The Cartesian Meditations*

From 1907 onwards, Husserl’s exclusive focus upon mathematics and logic waned, and instead he was using his descriptive phenomenology to focus upon a full range of

phenomena that appear in consciousness. Even at this point in Husserl's career, his primary interest was not in everyday 'real' life, in individual, existing things. Rather his concern was with realities as ideals, as the concepts of 'numbers' and 'angles' had been in his earlier mathematically orientated studies.

To reiterate this point Husserl wanted to grasp the *essential*, not the factual. As is often cited with Husserl, he wanted to return to the '*thing itself*'. That is, for Husserl, by going 'back to the things themselves' there is no reason to suppose that phenomenon and being are not identical. As we have already seen the transcendental reduction opens the way for pure consciousness leading to phenomenology's central interest, namely that of intentionality. Within the realm of transcendental subjectivity, consists the 'acts of consciousnesses' and the objects of these acts, intrinsic to this is the discovery that consciousness is directed beyond itself. Thus, consciousness is always a '*having-of*' or a '*directedness-towards*' an object. In other words consciousness is always consciousness of something – it always intends or is aimed at an object.

Unlike the transcendently unreduced treatment of consciousness, consciousness is not seen as a self-enclosed, boxed area of physical space or mental phenomena. Nor is consciousness the result of sense data, where the external has streamed into the consciousness of one's mind. The mind is not a vessel for consciousness to flow 'into'. Husserl's intentionality rejects both the commonsense realist and the representationalist view of mind. Consciousness is not the result of a causal relationship between object and subject in the world nor is it the inner, subjective representation of the world.

Husserl's account of intentionality within *CM* revises Brentano's original conception of the phenomenon by no longer restricting intentional acts into the three main categories of presentations, judgements and desires. Husserl's intentionality has no such limits on the number of 'types' of intentional acts. As already briefly discussed, the emphasis upon consciousness being intentional no doubt stems from Husserl's objective of gaining the pure essence of what makes experience possible. This he believed is given to us in immediate experience, and can be accessed by intuition.

In *CM* the distinction is made between the presentation of 'something' and the presentification. For Husserl to 'bring something to mind' in a situation where we are not directly confronted by the thing itself does not suggest that we are intentionally drawn to something other than the thing itself. For example, I could be anticipating the arrival of my train, as I wait on the platform of the station I may have an image of the train's arrival. It is towards the train's arrival that I am intentionally directed, not the cognitive image itself. However, in such an act of presentification I am not intentionally drawn to the train's arrival in the same way as I would be if the train were present and manifest. For instance, as I wait for the train and experience the image of the train arriving, the presentification of the train does not involve the straightforward sensory perception of the object, as this would be only possible in the case of presentation. However it does involve the intuitive illustration of the train arriving.

For Husserl, being conscious of objects of an external world does not require that one is somehow required to have a psychological belief that objects exist. For example,

consciousness is directed outward whether one is assuming or believing that an external world exists or not. The intuiting of the world does not require the subjective assumptions or beliefs that there is a world that exists⁷. Intuition is seen as the cognitive instance which presents an object to one's self as '*self given*'. This 'self givenness' is the fundamental 'instituting act' and is primary to any other sensory experience.

However, it is perhaps worth noting at this stage that intentionality does not have just one dimension. For instance, intentional consciousness and also the object of intentional unity are often spoken of in 'one breath'. However consciousness and object cannot be intentional in the same respect. The teleological tendency which connects them is one and the same, even though it is movement and 'shifting'. But transcendental subjectivity is its origin or point of departure, while the object is its *telos* or point of arrival. Consequently intentionality can be considered in two ways: either in the direction from subjectivity to object, from origin to telos, or else in the direction from object to subjectivity. These two dimensions are referred to as the 'transcendental phenomenological' and the 'descriptive phenomenological'.

This is particularly important for the thesis and its account of attitudes and interest (Luft's (1998, 2002) account is introduced in chapter 12 and further developed in chapter 14) as the differing attitudes that inhabit us have implications for both the transcendental and descriptive phenomenological descriptions. Interest not only concentrates consciousness upon its point of arrival but also the attitude inhabiting us

⁷ The reader may wish to compare this position with the previously described model of the cognitive behavioural therapies, with the model's emphasis upon belief content, interpretation or appraisal. Hence CBT can be seen in this respect as essentially a naturalistic psychology. However, as we shall see later in the thesis, I suggest that aspect of the therapeutic process in CBT can be compared to what Husserl would have described as a phenomenological reflection.

impacts upon consciousness from its point of departure (this is discussed in more detail in chapter 12). In this section I have provided a brief overview of what it is for something to be constituted within consciousness as an intentional act. As Natanson (1973) asserts, the notion of intentionality is the axis of phenomenology. Clearly then the description of intentionality and its structure not only define the project of Husserlian phenomenology but undoubtedly distinguishes it from psychology. In addition to this I have briefly presented Husserl's notion of intuition as direct, self-evident experience, however it is important to note that intuition does not refer to a single type of experience as it can include empirical, eidetic and phenomenological experiences:

[E]mpirical intuition is sensory perception of things and events in space and time, eidetic intuition is comprehension of essences (especially as achieved by eidetic variation), phenomenological intuition is reflection on the structure or content of consciousness as lived or experienced from the first-person perspective (especially as practiced by bracketing or epoché). (Woodruff Smith 2007, p.436).

As we shall see, all of the above types of intuition will be important in the later stages of the thesis when a detailed description of the universalising attitude is given. By using intuition in this way the phenomenological account of the universalising attitude serves as just one example of how its description of an attitude differs from that of the 'everyday' psychological description of an attitude. For instance, the 'everyday' usage of the term 'attitude' is commonly used when referring to a person's psychological point of view, belief or opinion of a given 'state of affairs', which may not be based upon any intuitive evidence. In contrast, Husserl's usage of the term 'attitude' relates to a judgement of a given 'state of affairs' which not only posits a judgment, but describes how knowledge becomes formed when judgements are based upon intuitive evidence as empirical, eidetic or phenomenological intuition.

Similarly Husserl's investigations into intentionality do not end with a single generic description of an intentional act, rather they splinter off into several different directions. For instance, he attempts to describe the structures of the intentional acts of remembrance, inner time consciousness, presentation, consciousness of another person and consciousness of social realities (to name just a few). In chapters 12 and 14 the thesis attempts to provide a phenomenological analysis of the natural attitude and the later introduction of the sub-attitude, the universalising attitude. In doing so the thesis will focus largely (although not exclusively) upon the intentional act of presentation.

The psychologist's transcendentally unreduced doctrine of consciousness would describe consciousness as constituting an external world via our perception and in terms of one's sense data of the world. However, in this section we have seen how Husserl's phenomenological description of consciousness takes into account the 'mode' in which all perception takes place under a number of horizons, namely how horizons form the fundamental structures of consciousness which constitute the 'naturalness' of our experience of the natural attitude.

§4. Concluding comments for chapter 4

In the previous chapter we have looked at Husserl's opposition towards psychologism and in turn naturalism. This chapter has expanded upon this by providing an overview of Husserl's account of consciousness. In this chapter the following points have been made: Husserlian phenomenology's description of consciousness is clearly distinct from natural psychology's understanding of consciousness by its account of

intentionality and intuition. We have seen how Husserl's employment of the phenomenological reduction is also a defining feature of its description of consciousness. It is central to the required methodology to overcome what Husserl sees as the naivety of science, it optimises phenomenology's ontological conception of consciousness, demonstrating how this differs at the most fundamental of levels to psychology's conception of consciousness. Finally as we have seen from this chapter this term naivety is used to describe science's failure to comprehend its own foundations. For Husserl one of the main consequences of this is the rise of scientism, more specifically the dominance of the natural sciences over the social sciences.

The self-assumed authority of the natural sciences over the humanities and social sciences is most evident within the discipline of psychology and best illustrated by the history of CBT's status as an 'evidence based psychological intervention'. For instance, over the last twenty years or so, CBT has undergone more empirical studies in order to support its effectiveness than any other form of psychotherapy. The National Institute of Clinical Excellence (NICE) governs what it deems as 'evidence based interventions' within the health care setting in the UK. Perhaps not surprisingly, CBT figures dominantly within this institute as an 'evidence based' and a 'scientifically researched' talking therapy. As we saw earlier there has been a trend to attempt to explain the effectiveness of cognitive behavioural psychotherapy interventions upon theories within cognitive science or cognitive psychology. However, sometimes the genuineness or validity of this appears somewhat dubious, critics seeing this as CBT attempting to stake a claim on a theoretical underpinning for an intervention that has clinically been shown to be effective but lacks any

*credible vis-à-vis natural scientific explanation*⁸ (Hayes, Luoma, Bond, Masuda & Lillis 2005).

Recently within the field of CBT there has also appeared a growing trend (see chapter 8 and the overview of ‘compassion focused therapy’ and neuroplasticity) to validate its theoretical underpinnings by referring to neurobiology, specifically the neurological findings from magnetic resonance imagery and the effects the therapy has had upon the functioning of the brain. Increasingly it seems the effectiveness of a CBT intervention seeks support from such neurological findings, consequently interventions that work ‘but we don’t know why’, or that do not have any neurological explanation for their effectiveness, seem to lack the ‘evidence based’ kudos of other interventions which enjoy a ‘scientific evidence base’.

In other words interventions which have been empirically proven to work (via the use of random control trials) but for which the theoretical explanation as to how they work is uncertain, seem to look for possible support from neurological explanations which can be highlighted via the results of magnetic resonance imagery work (MRI). The imagery results from these brain scans appear to be used as ostensive evidence (in that it manifestly demonstrates the brain as changing or responding to a therapeutic process) for a theoretical explanation and in turn evidence for an intervention. This I believe serves as one example which illustrates how Husserl’s concern over the future of the sciences was founded, in that this apparent preoccupation with CBT reinforces

⁸ This can be seen in both behavioural and cognitive therapy, for example, the behavioural intervention of exposure response was initially based upon the concept of habituation explained by the gradual extinction of a fear response. Later cognitive models would argue that this process worked by the eventual reappraisal of the cognition driving the anxiety. As we shall see in Chapter 9, the process of exposure response for the treatment of PTSD is well documented as a clinically effective intervention, however, there is still much debate regarding the theoretical underpinnings which may explain how such an intervention works. However, both behaviourism and cognitive theorists use the natural sciences as the sole source for providing theoretical gravitas for their theoretical explanations.

the cultural assumption of science being concerned with the 'real' of the natural world and conversely the assumption that CBT is scientific in that it can explain why interventions are effective by appealing to the empirical findings of MRI. Consequently other psychotherapies which at present are not able to produce similar 'evidence' are deemed non scientific or 'pseudo science'. I shall argue later, in chapter 13, that Husserlian phenomenology provides an alternative to the natural scientific explanations for describing various processes within the cognitive behavioural therapies.

We have seen how Husserl's phenomenological account of consciousness requires 'me' to shift my attention away from objects in the world, in that I need to bracket the thesis of existence of the world, including these objects (Woodruff Smith 2007). This account of consciousness is not concerned with the actual content of the belief or assumptions of the 'knower and the known'. In other words, the existence of the world does not require an exploration of the subjective belief content of the individual, as nursing research or other psychological methods seem to have interpreted Husserlian phenomenology. Rather consciousness as intentionality reaches out to the world, and the world is already presented to me. This is particularly significant as intentionality can be seen as not only encapsulating for Husserl how 'my' consciousness is a consciousness of 'something' but also provides the starting point for the required modified phenomenological attitude that I need to adopt towards the world, if I am to study the world successfully and not simply describe the introspective psychological data of consciousness. As we shall see in chapter 6, this is precisely how nursing research has interpreted Husserlian phenomenology. Within its own field of investigations it has failed to integrate accurately any of the main themes

discussed in this chapter and thus I believe has inadvertently reinforced the view that only the natural sciences are concerned with 'the real', the social sciences such as nursing research being regarded as at best 'qualitative research', a pseudo science the findings of which are accorded similar evidential status as a survey. Similarly the defining features of Husserl's account of consciousness and its implications for cognitive therapy would only be deemed scientific if its effect upon therapy could be 'measured' via MRI scan results or achieved favourable results in random control trials. Finally the chapter has intimated a possible deliberate misreading of Husserlian phenomenology which may partly have been as a result of Husserl's own attempts at distinguishing his project from psychology.

Part 2. The appropriation of
phenomenology in psychiatry and
psychology

Chapter 5. Jaspers and Binswanger: The fixedness of delusional belief and the schizophrenic epoche

Philosophical emphasis upon consciousness [as] subjective experience stems from the works of Kant, Heidegger, and Husserl. This 'phenomenological movement' has substantially influenced the development of modern psychology in this group of psychotherapies. The application of the phenomenological approach to specific pathological states is exemplified in the works of Jaspers, [and] Binswanger... (Beck 1979, p.9).

This chapter will describe the apparent use of Husserlian phenomenology within the clinical context of psychiatry by Karl Jaspers and Ludwig Binswanger. This provides a background understanding to the overall thesis, namely, as to why it is a legitimate concern to begin discussing Husserlian phenomenology as having some relevance to a form of psychology such as the cognitive behavioural psychotherapies, given that as we have seen Husserl was such a staunch opponent of psychologism.

However, this chapter does not support the view that Jaspers or Binswanger owe any *significant* conceptual debt to Husserlian phenomenology, rather aspects of Jaspers's ideas are of phenomenological interest particularly to the dissertation's concept and later development of a universalising attitude.

As we shall see from this chapter the idea that Jaspers owes little theoretical debt to Husserl is not a new assertion. It is beyond the current concerns of this chapter to provide an exhaustive historical overview of the extent to which any such conceptual influence could be said to be either present or absent within Jaspers's work. Rather the proceeding sections will focus upon the key phenomenological ideas from the clinical work of both Jaspers and Binswanger.

The following sections will detail aspects of psychopathology such as schizophrenia, based on the clinical work of Jaspers and Binswanger. This in turn will be used to develop an account of the universalising attitude.

§1. The fixedness and incorrigibility of delusional belief in the schizophrenic's experience

There can be no phenomenological definition of delusion, because the patient is likely to hold this belief with the same conviction and intensity as he holds other non delusional beliefs about himself; or as anyone else holds intensely personal non-delusional beliefs. Subjectively, a delusion is simply a belief. (Sims 1986 p.84).

One of the key themes of the clinical work of both Jaspers and Binswanger is their description of the patient's experience of delusional beliefs. In contrast to the above quotation from Sims (1986), whose initial phenomenological description of a delusional belief was as being akin to a non-delusional belief, Binswanger and Jaspers both describe distinctive phenomenological features which characterise delusional beliefs. More specifically the delusional belief is characterised or identified not so much by the patient's erroneous judgement which determines that the patient is suffering from a delusional belief, rather it is the manner in which the belief has a fixedness and incorrigibility about it, in the respect that no other judgement appears to be permitted to contradict the 'evidence on the basis of which the conviction of the experiencing subject is founded' (Sims 1988). This *idée fixe* quality of the delusional belief can also be seen in the manner in which the delusional patient conveys his or her belief to others. To develop this point I shall use a fictitious example based upon observations from my clinical work experience with delusional patients. In one case, a patient believes that his neighbour who lives above him is trying to talk to him using Morse code which the patient believes is communicated to him by the neighbour banging on his ceiling. The patient will repeatedly 'demonstrate' the loudness of this

banging to the therapist by hitting the furniture in the therapist's office. despite the patient having done precisely the very same thing many times before with the same therapist and despite the therapist's constant assurances that he needs no such demonstration. It is as if the characteristics of the delusional belief, namely the fixedness and incorrigibility, migrate or shift to the patient's 'telling' of the belief, or the belief and the communicating of the belief are both fixed so that the content of the patient's belief cannot be so easily divorced or isolated from the articulation of the belief itself (compared with the everyday exchanges of belief or opinion). Rather the communicating of the belief, the belief itself, and the universalising of information which the patient insists upon as using for the evidence for the belief all appear to constitute a fixed attitude which inhabits the patient.

Sims (1988) revises his initial definition of delusion and characterises it as having three defining features. Firstly they are ideas that are held with unusually strong conviction, secondly these 'ideas' are not amenable to logic and finally have an absurd or erroneous content, which is obvious to others. Schneider (1959) argues that the defining features of a delusion indicate an invariant type characteristic of the existential style of a person with schizophrenia rather than a collection of criteria indicative of the presence of an organic disturbance. Schneider (1959) refers to this phenomenon as 'mineness disturbances'. These disturbances are seen by Schneider as a modification of the living body, the body in so far as it can only be 'mine', which is endowed with its own intentionality.

Fuchs (2005) describes how many of the symptoms of schizophrenia, such as experiences of reference, persecution and delusional beliefs, can be conceived as an

‘inversion of intentionality’ which is essentially a disturbance of the temporal structure of intentionality within the schizophrenic’s experience. This inversion of intentionality is the result of the schizophrenic patient’s fragmented intentional experience, so that the patient experiences thoughts as if they had emerge ‘out of the blue’⁹. These thoughts lack temporal continuity or any sense of ‘mineness’. Consequently the sense of mental acts is reversed and they are perceived by the patient as if their source is ‘from the outside’ as opposed to a sense of temporal integration of consciousness which we would expect in an individual’s everyday experiences of the natural attitude.

The observations by Binswanger and Jaspers regarding the ‘fixedness’ and ‘incorrigibility’ of the patient’s attitude appear to result from the intentional disturbance described by Fuchs (2005), in that judgements are not permitted to contradict the ‘evidence’ of the experience. In other words the schizophrenic patient is not likely to reattribute other possible explanations for his or her experience through the use of logical argument, as it is the attitude of the patient which will not shift, the cognitive content are secondary. This attitude which is responsible for the formation of ‘delusional belief’ is far more extreme and uncompromising than the beliefs I may hold within everyday experiences of the natural attitude, its inflexibility being maintained by an inversion of intentionality but also by the subordination of other ‘everyday attitudes’. This notion is developed fully in chapter 14.

Here the attitude universalises and perpetuates itself so that everything encountered by the schizophrenic is not only perceived as unfamiliar and alien to the individual but is

⁹ A similar phenomenon can be seen in patients with panic disorder, part of the distress experienced by the panic patient is the sense of the panic attack ‘coming out of the blue’ and the patient feeling there is no obvious context or trigger for the panic attack.

accounted for as evidence for the patient's delusional belief. As we shall see later these characteristics are apparent to a lesser degree in other psychopathologies such as the anxiety disorders, depression and other non-pathological examples of universalising attitude.

§2. Binswanger and the schizophrenic epoché

Unlike Jaspers, Binswanger did not appear to object to describing himself as a phenomenologist. However, he was first and foremost a psychiatrist concerned with psychiatry as a science. Although he fought the narrowness of a merely naturalistic science, he was anything *but* anti-scientific. His efforts to make psychiatry a more rigorous science liberated from the 'cataracts of naturalism' arguably parallel the spirit of Husserl's enterprise.

However, unlike many psychiatrists of his day he was not so much concerned with the pathology of mental illness, reducing the experience of the mentally ill as a diagnosis of neuroses or psychosis, but as a personal encounter between physician and patient as human beings. For Binswanger psychiatry demanded the understanding of the person in his or her entirety, including both normal and abnormal variations. Binswanger had attempted to achieve this understanding by initially referring to naturalistic psychology; however, as with Husserl, he soon became aware that the typical naturalistic psychology of the day treated the person as a subject-less facet of objective nature which failed to understand the total phenomenon of humankind. The psychology of the human had become idealised by naturalism and the mathematisation of his psychological processes.

Psychologists, unlike the psychopathologists, did not even attempt to understand the person in terms of his or her concrete existence. For Binswanger, if this apparent void in psychology was to be addressed it would require more than the minor reference to phenomenology found in Jaspers's work. For Binswanger, Freud's psychoanalysis offered the best understanding for the existence of humankind in the respect that it presented a new unifying conception of human nature which allowed Binswanger to account for what at first may seem like unintelligible phenomena, an interpretation that found meanings, in the sense of teleology, in seemingly meaningless behaviour. However, what was missing from Freud's account was what could be seen as a defensible methodology which could help to validate this kind of interpretation on both psychological and philosophical grounds.

Binswanger analyses what is specific to the schizophrenic experience as a matter of how the transcendental deficiency exclusive to the psychotic experience displays a failure on the part of the temporal structure fundamental to experience, a lessening of retentions, presentations and protentions. Binswanger clearly situates the problem of delusions in pure phenomenology to the 'extent that horizontal intentionality and the presumptive evidence of worldly experience are implied in the patient's own psychopathology' (Naudin et al. 1999, p.165).

[Binswanger] quotes Husserl (1957): The real world only exists to the extent that it is constantly taken for granted that experience will continue to unfold in accordance with same constitutive style. If the person with delusions no longer simply follows the logic of facts, the logic of what presents itself, it is because the whole constitutive structure of transcendental subjectivity and objectivity, the natural experience the world, of reason of truth and of reality has broken down. (Naudin et al. 1999, p.165).

Blankenburg (2001) asserted that Binswanger's claim regarding a modification of the natural production of evidence could equally well be confirmed in non-delusional

schizophrenic experience. He attempts to demonstrate how the individual with schizophrenia suffers from a genuine ‘loss of natural evidence’, which is seen not so much as a lack of knowledge, or information, but of a ‘radical and imprecise lack of bringing about a genuine crisis of common sense’.

§3. The schizophrenic epoché – not a bracketing but an example of a universalising attitude

Schutz (1962) describes how the person ‘in the street’ lives in a specific form of the epoché. This is the opposite of what Husserl had described, and is marked by the exclusion of any doubt with regard to the reality that he experiences in the natural attitude (i.e. the thesis of existence of the natural world as a non-assailable belief). This epoché of everyday life however, is abruptly and fundamentally called into question by the ‘schizophrenic epoché’.

Schutz’s (1962) representation of an inverse description of Husserl’s epoché is curious in that it appears to describe the schizophrenic caught in performing a perpetual phenomenological reduction, the schizophrenic experience being described as never ‘in the natural attitude’; rather they are caught in a moment-to-moment suspension of the natural attitude, where they are unable to automatically ‘take for granted’ the thesis of the natural attitude (Wiggins, Schwartz, Naudin & Spitzer 2005).

However Husserl maintains that to perform the epoché and the reduction is not a restricted introspection of inwardness that results in a detachment or giving up of reality. As we shall see in more detail in chapter 13, the thetic nature of our acts can never be ‘turned off’. Presumably this applies even when one is experiencing a

schizophrenic episode. As the following quotations regarding the function of the epoché describe:

[B]y a free act of will we can refuse to be drawn in the direction of this positing, and instead focus on the structure of the act and its intentional correlate, without thinking of it in terms of the existent world. [emphasis mine] (Moran 2007, p.149).

Husserl insisted that the reduction as the method to enter the sphere of phenomenology is not a device that, once performed, is valid for all time. It does not entail that the one who has been 'converted' would remain so for the rest of one's life. Rather, the reduction must be practiced repeatedly.... (Luft 2004, p.199).

As Zahavi (2003) makes the point, rather than encouraging abstinence from investigating the real world, it promotes an expansion of the field of research. The phenomenological reduction allows one to seize the pure phenomenon of experience as the actual nature of experience is suspended or 'put out of play'. For Husserl, the reduction leaves behind it a residuum of pure consciousness whose objects are correlates of consciousness (Moran 2007).

As has been frequently observed, the misinterpretation of Husserl's terminology is understandable given that Husserl's description of the epoché and reduction are used interchangeably and in various and sometimes contradictory ways (Russell 2006). However, despite this the reduction has a fundamental character which is consistent throughout Husserl's writings:

[T]he essential feature is always to effect an alteration or 'change of attitude' (Einstellungänderung) to move away from naturalistic assumptions about the world, ... assumptions deeply embedded in our everyday behaviour... (Moran, 2000, p.147).

It is of crucial importance not to misunderstand the purpose of the epoché. We do not effect it in order to deny, doubt, neglect, abandon, or exclude reality

from our research, but simply in order to suspend or neutralise a certain dogmatic attitude towards reality ... In short the epoché entails a change of attitude towards reality, and not an exclusion of reality. (Zahavi 2003, p.45).

For the purpose of the rest of the thesis I shall also use the terms interchangeably, viewing the epoché, bracketing and reduction as different terms for the similar process of essentially encouraging an alteration or change of attitude whereby one moves away from naturalistic assumptions about the world. This change of orientation towards the world brings with it the beginnings of a return to a transcendental standpoint, a new sphere of transcendental experience. As Moran (2000) observes, it would be a mistake to regard this transcendental standpoint as ‘a dimension of one’s own mind’.

This is not to suggest that one can simply interpret these main themes as one chooses. Clearly to misinterpret Husserl’s use of the epoché and reduction is to misunderstand his phenomenology and the manner in which the reduction leads to the domain of the transcendental ego. Examples of precisely this can be seen in the following chapter in its focus upon nursing research. Indeed as Natanson (1973) remarked ‘*few concepts in phenomenology have led to as many misunderstandings as the epoché*’ (p.57).

At this juncture it is not appropriate to critique Schutz’s (1962) account of the schizophrenic experience any further or indeed provide further discussion on the misunderstandings of the epoché or the reduction. However, I wish to suggest that what actually is being described in Schutz’s account is a type of universalising attitude. The ‘schizophrenic experience’ is an example of a universalising attitude, and not the fixed performance of the epoché, as Schutz seems to be implying. Schutz describes the ‘schizophrenic experience’ as an *inverse description* of the epoché,

simply because it is not the epoché that is of significance here, rather it is the *attitude* itself experienced by the schizophrenic and not some form of contrary use of reduction or bracketing.

§4. Accessing the patient's subjective experience to access the universalising attitude

The success of the therapeutic process needs three additional components in relation to accessing the universalising attitude. Firstly the attitude must be allowed to see itself as not abnormal (what therapists refer to as 'normalising'). Secondly, the therapeutic process assists the universalising attitude in recognising the manner in which it 'contemplates itself' and is not only responsible for its maintenance but for the 'strengthening and reproduction of itself'. Finally, what I shall argue later in chapter 13 is a phenomenological reduction employed within the therapeutic process which allows the attitude to recognise the *naivety* in which it does this.

Jaspers's view has helped clarify the distinction between overvalued ideas, that is, overemphasised ideation with which the subject is pre-occupied and in which an inappropriate level of affective response is invested, and delusions, which Jaspers regards as arising from a radical transformation of meaning. It is during this transformation from non-deluded to delusional thinking, that Jaspers describes a special sense of awareness occurring in which mundane stimuli are imbued with new meaning and significance. The patient is immersed within a qualitatively distinct subjective atmosphere, as the delusion is born. This changed quality of subjective experience is considered by Jaspers to be beyond the bounds of understanding in empathic terms and is meaningful to no one but the beholder, typically the subjective consciousnesses of the beholder being the mode in which the attitude opens up towards the world. However, in the case of delusional belief the universalising

attitude closes down horizons creating an uncharacteristic experiencing of the natural attitude.

The qualitative distinction of this described subjective atmosphere can be understood within the context of the natural attitude where ‘normal’ or ‘everyday’ non-pathological subjective states are typically experienced. Jaspers describes the origins of delusional belief as coinciding with a shifting of a subjective atmosphere, from a position within the natural attitude where the world is seen as ordinary or ‘mundane’ to one that has a special significance or ‘meaning’ bestowed upon it. This is not to suggest that the delusional patient is no longer living within the natural attitude, but rather that the natural attitude which forms the backdrop for his subjective state has also become a ‘type’¹⁰ of sub-attitude which now ‘recognises’ and is ‘alerted to’ the mundane as having a universal and special meaning, the significance of which is exclusive to the attitude.

The importance of the therapist demonstrating empathy towards the client is often used as means not only of allowing the client to feel understood but to also help the client to validate their own distress (Gilbert & Leahy 2007). However empathy towards the client also demonstrates an understanding towards the attitude itself, by validating and acknowledging the subjective emotional state alongside the patient’s idiosyncratic appraisal of their situation, the sub-natural attitude responsible for the perpetuation of the patient’s experience is eventually revealed.

¹⁰ This type of sub-attitude is discussed in further detail in chapter 14.

§5. Concluding comments for chapter 5

The following key points have been made in this chapter which will be developed later, in an account of the universalising attitude – specifically the patient’s experience of the therapeutic process within CBT. Firstly, a short account was provided of the ‘schizophrenic experience’ and how within the experience of delusional belief it is not the erroneous cognitive judgement of the patient that suggests a delusional belief, rather it is the *fixedness* and *incurability* of the patient’s *attitude* which is characteristic of the phenomena. Secondly, we have seen how Jaspers makes use of adopting a neutral therapeutic stance and uses the introspective experience of the patient. This could possibly be seen as an unintentional intervention for the accessing of an attitude, Jaspers appearing to favour this clinical approach as opposed to an over-reliance upon diagnostic symptoms as a means of understanding mental illness. I shall develop the idea of this ‘accessing of an attitude’ as being central to successful psychotherapy in chapter 13.

Finally it is worth noting at this juncture that the description of the Husserlian phenomenological reduction employed within the clinical work of psychiatry seems to be following a trend within psychiatry in general in using the term ‘phenomenological reflection’ as a means to capture the subjective, introspective account of the patient’s experience. The clinical work of Jaspers and Binswanger could arguably be seen to use the phenomenological reflection as opposed to focusing upon the introspective states of the psychiatric patient. However, given that it is the inner subjective state of the patient which provides the clinical focus for Binswanger and Jaspers it is hardly surprising that Husserl’s methodology, if we can call it this, was interpreted or employed in the manner described in this chapter. This may have contributed to the

use of the term 'phenomenology' becoming synonymous with the subjective experience of the individual.

However this is purely speculative and it is important to note that in this context the term 'phenomenology' has no bearing on the work of Husserl. We can distinguish between (a) the claim that Jaspers's work is in some way phenomenological; and (b) the claim that aspects of Jaspers's ideas or methods are of phenomenological interest. The latter claim has been developed by this chapter and will be defended by the thesis as whole.

6. The application of Husserlian phenomenology in psychology and nursing research (a case study)

The following chapter discusses the supposed use of Husserl's phenomenological reduction, firstly as it is described in the research methodology of nursing and secondly as a clinical application used in the psychotherapy of Carl Rogers and the 'phenomenological psychology' of Spinelli.

It is not the purpose of this chapter to evaluate the worth of phenomenological psychology or its methodological value research per se, nor is it the purpose of this chapter to argue that Husserlian phenomenology cannot be used in this way. Rather I wish to demonstrate that such methodologies are not as 'faithful' to the phenomenology of Husserl as they claim to be. This is significant for the thesis in two ways. Firstly this chapter illustrates the problems of what can happen when the main integral parts of Husserl's phenomenology are ignored or misunderstood, such as his opposition towards naturalism and in turn psychologism, the use of the reduction, Husserl's distinction between introspectionism and the use of phenomenological reflection and finally Husserl's concept of the natural attitude serving as a 'benchmark' of what Husserlian phenomenology is most definitely not. By using nursing research as a case study this provides the material which substantiates Husserl's lifelong concern for emphasising the distinction between his phenomenology and the project of psychology (as discussed in chapter 4). However, possibly even more significantly, the chapter serves as a reminder of how not to use Husserlian phenomenology as a clinical methodology.

In presenting various examples of how researchers have wrongly claimed to be using a methodology resembling Husserlian phenomenology, and in fact seem to be equating Husserlian phenomenology with a type of introspectionism, we also begin to explain the dominance of scientism within the social sciences. Namely that anything that doesn't refer to the 'hard objective evidence' seen in physics or biology is treated as superficial evidence, on the same footing as the 'opinion' from a survey and the 'introspective' interpretations of Husserlian phenomenology (examples of which are discussed in this chapter) simply reinforce this view. In other words, investigating consciousness in the manner of those claiming to be using Husserlian phenomenology described in this chapter subscribes to the very psychologism that Husserl had so long attempted to oppose.

Various disciplines within the field of social sciences (such as psychology, sociology and nursing research), have claimed to be conducting phenomenological research based upon a Husserlian methodology. In reality, however, such phenomenological research has no such foundation, as it is largely based upon a misunderstanding or, more probably, a deliberate misreading (this is discussed in the 'conclusion'). For instance, Salomon's (1945) states that it was predominantly Alfred Schutz who adapted Husserl's phenomenology in its most original and complete form¹¹. Indeed many 'phenomenology' orientated nursing research articles make reference to Schutz; and as a result many of these researchers tend to remain psychological in their orientation.

¹¹ Albert Salomon, 'German Sociology', in *Twentieth Century Sociology*, edited by George Gurvitch and E. Wibert, The Philosophical Library, New York, 1945.

Schutz (1940) methodology relies in part on Husserl's developments made in the *CM*, and talks of constitutive phenomenology offering the foundation for the concrete sciences investigating phenomena of the social world. According to Schutz, all of them are fundamentally related to the primordial sphere of the lived world. In addition to this, the private world that emerges from the activity of the individual and subjective consciousness is already not 'mine'. As developed by Husserl's *CM*, in the fifth and sixth meditations, it is also the world of the alter ego, the 'Other' who appears as a psycho-corporeal element.

Schutz (1940) clearly uses a phenomenological methodology to establish his own method and invokes a phenomenological reduction to do so. However, he appears to employ an interesting version of it. Whereas Husserl uses the reduction as a means of suspending belief, Schutz talks of suspending doubt. It is his view that, in the natural attitude, people are already in or performing the epoché. That is, they put into brackets any doubt that the world may not be as it appears to be. Schutz does appear to follow the phenomenological method, in order to ground his methodology, for what remains essentially a Weberian project. In doing so he uses a phenomenological reduction. While this may not be the transcendental reduction of Edmund Husserl, it represents nonetheless a genuine attempt to get behind the everyday, taken for granted meanings, of the common sense world.

§1. The use of the phenomenological reduction in nursing research and psychology

Within nursing research, Husserlian phenomenology is equated with what is termed a 'descriptive phenomenology', this being defined as providing a qualitative research methodology (Annells 2007, Balls 2009, Dowling 2004, Green & Thorogood 2004).

Merilyn (1999) describes phenomenology as ‘an interpretative, qualitative form of research, the study of a phenomenon’. In addition to this, the ‘nurse phenomenologist’ is described as using various types of phenomenology to study phenomena that tend to be human experiences which are foci of their research. Dowling (2007) describes how the phenomenological reduction and the employ of bracketing has a ‘pivotal role in how phenomenological research studies are approached’.

Koch (1999) states that it is not important for nurse researchers to understand the work of Husserl, describing nursing research which attempts to incorporate a Husserlian phenomenological methodology as ‘prolific, confusing and repetitive’. Crotty (1996) suggests that nurse researchers have appeared to either misinterpret or misunderstand Husserl’s phenomenology. Crotty (1997) describes the consequence for phenomenological researchers as the failure to recognise the value of what *they are not doing*, while the nursing phenomenologists regard themselves as conducting ‘authentic phenomenology’.

It would seem important, on the grounds of basic scholarship if nothing else that people espousing a new phenomenology should recognise its newness. It is doubtful they do. In expounding their approach, they are found routinely to cite authors like Husserl, Merleau-Ponty or Schutz as if these thinkers were involved in an enterprise that in some way resembles their own. The new phenomenologists, it appears, consider themselves in continuity with the mainstream phenomenological movement [of Husserl]. (Crotty 1996, p.3).

The apparently frequent discussions of phenomenological research within nursing research attempt to appeal to Husserl in justifying the technical and conceptual resources they deploy. As described by Paley (1997), three particular areas of Husserlian phenomenology are given particular attention within nursing research; these are phenomenological reduction, phenomena and essence.

Similarly Kock (1995) describes the three dominant notions within Husserlian phenomenology described in nursing research as 'intentionality, essences and the phenomenological reduction'. Indeed, as Paley (1997) observes, Husserl's bracketing and phenomenological reduction appear to be recognised as integral to this trend within nursing research. Nursing research frequently mentions the term 'bracketing', however, as we shall see, it clearly means something different from the 'suspending' of the natural attitude.

As we have seen, Husserl's description of the natural attitude postulates the independent existence of the objects of attention. Kock (1995) quite rightly identifies 'bracketing' as the first part of Husserlian phenomenological methodology, describing the processes whereby all preconceived notions of phenomena are 'identified, recorded and then shelved'. Kock (1995) describes Husserl as insisting upon an initial suspension of belief in the outer world, either as it is naively seen by an individual in everyday life, or as it is interpreted by philosophers or scientists. The reality of this outer world is neither confirmed nor denied; rather it is bracketed in the process of performing the phenomenological reduction.

In contrast, Paley (1997) describes the epoché as a 'philosophical device' which simply '*cancel the natural attitude*' as a preliminary to the phenomenological enquiry. It is in this context that the epoché and the phenomenological reduction are described as impossible in terms of a research method, used within the natural attitude:

No social scientist, not even one with humanist or phenomenological sympathies, can claim to use the epoché as a research technique, since performing the reduction would immediately remove [the researcher] from the social world. (Paley 1997, p.3).

Paley continues to describe how the researchers using the epoché are barred from the 'lived experience', as this now becomes inaccessible. Any judgements that the researcher may have about this experience (for the focus of research) have become excluded by the very use of bracketing of the natural attitude. This view of 'bracketing' seems to overlook that Husserl is not suggesting that by employing the use of bracketing, one denies the 'general thesis of the natural attitude'. Rather, through the process of bracketing, one continues to accept it but no longer makes 'any use' of the natural attitude (Woodruff Smith 2007). In other words, one temporarily suspends one's assumptions or beliefs about the description of the phenomena under investigation.

A completely different interpretation of Husserl's use of bracketing seems to have been adopted by many nursing researchers. There appears to be a trend among 'nursing phenomenologists' to understand putting 'the natural attitude in suspension' as a means of helping them to explore the 'subjective world' of their individual subjects (for instance, Hauck 1991, Montbriand & Laing 1991).

Lethbridge (1991) regards bracketing as the process in which the researcher reflects upon his or her own subjective past and present experiences, in order to keep the meaning of these experiences separate from the experiences which will be revealed by their investigation. Baker, Wuest and Stern (1992) describe bracketing as the process whereby preconceptions about a phenomenon being investigated are "bracketed" by being identified and put aside.

Jasper (1994) describes bracketing as involving the deliberate examination by researchers of their own beliefs about the phenomenon and the temporary suspension of these. Rose, Beeby and Parker (1995) describe bracketing as the facilitation of allowing the researcher to see the other side of arguments. Cohen and Omery (1994) suggest that the reduction is the process of looking at the experience 'naively', without the preconditions, the prejudices and the biases that one usually brings to any description.

Koch (1995) describes the process of bracketing of Husserlian phenomenology as integral, in the respect that it defends the validity or objectivity of interpretation against the self-interest of the researcher. Other similar researchers who claim to be conducting a Husserlian orientated phenomenological investigation use the term 'bracketing' but use it to focus upon individual experience. Such research seems to use bracketing to preserve the subjective character of the data they have collated. In Husserlian terms, what the nursing researchers seem to be doing is laying aside their own 'naive' understanding of their respondents.

§2. Carl Rogers and client centred psychotherapy

Although there appears to be little evidence of Husserl's methodology appearing in Rogers's writings, at Rice University in 1964 (five years before Beck's *Cognitive Therapy for Depression* was published) he spoke as the advocate of Husserlian phenomenology, suggesting the approach may well be a powerful alternative to psychoanalysis and behaviourism (Fewtrell & O'Connor 1995).

Indeed Carl Rogers, the pioneer of such psychological approaches in counselling, is often described as being strongly influenced by Husserl's phenomenology. For instance, the following quote which discusses the influence of Husserlian upon Rogers describes Husserl's phenomenology in the following manner:

Phenomenology is a method of philosophical inquiry evolved by Husserl, and widely employed in existential philosophy which takes the view that valid knowledge and understanding can be gained by exploring and describing the way things are experienced by people. The aim of phenomenology is to depict the nature and quality of personal experience. (McLeod 1993, p.67).

In Rogers's later work there does appear to be considerable identification with the phenomenological movement, particularly the Husserlian notion of consciousness as consciousness of something, that is, consciousness with reference to the construing of self and the external world, as embraced in Husserl's notion of intentionality in perceptual processes.

Rogers's use of bracketing is to help the therapist suspend their own assumptions on experience, and to allow the individual being counselled to explore their own naive assumptions that they have formed in the natural attitude. This approach appears to have been fostered by much of what has come to the fore in humanistic psychology and the potential movement it served to inform. The reality to which Rogers directs his clients is an inner reality, his emphasis being on what he terms 'subjective knowledge'. Rogers terms 'phenomenological' knowing as the most fundamental and 'basic knowing'.

What is obviously missing from Rogers's interpretation of Husserlian phenomenology is the notion of intentionality, which is, as we have seen, so central to Husserl's phenomenology. Intentionality brings human being and world together and holds

them together. As Brentano emphasised, if I ‘love’, ‘hate’, ‘perceive’ or ‘comprehend’ they are always of *something* I am sensing, perceiving etc. Husserl conceived consciousness as intentionality, as an orientation to what is not conscious itself. Therefore, ‘I’ am not just a being with an inner world to explore or, to paraphrase Heidegger, I am a being-in-the-world, unable to be defined apart from the world, just as ‘my’ world cannot be defined apart from me. In short, there is an indissoluble union between subject and object.

As we have already seen, Husserl’s phenomenology is not concerned with subjectivism; rather it is a study of phenomena, i.e.. the objects of experience. When we correctly follow Husserl’s methodology, and ‘bracket’ the world, we are left with two things only: The pure Ego, and the pure conscious acts which can now be described in such a manner, which no longer assume the existence of an external, independent world:

If I put myself above all this life and refrain from doing any believing that takes ‘the’ world straightforwardly as existing – if I direct my regard exclusively to this life itself, as consciousness of ‘the’ world – thereby acquire myself as the pure ego, with the pure streams of my cogitationes. (CM, p.21.).

This ‘new’ use of bracketing taken from Husserl’s phenomenology seems to be more in accordance with the methodology of descriptive psychology. In contrast to Husserl’s phenomenology, this considers the object of inquiry (the perceptual act) within the limits of what is factually contained in the act itself (immanent to consciousness). It continues to consider the perceptual act as a real and natural experience, considered in terms of it being related to a real and natural human being, both as a part of nature.

As we have already seen, within eidetic or transcendental phenomenology the last preconception of nature disappears. What remains thereafter is a ‘pure phenomenological residuum’, whereby consciousness is understood in terms as a source of cogitationes. By exhibiting necessary, rational connections between themselves, they constitute the universe of eidetic science.

The thesis does not condemn the interpretations of Husserl’s phenomenology which treat it as a project of psychology, to a certain extent it is attempting to understand the origin for this misreading of Husserl’s project. In contrast to this, Husserl’s ‘phenomenological psychology’ has been interpreted by various psychologists who use a rhetoric which conflicts most strongly with that used by Husserl. For instance, Spinelli (1998) claims to be following (at least the concepts of) Husserl’s phenomenological methodology, defines phenomenological psychology as the following:

[P]henomenological Psychology is principally concerned with the application of the phenomenological method to issues and problems in psychology so that an individual’s conscious experience of the world can be more systematically observed and described... In its broadest sense, phenomenological psychology is distinguished by its central concern with the issue of personal, subjective experience. (Spinelli 1998, pp.29-30).

Whilst psychology traditionally focuses on the individual, phenomenological psychology appears to be *situation centred*. Therefore, the first emphasis is upon the intentional person/world relationship in the context of individual or social *Umwelten*. That is things and events as intentional correlates have meanings and values and as such bear reference to actual or potential behaviour. In contrast to Husserlian phenomenology, phenomenological psychology’s central concern is with the individual’s personal subjective experience. Phenomenological psychology in its new sense is presented as an orientation taken towards the examination of central

psychological issues via the use of its interpretation of Husserlian methodology. Psychologists familiar with Brentano and Husserl consider the unbiased description of psychological phenomena the most elementary lesson to be learnt.

§3. Concluding comments for chapter 6

As various commentators upon the development of phenomenology, such as Spiegelberg (1972), have noted, since the 1960s in the United States a few humanist psychologists have attempted to faithfully pursue a genuine phenomenological inquiry. This section shows how phenomenological psychology represents the convergence of a number of streams. Husserl's direct influence on psychology began at Gottingen where students of psychology came into direct contact with Husserl's ideas. Among these were Ernst Jaensch and especially David Katz who, Spiegelberg points out, developed Husserlian phenomenology in an original manner. In this thesis I have not investigated these figures further as their work did not deal in any significant detail with the Husserlian notion of attitude. These streams of theoretical influence appear to emanate from Brentano, Heidegger or Sartre, rather than Husserl. Similarly the influence upon phenomenological psychology appears to derive from American psychologists such as Carl Rogers as opposed to any direct influence from Husserl's work.

In this chapter we have seen various examples of nursing research which claim to be using some aspect of Husserlian phenomenology, in addition to this we have also seen how Husserlian phenomenology has been interpreted in psychotherapy. Various commentators within nursing research have made the observation that certain aspects of nursing have misinterpreted Husserl's phenomenology in such a way that the

‘phenomenological methodology’ used in such work no longer resembles the work of Husserl.

However, this in itself may not be a problem for nursing research if the research offers some valuable contribution to the profession, and the same can be said of psychotherapy which has been influenced by Husserl. In terms of this chapter and indeed the following chapter, both serve as a reminder that there does seem to be a trend in nursing research, psychology and psychotherapy to misinterpret Husserl’s work in a manner which seems to equate Husserlian phenomenology with the generic term of phenomenology used in psychology, which essentially refers to the subjective state or content of the individual. Indeed if nursing research were able to theorise and develop its own use of the phenomenological method, instead of relying upon mistaken gestures of Husserlian phenomenology, further progress may be made in this field.

Leahy’s statement that ‘cognitive therapy is Husserlian phenomenology’ would seem to be yet another example of this trend. However as we shall see later, certain aspects of Husserlian phenomenology, namely Husserl’s concept of attitude and interest, do have some significance for cognitive therapy, and do not depend upon an introspectionist interpretation of Husserl’s phenomenology. We saw at the beginning of the thesis how Husserl made it his mission to refute the psychologism which underlies the introspectionist viewpoint (Natanson 1973). However the question remains as to what benefit for psychotherapy there would be if a more reliable use of Husserl’s phenomenology were used. Indeed what would a psychotherapy which used at the very least purer features of a Husserlian methodology ‘look like’ in clinical

practice, and would this differ significantly from the interpretations of Husserl's methodology described in this chapter? By beginning to answer some of these questions in the following chapter, I return to Leahy's statement that 'cognitive therapy *is* Husserlian phenomenology' and review an article by Edwards (1990) which I suggest appears to be asserting that, at the very least, small aspects of the methodology used within cognitive therapy share a significant similarity with Husserlian phenomenology.

Part 3. The interpretation of Husserlian phenomenology in the clinical practice of cognitive behavioural psychotherapy

Chapter 7. Cognitive therapy compared with phenomenological-existential approaches to therapy: a review of Edwards (1990)

As we have seen there is a ‘general’ usage of the term phenomenology within the social sciences, particularly psychology, which has little relevance to the understanding of classical Husserlian phenomenology. Indeed, Edwards describes how phenomenological psychotherapists appear to owe little directly to classical phenomenology and are only in the ‘general sense’ of the word ‘phenomenological therapists’. As we shall see in this chapter (which reviews Edwards’s use of the term ‘phenomenology’), there appears to be a continuation of this ‘generic usage’ of the term. This term seems to be used interchangeably when referring to Husserlian phenomenology and other unrelated ‘types’ of phenomenology. In other words, at times the comparisons Edwards makes between cognitive therapy and phenomenology have little to do with classical Husserlian phenomenology. Edwards’s article, ‘Cognitive-behavioural and existential-phenomenological approaches to therapy: Complementary or conflicting paradigms?’ originally published in 1990, is now over twenty years old, however there have been no further in-depth articles within cognitive therapy literature which make such an extensive reference to Husserlian phenomenology, hence a detailed treatment of it in the thesis is deemed appropriate.

The chapter will begin by reviewing and critiquing Edwards’s article (1990) and will then attempt to explore further some of the observations and claims made within the article. Unlike Edwards’s broader definition of phenomenology, this chapter is only concerned with the described commonality between cognitive therapy and Husserlian phenomenology. In this respect I shall attempt to take up where Edwards ‘left off’, in

the sense that the chapter explores in further detail the extent to which Beck's cognitive therapy and specifically Husserlian phenomenology can be seen to share some aspects of commonality.

However this is not to imply that this chapter somehow suggests that cognitive therapy *is* Husserlian phenomenology. Before attempting this, the following passages outline the content of Edwards's article, which provides an overview of how the author describes his 'broader' use of the term phenomenology and, more importantly, how Husserlian phenomenology is understood as being relevant to cognitive therapy.

§1. Historical influences on Beckian cognitive therapy

While Beck cites phenomenological writers such as Heidegger, Husserl, and Binswanger, he does not initiate any dialogue with this tradition in depth. (Edwards 1990, p.105).

Edwards (1990) acknowledges that Beck cites Husserl, Heidegger and Binswanger. However, any attempt by Beck to provide a detailed discourse as to how these thinkers influenced the theoretical underpinnings of his cognitive therapy appears to be lacking. He suggests that the reason for this may be due to the dominance of the behaviourist Wolpe within psychotherapy, and his criticism of the cognitive position.

The article addresses the question of how these thinkers influenced Beck by providing an examination of the relationship between cognitive therapy and 'phenomenological writers' such as Heidegger, Husserl and Binswanger. In the process, Edwards emphasises a *complementarity* between the two approaches, concluding that there is a need for a 'continuing dialogue' between cognitive therapy and phenomenology. Although the article makes specific reference to Husserl and the 'phenomenological

reduction', the author points out that he is using the term phenomenology in its *broadest* sense, adding that:

Some writers reserve the term phenomenology for work that stems directly from the traditions of Husserl and Heidegger and its applications to therapy by Boss and Binswanger. Others use it to refer to a stance which recognises the irreducible nature of human experience and the primacy of personal meanings. (Edwards 1990, p.107).

The historical influences upon cognitive therapy can be seen in the origins of behaviourism, psychoanalysis and phenomenology. Beck is described as acknowledging the importance not only of Husserlian phenomenology, but also of the works of Heidegger, Jaspers and Binswanger. In addition to these influences, Edwards (1990) describes how Beck, Rush, Shaw and Emery (1979) refer to the contributions of the analyst Sullivan and his own interpersonal psychiatry, although not directly influenced by phenomenology, has strong parallels with it (Preller 1987).

§2. Edwards's 'broad' definition of phenomenology.

The differing use of the term phenomenology has so far been a central focus to this thesis. Edwards also makes the observation that phenomenology has been used in different contexts by different researchers in cognitive therapy and psychotherapy in general. For example, as we have seen, some writers use the term in its strict philosophical sense to refer to works of Husserl and Heidegger. As we have also seen, others appear to describe the existential-type works of Jaspers and Binswanger as phenomenology. Edwards's broadest definition of 'phenomenology' refers to the 'irreducible nature of human experience and the primacy of personal human meanings'. In addition to this the term also seems to be equated with the general subjective state of the individual (this seems to be how the term has been understood within the 'case study' of nursing research).

Edwards begins by describing how Kelly (1969) insisted that his personal construct theory was not a phenomenology that treats ‘the world as a figment of the imagination’, asserting that his personal construct theory is concerned with ‘a real world’ of a person. Edwards rightly observes that the view of phenomenology referring to a subjective reality of the individual, which has no relevance to reality, is a mistaken interpretation of phenomenology. However, it is a view that ‘phenomenological therapists’ seem to encourage when they emphasise that the world, as the client experiences it, constitutes a reality which must be respected in its own terms (as we saw in the last chapter). In the same way, King, Valle and Citrenbaum (1978) assert that ‘the concept of truth is not a major focus for existential-phenomenological therapists’, arguing that therapists, in order to deal with the world as their client experiences it, must be willing to suspend their own personal understandings or reality.

Edwards compares this position of the ‘phenomenological therapist’ with that of cognitive therapy, as both therapies recognise the importance of attempting to recognise the client’s idiosyncratic world. In the ‘cognitive therapy rating scale’ (CTRS), the scale used to train and assess the core competencies of therapists, Young and Beck (1980) use ‘understanding’ as one of the criteria for the scale, and define it as ‘how well the therapist can *step into the patient’s world*, see and experience life the way the patient does, and convey this understanding to the patient’.

Kelly and Beck see the next step in reality testing the client’s constructs. According to them, phenomenological therapists are ambivalent about this, and they give the

example of how King, Valle and Citrenbaum (1978) urge therapists to resist 'the temptation to investigate the truth' of the experience, suggesting that training clients in 'reality testing' is synonymous with betraying them. Edwards (1990) agrees, citing Rogers (1967) on the fundamental importance of reality testing for personal maturity, and notes that as a result of therapy the client becomes more realistic and differentiated in his perceptions.

Mainstream existential phenomenology is described as recognising a criterion of objectivity in the testing of one experience against another. The objective of the phenomenological therapist as with the cognitive therapist is not to give clients another objective reality to replace their own distorted, subjective ones. Rather it is to facilitate the examination and evaluation of the client's own sense of reality, from the data of their own experience, and to question it from the very same data. The therapist's objective is to help to illustrate to the client all their experiences, so that the experience can be examined without selection or denial.

This is compared and likened to the fundamental principles of cognitive therapy such as collaborative empiricism, guided discovery and Socratic questioning (Beck and Emery 1985). As observed by Edwards, the cognitive therapist is not seen as an expert who 'knows better' than the patient, rather the therapist is there to help the client in recognising and testing their constituted reality against the information from their individual experience. It is in this sense that empiricism is seen as assisting the client's active experimentation in everyday life situations, whilst cautiously attending to their experience to determine if this fits with the reality as they had previously constituted it.

Edwards describes the purpose of Socratic questioning as a means to ‘sow the seed of doubt’ within the mind of the patient, drawing the client’s attention to the information of experience. This in turn is used to help the client realise the inconsistencies of their previous interpretation of their experience. Edwards likens this to the phenomenological therapist’s use of imaginative variation, in which a range of possibilities is reviewed to examine whether they are consistent with experience or to question a specific perspective.

Phenomenological psychotherapy and cognitive therapy are described by Edwards as agreeing upon the central assumption that the articulation of the client’s personal meanings is a necessary first step, and this is followed by a testing or evaluating of those meanings against other aspects of the individual’s experience. For the phenomenological psychotherapist, the emphasis is on new ways of attending to experience, learned within the therapeutic encounter, a process which aids the emergence of personal meanings which previously may have remained unarticulated.

In contrast to ‘phenomenological psychotherapy’, cognitive therapy is often seen as practical, involving *rational* discussion during the session, encouraging the patient’s self observations, and facilitating the client’s access to personal meanings which have been derived from his or her automatic thoughts, underlying assumptions and core beliefs. These central theoretical features of cognitive therapy provide the means by which the patient can ‘test’ against the information derived from their experience. Edwards compares how cognitive therapy’s objective of guiding the patient in attending to and deepening their sense of their own feeling is essential if the patient is

to gain access to and deepen their understanding of their emotional life (Greenberg and Safran 1984).

§3. The description of Husserl's phenomenological reduction with cognitive therapy

Edwards attempts to compare and contrast the phenomenological reduction with some of the basic assumptions of cognitive therapy. He describes how one of cognitive therapy's main aims is to access the patient's underlying assumptions, or conditional beliefs. These tend to be expressed verbally by the patient in terms of an expression of their automatic thoughts, or sometimes expressed as the imagery content of their thoughts. In Ellis's Rational Emotive Behavioural therapy (a type of cognitive therapy), this goal is the basis of Ellis's strategy of 'reducing clients' dysfunctional cognitions' to a small set of implicit irrational beliefs. For example, Ellis would argue that the basis of all social anxiety can be reduced to the client's dysfunctional assumption that it is essential to be loved or to be approved of by all the significant people that one comes into contact with. By the same token, procrastination can be seen as a result of assumptions such as that success leads to the possibility of failure or that success entails punishment.

Edwards describes how the cognitive therapist helps facilitate clients in the process of identifying their major dysfunctional assumptions that infuse the themes that surround their negative automatic thoughts. For instance, assumptions of depressed individuals include: 'If somebody doesn't talk to me, it means they don't like me', 'If I'm nice bad things won't happen to me', 'If I make a mistake, I'm inept' and further arbitrary 'should rules'.

In cognitive therapy the use of Weissmans's (1979) 100-item 'Dysfunctional Attitude Scale' describes a series of possible self defeating dysfunctional assumptions. The core beliefs or schemata that form the basis of the rules and conditions define the experience of the self. When made explicit they can be observed objectively and questioned by the patient (a process termed as distancing or decentring). Edwards describes how unrecognised assumptions form a locus of identification, and when made explicit they can be observed objectively:

This position is likened by Edwards to the phenomenological reduction seen as a fundamental method in research and therapy. The position is likened to Husserl describing the reduction enabling the individual to 'move out of the natural attitude, and towards the transcendental attitude'. The natural attitude is described as one in which the world is perceived as being constituted of objects that independently exist 'out there', where objects in the world are categorised, interpreted and organised through perception and thinking. Husserl is described as 'inviting us to identify the unrecognised assumptions embedded in our normal mode of seeing and to suspend (bracket) them'. This continued process is described as enabling the direct experience of the world, which is 'undistorted by the lenses of perceptual and conceptual processes'. Edwards asserts that through this continued process the transcendental attitude is attained.

The experience attained through the transcendental attitude where the usual processes of construction and interpretation have been transcended is described as being explored by transpersonal psychology (Mann 1984). Wilber (1979) refers to this experience as 'no-boundary awareness' and shows how 'in some spiritual traditions, it

is not seen as an altered or abnormal state of consciousness, but rather as the only state that yields accurate and true perception (Edwards 1990 pp.111-112).

Edwards appears to conclude that the aim of phenomenological reduction is a radical transformation of consciousness into the 'type of unitive state' described in the texts on consciousnesses. However, referring to Keen (1975), Edwards suggests that 'we can not readily cleanse ourselves of our preconceptions'. He describes how Merleau-Ponty saw the transcendental attitude as an ideal 'to be striven for' rather than a realistic goal for most people.

Phenomenological therapists must therefore generally content themselves with the earlier stages of the reduction which involve the disembedding of relatively primitive unrecognised beliefs and assumptions, and in this respect their goals are the same as the cognitive therapists. This is explicitly recognised by Keen (1975) who cites Kelly's method as an example of the phenomenological reduction. (Edwards 1990, p.113)

Edwards continues to look at the relationship of the client and therapist, looking specifically at the interaction between them. Cognitive therapists are described as monitoring their own personal reactions to their clients. By doing so, therapists are able to 'unhook themselves from the interpersonal pull' of the client and so are able to provide important feedback. Therapists are described as being able to observe the verbal and non-verbal aspects of the client's behaviour that evoke responses in them, describe them to the client, and ask them to pay attention to the feelings and thoughts associated with these behaviours.

The focus upon the interaction during therapy, either through the therapist noting and feeding back their own responses to the client or via the interpersonal patterns that the

client talks about, are being played out within the therapeutic relationship. According to Edwards (1990, citing Todres), this is one of the four stances of phenomenological therapy. Todres is described as suggesting how the 'phenomenological therapist' is able to teach the client how interpersonal processes within relationships can be discussed, and in turn enable the client to break free from old, previously repeated behaviours in interpersonal processes, subsequently improving and enhancing the quality of human contact. Both cognitive therapy and phenomenological therapy share a structural development of consciousnesses, both aiming to move the client up from one level to another; however, phenomenology is seen as focusing its goals at a higher level than cognitive therapy.

The phenomenological psychotherapist's view of the therapeutic relationship between client and therapist is compatible with the therapeutic relationship described in cognitive therapy, although Edwards describes the therapeutic relationship as advocated by the phenomenological psychotherapist as being richer. Edwards (1990) summarises the strength of the cognitive behavioural approach as its emphasis upon effective, focused interventions for 'common patterns of cognitive distortion and problematic behaviour found in a range of psychopathological conditions'. These principles of cognitive therapy, when practised effectively, are described as being in accord with phenomenological therapy's principles, in the respect that the client's personal meanings and values form the focus point for therapy, enabling clients to test out their personal meanings against other aspects of their experience. In contrast to this, phenomenological therapy is seen as offering a deeper 'vision of human nature and of the possibilities of the therapy situation'. Phenomenological therapy is seen as

providing a framework from which client and therapist can ‘grapple with issues that are ill defined or that emerge from the deeper levels of meaning in the client’s world’.

Edwards concludes that phenomenological approaches in psychotherapy are complementary to cognitive psychotherapy. He suggests that this complementarity would help phenomenological orientated psychotherapists to ‘feel less apologetic about employing cognitive and behavioural techniques’. By the same token he describes how phenomenological orientated psychotherapy could give cognitive psychotherapists ‘a greater vision of the way ahead in their development as therapist and a greater respect for the indefinable qualities of human nature and experience which may be broached and experienced in therapy’.

§4. Concluding comments for chapter 7

As I mentioned at the beginning of this chapter Edwards’ article represents one of the few that have looked at Beck’s claim to have been influenced by phenomenological writers such as Heidegger and Husserl, although little is made of the existential and phenomenological distinction. As Edwards describes in his article, the usage and definition of phenomenology varies greatly and, by Edwards’s own admission, his use of the term is in its most *general* form. Despite his reference to the phenomenological reduction there is very little exploration of Husserlian phenomenology, he appears to use the ‘general term’ for phenomenology and phenomenological therapies interchangeably. As we have seen, Edwards (1990) acknowledges that despite Beck citing Husserl as an influence upon his cognitive therapy, any attempt from Beck to provide a detailed discourse as to *how* Husserl influenced the theoretical underpinnings of his cognitive therapy is absent. Later, the thesis focuses upon how

certain aspects of Husserlian phenomenology inadvertently, but very significantly, bear some semblance to Beckian cognitive therapy.

In the previous chapters we have also seen how Binswanger, Jaspers and nursing researchers who claim to be using the phenomenological reduction seem to have interpreted the phenomenological reduction as a means of gaining access and actually bracketing the experience of the individual as opposed to a suspension of an attitude. This as we have seen is possibly most pertinent in the work of psychotherapist Carl Rogers, who uses a type of bracketing to explore the subjective experience of the client. Clearly I do not wish to suggest that such uses of bracketing are without their merit.

However, such interpretations and claims of being influenced by Husserlian methodology would seem to perpetuate the misunderstanding that Husserlian phenomenology is somehow an introspectionist arena which is concerned with the personal subjective information of the individual:

Another misapprehension of phenomenology is that it is still another introspectionists' doctrine, carrying with it all the traditional weaknesses and dangers of subjectivism: the purely idiosyncratic reports of the individual; the lack of intersubjectivity warranted criteria for verifiability; the assumption that psychological states of mind are indices of objective states of affairs. It is ironic that phenomenology should be charged with being a species of introspectionism, for Husserl's entire effort was to undercut the subject-object dualism established by Descartes and embraced by much of the naturalistic tradition of nineteenth and twentieth centuries, just as it was his mission to refute the very psychologism which underlies the introspectionists' viewpoint. (Natanson 1973, pp.42-43).

This in itself may be of little concern to those who use aspects of Husserlian phenomenology as parts of qualitative research, or as influences for the theoretical

underpinnings of schools of thought within psychotherapies such as CBT. I do not wish to condemn such approaches in this thesis, nor to claim that Jaspers, Binswanger or Edwards are following, or claim to be following, Husserl's methodology to any significant extent. The thesis does not express disapproval towards the introspectionist approach *per se*. Rather, the argument concerns what additional value might be found in a genuine adoption of phenomenological method, particularly the implications of the attitude for the therapeutic process.

Indeed it is difficult to imagine a psychotherapy that does not involve introspectionism of some form, the exception being strict behaviourism. Psychotherapy is essentially concerned with the inner psychological life of the individual and in order for psychotherapy to be successful it needs to understand the phenomenology of the individual. Note that here I use the term phenomenology as it is generally used in mainstream psychology and not in any Husserlian sense. However, as we have seen, Husserl is not concerned with the thoughts of a given individual as such, and to interpret Husserlian phenomenology in this manner is to equate Husserlian phenomenology as introspectionism, which in turn falls foul of the trappings of psychologism and naturalism, which was precisely what Husserl wished to avoid. Therefore, to understand Husserlian phenomenology as introspectionism, or to perform some form of psychotherapy and to assert that one is 'doing' Husserlian phenomenology, would clearly be a mistaken view. Leahy's declaration that cognitive therapy is Husserlian phenomenology is clearly incorrect.

That said, the extent to which certain aspects of cognitive therapy can be seen to share some similarity with Husserlian phenomenology still remains a concern for the thesis,

for we have seen in this chapter how Edwards describes a ‘complementarity’ between CBT and ‘phenomenology’. Due to his broad definition of the latter term, he fails to pursue this to any meaningful extent, apart from making reference to Husserl’s phenomenological reduction.

In order to achieve this objective, the thesis will now proceed with an overview of theories dominant in CBT for the treatment of post-traumatic stress disorder, then compare this with Larrabee’s (1995) interpretation of a Husserlian phenomenological understanding of the disorder. The thesis then uses cognitive therapy’s theoretical understanding of the maintenance of post-traumatic stress disorder and other clinical disorders as a ‘platform’ or an indication towards the significance of ‘attitudes’, as seen in Husserl’s operative concept of the natural attitude. However, before proceeding with this, the next section, beginning with a detailed description of the Socratic dialogue, provides a more in-depth analysis of the possible complementarity (to which Edwards alludes) between Beckian cognitive therapy and Husserlian phenomenology. Edwards’s description of Socratic questioning as a means to ‘sow the seed of doubt’ will be developed further in terms of the process which allows this phenomenological ‘sowing of doubt’ to take place.

In chapter 5, I briefly suggested that the success of the therapeutic process needs two main factors when attempting to work with the universalising attitude. Firstly it should allow the attitude to see itself as not abnormal (what therapists refer to as normalising). Secondly, the therapeutic process assists the universalising attitude in recognising the manner in which it ‘contemplates itself’ and is not only responsible for its maintenance but for the ‘strengthening and reproduction of itself’. It is here I

shall suggest the role of the therapeutic Socratic dialogue comes into play in throwing the universalising attitude into doubt.

Chapter 8. The Socratic dialogue and the use of micro-skills in psychotherapy

Why is Socratic questioning the ‘corner stone of cognitive therapy’? Why do cognitive therapists strive to develop a repertoire of really good Socratic questions? It is not just because it is part of the cognitive-behavioural therapy protocol, the answer lies in its effectiveness as a means of encouraging a meaningful review of the situation and where relevant a shift in attitude. (Kennerley 2007, p.7).

Padesky (1993) describes Socratic questioning as the ‘corner stone’ of cognitive therapy. Nevertheless, little has actually been written specifically about the Socratic dialogue used in CBT (Kennerley 2007). The following sections provide a brief overview of how the use of the Socratic dialogue has been incorporated into CBTs, and more recently within philosophical counselling. The concluding paragraphs of this chapter suggest how the use of Husserl’s phenomenological reduction provides us with an improved understanding of what I shall later introduce more fully as the ‘universalising attitude’. This in turn can also have significant implications not only in the type of Socratic question used, but the implications for the therapist’s attitude in asking the question.

By beginning with the Beckian cognitive model, proceeding to look at Rational Emotive Behavioural Therapy (REBT) and finally the use of micro-skills in compassion focused therapy, I shall present the current use and understanding of the Socratic dialogue and attendant skills used in therapy to promote therapeutic change.

§1. Beckian cognitive therapy

Cognitive therapy and REBT tend to interpret psychology in terms of efficient causation in the respect that cognitions referring to activating events (A) and beliefs (B) are seen to cause emotional consequences (C). Consequently the manner in which

the cognitive therapist elicits information from the client involves the therapist asking the client to recollect particular thoughts prior to experiencing a certain emotion. In this respect, the therapist is working chronologically backwards with the client's experience. This is illustrated in the following vignette based upon a real case study:

Therapist (T): *So looking at the activity chart I can see that usually in the morning you've described your emotion as anxious and sad both at approximately 80%. I wonder if you could tell me a bit about what you were doing at this point in the morning?*

Patient (P): *When I leave the house in the morning, to take the children to school, I like to be able to leave the house by 8.30, I feel like I'm running around like a headless chicken. It upsets me when I'm late.*

T: *So what sorts of things were running through your head at this point?*

P: *I was worried about the children being marked late.*

T: *So what would be the consequence of that?*

P: *People will think I'm lazy.*

T: *... and what would it mean if people thought you were lazy?*

S: *People would think I am useless as a mum .*

T: *So what would be worst thing that could happen if this were true?*

P: [Becomes tearful] *Well I think to myself when I was a single mum, I was able to get two children on time to school, and lived further away from school then.*

T: *So what do you feel this suggests about you?*

S: *Well if I was able to do that in the past I should be able to do it now.*

T: *What might it mean if you weren't able to get the children on school on time as you once did ?*

S: *That I'm a failure as a mum now.*

The quoted dialogue attempts to illustrate the manner in which the cognitive therapist may elicit what are termed in cognitive therapy as negative automatic thoughts. Here the therapist begins by identifying the situation which the patient was in when she

first experienced the ‘shift in affect’. In the example given, the patient describes recording on an activity sheet her emotion as sadness and anxiety. These emotions are described as being experienced in the morning, and she has rated it as 80% in intensity (where 100% equals maximum intensity of the experienced emotion). It is perhaps worth noting at this point, that the term *situation* as used in this context describes the physical ‘state of affairs’ in which the patient passively finds herself.

The emotion of sadness becomes the main focus for the therapist and he would typically proceed by asking ‘what thoughts’ were going through the individual’s mind prior to experiencing the sadness, and then further questioning about what is termed in CBT as ‘downward arrow’ techniques. In other words, once the therapist has identified an example of possible negative automatic thought, he proceeds by asking ‘*What would be the worst thing that could happen or it could mean if that (thought) were true?*’

When the therapist has asked a series of questions within the ‘Socratic dialogue’ the following ABC analysis would typically form the basic unit of assessment and conceptualisation for CBT.

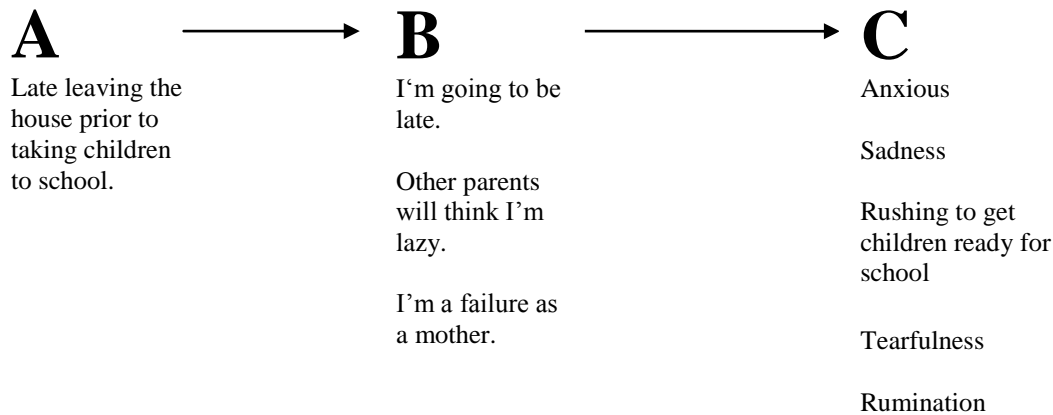


Figure 4. ABC model used in CBT assessment.

Figure 4. ABC model used in CBT assessment.

§2. Rational Emotive Behavioural Therapy (REBT) and philosophical counselling

Rational Emotive Behavioural Therapy (REBT) was developed in the 1950s by the American psychologist Albert Ellis. It is a form of cognitive therapy which claims to place the emphasis of its approach on being philosophical, and is consequently regarded by many as having the most affinity with philosophical counselling (Robertson 2010). As is well documented, REBT takes its reference point from logic and philosophy, although there appears to be very few references to actual thinkers or specific theories. Ellis is often cited as developing his approach following his unsuccessful experience as a therapist in the psychoanalytic tradition, concluding that psychoanalysis was unscientific and a pseudo-science, (behaviourism dominated in the 1950s with its traditional notion of science). Ellis is described as envisaging an approach to psychotherapy which drew closer to philosophy by candidly disagreeing with the irrationality of the client's belief.

Ellis began to realise that he had made the error of stressing a psychodynamic causation of psychological problems (namely that we are disturbed as a result of what happens to us in our early childhood); instead, he started to emphasise

the philosophical causation of psychological problems (namely that we remain disturbed because we actively and in the present re-indoctrinate ourselves with our disturbance creating philosophies). From this point he began to stress the importance that thoughts and philosophies (cognition) have in creating and maintaining psychological disturbance. (Dryden & Yankura 1994, p.236)

As we saw in Chapter 2, §1, Ellis, like Beck, appears later to place less emphasis upon the ‘cognitive causation’. Unlike Beck, Ellis appears to conclude that human thinking and emotions are, in some of their essences, the same thing, and that by changing the former, one changes the latter. The central tenet of cognitive therapy (including REBT) is the ABC model, which is used as a schema to provide causal explanations of pathological emotions and irrational behaviour. However, Ellis distinguishes his REBT approach from Beck’s cognitive therapy in the following manner: Whereas Beck’s emphasis is upon the pathological role of ‘faulty’ cognitions concerning matters of fact, Ellis regards faulty cognitions concerning value as being of a more psychotherapeutic significance.

The REBT approach has been criticised from a philosophical perspective. Robertson (2000) suggests that the number of conceptual confusions apparent in the approach may be due to its development predominantly by psychologists and not philosophers. However, ‘philosophers’ have begun to take a more active interest in REBT, and in the development of more ‘philosophically sophisticated’ versions of REBT.

§3. The Socratic dialogue

The Socratic method originally referred to the rhetorical investigations Socrates is said to have used with his pupils as a form of inquiry. This was known as ‘the elenchus’ and involved a cross examination format. Repetitive questioning was used to compel students eventually to admit their ignorance (Nelson 1980, Overholser

1993) and thus to rely upon logic as opposed to pride or faith when deciding which beliefs were valid (Seeskin, 1987, Overholser 1993). Though this style of questioning may have helped to encourage people to become more open minded, it often resulted in public humiliation. More recently, in 1920 the German philosopher Leonard Nelson (1882–1927) adapted the Socratic method to educational settings and promoted it as an important means to renew education and politics. Following the thinking of Kant and Fries, Nelson believed that group participants could critically investigate their own judgements and opinions by retracing the judgments that are implicit in our effort to give meaning to our experience. However the term ‘Socratic dialogue’ or ‘Socratic method’ as used in this chapter refers specifically to the type of questioning which is used within psychotherapies such as cognitive therapy.

It is important to try to elicit from the patient what he is thinking rather than telling the patient what the therapist believes he is thinking. (Beck 1979, p.69).

The Socratic method is often described as a useful technique for a variety of psychotherapies. The Socratic dialogue is often seen as the most popular part of the Socratic method, and has been incorporated into many forms of psychotherapy (Overholser 1993). Pioneering cognitive theorists such as Aaron Beck and Albert Ellis (1962) have both alluded to the Socratic method as part of their cognitive therapy approaches. Wells (1997) describes the Socratic dialogue as being simple in principle but requiring practice so that it becomes automatic for the therapist, with at least five basic requirements for extracting relevant information:

1. *The therapist is able to ask questions that the patient is able to respond to.*
2. *The questions selected offer a means of approaching a particular implicit or explicit goal (examples of goals include: eliciting key negative thoughts; exploring means; reframing thoughts).*
3. *The questions used open up subject areas rather than close them down.*
4. *The patient should not feel interrogated by the therapist.*

5. *The therapist genuinely seeks to understand the patient's experience.* (Wells 1997, p.52.)

The use of the Socratic method in psychotherapy is often seen as a co-operative exploration which is tactfully employed by the therapist to help the client to recognise areas to which they do not consciously know the answers and encourage them to learn. Very often in cognitive therapy the Socratic dialogue belongs to a process which is referred to as a 'guided discovery', where through a process of 'skilful' questioning, the client is able to recognise for themselves the reason for their problem, as opposed to the therapist didactically telling them. (Beck was previously trained as a psychoanalyst. Very often this process of guided discovery involves exploring cognitions which previously may have been on the periphery of their awareness, the discovery of which is compared to the revealing of unconscious processes in psychoanalysis.) The Socratic dialogue also has a significant role in the setting up of the change process. We shall see how the Socratic method is not just about reasoning arguments, if it is to consider the full implications of the 'bracketing' of *attitudes*.

§4. Compassion focused therapy and neuroplasticity

As we have seen in the previous sections, the research on the manner in which the therapist asks questions may seem obvious, but Gilbert (2005, 2009) emphasises the importance of compassion in the tone and phrasing of questions asked in what he terms as compassion focused therapy¹². The therapist who is unaware of this may inadvertently communicate a 'shame provoking' non-verbal message to the client. Gilbert (2005) examined the impact of the therapist adopting a compassionate tone of

¹² 'Compassion focused therapy', as formulated by Gilbert, is essentially a hybrid therapy the influences of which can be seen in psychodynamic, behavioural and cognitive theories but also, and possibly more significantly, the Buddhist tradition.

voice in therapy and has also argued for the importance of the patient's need to develop their own compassionate inner voice.

However, such studies appear to naturalise consciousness, explaining the importance of the such skills by incorporating neurobiological theories of emotion that refer exclusively to empirical findings of MRI of the brain as evidence for the approach and consequently overlook the potential of the universalising attitude, and the implications that this can have upon the understanding of the importance of the therapist's interpersonal skills and stance. Compassion focused therapy is described as being based upon 'evolutionary and biopsychosocial approaches to psychological difficulties and social mentality theory' (Gilbert 1989, 1995, 2005). Within compassionate focused therapy, is what Gilbert terms compassionate mind training, which utilises various types of techniques from CBT and Buddhism, helping to train the mind in developing an inner sense of compassion.

Gilbert (2009) describes three types of interaction that affect regulation of the threat-seeking aspect of which is described as occurring within the amygdale of the brain. The basic tenet of therapy is to help the patient learn to train their mind (via use of imagery and 'mindfulness techniques'¹³) to access the self soothing regulatory system, so as to reduce undesirable emotions such as shame, anger and anxiety. By doing this, the threat-seeking system is soothed, and the patient learns to develop a sense of compassion for him- or herself and others. The approach incorporates the concept of neuroplasticity, which suggests that the brain is far more malleable than was previously believed. This has led to a trend which focuses upon how learning and

¹³ The term 'mindfulness' is used increasingly within CBT, it refers to a set of techniques which are employed by patients to help them recognise the emergence of emotion, and to help them observe their own thought processes.

experiences have the potential to sculpture neuron pathways (Schwartz and Begley 2002, Knox 2003, Begley 2009). By the same token it is believed that victims of abuse in childhood are prone to what is effectively a type of brain damage, in which the combination of high cortisol levels predisposes the individual to a heightened sensitivity to self attacking (Schore 1994, Trevarthen & Aitken 2001).

The main point of this is to emphasise that these individuals may have what Gilbert (2011) describes as differing neuro-architecture. His point appears to be that the assumption that everybody's brain is basically the same, and 'it is only the thoughts and beliefs that need addressing' is mistaken. The difference in each individual's experience of the world is essentially due to a physical organic distinction in the way the brain has developed and this (it is argued by Gilbert) can be changed by a 'retraining' of the brain.

The positive implication of 'compassionate mind training' is that one has better access to what is termed 'self-soothing' (Gilbert 2009). Unlike traditional CBT approaches, which use the concept of 'evidence' to support or refute the content of a negative automatic thought or core belief, compassion focused therapy does not see CBT's reliance upon a 'rationalist' stance for 'evidence' as sufficient to help people change. Rather compassion focused therapy argues that the patient needs to access a different *type of processing* from a different emotional source, and to create a new emotional experience which counteracts the emotional experience of anger, shame or anxiety. This different type of processing cannot be accessed via the 'logical' or Socratic dialogue employed by traditional CBT.

§5. The 'micro-skills' of psychotherapy.

Within the therapeutic process, Gilbert (2008) advocates the use of micro-skills, describing them as the 'hardware of the computer' and the particular psychotherapeutic orientation as the 'software of the computer'. These micro-skills are considered to be important, regardless of therapeutic modality (Leahy 2008). Micro-skills are seen as central to the development of a therapeutic alliance. Such skills include active listening, regulating, differentiating, attending and the validating of the patient's experience (Van der Molen, Hommes, Smit and Lang, 1995; Rollnick, Mason and Butler, 1999; Ivey and Ivey, 2003). Leahy (2008) suggests that some forms of cognitive behavioural therapy training may ignore the development of these micro-skills, focusing more on the traditional Socratic approach, or 'evidence for or against' a particular cognition or belief.

§6. Concluding comments for chapter 8

In this chapter we have seen how cognitive behavioural therapies use the Socratic styles of questioning to not only elicit information, but to help in the change process of therapy. In addition to this we have also discussed the importance of what is termed the microskills of the therapeutic relationship, which have been described as promoting the sense of alliance within the therapeutic relationship, an increasing trend seeing this as integral to the interventions used in therapy to promote change. We have seen in this chapter how the successful use of Socratic method in therapy does not simply appeal to reason but also the manner and style of how the questions are asked by the therapist seems to be as important, if not more important, than the actual questions asked. Most of the examples of the Socratic method used within traditional cognitive therapy involve questions that are asked by the therapist focusing upon the

content of the patient's state of affairs. For instance, they tend to focus upon everyday examples of the patient's problems. The questions asked are used to help the therapist make sense of the patient's experience, e.g. 'What's the worst thing you fear if that is the case...?', 'What evidence do you have for thinking that ...?'. They can demonstrate an understanding of the patient's situation and finally, as Edwards (1990) describes, plant the 'seeds of doubt' in the patient's mind. This helps them to call into question their perception of the situation and to consider the possibility of other ways of interpreting the situation; for example, 'Has there been a time when you did feel X and the worst didn't happen? What did you make of that?'.

As I shall suggest later in chapter 13, the style of the questioning and the use of the micro-skills 'work' are part of the phenomenological process which contributes to a bracketing of the universalising attitude. This is in contrast to current theories in psychotherapy literature which advocate the importance of interpersonal skills in the context of a naturalising of consciousness where feelings such as physical sensations, emotion and consciousness are seen at best as a form of epiphenomenalism. Here feelings and consciousness are seen as bi-products of the brain.

As seen in this chapter, Socratic method used in cognitive therapy focuses almost exclusively upon the content of the question the therapist asks the patient as the main fulcrum for potential change. However, as I shall argue in chapter 13 cognitive therapy needs to rely more upon Socratic questions that focus upon the process that is taking place within psychotherapy, via the bracketing of the attitude and the universalising attitude. For instance, in certain examples of clinical pathology, such as the one used in chapter 5 (p.65) concerning 'the fixedness and incorrigibility of

delusional belief' we saw how the patient with a delusional belief was unlikely to consider counter-evidence for holding the belief. So, for example, the Socratic questions used to challenge or evaluate the patient's evidence for holding the belief are likely simply to reinforce the universalising attitude as the patient will see this as not being understood, or as an opportunity simply to cite further evidence of the belief. In other examples of psychopathology the question of asking the patient 'What is your evidence for this?' would simply be inappropriate. For example, it would be of little therapeutic value to ask 'Where was your evidence for the belief that you were about to die?' to the patient suffering with post-traumatic stress disorder after having narrowly escaped death. Not only would this be seen by the patient (not to mention the therapist's supervisor) as an insensitive question, but it would invalidate any potential therapeutic relationship. The asking of the question (not so much its content) has reinforced the attitude to such an extent that the therapist and the therapy become part of the universalised attitude, the content of which would be appraised by the content of the patient's belief or automatic thoughts about the therapy and therapist.

Finally we have looked briefly at compassion focused therapy, which is arguably a hybrid form of CBT, and at the implications of neuroplasticity, which suggests that people's experiences have a direct physiological impact upon the architecture of the brain. The implications of neuroplasticity are the premise that through therapeutic intervention, it is possible for the brain to rewire itself in a more adaptive manner. This sense of the patient's experience of the individual having some physiological location can be seen as a further naturalisation of the emotional disorder, and training the mind 'to rewire itself' possibly can be seen as the most extreme form of naturalising the change process within psychotherapy. This chapter has only

suggested this and has not provided an in-depth argumentation of this position. In suggesting this, I do not wish to suggest that such an approach is wrong, as that would be beyond the present concerns of this thesis, rather that this chapter has described neuroplasticity within the broader context of a tradition within psychology to naturalise consciousness, the consequences of which for Husserl were discussed in chapter 3. In addition to this I shall claim that the effect which neuroplasticity tries to explain has a non-naturalised explanation. In my account of interest and attitude I wish to take this point further and will return to it in chapter 13, *The Significance of Attitudes and Interest for Cognitive Therapy*.

The following chapter will focus specifically upon theories that underpin behavioural and cognitive theories for the development and maintenance of post traumatic stress disorder. It is here the sense of the circularity of the experience of the sufferer with post-traumatic stress disorder is described in cognitive behavioural terms.

Chapter 9. Post-traumatic stress disorder from a cognitive behavioural perspective

Trauma survivors see the world as it really is, stripped of the meaning and order we all too readily assume to exist. (Janoff-Bulman (1997) cited in Lee 2008, p.153).

This chapter and the following form a pair, in that they both concern the subject of post-traumatic stress disorder (PTSD). The following chapter focuses upon the potential of Husserlian phenomenology (inner time consciousness, to be precise) whilst this chapter focuses exclusively upon cognitive behavioural theories of PTSD. This chapter begins by focusing upon ‘traditional’ cognitive behavioural models of PTSD which have tended to focus upon imaginable exposure, or the therapeutic intervention known as reliving (Foa & Kozak 1986). In addition to this, the chapter will review recent developments in the cognitive theory of PTSD, which emphasise the need for cognitive therapy to address negative appraisals, including the metacognitive implications for treatment (Wells 2009). By doing this the chapter will attempt to determine the efficacy of cognitive restructuring, compared with that of ‘reliving’ as the effective aspect of the cognitive model of PTSD.

PTSD has taken prominence in contemporary psychology since the 1970s. One of the most widely known types of PTSD relates to the Vietnam War era, particularly in its severe forms (Larrabee 1995). However, following a greater refinement in psychological literature, the current classification of the disorder can include a wide variety of human reactions to traumatic experiences, including complicated loss reactions found in adult survivors of childhood abuse and neglect (Smucker 1996). Early behavioural interventions for PTSD have tended to focus upon Mowrer’s two-factor theory of conditioned fear and operant avoidance. Mowrer’s (1950) two-factor

theory makes the distinction between classical and instrumental conditioning by considering two types of learning; namely sign learning, which is seen in classical conditioning, and solution learning, as seen in what is termed representational instrumental conditioning or the learning of operant behaviour.

However, with the cognitive revolution there have been various emotional/information processing theories of PTSD have overshadowed earlier behavioural learning theories (Rothbaum, Meadows, Resick & Foy 2000). The chapter will also describe how recent developments have tried to combine the two approaches within Brewin's dual representational theory. Current social learning theory explains the development and maintenance of PTSD symptoms in terms of classical and operant conditioning. The individual's re-experiencing of arousal symptoms and emotional responses are seen in terms of a classical conditioning, elicited by environmental stimuli, whereas avoidance behaviours, behavioural excesses and behavioural deficits are under operant control (Hayes, Wilson, Gifford, Follette & Strosahl 1996). Thoughts, emotional and physiological responses are viewed as private events which may serve as antecedent stimuli, the focus of treatment being around the 'maladaptive behaviour' that has developed since the trauma event. The hypothesis for treatment is that exposure to conditioned stimuli will extinguish conditioned emotional reactions.

Similarly imaginable exposure or reliving is described as being dependent upon the activation of a 'fear structure' whereby the exposure of the feared stimuli, and simultaneous presentation of corrective information, is incompatible with the pathological elements of the fear structure (Sharp & Espie 2004). The procedure

would involve the patient focusing essentially upon the fear that surrounds the recollection of the event (Richards & Lovell 1999). Patients are guided by describing the trauma in the first person and present tense, promoting the sense that the trauma is happening now. It requires the patient to describe as much detail as possible including any visual, auditory and cognitive information to which the individual may have been exposed at the time of the trauma (Grey, Young & Holmes 2002). The subsequent paragraphs discuss the rationale of reliving and exposure work, and some of the possible reasons for the change mechanisms which operate through this process.

§1. The efficacy and rationale of reliving

Reliving essentially refers to what the behaviourists would term exposure. This term can be seen to cover many behavioural techniques, all of which are essentially designed to help the patient confront his or her source of fear or anxiety. The concept of exposure therapy can be seen to be very much based on the sentiment of the old adage ‘if you fall off a horse, the first thing you do is to get back on it again’. By the same token, most parents would acknowledge that if their child was fearful of a particular situation, then the best strategy would be to gently encourage the child to confront their fears. Exposure therapy can either be *in vivo* or imaginal; in the treatment of PTSD it tends to be imaginal and referred to as either ‘reliving’ or ‘reprocessing’.

The efficacy of reliving has undergone possibly some of the most comprehensive treatment evaluations for women with assault-related PTSD (Foa, Rothbaum, Rigg & Murdock 1991; Foa & Rothbaum 1998). Other studies have demonstrated the efficacy that exposure therapy has had upon individuals with PTSD (Foa & Meadows, 1997;

Van Etten & Taylor, 1998, Harvey, Byrant & Tarrier 2003). However the actual reasons for the change mechanisms that occur through exposure are less clear (see Jaycox & Foa 1996; Rothbaum & Mellman 2001, Rothbaum & Schwartz 2002).

Various explanations have been offered for the possible change mechanisms which operate during exposure. For instance, some of these explanations include:

- *Exposure works through habituation and therefore reduces the anxiety. It promotes correction of the belief that anxiety remains unless avoidance occurs.*
- *Exposure to the feared situation promotes the correction of the belief that anxiety remains unless avoidance occurs.*
- *It establishes the trauma as a discrete event that is not indicative of the world being globally threatening.*
- *It impedes negative reinforcement associated with fear reduction.*
- *The incorporation of corrective information into the trauma memory is promoted through exposure to the feared stimuli.*
- *The sense of self mastery is enhanced through management of the exposure exercises.*

As we can see, the fundamental principle underlying the process of exposure is that of habituation. According to Lader and Wing (1966), a decrease in anxiety will only occur after prolonged exposure, whereas relatively brief exposure periods may exacerbate the anxiety, resulting in the individual becoming more sensitised to the anxiety stimulus. Essentially this is a behaviourist concept which suggests that if an individual is kept in contact with the feared stimulus for long enough, the anxiety level will eventually reduce. This is a reliable phenomenon, as it is virtually impossible to remain in a state of high anxiety when confronting a feared stimulus for a sufficiently extended period. Inevitably the anxiety will eventually reduce; this is the process of habituation. In the content of exposure treatments, there are two types of habituation which are important. The anxiety reduction that occurs during the exposure session is referred to as 'in session habituation'. The anxiety reduction that

takes place across sessions when confronting the same fear stimulus on subsequent occasions is referred to as ‘between session habituation’.

As we shall see later, in recent years more theories have developed in cognitive and behavioural therapies to attempt explanations of the mechanism’s underlying habituation. Notably, information processing models of fear reduction are now widely accepted as the most appropriate and useful way of understanding anxiety reduction during exposure treatments. These models are discussed in more detail later, suffice to say that the models suggest that prolonged exposure to the feared stimulus allows the information that is inconsistent with existing beliefs about the feared stimulus to be incorporated and processed. For example, by staying in contact with the feared object for a prolonged period of time, the individual ‘learns’ that the anticipated catastrophe does not occur. Prolonged exposure to the scene or to a traumatic memory allows the person to learn that the situation or the memory itself is not dangerous.

The person also ‘learns’ that, contrary to their earlier beliefs, they can tolerate the unpleasant feelings associated with ‘facing up to their fear’. For example, beliefs like ‘I can’t cope with this feeling’ may be modified to ‘I don’t like it but I can cope and the unpleasantness of the feeling does pass’. Therefore the model of information processing regards PTSD as a consequence of inadequate emotional processing of traumatic events and not the traumatic event itself. The model requires that emotional processing takes place, the activation of ‘fear structure’ via the introduction of feared stimuli, and the presentation of corrective information which is incompatible with the pathological elements of the fear structure.

Despite a number of rationales which can be used to explain the effectiveness of such an approach to patients (Richards & Lovell 1999, Ehlers & Clark 2000), the overriding explanation for the change mechanism involved refers to a network model of PTSD. The network model assumes that the effective treatment of PTSD requires the integration of corrective information that is incompatible with the existing fear structures. In other words, exposure therapy acts through the correction of erroneous appraisals such as association and evaluation (Foa & Kozak 1986). As is discussed later, this stance is consistent with models that emphasise the importance of appraisals in the development and maintenance of PTSD, such as the model proposed by Ehlers and Clark (2000), where imaginable reliving is used to elicit all aspects of memory including emotions and sensory components.

The PTSD algorithm treatment model identifies three main types of flashbacks experienced in different cases of PTSD:

- Replay; involves a complete ‘reliving’ of the traumatic event in a movie-like fashion.
- Appraisal; described by patients as presented like a ‘snapshot’ which is fragmented, and consists of an image of the traumatic event at the ‘peak’ or most traumatic part of the event. This is typically described by patients as a visual image.
- Projected; this involves a vivid image of the traumatic event which never occurred such as a false memory. For example, a patient suffering with PTSD after he had been taken hostage in a bank during an armed robbery described the flashbacks of seeing himself lying face down on the floor as if he were

experiencing an out of body experience, looking down upon himself and his captor (this did not happen at the time of the robbery).

§2. The efficacy and rationale of cognitive restructuring

The following passages focus upon the efficacy and rationale of the cognitive restructuring of the appraisals of the traumatic event. Such interventions often do not involve exposure or reliving, rather they focus upon secondary negative appraisals of the trauma memory, such as ‘I’ll go mad if I think about it’ or ‘It’s too dangerous to go to [feared place]’. These interventions are based upon cognitive models which make a distinction between the nature of the trauma memory, negative appraisals of the event and symptoms and sequelae (Ehlers & Clark 2000). In addition to this, various theorists (such as Ehlers & Clark 2000; Foa & Riggs 1993; Resick & Schnicke 1993) argue that a traumatic event threatens the individual’s basic belief and appraisal of themselves and their world, and can be seen as being at the core of PTSD. For instance, Janoff-Bullmann (1992) believes that trauma destroys previously held beliefs such as ‘the world is a safe place’, and that an essential aspect of treatment for PTSD and post-trauma adjustment is the rebuilding of these basic beliefs about the self and the world. In contrast to this ‘shattering’ of previously held beliefs, Foa and Riggs (1993) suggest that PTSD is often associated with confirmation of previously held negative beliefs (e.g. ‘bad things always happen to me’) and that treatment should consist of the cognitive restructuring of these beliefs.

As can be seen in the following diagram, Ehlers and Clark’s (2000) model attempts to conceptualise PTSD from a cognitive perspective. Anxiety is typically maintained as the result of appraisals that relate to impending threat. However, within PTSD the

problem focuses around the memory of an event that has already occurred. Ehlers and Clark (2000) suggest that several types of appraisal of the traumatic event can produce a sense of current threat. Firstly, individuals may ‘over generalise’ about the event and consequently interpret various unthreatening activities as being far more dangerous than they actually are. Secondly, appraisals of how the individual felt or behaved during the event are described as having long-term threatening implications for the individual. In addition to this, Ehlers and Clark (2000) describe the appraisal of sequelae as contributing to the sense of current threat, consequently maintaining the symptoms of PTSD:

These include: interpretation of one’s initial PTSD symptoms, interpretation of other people’s reactions in the aftermath of the event and appraisal of the consequence that the trauma has in other life domains. (Ehlers & Clark 2000, p.322).

Cognitive restructuring involves teaching individuals to identify and evaluate the evidence for negative automatic thoughts, as well as helping patients to evaluate their beliefs about the trauma, the self, the world and the future (Marks, Lovell, Noshirvani, Livanou & Thrasher 1998).

By changing such appraisals, the individual may be able to hold the memory of the event in their mind long enough to allow further emotional processing. A similar process is often activated after being exposed to activities or an event which had previously been avoided. Consequently, treatment focusing upon the restructuring of negative appraisals may also have an effect upon the trauma memory (Grey et al. 2002). As can be seen, just as focusing upon the memory of the trauma may facilitate the change of negative appraisals of the trauma, focusing upon the negative appraisals may change the nature of the trauma memory. In contrast to this, studies emphasising

the restructuring of negative appraisals such as Livanou (1998) suggest that the key beliefs change from behaviour alone. Marks (1987) suggests that exposure improves fearful feelings and behaviour with cognitive changes that ensue.

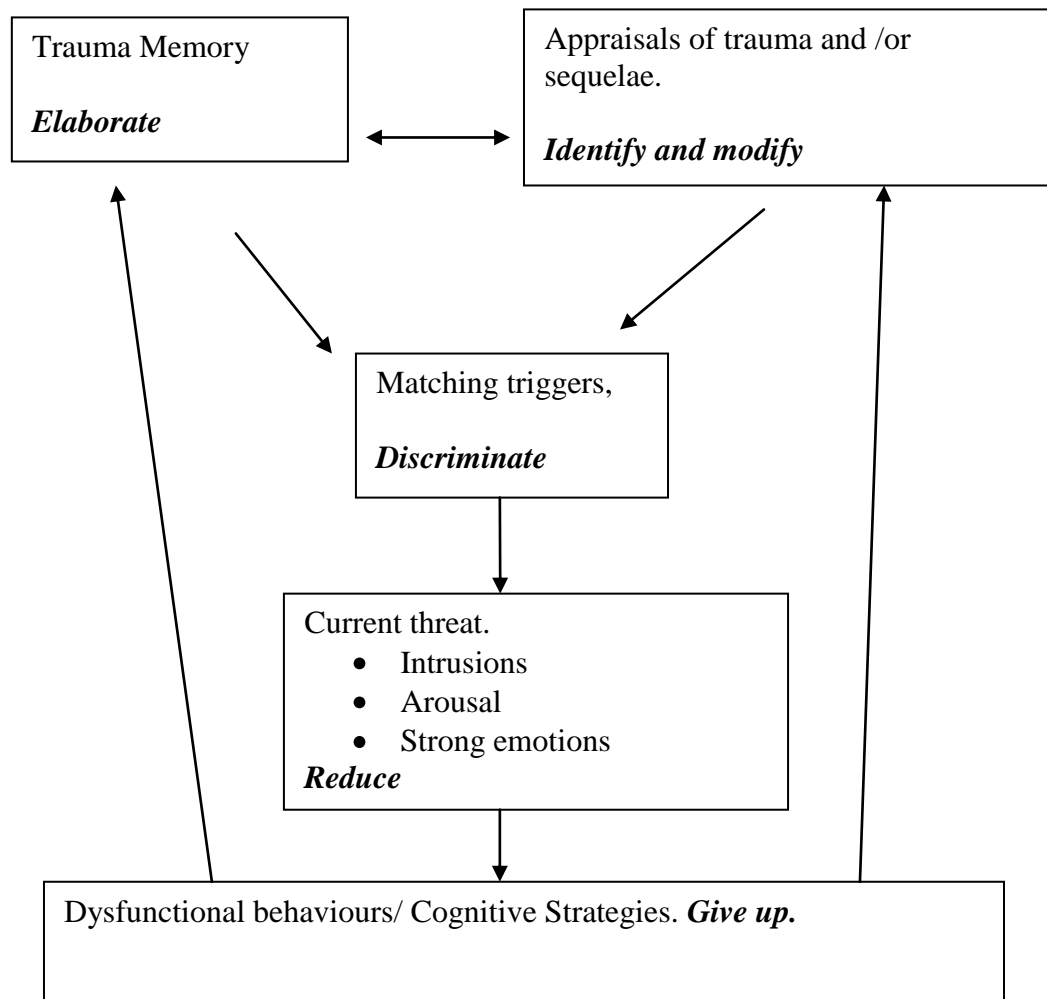


Figure 5: Fig. 5 Ehlers & Clark (2000) model of PTSD,
(cited from Ehlers & Clark 2000, p.143)

§3. Brewin's dual representation theory

Brewin et al. (1996) describe a dual representational theory that includes both the information processing and social cognitive theories, suggesting that both exposure and cognitive therapy may be needed in the treatment of PTSD. The theory proposes

two parallel memory systems in which memories of the trauma are stored. Firstly, the Situational Accessible Memories (SAMS) are described as being encoded at the time of trauma and may be stored in fragmented, sensory and context-less manner. These SAMS cannot be voluntarily retrieved, but rather are triggered by various cues which lead the patient to re-experience symptoms of the trauma. Secondly, Brewin describes Verbally Accessible Memories (VAMS), these being the autobiographical memories which unlike the SAMS can be deliberately and progressively accessed and edited. This model argues that successful emotional processing of the traumatic event will take place once sufficient VAMS have been incorporated into the individual's belief system, in turn preventing the reactivation of SAMS.

The trauma memories that are characteristic of the SAMS are described as being involuntary in their recall, presenting as visual memories. The information retrieved is accompanied by an emotional and physical response, and tends to be 'stuck in time' that is the memories leading up to the trauma event. In contrast to this, the VAMs consist of a voluntary recall, they tend to contain more narrative type memories, the information retrieved is limited and evaluative and the memory is integrated in the present and with the perspective of the past.

Foa and Kozak (1986) and Rachman (1980) have suggested that helplessness and extreme fear inhibit immediate, full emotional processing of the traumatic event. This could be seen as contributing to the disruption and the formation of the autobiographical memory (VAM). Consequently, the memory is stored in a fragmented manner, whereby intentional recall, such as visual, emotional, auditory, olfactory and emotional components of the trauma, appear disjointed to the patient,

and as these are triggered by matching stimuli they present themselves in the patient's consciousness as intrusive memories, flashbacks and nightmares.

Ehlers and Clark (2000) hypothesised that unlike normal autobiographical memories, which are characterised by an 'automatic awareness' and which contribute to the sense or experience of the self in the past, SAMS do not have any such temporal nature. Therefore any intrusive phenomena are typically associated with the sense of current threat, which maintains the anxiety disorder. Indeed Ehlers and Clark (2000) suggest that an individual's appraisal of the temporal nature of the trauma and/or its sequelae is a determining factor of whether persistent PTSD symptoms develop or not. For instance, those people who were able to see the trauma as 'time limited', terrible, and not necessarily having any threatening implications for the future, were more likely to recover quickly than those whose appraisals were excessively negative.

It is argued that these negative appraisals and the trauma memory persist via a series of dysfunctional cognitive and behavioural responses within the trauma patient. The short-term aim of these responses is to reduce distress, however, they avert cognitive change and consequently maintain the disorder, emphasising the need for cognitive restructuring to address the negative appraisals (Ehlers & Clark 2000). Furthermore Grey et al. (2002) argue that there is a 'clinically pertinent distinction' between the cognitions and the emotions experienced at the time of the traumatic event, such as peritraumatic and secondary appraisals made after the time of the event.

§4. The efficacy of imaginal exposure with cognitive restructuring

Relatively few studies have been conducted which look at the efficacy that cognitive restructuring has upon PTSD without exposure. However, the ones which have been conducted suggest that both prolonged exposure and cognitive restructuring are as therapeutic as each other, but the majority of studies conducted suggest that they are not mutually enhancing when combined and both are superior to relaxation techniques (Marks et al. 1998, Tarrrier et al. 1999). However such studies do not demonstrate any advantage of cognitive restructuring over reliving (Grey et al. 2002).

However, Byrant, Moulds Guthrie, Dang and Nixon (2003) have provided empirical evidence which suggests that cognitive restructuring used in conjunction with imaginal exposure enhanced treatment gains for PTSD. However, the authors acknowledge that the study's finding that combining cognitive restructuring and imaginal exposure had greater treatment efficacy than imaginal exposure alone came about because it did not include in vivo exposure, therefore limiting the comparability between this and previous studies (Foa et al. 1999, Marks et al. 1998).

In addition to this, Byrant et al. (2003) describe several mechanisms which may have influenced their findings, firstly that both imaginal exposure and cognitive restructuring share common elements, including the processing of emotional memories, the integration of corrective information and the development of self mastery (Marks 2000). The combination of both processes (imaginal exposure and cognitive restructuring), may have provided greater opportunities for the individual

to benefit from the process as a whole. In addition to this Byrant et al. (2003) make the observation that the combined treatment led to greater symptom reductions as it augmented the continued use of imaginal exposure treatment.

§5. The metacognitive model of PTSD

In contrast to much of the discussion so far, Wells (2004) has suggested that through the application of a metacognitive approach to PTSD prolonged imaginal exposure may no longer be necessary in the treatment of PTSD. The metacognitive model involves the application of the ‘self regulatory executive function’ (SREF) model of emotional disorders (Wells & Mathews, 1994, 1996, Wells, 2000). The metacognitive approach appears to attach little significance to the content of an individual’s negative automatic thoughts, rather its concern is with an individual’s belief about their thinking *processes*.

The main premise of the model is that vulnerability to a disorder and its persistence are a result of the activation of a pattern of cognition, the ‘cognitive attention syndrome’ (CAS), which consists of worry/rumination and attention strategies of ‘threat monitoring’. Wells (2004) describes some intrusions following trauma as potentially stalling emotional processing, particularly when the intrusions themselves are appraised negatively, the individual experiencing the intrusion and appraising it ‘on the basis of a dysfunctional metacognitive belief’, which would activate the ‘CAS’ of worry/rumination, threat monitoring, and maladaptive coping (Wells 2004).

In the following diagram we see Wells's (2009) metacognitive model for the treatment of PTSD. Unlike cognitive behavioural models for PTSD, the metacognitive model does not require the individual to relive the trauma event, rather the focus is upon the individual's metacognitive process and the subsequent cognitive attention syndrome, which is illustrated in the following diagram as (CAS).

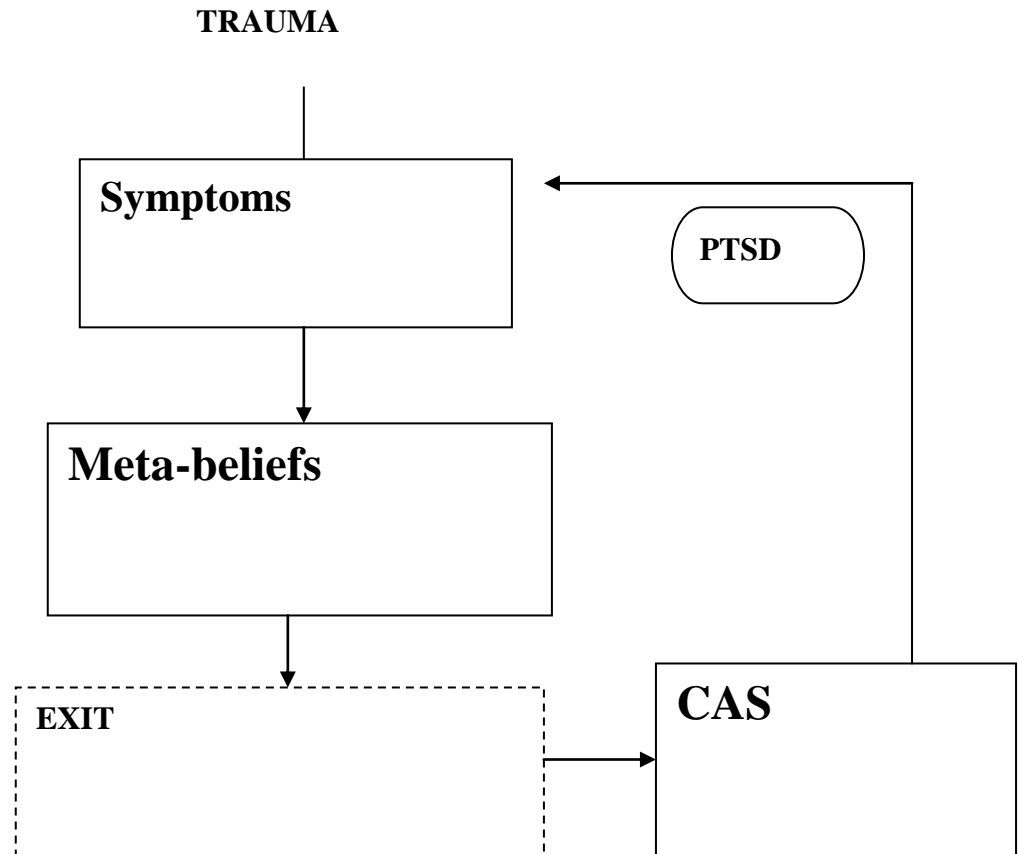


Figure 6. The metacognitive model of PTSD.

The S-REF model (compared with Beck's schematic model: see chapter 2 , Figure 2) of emotional disorder asserts the primary purpose of emotional processing following acute stress or trauma, and helps the individual to develop a mental configuration or plan, which can be implemented should he or she experience similar stressors or trauma in the future. This 'reflexive adaptation' process (RAP) involves mental simulations of dealing with the stressor, which will eventually help to form a rudimentary plan of action for the future (Wells & Sembi in 2004). However, Wells describes problems in this process when the CAS is activated, preventing the individual from developing a plan of coping. The individual is locked in a 'threat configuration', consequently anxiety is maintained and metacognitive plans for processing danger are reinforced. This would prevent the individual from cognitive re-adjusting.

Wells suggests that prolonged imaginal exposure may not be necessary in the treatment of PTSD; rather that the goals of treatment would be to promote the individual's ability for self regulation and adaptation (Reynolds & Wells 1999). This involves 'enabling' the individual to return to a metacognitive mode of processing in which they disengage from ruminative strategies. This 'disengagement' is described as being encouraged through a state of 'detached mindfulness', where the individual may acknowledge and allow the presence of worrying intrusive thoughts without trying to control or analyse them (Wells & Mathews 1994).

§6. An evaluation of these approaches and potential significance for Husserlian phenomenology.

So far this chapter has focused upon cognitive-behavioural research¹⁴ and has not yet considered the potential interest in inviting a phenomenological analysis of PTSD. As we have seen in behavioural exposure and response interventions the treatment requires graded and repeated exposure to the fear stimulus. The trauma patient is required to deliberately imagine and verbally describe the trauma incident as if it were being repeated exactly as it had occurred but described in the present moment, as if the trauma incident were ‘happening now’. The objective of this (for the behaviourist) is to achieve habituation which works on the principle that repeated exposure to the feared stimulus will eventually result in the extinction of the fear response. The more cognitively orientated theoreticians would explain this as a result of the reprocessing of emotion and new information so that the patient no longer processes current perceptual information as evidence or cues for imminent threat. However at this juncture I wish only to suggest that what may be taking place is the patient’s bracketing of the trauma experience – the very act of the patient hearing themselves describe the trauma incident in the present tense is the beginning of the bracketing process. Eventually the successive bracketing of the experience throws the universalising attitude into question (this is discussed more fully in chapter 14).

¹⁴ This chapter has not discussed the position on PTSD of compassion focused therapy (see above chapter 8 section 4), which essentially takes a ‘hard wired’ neurobiological position compared with other cognitive behaviour therapies, treating anxiety as the inappropriate triggering of the fight-flight response in the absence of genuine threat. This position is compatible with the cognitive theories of emotion detailed in this chapter, however, the evolutionary emphasis of this therapeutic approach would argue that there is an inbred survival tendency to be over-inclusive in one’s appraisal of danger. In other words the amygdala will always ‘pick up’ on potential danger cues, neurosis such as PTSD being explained as the result of having a more sensitive alarm system or amygdala (Fewtrell & O’Connor 1995, Gilbert 2009). The reasons to why this may be seen as an evolutionary advantage or ‘survival’ shortcoming are beyond the scope of the current thesis.

As we have seen in this chapter the cognitive perspective would argue that the successful emotional processing of the trauma event can only occur if there has been successful cognitive restructuring of the situation. Namely that the patient processes the event as a memory which has occurred in the past and no longer perceives current cues as evidence of imminent danger. As with other cognitive behavioural theories of emotional disorder the disorder is seen as being maintained predominantly by the patient's use of certain behaviours¹⁵ which not only exacerbate possible symptoms but also prevent a disconfirmation of threat-related cognitions.

From the cognitive and behavioural literature discussed there has been a tendency to explain the patient's sense of a past trauma permanently reoccurring as a conditioned response, a result of parallel memory systems in which memories of the trauma are stored, or as a cognitive appraisal of current threat or various metacognitive processes which maintain a sense of threat. Despite the clinical effectiveness of these theories (evaluated in the following concluding comments of this chapter) there is a lack of consensus on the specific reasons to why therapeutic change occurs within this *process* of the therapy (whether the reliving aspect is seen by a theoretical underpinning as an exposure response or a cognitive processing intervention, the process of the therapy remains the same). In addition to this none of these theories provide an adequate account of how the temporal processes present to the trauma patient the persistent experience of an 'imminent danger' from 'a recurring of something' that has clearly taken place in the past. The cognitive behavioural theories seem to treat the process of this inner

¹⁵ This also includes cognitive strategies such as trying not to think about the trauma event or what is termed as cognitive avoidance.

temporalising of trauma as a correlate of either cognition¹⁶ or a memory, providing a limited understanding of this inner temporalising and its maintenance in day-to-day living of the natural attitude (the significance of inner temporalising and PTSD is discussed in detail in chapter 10). In addition to this, the potential effectiveness or contribution of a phenomenological description taking place during exposure response or other aspects of therapy such as cognitive restructuring is also absent from any CBT literature. However more importantly from a Husserlian perspective is the question of how the attitude associated with PTSD is experienced and incorporated within the everyday natural attitude (see chapter 14).

§7. Concluding comments for chapter 9

As we have seen from the positions discussed above the models evaluated have used terms such as reliving, imaginal exposure and in vivo exposure interchangeably. The specific reason as to why a clinician may use either reliving or cognitive restructuring has as yet not been explored. As we have seen, there have been various important functions described in the process of reliving which can be seen to promote the elaboration and contextualisation of the trauma memory (Foa & Riggs 1993). The identification of emotional hotspots during reliving is useful in identifying idiosyncratic appraisals of trauma and reliving can be useful as forming a part of a behavioural experiment, for instance, in individuals who believe that they will ‘go crazy’ if they think about the trauma event. In addition to this the previous passages have provided a review of research which suggests that both reliving and cognitive restructuring are equally beneficial when applied

¹⁶ As we have seen the term ‘cognition’ in CBT literature refers to most if not all examples of mental processes including memory, attention, concentration, automatic thoughts and deeper underlying beliefs.

individually. Only one study discussed suggested that they may be mutually enhancing (Byrant et al. 2003).

None of the literature reviewed in this chapter has suggested that cognitive restructuring alone was unnecessary, or prevented reprocessing, nor has it been suggested that either reliving or cognitive restructuring were more effective than each other. However, as mentioned earlier Livanou (1998) did suggest that key beliefs change from behaviour alone, and Marks (1987) suggested that exposure improves fearful feelings and behaviour with cognitive changes following later.

In addition to this Wells (2004) suggests that reliving may not be necessary with his proposed S-REF model. This may be because the metacognitive model's emphasis upon encouraging the patient *to look at their beliefs* about their *thinking processes* serves as a form of bracketing in itself which would normally be accomplished by the patient reliving the trauma experience in therapy. The majority of literature reviewed suggested that both imaginal exposure and cognitive restructuring were more effective than relaxation techniques alone.

The majority of the literature discussed appears to suggest that an individual's appraisal of the temporal nature of the trauma and its sequelae is a determinant factor of whether or not PTSD develops. Far from describing cognitive restructuring as unnecessary, most of the literature discussed emphasised the need for cognitive restructuring to address negative appraisals. None of the literature reviewed suggested that cognitive restructuring would hinder emotional

reprocessing. Rather, the individual's sense of helplessness and appraisal of PTSD symptoms were more likely to hinder processing.

Within both the cognitive and behavioural models reviewed the notion of the trauma victim's appraisal of current threat is seen as the essential determinant for maintaining anxiety. From a cognitive perspective this is through the failure to process a trauma memory in a less threatening way so that matching stimuli associated with trauma are not appraised as representing a current threat. The behavioural perspective would advocate the use of repeated exposure so that habituation eventually promotes the 'extinction' of anxiety. The differing models reviewed within CBT have all described (from their own theoretical viewpoint) how the maintenance of anxiety with PTSD persists. In doing so they all provide a cognitive and behavioural conceptualisation explaining how reprocessing or exposure may work. All the models reviewed describe the psychologist's transcendently unreduced doctrine of consciousness where the trauma victim's flashbacks are part of consciousness which constitutes an 'external world' through the individual's perception and sense data of the world.

As we saw in chapter 4 this transcendently unreduced account of consciousness fails to describe the 'mode' in which the perception of the trauma event takes place under a number of horizons within the natural attitude. The psychological models presented also fail to describe how the horizons form the fundamental structures of consciousness which constitute the 'naturalness' of the trauma sufferer's experience within the natural attitude. In addition to this all the models reviewed attempt to explain the significance of the reliving of the trauma event in terms of a

subjective internal psychological sense datum which is distinct from the external world. Consequently a phenomenological description which accounts for the significance of reliving in the way it re-opens horizons (which have been previously closed down) by the universalising attitude of the trauma sufferer are absent from all the CBT literature as the discipline is steeped within the tradition of a natural ontology.

In chapter 14 I shall attempt to offer a phenomenological account of the maintenance of PTSD understood as a form of universalising attitude. However ,before this the following brief chapter provides an account of the possible contributions that Husserlian phenomenology may make to understanding the temporal experience of PTSD which as mentioned earlier have so far remained absent in cognitive behavioural literature.

Chapter 10. An overview of Larrabee (1995) on Husserl's phenomenology of inner time consciousness; the implications for PTSD

Husserl's work 'On the Phenomenology of the Consciousness of Internal Time' (1893–1917) (1966/1991) provides a description of his theory of time consciousness and the structure of consciousness of space and things in space. Husserl's analysis of experience or *Erlebnisse* appeared somewhat static. However from 1905 onwards, Husserl appeared to have taken more interest in the temporal character of acts, and their objects and the temporal streaming of the ego itself (Moran 2005).

This brief chapter serves to review the work of Larrabee (1995) which describes how the inner temporalising developed by Husserl provides a framework for understanding PTSD which she asserts is not appreciated by interventions used in cognitive therapy. This chapter can be seen as supplementing the previous chapter's focus upon CBT and those aspects of treatment which have proved effective in the treatment of PTSD.

In contrast to the last, we will see in this chapter how Larrabee focuses upon Husserl's description of inner temporalising and how may help to understand the subjective process involved during the experience of PTSD. Within this account we shall see how memories of trauma have historically been described as coming to the foreground of the sufferer's consciousness. This 'reliving' of the trauma (as already discussed in the previous chapter) is sometimes experienced to the extent that the sufferer of PTSD will even hear and see the 'remembered' trauma incident

within the spatio-temporal situation and will relive the trauma incident by reacting physically and emotionally as if the incident were taking place again.

Historically, psychiatry may have regarded victims of PTSD as 'insane' and as we have seen in contrast with the described interventions used by cognitive therapy, may have used measures to assist the victim of PTSD to block or repress the trauma memory with the objective of helping the patient to stop reliving the trauma. As we have seen part of the difficulty with dealing with 'flashbacks' is that they may be perceived by the trauma victim as evidence that they are indeed going mad. The flashback and the associated response of the trauma victim may be spatially and temporally divorced from his or her reality. For example, in the case of trauma memories experienced by some war veterans, the experience of the trauma memories could be re-lived some time after the event originally happened. These memories occur involuntarily during everyday life to the extent of overriding the sufferer's normal routine, consequently contributing to their appraisal that they are losing control or no longer a 'normal' adult, leaving them with a sense of anxiety and helplessness.

Larrabee (1995) describes PTSD as a particularly strong memory not usually called up deliberately by the traumatised patient, but the memory itself being often very active is able to overwhelm the physiological triggering of bodily and emotive activity. Most PTSD patients describe themselves as suffering from unwanted intrusions of their past experienced trauma event into their present, sometimes by vivid nightmares or high levels of affective disturbances which understandably 'attach' to the past events rather than those currently faced in the present. These

attachments to the past trauma event are characterised by representations or flashbacks from the past.

The flashback is experienced as part of the trauma memory, as not fitting within the ordinary representational style of memory. A more recent and similar hypothesis has been supported by cognitive theorists, Kleim, Wallot and Ehlers (2008). Their study supports the hypothesis that trauma memories are disjointed from other autobiographical memories.

Larrabee describes the experiencing of the flashback as not so much a passive experience, in which the individual may experience the flashback as a dream, but rather the trauma memory actively ‘takes over’ whereby:

[T]he trauma memory ‘flashes forward’ into the person and takes over, so that the person to some degree or other is caught into activities i.e. actions, emotions, language, that are re-enactments of past experiences, but re-enactments that the PTSD experiencer at first does not control in the normal sense of control, a lack of control that at least at first makes the experiencer feel crazy, at least in the sense wildly nonnormal [sic]. (Larrabee 1995, p.353)

In comparison with the cognitive behavioural theories of reprocessing of trauma via imaginable exposure or reliving, Larrabee suggests that to gain further understanding and description of these types of trauma memory one requires an alternative understanding of memory. Namely, a concept of memory which accommodates a distinction between representational memory and what she terms ‘process memory’. The process memory presupposes a memorial encoding of process, not just contents, which enables the patient to work through traumatic material. By re-entering the memory the patient is able to process a past ‘experiencing’ into a different configuration; what Larrabee describes as a way of ‘reinventing the past’. As we saw in the previous chapter, this is similar to cognitive perspectives where there is an

emphasis on *reprocessing* the memory in a manner which is no longer appraised by the patient as presenting a current threat.

For example, if we are to use the example of the war veteran who experiences flashbacks of a past battle in which he may have believed he was about to die, the patient may appraise the memory as threatening because he appraises it as evidence that he is 'again' about to die. This understandably results in heightened levels of affect and autonomic physiological arousal. However, once the patient is able to cognitively and emotionally *reprocess* the trauma memory, in a manner which he no longer perceives as threatening, emotionally realising, 'I didn't die in battle', the patient is able to move on from the memory.

Larrabee (1995) describes how the content-based shift addresses only part of the embedded trauma material through the medium of language, which consequently only touches material indirectly or impartially. This is described as occurring 'primarily in the mind'. In contrast to this a process shift is described as engaging the whole person. Larrabee argues that Husserl's phenomenology and his 'theory of consciousnesses' provides a framework for understanding the experience of PTSD. Husserlian phenomenology is seen as providing the guidelines or clues to the structural interconnections that may operate within a trauma memory, and enabling further understanding of the experience within PTSD. Husserl's inner temporalisation is interpreted by Larrabee (1995) as conscious experience flowing in a serial manner, and by the same token in a non-serial way, which can be partially cyclical or complex in pattern.

§1. Linear temporalising of ‘ordinary’ day-to-day memory.

Husserl presents the seriality of inner temporalisation as one form of temporal intentionality based on a ‘together’ which retains or keeps in grasp the flowing contents of consciousness; without such a retaining or rotational consciousness the life of consciousness would be purely momentary; only ‘now’! (Larrabee 1995, p.4).

To expand upon this point further, it is necessary to point out that in his analysis of inner time consciousness, Husserl distinguishes three layers of temporality. Firstly there is the ‘objective time’ or ‘clock time’ or ‘time of nature’. Following the reduction this time is bracketed. Secondly there is the imminent flow of appearing experiences with their mutually linked inner temporal structures (remembering, anticipating, experiencing as present) which Husserl terms ‘pre empirical time’ or phenomenological time. This is constituted by ‘now phases and retentions’. Finally these experiences flow from an ego which itself constitutes times in a primordial manner and therefore, for Husserl, is constituted as ‘absolute’. Husserl’s later work on time appeared to describe this third notion of time in greater detail; it describes how for Husserl the ego transcends time in the sense that ‘subjective time becomes constituted in the absolute timeless consciousness which is not an object’. Husserl describes this primal consciousness or *Urbewusstsein* as the source of time and consequently the form of all individual objectivity (Moran 2005, Woodruff Smith 2007).

Husserl’s analysis of time consciousness also involves consciousness of space. For instance, when one is engaged in the act of seeing, one associates the object that we are seeing with a specific meaning or content that specifies the object of perception. These acts themselves transpire within a basic stream of sensory experience (Woodruff Smith 2007). In our everyday experience of the world, we are living

through a constant flux of sensory experience which synthesises visual, auditory tactile, olfactory, gustatory and kinaesthetic sensations. For Husserl, sensations are not experienced in their raw or pure form. Rather, one's sensory experience is determined by a sense of what we experience, which in turn contributes to a temporally structured flow of sensory consciousness which is animated by meaningful sensory conceptual apprehension. For Husserl this temporal flow provides fundamental purpose in our everyday experience of the world, in that we are conscious of events which flow in accord with time (such as a rolling wave on the sea or a bird flying past in the sky).

We perceive the moment A and then the next moment B, successively. The relation between the two is that A is before B and B is after A. For Husserl, this relation has constituted itself between the two moments (e.g. after A, but before B). A could not have a relationship before the act of B happening, because there would be no event with which to relate. Therefore, a connection can only occur once a successive relationship exists between two or more points in time.

However, by the same token, Husserl describes a second temporal structure in which during the flowing of the temporal experience one is also aware of time also flowing off in a parallel stream of experience. As already stated, this is described by Husserl as 'pre empirical time' or phenomenological time. As the following example by Woodruff Smith (2007) illustrates:

Suppose (to adapt Husserl's central example) I am listening to a familiar melody, say the Beatles song 'Yesterday'. In the middle of the song I hear a note sung in the melody; Paul McCartney's voice singing the syllable 'yes' at a certain pitch, supported by background instrumental accompaniment. This

tone-syllable occurs in the middle of the phrase “...oh I believe in yesterday...,” lilting in familiar melody. My continuous experience of hearing the song lasts about two minutes, as does the sound streaming from the stereo, but at that moment I am hearing a certain tone with a certain syllable. (Woodruff Smith 2007, p.212).

For Husserl the auditory experience described in this example is a complex form of consciousness that binds into the individual's 'just past' and 'just coming' phases of perception. To return to Woodruff Smith's example in the previous quotation, the present note heard by the individual is, for Husserl, described as a primal impression of the syllable sung at that tone. At the same point of time in the present phase of the individual experiencing listening to the song, there is retention of several immediately preceding notes during the melody. In other words the duration of 'present experience' experienced by the individual listening to the song consists of a series of retentions of past notes, allowing the individual to retain a portion of the song, thus maintaining a sense of continuity during the present moment of auditory experience.

However, this auditory retention does not span to the very beginning of the song. In addition to this, if the person experiencing the present auditory moment of the song is familiar with the song, he can also anticipate the sequence of words, the tune to which follows from the present moment. In other words, the present moment of the auditory experience also involves a series of protentions of immediately future notes. The passing phase of the impression, retention and protention provide the continuing auditory experience. As we can see, Husserl provides a complex temporal structure, the temporal structure consisting of a beginning, with phases, duration and an end etc. Every *Erlebnis* has its internal temporality *Erlebniszeitlichkeit*, its immanent temporal structure. The mental flow involved in the example is not simply a process involving an accumulation of substituting events, with one thing being replaced by another,

rather that there is a layering, fundamental in experience which is synthesised into a unity. Where the 'now' gives way to the 'just now' and then it is 'a moment ago' and so on. If experience consisted of separate and succinct 'nows' then the experience would never be able to present the temporal phases of the intended object as part of unified succession.

As already mentioned, Larrabee's interpretation of Husserl's inner temporalisation describes how the flow of consciousness can be both serial and non-serial in its presentation to the experiencer; this serial flow being the more typical or normal experience of the flow of conscious processes. An example is my perception of the room that I am currently in. Here, as I type on my computer, I consider making a cup of tea, and then think of myself leaving this room, walking into the kitchen and finding myself putting water into the kettle etc. These ordered 'experiencings', in the example I use, are constantly changing in terms of what they are. They are presented to ones consciousness as a series of experiences temporally characterised as a future 'coming', 'just coming' or 'now' (this moment) or past (just now) etc.

The temporalising of experiencing within consciousness is the foundation of temporalising objective or clock time of human activities within the world and seemingly parallel and simultaneously happening world events. This serial temporalising places the experiencing with the objects of the experience; one after the other, paralleled or complemented by a sense of an outwardly unaltered and consistent external time of the clock, where one minute follows another.

§2. The non-linearity of trauma memory

So far the discussion has focused largely upon Husserl's description of objective time, namely the temporal structure of consciousness of objects of consciousness comprising of events transpiring 'around me'. For Husserl either objective and phenomenological time or inner time is the temporal structure of the individual's conscious experience.

The other type of temporalising yields not a temporal series or seriality of conscious experiencings, but a non seriality of the inner temporalising of consciousness. Husserl elucidates the nonserial temporalising by the image of a second 'Together' (Zusammen). This image when read with the first Together's intentionality articulates intentional interconnections that could be said to fold each momentary Now (along with its temporal and other horizontal complexities) in to the next Now. The result is an ever expanding inclusionary nexus. While serial temporality can be imaged as a 'straight flow', this non serial temporality would need a more complex image for this folding, such as the complicated interlacing flux of the whirlpool, moving up and down, with side ripples interweaving both forwards and backwards [sic]. (Larrabee 1995, p.355).

Larrabee (1995) argues that it is Husserl's 'other type of temporalising' (presumably his description of phenomenological or inner time), which the traumatic aspects of the original experience (the trauma event), may relate to its non-serially temporal embedding within consciousness. The incursive trauma memory thus carries this temporally with it 'when it erupts as memory'. This qualitative nature of how trauma memory is experienced in a 'non seriality of inner temporalising' is comparable with Brewin's dual processing theory (see the discussion of VAMS and SAMs memory, in the previous chapter). However, more significantly Larrabee's description of a 'complicated interlacing flux of [a] whirlpool, moving up and down', not only points towards the attitude which surrounds the trauma sufferer, but also the process in which the attitude sustains itself, giving the patient a disjointed temporal linearity.

For Husserl the temporalising of one's experience through retention modifications is also concerned with the embedding of the totality of each momentary 'now' which correlates with experiencing and experienced. Husserl believes this totality reflects the sense of self as an experiencer undergoing 'this' experience going on now, this experience being the subject's processes which are consciousness and what the processes are relating to .

Every act of consciousness takes place with the individual's continuing stream of consciousness. This continuous flow of sensory experience forms a familiar matrix in which intentional acts of consciousness unfold. In other words the temporal flow of the subject's experience takes place within a stream of consciousness, which is also fundamentally structured around a temporal flow of experience which is experienced by the subject as a temporal flow of events. For Husserl, within this inner flow both objective and phenomenological time are constituted in the same form of consciousness.

Larrabee describes how in cases of severe trauma the qualitative nature of the flashbacks experienced by the trauma victim appear not to follow the everyday linear quality of clock time. The non-linear quality of the trauma memories is described as standing in contrast to 'ordinary' serial memory but also ordinary living. The non-linearity of the trauma memory being described as a mixing up of the contents of experience, in the respect that from a linear point of view they are out of chronological order. However, they may indeed have some serial quality in terms of the meaning or appraisal intrinsic to the events which have been non-linearly

temporalised. Some of the non-linearity is described as stemming from the complexity of the 'who' of the experiencer; where a trauma memory is described as presenting the 'past self' into the present moment, where the self is undergoing the past of the memory, but by the same token the currently remembering processor, the experiencer of PTSD, is never totally displaced by the intrusive memory.

No matter how much the flashforward overtakes his or her current experiencing, the person is concurrently person-now-being-overtaken, person-within-trauma-as-past, person-now-dealing with-that split, and also an experiencer of several layers of meaning. (Larrabee 1995, p.357).

Here the original trauma experience is described as being both past, in that it has already been experienced, and also present in the respect that the individual with PTSD re-experiences the trauma memory as a present moment.

§3. Concluding comments for chapter 10

In this section we have seen how Larrabee's account rests heavily upon Husserl's analysis of inner time consciousness. This chapter has not provided a detailed analysis of this as it is not deemed relevant to the overall development of the thesis. Husserl's theory of inner time consciousness has not limited significance for his separate work upon of attitudes and interest, nor does it help to elucidate what Fink (1988/1995) describes as Husserl's operative concept of the natural attitude. However, it does provide an interesting alternative to understanding PTSD as described within the previous sections looking at the cognitive behavioural tradition. Adding a further dimension of the sequences of temporality experienced by the PTSD suffered demonstrates the potential significance that Husserlian phenomenology has for enhancing our understanding of the experience of PTSD.

Larrabee's account appears to describe the inner temporality of the PTSD sufferer as a process which 'flashes forward' on to the sufferer, who experiences the past as if it were re-occurring but at the same time is still anchored in the present moment 'knowing' that the experience is not really re-occurring. Larrabee's emphasis upon the inner temporalising experienced by the PTSD sufferer provides an understanding of PTSD which has largely been ignored by theoretical models within the cognitive behavioural therapies. The exception of this is Brewin's dual-processing model of PTSD, which as we saw in the previous chapter describes two types of memory; the situational accessible memory system (SAMS), memories that are triggered unintentionally, usually in the form of imagery or flashbacks, and the verbal accessible memory system (VAMS), which include the 'normal' 'everyday' memories which are recalled voluntarily by the individual.

The conceptual aim of the model is to process the memories from the SAMS to VAMS which is achieved by a combination of interventions such as cognitive restructuring, imaginal exposure or reliving of the trauma event and the patient gradually dropping their safety behaviours. The model appears to describe the altered sense of temporality experienced by the PTSD sufferer as a correlate of these described memory systems. As we have seen, most of the theoretical underpinnings for CBT treatment of PTSD are based upon the information processing theories of cognitive science or neurobiological concepts of the brain. These somewhat mechanical models fail to provide a detailed phenomenological description of the processes experienced by the PTSD sufferer compared with that of 'normal' everyday living in the natural attitude, preferring to explain the experience of PTSD as an overly inclusive account

of cognition. The cognitive and behavioural aspects of PTSD are seen as being responsible for the maintenance for the disorder CBT is concerned with the deconstruction of this maintenance cycle, seeing this as the key component for PTSD treatment.

However, as we saw in the last chapter, both the behavioural and cognitive treatment for PTSD (with the apparent exception of metacognitive therapy, the efficacy of which is unclear) all describe including some aspect of imaginal exposure or reprocessing of the trauma memory. The terminology one uses is dependent upon one's theoretical orientation, but in essence the process is the same. Indeed Larrabee herself describes something similar when she advocates the patient's need for an alternative understanding of memory. As we have seen in this chapter, Larrabee describes the treatment for this by re-entering the memory of the patient, so that they are able to process a past 'experiencing' into a different configuration and achieve a 'reinventing of the past'.

As we saw from the previous chapter, the efficacy of the cognitive behaviour therapies for PTSD is impressive and as we have also seen the reliving or imaginal exposure aspect of treatment is central to its effective treatment. Despite this there is a lack of agreement as to how this particular aspect of treatment works, explanations for this process being dependent upon the theoretical underpinnings of the psychological model used. Could it be that all the models and their different theoretical explanations are correct in describing what it is that 'works' during the treatment of PTSD? Or is Larrabee's description of processing a past 'experiencing' and a 'reinventing' of the

past for the PTSD sufferer sufficient in explaining what is central to how the exposure or the reprocessing of trauma memory works?

I believe the answer is a resounding ‘no’ to both of these questions. Larrabee’s analysis of Husserl’s inner time consciousness appears to focus predominantly upon the non-linearity of the trauma memory in explaining the *maintenance* of the disorder. However, the temporalising nature of non-linear trauma memories only partially explains how the PTSD patient feels they are in a constant mode of current perceived danger. Nor does the inner temporalising of the trauma victim’s memory fully explain how this mode persists or perpetuates itself in situations where there is no obvious threat to prompt the patient’s memories or fear response. For example, trauma victims will often describe a heightened sense of fear in situations they previously felt safe in, often these situations have no obvious resemblance or ‘matching trigger’ with the patient’s experienced trauma. In addition to this, trauma patients will sometimes describe a heightened sense of anxiety and physical arousal (which they associate with the trauma event) but deny experiencing any sense of memory of the trauma itself. Cognitive therapists would explain this possibly in terms of the individual’s difficulty in identifying the relevant cognitions within therapy, and the more behaviourally driven therapist would no doubt explain this in terms of a conditioned response, seeing cognition as secondary if indeed relevant at all.

Once the trauma patient has been successfully treated (either by behavioural or cognitive psychotherapies) this self propelling attitude is no longer present. The aspects of the therapeutic process which suspend and place this attitude ‘out of play’ so that it is no longer seen by the trauma victim as having a sense of naturalness are

not described in Larrabee's account nor within any of the CBT models discussed. This is a peculiar oversight as I believe it is precisely this that makes the process 'therapeutic'! However only once one has attempted to provide a phenomenological description of the therapeutic process which occurs during the reliving or reprocessing of the trauma memory can one begin to answer these conceptual limitations.

As we have seen from Larrabee's account and in the previous chapter, the trauma patient who is required to relive or reprocess the trauma memory is asked to imagine the event happening in the present moment and verbally describe what they see as they close their eyes. This exposure or reprocessing involves the patient both to revisit the event via imagination and to hear themselves say out loud what it is they are seeing. It is here that the process of the bracketing of attitude begins to take shape. The patient hears the attitude being revealed as they hear themselves utter their own words, and it is here that the universalising attitude is first thrown into question as the patient sees that what has been framed by the attitude as a 'current threat'. Specifically that which has already taken place, the patient hears him- or herself describe the content of an attitude that has been acting as a 'blinker' and has prevented him or her living in the attitude with everyday 'interests' that previously inhabited him or her prior to the trauma.

The following chapter describes the manner in which feedback loops are described within CBT literature as integral to the *maintenance cycle* for all psychopathology. This provides the backdrop for chapter 13 where I argue that the 'characteristic'¹⁷ of

¹⁷ By using the term 'characteristic' I do not wish to anthropomorphise the phenomena, but to highlight that which CBT appears to have overlooked or at best regards an epiphenomenon of the cognitive, behavioural, emotional and physical symptoms of emotional disorder.

maintenance once phenomenologically explored is more than a series of cognitive and behavioural feedback loops seen in clinical cases of emotional disorder.

In other words, what is described in CBT literature as the feedback loops which are responsible for the maintenance of emotional disorders for Husserlian phenomenology are exemplars of attitude and interest. In particular I will argue the 'characteristic' of the maintenance of an emotional disorder is the same self-perpetuating, universalising ontological position which is fundamental to the natural attitude's phenomenological structure.

Chapter 11. The circularity of the feedback loops in cognitive therapy; the maintenance cycle in the clinical disorder

As we have begun to see, common to all the cognitive behavioural models of emotional disorder appears to be a ‘vicious circle’ in the patient’s cognition, emotion and behaviour, which only serves to sustain their disorder and indeed is often referred to by therapists as the *maintenance cycle* of the clinical disorder. The maintenance cycle is the formulation which attempts to account for the persistence of a client’s problem. This contrasts with a developmental formulation which attempts to illustrate the development of the patient’s beliefs and the possible susceptibility to a specific problem. The following section is concerned only with the maintenance cycle which focuses upon a combination of the patient’s emotions, cognitions, physical symptoms, behaviour and their environment, which are all seen as contributing to a self-reinforcing of the patient’s problem.

The reader will note that I use the term circularity in the title of this chapter to refer to the self-reinforcing facet described by the cognitive model. It is perhaps worth noting that a sequence of reasoning is often seen as circular, if a premise from the line of reasoning depends, or is the same as, the argument’s conclusion (Walton, 1991). However, as we shall begin to see in this and the following chapters, the circularity in terms of emotional disorder refers to the circularity of a Husserlian *type* of attitude, where the attitude’s *raison d’être* is itself self reinforcing and in this respect, circular. Similarly, Husserl describes naturalism as containing a ‘countersensical circle’ (Philosophy as a Rigorous Science, p.254), in that it assumes what it sets out to prove (Moran 2008). A more detailed analysis of naturalism’s countersensical circle and the implications for the universalising attitude follows in chapter 13.

To return to the circularity of the feedback loops in cognitive therapy, as briefly mentioned in the introduction, within cognitive therapy there are various types of models for emotional disorder, the model used serving as a template (where appropriate) to guide both therapist and patient. The following section provides a very brief and basic overview of how the cognitive behavioural models describe the maintenance of emotional disorder. The section does not attempt to provide a definitive account of all the cognitive processes involved in contributing to the maintenance of emotional disorder, providing only the most basic of accounts which is sufficient to describe the main features understood by CBT to contribute to the maintenance cycle of emotional disorder. In this section I describe both the generic ‘five areas model’ and the disorder specific models used in cognitive behavioural therapy.

The reader may note that the disorder-specific model is usually seen as distinct from the generic ‘circular’ model as illustrated in the previous sections. In addition to this, Harvey, Watkins, Mansell & Shafran (2004) propose a trans-diagnostic model for cognitive behavioural therapy, one that serves to treat a wide range of psychological disorders. These models focus upon aspects of psychopathology which are common to all anxiety disorders, depression and psychosis. A full and detailed discussion regarding the transdiagnostic model and distinctions between disorder-specific models is not addressed here as it is deemed to be beyond the scope of the thesis. However, I do provide a certain amount of reference to the transdiagnostic model, as its inclusion will help to clarify the key themes common to all the models. I shall begin by providing a brief overview of the disorder specific model and its clinical application.

As is often emphasised (Wells 1997), treatment with a disorder-specific model requires the accurate clinical assessment of a specific type of disorder; such an assessment requiring the accurate identification of the target problem. Once this has been determined, the model is described as serving to guide the clinician as to the formulation or type of intervention required. Disorder-specific models tend to be identified by specific themes of cognitions, maintained by specific maintenance factors or types of safety behaviours. The central premise for both the disorder-specific model approach and generic model is that across all psychological disorders there are certain common factors in the maintenance of the disorder. These can be summarised as; attention, memory, thought biases, reasoning and behaviour (Westbrook, Kennerley & Kirk 2007).

In the respect of attention, the transdiagnostic model has identified selective attention towards salient threat stimuli across all anxiety disorders (Mogg & Bradley 1998), psychosis (Bental & Kaney 1989) and substance abuse (Lubman, Peters, Mogg, Bradley & Deakin 2000). Selective attention is generally presented in cognitive theories as the cognitive process which prevents disconfirmation of a catastrophic misinterpretation, and the patient selectively attends to information, or what they take to be evidence, to support their catastrophic interpretation of a given cognition or situation. Beginning with 'negative automatic thoughts', the following sections describe the most common, contributing factors to the maintenance of emotional disorder as broadly understood by the cognitive behavioural tradition.

§1. Negative automatic thoughts

Although generally cited by cognitive therapists as not strictly speaking part of the maintenance cycle, I have included negative automatic thoughts as this the driving cognition that drives the rest of the maintenance cycles. It is at the heart of maintaining the emotional disorder in that it never gets disconfirmed. The more that it fails to be disconfirmed by the client's safety behaviours, avoidance or other cognitive processes, the more the negative automatic thoughts become appraised by the patient as more self-evident and more fact like. Beck (1967) first used the phrase 'negative automatic thought' (hereafter referred to as NATs), but other cognitive theorists have different terms for presumably similar phenomena (for instance, Meichenbaum (1977) described 'self statements'). The two most obvious defining characteristics of NATs are, firstly, the fact they are seen as negative in the respect they are associated with unpleasant or upsetting emotions for the patient. Secondly they are automatic, in that it does not require a deliberate reasoning process for this type of cognition to occur. The individual is aware of the NAT without any apparent effort or volition, the NAT can be in the form of verbal cognitions, imagery or pertinent memories.

Some of the further defining characteristics of NATs can be seen in their habitual presentation to us. In other words, we are not aware of the NAT occurring. Indeed it is only in therapy that client starts to think or train themselves to 'catch' these thoughts. NATs are often plausible, this in itself may seem obvious, but if the patient did not see them as plausible is unlikely they would give them further attention and consequently would not contribute to the maintenance cycle. As we have seen earlier the NATs are often biased or distorted, for instance, they may be exaggerated in some way or unhelpful in general to the patient. Many NATs are idiosyncratic, in that they

may have private meanings which are particularly pertinent to the patient. In disorder-specific models there tends to be a common theme of specific NATs to the associated specific disorder. They are also response specific in the respect that they tend to react to a particular emotional response. They are seen as forming the cognitive content of emotional disorder, that is, they are not seen as directly causative of the emotional disorder itself. NATs can be seen in the respect that they can drive emotion and in the respect that they can be a response to emotion.

In terms of dismantling the maintenance cycle of the emotional disorder it is usually the driving cognition that the therapist is usually trying to evaluate with the client. So, for example, the client who experiences the NAT 'I am a waste of space' is describing a driving cognition in the respect that this is formulated as driving the patient's emotion of depression. An additional cognition that this client may describe could be 'There's no point in me trying', which would be an example of the patient describing a response to the NAT. Again this is particularly relevant to the maintenance cycle, for instance, a primary appraisal can be seen in the cognition 'I am going to faint' compared with the secondary appraisal 'If I do faint people will think I'm drunk'. Although the distinction may seem like one is being pedantic, it is particularly important to make this distinction when attempting to identify the type of NAT that is central to driving the maintenance cycle and in turn needs to be identified for the dismantling of the cycle. For example, to break the maintenance cycle the therapist would usually need to focus upon the NAT most responsible for the primary appraisal, as the client's safety behaviours and other cognitive process would tend to be around this (e.g. the fear of fainting) and not the secondary appraisal, 'people will think I'm drunk'.

Finally, NATs can be differentiated between those that result from a perceptual bias and those that result from an appraisal bias. For instance, a NAT which refers to a perceptual bias refers to what the patient is interpreting, a situation as it *is* happening, whereas as an appraisal bias refers to how the patient believes the situation to be x or y. In terms of how this impacts upon the feedback loop of the situation, it is possibly more likely that a perceptual bias is where the problem with the disorder has originated but is now being maintained by the appraisal bias. So, for example, a patient's perceptual bias NAT may be 'I'm going to faint', which is maintained by the appraisal bias, 'There's no point me going outside as I will faint'.

As we saw at the beginning of the thesis, Beck's schema model of cognitive therapy describes three levels of cognition. At the most accessible surface level is the NAT, then the conditional belief which is described as almost rule like in that to some extent it govern the patient's behaviour, cognition etc. These conditional beliefs are described as generally being on the periphery of the patient's awareness. Finally at the 'root level' is what Beck describes as core beliefs; these tend to be responsible for most of the conditional beliefs and NATS. There is much debate within psychology regarding the distinction between core beliefs and what is termed schema, but again this discussion is beyond the current sphere of concern for this chapter.

The core beliefs are described by Beck as the most rigid and treatment resistant of beliefs. The client may describe these beliefs as if they were facts, holding them firmly about themselves their world and others etc. The NAT is significant in that it determines how an individual is likely to appraise a given situation, the more the NAT

remains unchallenged or unevaluated by the client the more it is seen by them as a fact, and the more they are likely to engage in examples of other dysfunctional cognitive process, or other types of safety behaviours. As we saw in an earlier chapter, concept of metacognition of Wells (2009) contrasts with the traditional Beckian NAT, in that metacognition places greater emphasis upon the individual's beliefs about cognitive processes as opposed to the content of the NAT where the role of cognitive attention syndrome is seen as maintaining the disorder. I have not provided a detailed discussion here on metacognition and its role in the maintenance of disorder as the details have already been described in the previous chapter during the discussion of PTSD.

§2. Safety seeking or safety behaviours

Salkovskis (1991) originally outlined this concept in the treatment of anxiety disorders, defining safety seeking behaviour as 'a behaviour which is performed in order to prevent or minimise a feared catastrophe'. Safety behaviours can be seen as the behaviour which the patient engages in their belief that the behaviour will somehow prevent a feared outcome from actually happening. Disorder-specific models used in cognitive therapy tend to associate specific examples of safety behaviours with specific target cognitions. For example, the person suffering with panic may have the cognition 'I'm going to faint' and will tend to sit down if they feel dizzy or light headed. The safety behaviour is seen to contribute to the 'circularity' of the feedback loop in that the person engaging in the safety behaviours is never allowed to disconfirm or negate their cognition, the safety behaviour being seen as preventing the patient from disconfirming their feared outcome (which is understood as cognition, e.g. a specific NAT).

In addition to this, safety behaviours can have a deleterious effect upon the disorder, for example, someone may monitor their pulse for fear of a heart attack, but this just makes them more sensitive or aware of their anxiety and this in turn maintains their heightened affect. The social phobic who constantly monitors how they speak or come across is perceived by others as being distant or aloof, which sometimes means that they respond to the social phobic in a less friendly manner. In the mind of the social phobic, this confirms their fears that they are not coming across in a favourable manner etc.

§3. Self-monitoring and selective attention

Self-monitoring can be seen as a type of selective attention. For instance, it may involve monitoring for cues which are seen as presenting imminent danger of a feared cognition occurring, such as having a heart attack. Self-monitoring in, for example, obsessive compulsive disorder may be seen in the patient's monitoring of possible intrusive thoughts which he would see as being dangerous in some way to him. The more that he engages in self-monitoring the more this perpetuates evidence for the feared cognition, as the more likely the person is aware of the anxiety symptoms or sensations they attempt to ignore.

As we have seen, the cognitive model of emotional disorder assumes that there is a relationship between emotion, cognition, physical symptoms and behaviour. The model assumes that emotion is influenced by the individual's appraisal of a situation which in turn impacts upon his or her emotion, physical symptoms and behaviour. Earlier, more 'hard line' cognitive approaches stated that thought would *cause*

emotion. However, more recently this position has been revised by Beck, suggesting a two-way interrelationship between cognition, emotion, physical symptoms and behaviour.

The most immediately accessible cognitions of the patient are described by the cognitive model as automatic thoughts. These are the types of cognitions which vary in content depending upon the disorder. Cognitive therapy describes a variety of models specific for the disorder in question. These models are based upon the psychiatric criteria of the DSM IV and formulated accordingly, to guide both therapist and patient. For example, in depression, typical NATs would be negative views of self, world and future, what Beck has referred to as the cognitive triad. By the same token, in panic, NATs would be around the theme of imminent danger or loss of control; for example, 'I'm going to die' or 'I'm going mad'.

Typically, in cognitive therapy, the process involved is illustrated by a cognitive formulation or model for the disorder. The model's use of arrows illustrates to both therapist and patient the causal relationship of the various factors involved in the emotional disorder. The five areas or generic model (shown in the following illustration) of an emotional disorder is circular in nature, attempting to illustrate the maintenance of the disorder, that is, the five main recognised factors contributing to the maintenance of the problem, e.g. cognitive, emotional, behavioural and physical symptoms of the disorder, that are responsible for the maintenance cycle of the disorder.

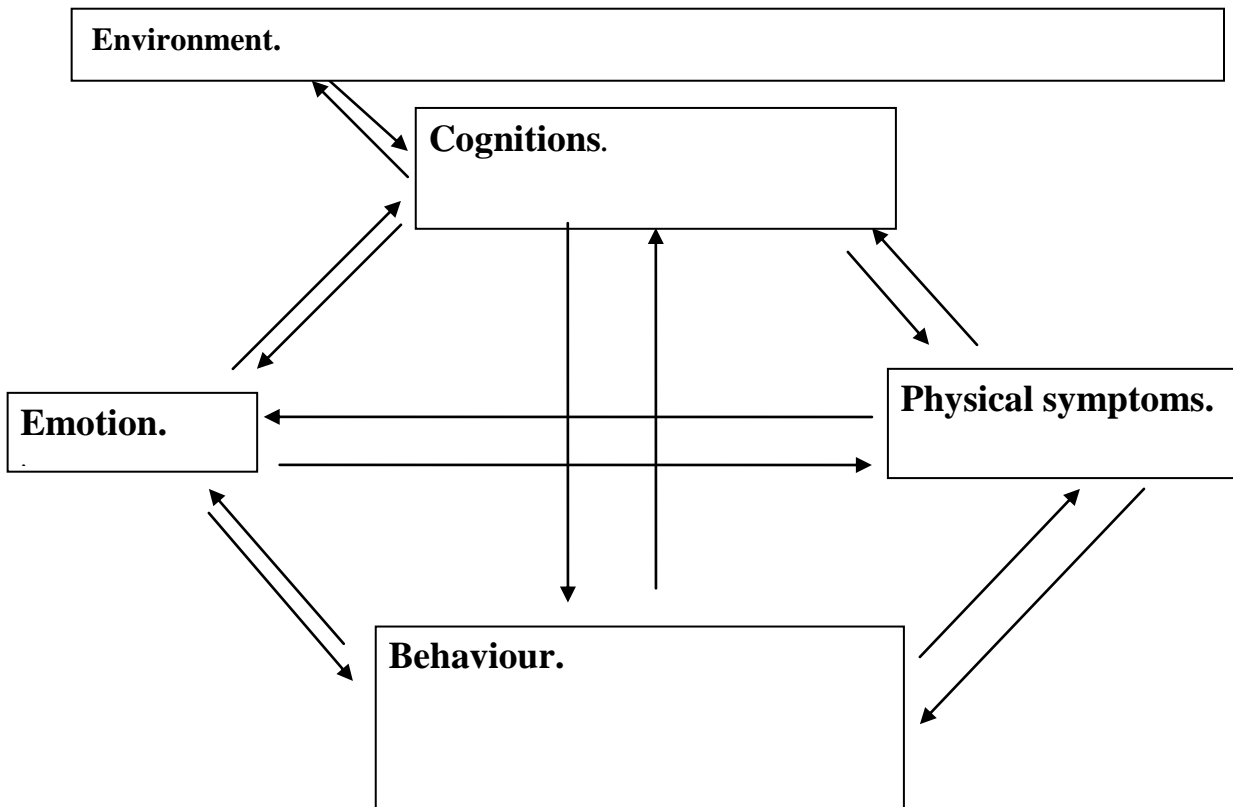


Fig.7. Diagram illustrating a generic ‘five areas’ formulation

Mahoney (1991) describes this as an example of constructivism, which he argues is the key element that distinguishes cognitive therapy from other talking therapies. As can be seen from the ‘generic model’ in cognitive therapy described above, how the event or situation of the patient is appraised determines how they will feel and behave in that situation. Therefore, how the subject’s interpretation of the situation and how it is evaluated determines the reaction far more than the objective characteristic of the situation.

§4. Concluding comments for chapter 11

The following key points have been made in this chapter. Firstly there is a circularity of the maintenance of emotional disorder common to all CBT models which depict how physical symptoms, negative automatic thoughts, cognitive processes and safety behaviours all contribute to the maintenance of the emotional disorder. Secondly, this maintenance cycle contributes to a feedback loop, reinforcing the individual's original appraisal of the problem. Finally, this chapter has referred to how this 'feeding back' of the behaviour, emotion and physical symptoms impacting upon cognition, tends to be illustrated by a series of boxes or arrows showing how the already described maintaining factors interact and contribute to the persistence of the problem.

The arrows and the boxes depicted in the models within cognitive therapy resemble the flow diagrams used in computational modelling, much like the computational models used in cognitive science. The computer programs used to assist scientists within cognitive science are planned by firstly using such flowcharts. However, these flowcharts do not describe the question of what 'goes down the arrows' or indeed 'what the boxes stand for' (Eysenck & Keane 1993). This is an important deficiency given that these diagrammatic models are presented in CBT as the main explanation for the maintenance of a disorder and the fulcrum on which the validation for the therapeutic intervention rests. Presumably 'what goes down the arrows' or 'what is in the boxes' will depend upon the theoretical orientation of the model. For instance, the more 'cognitive' driven theoreticians will no doubt describe this in terms of 'information processing' seen in cognitive science (for example, the S.REF¹⁸ model of Wells (2000, 2009) appears to follow this trend). By the same token the behaviourists

¹⁸ This acronym stands for 'Self regulatory executive function', as discussed in the previous chapter (Wells 2000, 2009).

would probably use the arrows to illustrate examples of stimulus and response in terms of antecedents and behaviours (see the ‘ABC’ analysis described in the chapter 2, see figure 1). However, neither would seem to describe what it is that the client actually experiences by the arrows of the model or how the process of following the successive arrows in the schematic occurs in consciousness. The question of what the ‘arrows and boxes’ represent in cognitive therapy has not been addressed in this chapter.

At this juncture I wish only to suggest that what is being depicted by the arrows within the feedback loops is actually an illustration of how a clinical psychopathology is maintained by an underlying psychological attitude which obviously is integral to the natural attitude. Similarly, I wish to suggest that the arrows in the models used in cognitive therapy represent what Husserl terms *interest*, the whole of the diagram representing an example of a specific attitude (see chapter 13 for further discussion regarding interest and attitude). This, I believe, can be seen in operation with all of the attitudes (as defined later) that occupy the natural attitude. For instance, as we shall see, in the natural attitude there are various other attitudes (see chapter 13) that one can adopt amidst the natural attitude.

These attitudes can all be depicted to some extent as being self-reinforcing and self-re-framing, although clearly these ‘everyday attitudes’ do not feel as though they persist indefinitely in the same qualitative manner as in, for instance, the patient suffering from depression or an anxiety disorder. As I shall propose in chapter 13, the maintenance formulation used by the cognitive therapist refers to the noematic dimension which characterises the idiosyncratic experiencing of the attitude, which

maintains this experience, specifically, what I later refer to as a universalising attitude. In chapter 14, I will develop the proposition that it is the phenomenological structure of the universalising attitude which transcends the psychological thesis or attitude which concerns the belief content between the ‘knower and known’. It is the structure of the universalising attitude which I shall later argue is of central significance for the maintenance of the universalising attitude, and in turn Husserl’s account of the natural attitude. As we have seen, Husserl was not concerned with particular individual experiences, rather, his focus was on the forms and structures of conscious experiences.

The following section begins by providing an analysis of the structures present in the natural attitude, and by doing this reveals two further Husserlian concepts that I wish to argue are relevant in furthering our understanding of the complementarity between cognitive therapy and Husserlian phenomenology; these are Husserl’s concepts of attitudes and interest.

The next chapter begins by reviewing Luft’s (1998) article on attitude and interest, the latter part of chapter 12 and then chapter 13 discuss the possible implications of Luft’s account of attitude and interest upon cognitive therapy’s understanding of the ‘change process’ and cognitive psychotherapy in general.

Chapter 12. A phenomenological analysis of the natural attitude; a review of Luft's accounts of attitude and interest.

As is widely acknowledged, Husserl's 'natural attitude' is all-encompassing and dominant prior to the performance of the phenomenological reduction. Husserl believes this has been fundamental to all previous philosophy in the respect that prior to the phenomenological reduction, philosophy has overlooked the significance of the natural attitude. Indeed I hope later to demonstrate how the cognitive behavioural therapies demonstrate at a most basic level, the naivety and sometimes self-reinforcing thetic¹⁹ character of living in the natural attitude.

I wish to point out to the reader that for the sake of structure and relevance, within the last three chapters of the thesis (including this chapter) I have tried to separate the observations relevant for the practitioners within the cognitive behaviour tradition and the observations that expand upon clarifying the idea of attitude and interest as understood within Husserlian phenomenology. However, as hopefully will become apparent, such a distinction is not always possible as at times, the two areas of discussion overlap, and so occasionally what strictly speaking should be under discussion in the sections looking specifically at CBT will be included within the content pertaining to Husserlian phenomenology and vice versa.

That said, by making reference to the work of Sebastian Luft (1998, 2002), the following sections will look at the main integral themes within the natural attitude. Indeed Luft argues that Husserl's 'discovery' of the natural attitude and the natural attitude itself should be regarded as one of the great themes of Husserlian

¹⁹ Moran (2000) describes the natural attitude as always employing a thetic act: '*German Thesis, from the Greek thesis (a proposal, proposition), an act of positing (Setzung), 'position taking' (Stellungnahme)*' (Moran 2000, p.149).

phenomenology. However, Husserl himself never fully systematically described a theory of the natural attitude, this apparent omission being explained by Fink (1976) as evidence of Husserl regarding the natural attitude as an ‘operative’ concept.

Husserl’s project is generally, if not entirely, viewed as a project which attempts to overcome the natural attitude, although as we have seen it is my contention that this is not the aim in terms of understanding it within the context of cognitive behavioural psychotherapy. This chapter will begin by attempting to examine the structures involved in the natural attitude and to provide an understanding as to how such phenomenological structures may have particular significance for what is termed ‘the change processes’ within cognitive psychotherapy. The discussion argues that it is the use of the phenomenological reduction in therapy that allows the client to modify their relationship with the lived experience, via the modification of an attitude towards that lived experience.

In this discussion I do not wish to suggest that the objective of cognitive psychotherapy is to overcome the natural attitude, indeed it could be argued that if a transcendental attitude were possible to achieve in therapy, then this would not be therapeutic for the client. Indeed, as we saw in chapter 5 (Jaspers and Binswanger; Their use and interpretation of phenomenology in psychiatry and psychology), the transcendental attitude was compared to the schizophrenic experience, understood as a ‘loss of taken for grantedness’ (Naudin et al. 1999). Rather, by beginning with an outline of Husserl’s understanding of attitude and interest as described by Luft, the latter sections of this chapter argue that the aim of effective cognitive therapy is to encourage or promote the patient to adopt a phenomenological attitude.

Thus, this enables the client to ‘see for themselves’ how the attitude that they have adopted has been responsible for their emotional distress, in that it has closed down horizons available, almost forcing them to view lived experience in a certain manner. The goal of therapy is to aid the patient or client to adopt an alternative, more ‘realistic’ or less distressing attitude within the natural attitude, or at the very least to see how it is possible for an attitude to close down horizons, and how this impacts upon them. This, as we shall note from previous discussions regarding the theoretical underpinnings of cognitive therapy, places less emphasis upon the content of cognition and more upon the role of attitude as understood by Husserl. However, before proceeding with this, I shall begin with a description (based upon Luft’s account) of the constitution of attitude, followed by the constitution of interest. By doing so, I wish to provide a phenomenological description of the structures within intentionality as experienced within the natural attitude.

§1. The constitution of attitude

For Husserl, to be in the everyday natural attitude and to a certain extent to be able to begin to examine and develop themes for this attitude, means already being in another attitude, namely the phenomenological attitude. Then, as Luft (1998, 2002) suggests, the natural attitude is constituted precisely by the fact that it is not thematically given in or by the natural attitude itself.

The natural attitude is the mode in which one accomplishes all aspects of one’s everyday existence and daily life. Within the natural attitude I make decisions, pursue goals, I interact or have contact with other people, animals, plants or machinery. It is

within the natural attitude that I am a therapist, a husband and father etc. To label this mode as a *natural* attitude to the person who is already within this situation, would no doubt at first seem to be nonsense, as it is the *only way* of existence I am naturally able to be in. Indeed as Moran (2000) points out:

Under the natural standpoint we believe that things are genuinely present in space and we are aware of time passing and of ourselves as in some sort of continuity with the world. (Moran 2000, p.150)

Being in the natural attitude means that the attitude becomes hidden from itself, in other words, being in the natural attitude means that I am unaware of *being* in this attitude. Similarly, Fink (1988/1995) suggests that the natural attitude is a transcendental notion, as it only becomes revealed once one adopts a phenomenological standpoint. For as soon as I am able to step back or look at this attitude from a different stance, I can see that it *is* the natural attitude to be in. As we shall see later, this is integral to the psychotherapeutic process of cognitive therapy.

For Husserl, phenomenology transcends natural science as we have seen, including psychology, and what is central for phenomenology is the role of meaning in experience. This notion of something (*etwas*) being given is based upon intentionality, the general structure of human subjectivity. As we have seen, Husserl explains the most basic act of mentally grasping as arising from his concept of intentionality, where all other kinds of mental acts – willing, judging, desiring – depend upon possessing some kind of content about which to desire or judge on (Moran 2005).

Husserl's understanding of intentionality forms the bedrock assumption that psychic states are essentially structured as intentional states. This in turn can be seen as the

structure of acts in which entities are presented and ‘given to me’, by the same token that intentionality also involves the active intentional act of apprehending something (rays of acts), ‘having something in mind’ (*etwas ‘im sinne’ zu haben*; *Ideas I*, S90 p.217). I can intentionally direct my attention towards any given object, either by physically turning my head, or by actively directing my attention to attend to something more closely in my surroundings. For example, as I sit and type on this keyboard, my telephone rings. I focus my attention on the telephone next to my computer screen. I am now aware of the telephone, which previously I had not been. In becoming so I am not only passively aware of a three-dimensional ‘thing’ or object in front of me, but this ‘thing’ is given to me in a manner in which I become aware of a device on which I can talk and communicate. In addition to this, my awareness of the telephone does not have to be inferred, nor does the giving of the telephone depend upon my psychological belief in the telephone. The given-ness of the telephone to consciousness transcends the psychological thesis.

This example illustrates how, for Husserl, something is always given to our intentional acts, in a way of givenness which reveals itself in my everyday life. Luft, on the thematic of dealing with people in everyday life, describes how things are somehow given to us and uses intentionality to develop further his theory of the natural attitude. What shows up in the natural attitude is simply there for me, the computer I use, the empty coffee cup in the corner, now comes into view as a unity of meaning that is what it is precisely because of its place in the nexus of intentional acts and experiences in which it comes into givenness. Husserl would describe how these objects are constituted (*konstituiert*) by consciousness. This is not to say that Husserl

is suggesting that the mind has not composed a mental representation from subjective data nor that it creates objects in a causal way.

§2. The constitution of interest

As I have already suggested, the manner in which I experience the givenness of objects through intentionality is not as a passive and static object in consciousness, rather that living in the natural attitude involves a wealth of active *interests* which are significant in the world, which in turn determine my manner of dealing with things. I am far from being a passive subject in the world, on the contrary, I am devoted to certain things, goals etc. I will expand upon this point further by use of another example:

If I were a car salesman I would not passively see a car as a vehicle, as a medium designed to take me from point A to point B, as a commuter may view his vehicle on his daily drive into work – in his daily commute the latter sees the car simply as a vehicle to get him to his destination. Instead, the car salesman would view the car as a potential object of sale, a means of business, a way of paying his mortgage or maintaining a certain quality of life. By the same token, if I were a mechanic presented with the car at my place of work, I may view the same car in an entirely different manner to the salesman and the commuter; viewing the car from the perspective of its machinery, its potential to break down, the effectiveness of its engine and so forth. As we can see, for Husserl, daily life involves viewing things as a collective combination which is motivated by interest (Luft 1998, 2002, 2004, Moran 2005).

For Husserl, the different meanings that can be attributed to objects within the natural attitude are not solely as a result of the thing itself (though they do belong to it). To my consciousness, that experiences the objects in these ways, only the conscious act can explain what it is, at this moment, just as these aspects of the objects are experienced, in other words why it is, that my experience has this specific content. So to return to the previous example, it is not the car itself that determines how I experience it, rather it is the motivating interest of my consciousness, at the time in which the car is given to me.

For Husserl, interest is fundamental to our everyday knowledge of the world. I am never able to be truly indifferent to things around me. The perspective I have of my world depends upon the particular interest which governs what I deem to be significant for me, at a given certain time. For instance; I am a therapist, I am hungry, I am tired or I am going to sleep. I can never isolate myself or stop myself experiencing interest even if it is something, if you will, that does *not interest* me.

As Luft describes, in the context of oneself becoming tired and not apparently engaged in any obvious focal point for general interest, I am still unable to be indifferent. I am still focusing my interests upon my tiredness, I am interested in giving in to my tiredness or interested in being indifferent. Luft (1998) elucidates Husserl's understanding of interest by describing the Latin origin for the word *interesse*, which means to be among things, to be within a certain context, circumstance or background. The *process of interest* can vary and overlap within one individual. For example, no one person would have the same one fixed static interest all the time, so

to return to the example of the car salesman, nobody would be just be a car salesman, he may be a driver, a father, a husband etc .

However, this is not to suggest that one can be in multiple attitudes at any given same time. Although at this stage of the discussion I do not wish to expand upon this point any further, I wish to point out to the reader that I believe that this is significant in the respect that it holds the clue as to what aspects are required during the ‘change process of cognitive therapy’.

This shifting of interests is described by Luft as lying within one’s free will, although as we shall see, this may not always be the case. In his description of interest, Luft employs the term ‘situation’, based upon Fink’s use of the word to describe the concrete situation in which the epoché is performed. Luft terms the persistent perceiving of something in a certain interest as ‘situation’. So the fact that I am always engaged in one form of interest or another is an example of what Luft is referring to as a situation. This does not suggest that one lives in everyday life, substituting one interest for another, with periods of not being engaged in any interest; on the contrary, I always live in a certain context within a temporal successive flow of interest:

....[M]y interest within a situation is not limited to this certain entity, but can be shifted to any other entity in the same form of interest. It is here the term, attitude comes into play. (Luft 1998, p.157).

Moran (2005) observes that the term attitude (*Einstellung*) appears to be another example of Husserl’s ‘so called’ operative concepts, appearing not expand upon

further clarification of the term. Moran (2005) describes attitude in the most general terms as being guided by or to activate an interest, and thereby seeing features of the world in a certain way, as a world of possible experience. Luft expands upon this by describing how one's specific interest or situation is always embraced or surrounded by attitude. Luft describes an attitude as an 'embracing halo or an aura around a certain act of interest'. The attitude surrounds the interest, so that when I am engaged in a specific interest, say the act of being a car salesman, I am in the 'car salesman attitude', whereby the intentional rays of interest will be carried out according to that attitude. Curiously, one German definition for *interesse* translates as 'on behalf of', in addition to Luft's use of the Latin definition of 'being amongst things'.

It is in this respect that I wish to propose that interest *also* acts on *behalf* of the 'attitude' that one is adopting. So, for example, depending upon the attitude that I am in, determines 'how' the intentional rays of interest will be carried out 'on behalf' of that attitude. In other words if I am acting within my 'car salesman attitude', how I see the world will be governed by the intentional rays of interests, which in turn are carried out on behalf of the attitude I am inhabiting; in this instance, the 'car salesman attitude'. It is in this respect that we can see how an attitude opens up the world in a particular or specific way, but at the same time closes the world down, dependent upon what is governed to be of significance. The attitude serves as blinkers or filters to how one sees the world in a given case in point. In addition to this, it would seem that my attitude can also act on behalf of my interest, so how I find myself in a current situation, in which aspects of my circumstances are revealed, as it were 'where we are at' in turn, bear on the actions or stances I may take, my interest governing the

attitude I may adopt (this point will be expanded upon in the final chapter of the thesis).

As we have seen, Luft describes attitude as a halo around interest, with interest acting as a lens for the attitude. However, I wish to propose that interest would also seem to emanate outwardly from the attitude; acting on behalf of the attitude, for if the rays of interest were focused directly inwardly, maintaining the interests of the attitude, it would be difficult to comprehend how one specific attitude would ever change. For instance, if the rays of interest were focused in the centre of an attitude, that would seem to present an example of a non-shifting static attitude, which as we have seen is not how attitudes behave. This revised description of the behaviour interest describes how *interests act on behalf* of the attitude and amongst other circumstances and situations. This point is further discussed in chapters 12 and 13, including case illustrations from cognitive psychotherapy which are used to elucidate and develop the premise of this argument further.

According to Luft's account of interests and attitude, one appears to have free will in determining the attitude one adopts, whereby *I* shift from different attitudes, so for example, I can shift from a car salesman attitude to a husband attitude to a therapist attitude. Luft describes how active life may be carried out in a certain attitude of which there are many different examples, which are lived in or lived through, (*durchleben*). These attitudes interchange with each other, in non-contradictory style, rather by reference which imply or cite each other (*sie verweisen aufeinander*). Which is why I am not usually aware of this shifting of one attitude to the next. I tend not to notice that my attitude has changed just as my interest also changes:

All life is taking position (Alles Leben ist Stellungnehmen). Holding a value (Wertnehmen) is also kind of position taking. Furthermore, an attitude need not be rationally formulated or consciously chosen. Mostly we live in the undetected natural attitude. (Moran 2005, p.150).

As we can see from the above quotation, Moran (2005) describes the changing of one attitude to another as an essential characteristic of all acts, which for Husserl's original concept of the natural attitude was a tremendous eidetic discovery, as the shifting of one attitude to another is involuntary and goes largely unnoticed.

For Husserl, if one is to bring any attitude into focus, whereby one is aware of the attitude, a new 'special attitude' is required, namely the one which operates under the reduction. Moran (2005) describes this attitude as the theoretical attitude, the attitude of the *detached, disinterested, uninvolved spectator*. This theoretical attitude is described as being integral as it brings all the other attitudes into view, compared with natural attitude which effectively conceals other attitudes.

The natural attitude is self concealing; the theoretical attitude is self involving and self aware and ultimately universal, transforming all human praxis ... Attitudes like acts are founded upon one another... Acts can also modify other acts. (Moran 2005, p.150).

As we can see from the quotation from Moran (2005), attitudes, like acts, are founded upon one another. The alternating and complementary style of shifting between attitudes means that I am largely unaware of passing through or being in any one style of attitude. However, that is not to say that I cannot be reminded of the possibilities of other stances that I may adopt when in other attitudes. In other words, I can be in a particular example, say that of my 'car salesman attitude'. Whilst at work in my

office, I happen to glance at a photograph of my family. I am briefly reminded of the attitudes that I can adopt with my family at home, the attitude of father, husband etc. The naivety of the natural attitude prevents me from deliberately recognising this photograph as evidence of other *attitudes* per se, but even so it reminds me of an alternative stance in which I am able to posit the world around me. This point is particularly important with respect to the later developed phenomenological description of the universalising attitude, where one's ability to remind oneself of alternative 'posit taking stances' seems to be significantly reduced (see chapter 13).

As we have seen, an attitude has no limit to which objects could potentially become a correlative of that particular attitude. This correlative of an attitude is, for Husserl, an open horizon or world horizon. This horizon or world for the attitude is not in itself an entity, rather one that contains all possible entities for a certain attitude. Living in a certain attitude viewing things within this horizon, the horizon remains hidden whilst in this attitude, as the object upon which I have thematically focused my attention.

Luft (1998) terms this correlate between horizon and attitude as a schema (please note that this is not to be confused with the term used by Beck in cognitive therapy). Luft expands upon his use of the term schema by describing how all things that are given to me, or that I am familiar with, have a certain attitude, which is not an attitude specific to one given thing, rather to a horizon of all possible things. One's perspective shifting from one attitude to the next usually goes unnoticed, as does the horizon, as one's attention is accustomed to a single thing that is given through a schema. These special horizons that correlate attitudes are seen as separate worlds, which complement each other by virtue of their reference, and they imply each other,

by overlapping and touching each other. The universal notion or field of this structure is what Husserl refers to as a 'home world' (*Heimwelt*). This refers to the intersubjective sphere in which we feel 'natural', at home, and which we are accustomed to.

§3. The home attitude and the naivety of the natural attitude

Luft (1998) describes the naivety of the natural attitude on two main accounts. Firstly as we have seen, generally speaking when one is in the natural attitude one is usually unaware of being in it. Secondly whilst in the natural attitude one is unable to recognise it as an attitude as such. What Luft (1998) terms as the home attitude is also naive in that it sees itself as absolute. Inside the home attitude all other forms of life are seen as alien, primitive or incomprehensible. Within this description of the home attitude there seems to be an occurrence of universalising. For example, within the home attitude all is viewed as familiar, which as we shall later see involves as a subset attitude, which so far appears to be unaccounted for by Luft or indeed, included in Husserl's own account of the natural attitude.

Within the daily life of the natural attitude, there is involved a certain casualness that is in the manner in which 'daily life' is conducted. It is in this respect that Husserl describes daily life as dogmatic. For instance, my daily life involves me having certain relative opinions and beliefs and making certain assumptions or contracts about where I shall be in the future. It is in this vein that daily life holds a myriad of assumptions or beliefs about my interacting with the world, for example, assumptions that the bus that I take on the way to my appointment will be on time, that it won't crash and will arrive at my destination; that my senses tell me the truth about the

world in which I find myself, that tomorrow I will go to work etc. Luft describes these beliefs as being mere *doxai*; in that they are not to be subject to an epistemic investigation.

For Luft, this represents the second constitutive element of the natural attitude, namely its naivety. However, acknowledging the naivety of the natural attitude is to suggest to a certain extent that one has left it, or least within the natural attitude, in a manner which is not naive. One may have assumed that this attitude would indeed be the philosophical attitude or, as Moran (2005) appeared to suggest, the attitude which operates under the reduction, the theoretical attitude. Luft attempts to explicate his position and attempts to fully understand Husserl's notion of the natural attitude, bringing in the notion of episteme and home attitude. As we have seen in the home attitude, we live with a certain set of beliefs and opinions, which as already observed, tend to be naive and to have absolute claim to truth. This can be seen in examples of everyday perceptual mistakes, demonstrating how my perception can easily be mistaken, and that certain beliefs that I hold in everyday life are naive, that is in Husserl's sense of the word, dogmatic.

From this naive, dogmatic perspective of the world one is able to see how the scientific attitude develops in its pursuit to discover how the 'world really is' and is not one aspect based upon my own relative opinion or belief. From this perspective one may abstract their own relative beliefs and opinions to test them out and devise hypotheses to gain a further understanding of relative opinions or beliefs. In this respect one could argue that one attempts to bracket out assumptions of the world. This bracketing introduces the scientific attitude, whereby I adopt an attitude which

deliberately leaves behind the assumptions of my home attitude in the attempt to move on from subjective truths towards objective truths. This scientific attitude is different from other attitudes in the respect that other home attitudes only have truths relative to their own respective attitude. For example, I could see the car from the perspective of the car salesman, as a means of making money etc. or from the attitude of the mechanic in terms of its engine performance. In both accounts of the two attitudes, both are true based upon their relative assumptions and appraisal of what is constituted by a car.

Luft (1998) describes how one would not tend to contrast two differing attitudes, indeed in most everyday situations there would be no obvious need to set them in contrast with each other. However, from the perspective of the scientific attitude one would deliberately bracket separate opposing subjective opinions, as part of testing a hypothesis.

Within an attitude an opinion will never be 'false', only inadequate or wrong. In this scientific bracketing, however the physicist will instead view [the car] as a three dimensional x with certain attributes, which have nothing to do with relativity. I as a physicist will not see it as an artefact, but as an example of certain species. This means looking away from certain qualities and focusing on others that quantify it as a physical entity. This quantification is carried out in the natural sciences at the highest level as a process of mathematization.

(Luft 1998, p.161)

Luft expands upon this by describing how this mathematisation, as mathematics is the paradigm of absolute truth, is not limited to any one specific home world. Mathematics transcends culture or any one specific home world, regardless of customs or culture specific ways of thinking particular to that home world. For Luft, the scientific attitude stems from the home attitude, the home attitude containing a

multiplicity of attitudes within it. Arising from the home attitude is the scientific attitude, which for Luft is different from the other attitudes as its truth content is not relative to the specific attitude, rather it is described as being absolute.

What is seen as being common to all these described attitudes is one's devotion to a certain action with that attitude. For instance, whether one is in the attitude of the salesperson, therapist, scientist, father etc, one continues to believe in the reality of the world that one is in, in which 'I am doing these things'. Also if I am doubting a certain thing, if my perception is mistaken or 'disappointed', even null and void, for my perception may be confused by an optical illusion, yet I continue to believe in the world despite this illusion or annulment to my perception. In other words, perceptual experiences which are proven to be mistaken or completely erroneous do not result in me doubting the existence of the rest of the world. This would seem parallel with Husserl's presentation with the epoché in *Ideas I*, here he relates the epoché not to doubt, but to the *attempt* to doubt something;

...[S]hall serve us only as a methodic expedient for picking out certain points which, as included in its essence, can be brought to light and made evident by means of it. (Ideas I, 54).

What is central for Husserl in an attempt to doubt something is 'bracketing'. This as we have seen, is not restricted to the phenomenon of attempting to doubt things and can make its appearance also in other combinations and equally well alone. Indeed, doubt would rule out in the function of the epoché, with the attitude of disbelief, and exclude the operation in process. For doubt is a specific position or attitude in contrast to the position of certainty contrast to this, bracketing is a question of suspending all such positions out of play.

This is implicit for the cognitive therapist who uses various means such as behavioural experiments or the use of Socratic dialogue to purposely offer the patient new horizons to their existing attitude in such a way that the attitude is placed in a position whereby it sees the need to begin to evaluate its stance, which previously it naively accepted as the only position 'to take'. For Luft (1998) all attitudes are seen as implicitly holding the belief that the world they are in exists, or engagement with the world exists. Indeed during the first meditation of *CM*, Husserl describes how, after performing the epoché, there is a certain 'refraining from belief', and in *Ideas I* he describes this as 'compatible with unshaken conviction of truth', even with unshakeable conviction of 'evident truth'. To expand upon this point further, if the epoché was seen as a form of doubt, it would be redundant as a means of providing an opening for transcendental phenomenology. It would prove to be impossible to doubt as it would be effecting the epoché in the respect that doubting is the same as any other position and does not belong 'belongs to realm of perfect freedom', whereas attempting to doubt does.

For Husserl, it would be possible for an individual truly to doubt his or her existence in the real world. For instance, sceptical concerns about the nature of the existence of the external world would no doubt prove to be redundant to Husserl; rather one begins to experience the world with the *full conviction* that the reality that one experiences is correct. As we have seen, this is regardless of what particular attitude one may be in or passing through. This primary and primal position of certainty, or as Husserl makes reference to it, the *Urdoxa*, is integral to our cognitive lives, even when during annulment of one's belief in certain experiences. For example, I may find that my

present experience in which I find myself is somehow mistaken, possibly through some form of sensory disturbance or via some form of hallucination, my certainty in my reality would indeed be shaken, but only as a temporary result of this discrepancy in my experience.

For example, I may see a door in front of me. As I attempt to open the door, my hand goes through it. Such an anomaly or discrepancy in my experience would be questioned or rejected as flawed against the background of a continuing certainty of my world. Such discrepancies are specific or local, and on the basis of me experiencing a discrepancy in my perception, in terms of the previous example as I find my hand going through the door, I immediately question or reject the appearance of the door, however, only in the context of the reality of my hand or the rest of my visual surroundings, or the rest of the world:

*That is, in the home attitude I will always understand something in a certain principle **known** sense, if not one, then another. The world as my home world is to me a harmonious horizon; the style of my living in the world and understanding it is one of concordance within my home attitude (Einstimmigkeit). Husserl calls this universal style of concordance within my home attitude, without which the world as my home world would simply appear absurd to me. (Luft 1998, p 164).*

For Luft (1998) all our actions and beliefs rest upon the world being absolute facticity, the natural attitude would be too narrowly understood if it were simply understood by way of a title for our everyday life, hence his use of the term 'home attitude'. The scientific attitude, even as distanced from the home attitude, that is, standing outside of this naivety, also rests on this foundation. In the scientific attitude I still believe in the general or absolute fact that the world exists. The scientific attitude might not be

naive about the dogmatic claims and beliefs of the home attitude, but it is naive towards its own belief that the world exists.

Luft expands upon his point of the home attitude by describing how the multiplicity of attitudes within the home attitude leads to a third and ultimate methodical aspect, which he believes constitutes *the full notion of the natural attitude*. For Luft, the scientific attitude is understood by all home attitudes as the scientific attitude is an extrapolation or abstraction of a single home attitude. Each home attitude has its open horizon, namely the manner in which it understands entities or events around it. For instance, depending upon which home attitude I am in, I will understand it one way or another, depending upon one of the many sub-attitudes of the home attitude.

§4. Concluding comments for chapter 12

In this chapter, the following points have been made: Luft's (1998) account of attitude describes how daily life within the natural attitude involves inhabiting various attitudes that are not separate or distinct from the natural attitude, rather that these attitudes can be understood as sub-transient attitudes of the natural attitude. At first sight this may suggest that this term should read natural *attitudes* (I will return to this point in chapter 14). Luft's (1998) description appears to suggest that these attitudes are deliberate, voluntary and chosen, however, as we shall see in the following chapter in the case of emotional disorder some of these sub attitudes would be difficult to understand in this manner (providing one isn't a Sartrean). In chapter 14 I shall use examples taken from clinical psychopathology to develop Luft's concept of sub- attitude further.

Luft's (1998) concept of the 'home attitude' augments Husserl's account of living in the natural attitude in that this is the attitude which 'brings together' the horizons opened up by each of these other attitudes. As we have seen the home attitude is characterised by an attitude which sees itself as absolute and anything which is not concordant to the attitude is viewed as alien.

Here it seems that there is still yet a further sub-attitude which Luft's (1998) (2002) account fails to notice. That is the universalising attitude, the attitude which seeks out that which is and all that is not concordant with the home attitude. Here my usage of the German definition for *interesse* which as we saw translates as 'on behalf of' illustrates the reciprocal relationship of attitude and interest. In this example of the universalising attitude the interest seeks out all that is concordant with home attitude, recognising all that isn't as alien, false, impossible or nonsense to the home attitude. Possibly Luft's omission of this additional attitude can be explained by the naivety of the universalising attitude being more akin to that of the natural attitude than Luft's account of the other sub-attitudes he describes. In other words the universalising attitude is more difficult to identify as an attitude per se.

We have seen how for Luft (1998) all attitudes are seen as implicitly holding the belief that the world that they are in exists, or engagement with the world exists. Luft (1998) describes the naivety of the natural attitude on two main accounts. We have seen, generally speaking, that when one is in the natural attitude one is usually unaware of being in it. Secondly, whilst in the natural attitude one is unable to recognise it as an attitude as such. Luft's (1998) description of the home attitude claims to share the naivety of the natural attitude in that it sees itself as absolute.

However this seems to me to be no different to all other ‘sub’ attitudes described in this chapter. For instance if an attitude doesn’t see itself as at the very least ‘momentarily absolute’ it would be difficult to see how this could be warranted as an attitude that comes about or something that occupies us. In other words, Luft’s account of the home attitude is unsatisfactory as it fails to describe how the home attitude is different from other attitudes.

However Luft’s claim that the home attitude sees itself as ‘absolute’, and that this as an example of the naivety of the natural attitude, is I believe problematic for two main reasons. Firstly, the natural attitude does not recognise itself as an attitude; therefore it has no reason to *regard itself* as absolute in the manner that Luft describes the home attitude. The natural attitude is the *natural* attitude to be in. The naivety of the natural attitude prevents it from seeing itself as an attitude in the first instance therefore it has no reason to ‘claim’ itself as absolute (in chapter 14 I shall argue that the universalising attitude doesn’t make a direct claim to being absolute, rather it attempts to manipulate the naivety of the ‘natural everyday’ and by doing so sees itself as the natural attitude). Secondly, Luft’s description of sub-attitudes appears qualitatively different when one is ‘in’ these attitudes compared with other examples of ‘*when I’m in*’ the natural attitude. For instance, to some extent in the sub-attitudes of Luft’s description I am aware of an attitude compared to pure examples of the natural attitude. This raises the question of how the natural attitude can be understood as an attitude in the same sense Luft describes these sub-attitudes. This chapter has not developed this point further, but we will return to this point in chapter 14.

From Luft's account of attitudes, the attitude's 'awareness' of being an attitude per se and having a 'transiently absolute' feature seems to be common to all the sub-attitudes. I wish to take this point further in the remaining chapters to develop my account of the universalising attitude, the naivety of which I believe is closer to that of the natural attitude than the sub-attitudes (including the home attitude) described by Luft. Based upon the understanding of attitude and interest set out in this chapter, I shall attempt to argue in the next chapter that this description not only assists in providing a phenomenological description of the change process within cognitive psychotherapy, but also provides the setting for introducing the type of attitude which seems to be inhabited by patients in clinical psychopathology. As we shall later see this type of attitude is one that seems to have a persistent and involuntary nature about it which does not seem to be accounted for in the types of attitude described by Luft's (1998) account. It is in this respect that I believe an enhanced interpretation of Husserl's natural attitude is required as provided in chapter 14.

However, what I propose in the following chapter is that the patient in an anxiety or depressive state can be seen in this respect to be within a specific attitude; the universalising attitude, that is a variant or yet another subtype of the natural attitude. As we have seen from Luft's analysis, the interest of a specific attitude can be seen as 'acting on behalf of the attitude', or as acting as a focus or a filter for the attitude. The parallels with this notion of a filter can of course be made with the cognitive theoretical accounts of selective attention or information processing biases, however

interest or attitude are *phenomenological descriptions of consciousness* and *not* examples of cognition.²⁰

I wish to argue that the universalising attitude is more than a means of providing a passive filter or lens through which one views the world. Rather my proposed account for the universalising attitude is that it is that part of the natural attitude which takes itself as self-evident, not just a bias, in that it is that very aspect of the natural attitude which presents itself as the only way in which to view something. The universalising attitude is constantly reframing itself in a manner which is self-evident, in contrast to Luft's description of the home attitude. I shall argue in chapter 13 that this is precisely what contributes to the naivety of the natural attitude and possibly contributes to the sense of familiarity described in Luft's account of the home attitude.

²⁰ As discussed in the introduction, CBT's over-inclusive use of the term 'cognition' for all psychological processes from the processing of information to examples of an 'automatic thought' risks reducing consciousness to a series of cognitions or cognitive processes.

Chapter 13. The significance of attitudes and interest for cognitive therapy

§1. The significance of attitude for Husserl, and the role of dysfunctional beliefs in cognitive therapy: a brief résumé

The significance of the translation of *Einstellung* or attitude is pivotal in Husserl's phenomenology. It could also be expressed as 'focus' or 'stance', 'standpoint' or 'mode of thought' (Kern & Marback 2001, Owen 2006). Similarly, Moran (2005) has described how Husserl's whole philosophy is driven by a recognition of different attitudes such as the personalistic attitude, theoretical attitude, scientific attitude, practical attitude, attitude of affect and other attitudes all of which reveal a relative profile or view of the world as a whole. However, I wish to demonstrate in the following sections that the implications of attitude and interest may have a similar significance for CBT, in that they can be used in providing an enhanced phenomenological description of the interplay involved during the 'change process' within cognitive psychotherapy.

As we have seen, Luft argues that Husserl's 'discovery' of the natural attitude is indeed one of the greatest themes of Husserlian phenomenology. For Husserl, the natural attitude is the attitude in which we accept the world and its forms of givenness as simply *there*, 'on hand' (*vorhanden*). As we have also seen, by its very nature, the natural attitude does not need to be inferred, it simply is there. However, it holds a naivety for us to which we are not only oblivious whilst being in the attitude, but also in our belief that it is the only attitude to be in.

Although the main objective of Husserlian phenomenology is to suspend the assumptions of the natural attitude, the following chapter will attempt to explore the

essential features or characteristics of attitudes (as understood in the previous chapter) within the natural attitude and argue that the cognitive model for the maintenance cycle of an emotional disorder is partly as a result of a dysfunctional cognition being maintained by the patient's own misinterpretation or belief, but largely as a result of a type of recurring attitude that has not been phenomenologically accounted for by Luft's (1998) account.

Husserl describes this attitude in one example as 'when *one is seeing the radiant blue sky and lives in the rapture of it*', where one is not in the theoretical or cognitive attitude, but rather the attitude of affect. Hence a distinction needs to be made: the attitude experienced in psychopathological presentations differs from the 'attitude of affect' in that it appears to the patient to be more persistent than the everyday experience or moment where one is lost in rapture, happiness or sadness.

However, before proceeding with this, it perhaps appropriate at this juncture to remind ourselves of how in Chapter 11, we saw how the cognitive model of emotional disorders describes emotional disorders as being maintained by a combination of environmental factors, negative cognitions, underlying beliefs, heightened affect, physical symptoms, and safety behaviours. Here, I believe Husserl's 'discovery' of the natural attitude can not only enhance our understanding of psychopathology, but used in accordance with the phenomenological reduction, can be used to illustrate the general 'mechanisms' of cognitive psychotherapy regardless of the particular approach described within this field. In this section I wish to describe how the natural attitude can impact upon our belief system, where certainty can be seen as a *position-taking attitude*, where one understands oneself to be taking something to be the case,

where one's perceptual beliefs are supported by various senses and can also be seen as a positing of the actuality of the state of affairs as presented by one's perception.

§2. A new term for the proposed attitude

As we have seen, the terminology used in the Beckian 'first wave'²¹ of cognitive therapy often labels cognitions or beliefs as 'dysfunctional' if they are deemed 'maladaptive' in that they are 'responsible' for contributing to the maintenance of an emotional disorder. For the purpose of introducing the attitude which I shall argue is *discovered* within cognitive therapy, I shall resist the temptation to continue this tradition by terming this attitude a 'dysfunctional attitude of affect'. This is not for reasons of a politically correct position, vis-à-vis 'normality', rather the term *dysfunctional* attitude says very little about how the structure of the attitude behaves and also suggests that the attitude is somehow at fault. The attitude I am proposing is not new, indeed it is as old as human nature itself and is part of the general thesis of the natural attitude (that is the general belief or doxa, a general acceptance, involving the universal positing, where everything in it is objectively there, *Ideas I*, §30).

Nonetheless, we need to distinguish between the attitudes experienced in psychopathological presentations and what Husserl himself describes an 'attitude of affect' (*Ideas II*, p.10). The attitude of affect experienced in psychopathological states would seem to have little in common with Husserl's attitude of affect; rather this 'attitude of recurring' or more precisely an attitude of 'universalising negative affect'

²¹ It is generally agreed that 'CBT', within the 'stable' of the cognitive behavioural therapies, has evolved into what is termed third-wave 'CBT', hence here I use the term 'first wave' to refer to Beck's original conception of cognitive therapy. See chapter 1 above for further clarification of the definition of cognitive behavioural therapy.

experienced in clinical presentations, is just one example of what I shall later develop as the ‘universalising attitude’²².

§3. The phenomenological characteristics of attitudes within the natural attitude as seen in the psychopathology of emotional disorders treated within cognitive therapy

The following sections attempt a phenomenological description of the characteristics of attitudes within the natural attitude. I shall attempt to provide this by referring to Husserl’s *Ideas II* which provides an introduction to how Husserl views the behaviour of attitudes. During his explanation of the ‘spontaneity and passivity; actuality and in actuality of consciousness’, Husserl begins to provide an account of the transition of the theoretical attitude which will provide an indication of how Husserl may have viewed the transition of attitudes per se. As the following quote highlights by making

22

I have analysed thousands of documents. I have tirelessly pursued specialists and historians with my questions. I have tried in vain to find a single former deportee capable of proving to me that he had really seen, with his own eyes a gas chamber (Faurisson in Pierre Vidal-Naquet, 1981: 81). To have ‘really seen with his own eyes’ a gas chamber would be the condition which gives one the authority to say that it exists and to persuade the unbeliever. Yet it is still necessary to prove that the gas chamber was used to kill at the time it was seen. The only acceptable proof that it was used to kill is that one died from it. (Lyotard 1989, p.3).

I have chosen the term ‘universalising’ as I believe this acknowledges what Lyotard describes in *The Différend*, in which he demonstrates how societies construct institutions and discursive regimes. These regimes enforce and organise themselves by sets of laws or rules; where part of the law of something is the very thing that forces the universality of the law or rule. To use Lyotard’s example, in a case where a member of the Socialist Party is tried in a ‘neutral’ court of law, the court of law makes the claim of neutrality, without prejudice, the universality of the law is unable to recognise that something is standing outside of its own understanding or value. Anything that does this is understood by the law as ‘breaking’ the code of the law, and therefore deemed as a self-evident, ‘breaking of the law’. The universality of the law, justifying itself as correct, the evidence for this being prima facie, by the very fact the defendant stands at odds with the court of law.

The defendant (in this example, the member of the Socialist Party) does not have the same concept of ‘property’ as the actual court of law, which is trying him. Here the universality of the court justifies itself, in the respect that the defendant has ‘broken’ the law. The claim of the court of law of being without prejudice is at odds, in that its own concept of ‘property’ cannot accommodate the defendant’s concept of property. However the universality of the law ‘prevents itself’ from seeing this. The above quotation demonstrates the extremes of this universality from a historical perspective, in the case of the historian calling into question the evidence needed to support the existence of the holocaust.

reference to the ‘thesis’ of the natural attitude, described by Ricoeur (1967) as a thesis which contaminates our every day mundane beliefs.

I wish to clarify that when I make the assertion that the natural attitude can enhance our understanding of psychopathology, this is not to suggest that the natural attitude *causes* emotional disorder. Rather, what I hope to demonstrate is that emotional disorders such as anxiety and depression are examples of understandable conditions of living within a certain position-taking standpoint of the natural attitude. Being within the natural attitude, one assumes that everything perceived belongs to the real world and one assumes that existence of the world is independent of one’s experience of it. I have knowledge of the world which is limited by the mode of its givenness to me and the conceptual make up of my experience of it.

As Husserl points out, the assumption that what is perceived is transcendent to our perception of experiencing is a perfectly natural assumption, indeed the assumption is part of, or built into, the very character of these perceptual experiences. What is seen is seen as something that is ‘more’ or ‘other’ than the act of one seeing it as such. In other words, what is perceived in the natural attitude is taken to be something which goes beyond or is transcendent of one’s perception of something. As Husserl says in the following quotation, ‘the transcendence is part of the sense of anything worldly’, that is, it can be seen to be part of anything that one posits as belonging to the world.

Just as the reduced Ego is not a piece of the world, so, conversely, neither the world nor any worldly object is a piece of my Ego, to be found in my consciousness life as a really inherent part of it ... This ‘transcendence’ is part of the intrinsic sense of anything worldly, despite the fact that anything worldly necessarily acquires all the sense determining it, along with its existential status, exclusively from my experiencing. (CM, p.26).

§4. The ‘taken for granted-ness of the natural attitude’, as illustrated by an example of the illusionist’s ‘sleight of hand’ trick

Although this assumption is natural and understandable, I wish to propose that the naivety of the natural attitude can lead us to be deceived in certain everyday instances whilst living in the natural attitude. Here the reader may like to compare my example with the discussion in the previous chapter of Luft’s (1998) account of the home attitude, which uses the naivety of the natural attitude as part of the foundation for this description.

To return to my own example, an illustration of one such obvious deception experienced within the natural attitude I believe can be seen in the illusionist’s ‘sleight of hand’ trick. For example his audience are amazed when at the height of his performance he pulls out a rabbit from his hat. They are ‘amazed’ at the rabbit being pulled out of the hat (assuming they haven’t seen this old trick before), firstly, because the audience, without being aware of it, have certain expectations within the natural attitude. Namely that what is presented to them is usually taken as self-evident, certain and taken for granted within their day-to-day lives in the natural attitude. Even when one is aware of the illusion, one is still surprised or amazed as to how it was possible.

However this surprise moment of the audience still remains as it were internal to the natural attitude. The audience doesn’t suddenly adopt a stance of radical Cartesian doubt whereby they start to doubt their experience or senses. Rather they respond by starting to consider ways in which the trick may have been performed. The key point here is that the set of expectations within the natural attitude can include surprise in an everyday sense.

This-taken-for-grantedness²³ of the natural attitude means that the audience are not aware of holding these expectations, nor are they aware that such expectations exist within themselves, or as part and parcel of an attitude. For the audience it is the only way of viewing the world they are not even aware of any attitude to be in. The ‘sleight of hand’ illusion demonstrates one instance of the *naivety of the natural attitude* at work. The naivety in this context refers to the manner in which the audience is overlooking their own subjective functioning or position-taking when viewing the ‘magic trick’. This functioning remains, as Husserl describes it, *anonymous*. Indeed if it were not for this naivety of the natural attitude it would be impossible to ‘surprise’ or to create the illusion, for whilst being in the natural attitude I believe it to be the only possible ‘position taking’ stance to be in.

The illusion reminds me that something unfamiliar or unexpected has happened and, whilst knowing I have been tricked by an illusion, the illusion is proof that my senses can be fooled. As already mentioned, this doesn’t mean that I have to start doubting my senses or experience. I could simply dismiss the experience, for as we have seen, surprise can occupy the natural attitude. For unlike other types of belief my belief in the natural attitude precedes empirical beliefs, say, in the existence of this or that entity. Such beliefs can be empirically verified, whereas my belief in the natural attitude cannot be empirically confirmed or falsified. Rather everything around me confirms the natural attitude. However, this is not to suggest that my positing of the natural world is beyond being questioned (Russell 2006). On the contrary, being within the natural attitude means that we can often misunderstand or misread events

²³ Please note this terminology is not to suggest an existential phenomenological orientation.

or people if they are seized or interpreted in ‘too narrow a focus’ (Natanson 1973). Cognitive therapists will often use an example of an everyday misunderstanding occurring within examples of ‘common sense’ within the natural attitude, to demonstrate what CBT understands as cognitive distortions, such as misreading your boss’s body language as evidence that he doesn’t like you. For example, the therapist may attempt to explain to the patient how sometimes our interpretation of events are mistaken by using an example of what the cognitive therapist would label as an example of ‘mind reading’. The way in which this was explained to the patient could involve the therapist describing an example of an employee who says ‘good morning’ to his boss when he walks past him at work, and the boss doesn’t appear to acknowledge him. The therapist would describe how, in this instance, the employee could experience a variety of negative automatic thoughts including, ‘The boss doesn’t like me’ or ‘I’ve done something wrong’. However, the misreading to which Natanson (1973) refers to is more than an example of a psychological misunderstanding, for instance, he describes how the ‘photographic eye’ can be deceived as easily as the human eye:

The photographic eye is as uncertain as any observer’s glance: it stills the hectic flush of experience in adumbrations which sometimes hide as well as reveal the truth ... Mechanical impressions no more than human sensibility can be trusted to translate the expressive world unless the situation or framework ... is explored or penetrated. The appreciation of context in the natural attitude is an imminent turn to origin. The point is that the available surface of an event is a product, the outcome of a process, a history, which is the rootage of experience. (Natanson 1973, p.97).

Here Natanson describes how the context of an event taking place within the natural attitude is easily misread in our everyday experience of the attitude. Such misreading can occur as the result of a subjective psychological interpretation, or from the

‘snapshot’ of a camera. No doubt the cognitive therapist would respond to this by stating that it is the human eye which is being is responsible for this misreading by appraising the ‘snap shot’ incorrectly.

What appears on to be a laughing face [captured by the camera] is a contortion of extreme pain. (Natanson 1973, p.97)

However Natanson is describing how both camera and human eye can misread the ‘available surface of an event’. The camera’s eye merely ‘stills’ the ‘hectic rush’ of adumbrations if the surface of the event is separated from what Natanson (1973) describes as the productive source. Both human and mechanical device can be misled by isolating different facets of the origin:

Within the phenomenological attitude, origin implies a source of direction, a locus from which the movement of consciousness arises. The discipline of origin consists in tracing out the itinerary of consciousness in its constitutive history. Here it would be misleading it would be misleading to think of origin as a causal determinant. One tends to transform the temporal process into a time sequence in which primordial event sets a causal chain of events into motion. (Natanson 1973, p.97).

The camera which takes a snap shot of a grimacing face which is construed as someone laughing has not simply captured one of many sequences in a casual chain of moments and placed this on film. In the natural attitude temporal processes are transformed into a time sequence where a primordial event sets a causal chain of events in motion. As the last quotation suggests, by being within the phenomenological attitude, the concept of origin is now free of sequential order and one is able to bracket ‘causation’ allowing the access one needs to expose ‘the mesh of acts and synthesis which constitute the experiential world’. Once one is able to adopt a phenomenological attitude one is able is able to reveal ‘origin’ as free from a

sequential order allowing the flow of intentionality to be seen as a ‘multitude of perceptions, judgments, remembering and anticipating’. The camera with its inability to adopt a phenomenological attitude is unable to decentre itself from this flow which constitutes the experiential world of the natural attitude. The flow of temporality which is assigned to a casual sequence by the natural attitude cannot be transcended by the mechanical eye of the camera. The camera, like the psychology of an individual, is in the natural attitude, therefore this misreading of events to which Natanson refers is beyond the subjective or psychological interpretation of an individual at a given moment.

In my assertion that emotional disorders are a result or ‘part and parcel’ of living in the natural attitude, I need to clarify my position further. I am certainly not suggesting that one needs to be constantly in a state whereby one is perpetually suspending or bracketing the natural attitude in order to avoid emotional disorders. Clearly if this were possible it would be the antithesis of therapy. Unlike Drabinski’s (2007) claim that in its ‘broadest sense’ Husserlian phenomenology can be seen as the therapy *for* the natural attitude (in the respect that it suspends and clarifies the metaphysical assumptions of the natural attitude), the patient is not seeking to clarify their metaphysical assumptions about the natural attitude. It is as if an aspect of the universalising attitude of the patient almost ‘requires’ a ‘check up’ upon their existing attitude, as if the attitude itself has become ‘diseased’. The therapy for the attitude is not so much about seeking out metaphysical clarification or an appeal for existential authenticity, but for the attitude to return to its previous ‘naturalness’.

In the natural attitude one is able to access the available surface of an event, which as we can see from Natanson's description is the 'outcome of a process'. This can easily be interrupted or 'cut off' from the intentional source. In such cases, such as the example of the magic trick, the audience is deliberately encouraged to interpret the event in *too narrow a focus*. The attitude of the audience becomes momentarily universalised by focusing upon a 'snap shot' of the event. By manipulating the attitude amongst the audience the conjuror is able to 'produce' an event, which seemingly appears to be without foundation or origin (namely that rabbits don't usually come out of a hat without first going into the hat).

In addition to this, our everyday mundane beliefs to a certain extent are influenced by the attitude we take, as we saw in many of the sub-attitudes of Luft's (1998, 2002) description. So our beliefs within the natural attitude presuppose their justification, they become a theme for a particular attitude we may be in. As we have seen, the naivety of the natural attitude is unlike our holding any other beliefs which can be substantiated or rebuked by empirical clarification. For Husserl the natural attitude, our everyday mode of being, is framed around an implicit understanding that the positing of the natural world is an independent horizon of being. As Russell (2006) describes, whilst explaining the significance of the general positing of the natural attitude (interestingly he uses an example of paranoiac experience):

What Husserl is describing here is something akin to the paranoiac who believes that people are out to kill him, and who therefore, given the slightest reason for suspicion, will see people on the street as killers. Likewise, it is only by assuming in advance, as it were, that our experience will be experience of objects existing independently of us (i.e. 'in the world') that we predispose ourselves to discover such objects in fact. Were it not for these expectations and assumptions, we would not immediately and habitually encounter the world of experience as the real world. (Russell 2006, p.61).

As Russell (2006) explains, our experience of factual existence is not so much to do with the actual physical entities within that experience, rather what Russell terms the frame around the experience. However, the 'frame' itself is never actually experienced. By this 'frame' one can read horizon of 'real being'.

§5. The use of the phenomenological attitude in therapy

The following sections focus upon the process of change that actually takes place during what Safran and Segal (1996) term 'insight orientated psychotherapy'. This is a process they describe as a 'decentring', through which patients come to see themselves actively constructing reality and become open to alternative constructions. Firstly, I shall attempt to argue that this process is comparable to Husserl's phenomenological reduction and epoché. Secondly, *the change process* itself experienced by the client results from the therapist setting the necessary conditions for the client to adopt a more neutral stance in terms of a given experience or described 'state of affairs'. This to some extent sets up the conditions for a basic form of phenomenological attitude to take place, enabling the client *to see* how their interpretation of the situation has been maintained by the natural attitude. The employ of this basic reduction allows the patient in therapy to re-evaluate their appraisal of the situation.

In other words the conceptual aim of the cognitive therapist is usually understood in terms of the therapist attempting to evaluate the client's cognitions, thus challenging the client's interpretation or appraisal of a given situation or state of affairs. However, I wish to argue that CBT's emphasis upon cognition or belief is only part of the therapeutic process. The successful process of therapy requires the bracketing of a

sub-attitude (as discussed in the previous chapter) and to reveal this as an attitude to the patient as another sub-attitude within the natural attitude.

As we have seen, that is not to suggest distinct or separate attitudes to the natural attitude, rather a variant or sub-type of the same natural attitude the patient occupies with the same qualitative naivety (as prior to therapy, they would have no obvious reason to question this). In addition to this, the bias in their interpretation of the natural attitude maintains the emotional disorder. I will also argue, by attempting to provide a phenomenological description of the change process required in the necessary disconfirmation of a cognition, that the phenomenological attitude is pivotal in enabling the patient to *see* their previous attitude, and by doing so being able to adopt a less extreme or dogmatic form of natural attitude.

The significance of this I believe has been grossly underestimated in cognitive therapy by researchers steeped within the tradition of naturalism and the mathematisation of consciousness who tend to use more linear models from cognitive science to explain and formulate emotional disorders. These researchers, whilst acknowledging the importance of the therapeutic relationship in terms of demonstrating compassion etc. (Gilbert 2009) believe that the manner in which the therapeutic rapport can contribute to a decentering is largely ignored. Assuming that for a change process to occur they have to emphasise the rationality of the model, i.e., trying to *show* the patient reasoned evidence which contradicts their interpretation of the situation (i.e. their negative automatic thought for the situation in question). Whereas the actual ideal approach would be to facilitate the patient's suspension of their own beliefs, allowing

them to be 'presented' with other evidence (see chapter 8 on the Socratic dialogue in cognitive therapy).

As we have seen, the natural attitude can be seen in the causal world as the term suggests in everyday natural living. It can be characterised by the absence of interpretation, by the very fact that it is not thematically given in the natural attitude. For example, when one is in the natural attitude one is unaware of being in that attitude, as the term suggests, it seems natural. Fink (1976) suggests that the natural attitude is a 'transcendental notion' in the respect that one can only become aware of it once one is able to take a step away from it. The second and third Cartesian Meditation involve the first stage of the phenomenological description, in which one looks at one's own experience 'with simple devotion to the evidence inherent in the harmonious flow of such experience' (*CM*, p.29). This entire domain has been purified of any worldly realities, even the subjective ones that psychology deals with (Smith 2003). The noetic description reveals this 'harmonious flow' as being synthesised in 'internal time' and as having' conformity to 'type'. Although as Husserl states at this part of *CM* one does not have apodictic knowledge of the particular contents of the ego's transcendental life one does have apodictic knowledge at this stage of the meditations that whatever particular thoughts or experiences it contains, it is temporal in nature.

Luft (1998) describes the first main thematic account of the natural attitude as 'dealing with' modes of everyday existence, dealing with others, planning etc. This dealing with objects 'given to us', being based upon the premise of intentionality, that is the way of givenness as our mode of lived experiencing any kind of correlative to

the manner these entities are given to us in and through our intentional acts. As we saw earlier, with Natanson's (1973) example of a camera within the natural attitude, we live through the constantly flowing, seamless stream of intentionality which includes a web of interrelated emotional and affective states such as feelings, moods etc.

These acts and attitudes are founded upon one another, forming the connections of consciousness, which Husserl believed had to be identified, classified and described (Moran 2005). At this point of the natural attitude, consciousness is like a constantly flowing stream, appearing seamless, presenting itself as a 'kind of multiform yet unified whole'. For Husserl, one of the things the phenomenological reduction helps to appreciate is the function of synthesis within intentionality. The phenomenological reduction requires us to turn our attention away from things in the world and towards our subjective experiences (not in the introspective descriptive way which was critiqued in chapter 6) in a way that facilitates our appreciation of the multiplicity of subjective processes 'that correspond to the simplest objects' (Smith 2003). The basic phenomenological reduction which is successfully used in therapy provides the patient with a brief appreciation and understanding of this. In turn this serves to illustrate how individual *Erlebnisse* have been experienced as a uniform whole can be isolated into individual mental events or processes, helping any sub-attitudes to become ostensive as the patient's focus is upon their subjective experiencing. This is demonstrated in the following vignette, which provides a clinical example of how the cognitive therapist employs these interventions in the dividing of abstract individual *Erlebnisse*:

§6. The significance of the questioning style in cognitive therapy in accessing attitude

In cognitive therapy the therapist typically encourages the patient to recall specific isolated situations in which they experienced a heightened negative affect. Wells (1997) describes different types of open-ended questions that are used to elicit NATs, including asking the patient to recount specific episodes when he or she last felt heightened emotions such as anxiety or panic. In the following sections, I have used an example cited by Wells (1997) which attempts to illustrate the employ of different types of questions in order to elicit what is termed as the driving or target cognition which is deemed to be responsible for maintaining the client's appraisal of a given situation. In the following example, the therapist is attempting to firstly elicit from the client 'analysing information'; that is, information pertaining to the precise or most recent situation in which the client first started to notice a sense of emotional uneasiness. The therapist then continues by asking the client to expand upon the emotional response in this example, the described sense of 'nervousness'.

The questioning style then progresses by asking the client to reflect upon the cognitions or automatic thoughts that were presented to the client during the experience of nervousness. The 'probing questions' are used to further extract possible underlying cognitions that the client has yet to recognise, which may in fact be target cognitions. The following vignette is significant from a phenomenological perspective in that it provides a typical clinical example of how the cognitive therapist employs these interventions in the dividing of abstract individual *Erlebnisse*:

Therapist [T]: *When was the last time you felt anxious in public?*

Patient [P]: *I had a bad day at the weekend.*

T: *Tell me about that , where were you ?*

P: *We were getting ready to go out on Sunday, and I began to feel nervous. (analysing information)*

T: *What did that feel like? (elicitation of feelings).*

P: *Horrible, my legs were weak and I was unsteady.*

T: *What thoughts went through your mind when you felt like that ?*

P: *I thought I didn't want to go out. (Secondary thoughts).*

T: *Were you afraid that something bad could happen if you went out feeling like that ? (Probe for danger). (Wells 1997, p.60).*

This style of questioning within CBT is described by Beck (1979) as a process that can be useful with certain patients who may have possible difficulties in identifying illogical thoughts or imagery, or indeed not appear to appreciate the connection between cognition and affect. Typically, cognitive therapy would attempt to socialise the patient to help them to see the connection between their cognitions and emotions by using a recent situation in which they experienced relatively intense negative affect. This would be used as an opportunity to elicit possible negative automatic thoughts, the therapist demonstrating to the patient the process involved in 'catching' negative cognitions. Moran (2005) describes how Husserl's *erlebnis* or cogitation is to be understood in its widest sense to include any identifiable flow of consciousness, i.e., an individual act (*Akt*), passive state (*Zustand*) or content (*Gehalt*) of consciousness that is immediately apprehended or 'appears' in the conscious awareness. With an appreciation of the seamlessness of consciousness, the naivety of the natural experience becomes apparent as objects within consciousness which are taken to be real including emotions and memories. One begins to have an appreciation of how such objects can arise or in which they are constituted. In the natural attitude such accomplishments remain 'anonymous'. In other words, the natural attitude overlooks the functioning subjectivity in which such objects arise and are deemed as 'real' but at the same time presupposes this subjectivity within our day-to-day

dealings of the world. It is here that the patient may become aware of an attitude as it is revealed via the Socratic dialogue between patient and therapist.

§7. The significance of ‘neutrality modification’ in the change process in cognitive therapy

I wish to suggest that the open-ended questions used in the previous dialogue are employed to invite the ‘universalising attitude’ to reaffirm itself as it would usually do. The stance or position taking of the universalising attitude is deliberately encouraged via the use of the questioning style in therapy used in conjunction with questions that encourage the neutralisation or nullification of a ‘position taking’. For Husserl the neutrality modification is the counterpart of the positing of the attitude (Moran 2005).

As we shall see the ‘position taking’ of the universalising attitude goes beyond the psychological contents of a certain belief or the psychological judgment of a certain situation. Similarly Husserl describes in *Ideas I* (§109) ‘neutrality modification’ as transcending the psychological. By this I mean the ‘neutrality modification’ is not simply the negation or disapproval of a belief but a modification which is independent from a voluntary performing:

They are acts in which the ‘positing’ element has become powerless. It is a mere-thinking-of, which has not got to the level of affirming; nor is it a kind of fantasizing, although the neutrality modification runs through both fantasy and epoché ... The neutrality modifications is the opposite of all positing ... Epoché, idle fantasy, etc. are themselves all varieties of neutrality modification. (Moran 2005, p.151.)

Husserl develops Descartes' concept of universal doubt to demonstrate how the potential for a modification of 'believing' consciousness is always possible. However this does not mean that I now doubt what I previously believed, rather the belief is now 'out of play' and I make no epistemic use of it. However, it remains my belief until I have reason to change into doubt. The epoché serves as the 'neutralisation' of the belief (Brainard 2002). Under the epoché, consciousness is considered independently of the existing physical, causal world.

So far in this chapter we have seen how, inadvertently, the cognitive therapist is demonstrating the universalising attitude which can be seen to a lesser degree in all everyday attitudes within the natural attitude. However, this can only be recognised by the patient once the therapist has performed a series of interventions, such as the Socratic dialogue, which encourage a 'decentring' from the patient's experience. These interventions serve as a makeshift bracketing of the patient's experience. Prior to this, the circularity of the attitude is alien to the client. He will not see this until the successful bracketing of his experience has been performed, simply because, for the patient, this was the only possible stance to adopt. Typically the therapist will not draw out the formulation until the client describes his experiences. As this process begins, the therapist starts to illustrate by including the arrows in the diagram to show how the emotions experienced by the client impact upon his cognitions, physical symptoms and behaviour. This, I believe, can be seen as comparable although inferior in precision to Husserl's epoché or bracketing of experience. Through the process of the epoché the neutrality of the universalising attitude is encouraged in that the patient begins to see his stance as an attitude. The previous positing of the attitude which was once naively certain now becomes the 'merely conceiving', the 'something produced

without doing anything about it'. The patient begins to experience the counterpart of all that was 'produced' by the positing of the attitude, is 'shadowed'. The arrows in the diagram represent the interest of the attitude. Prior to this it is unlikely that the patient appreciates the circularity of the feedback loops and the self-perpetuating nature of the attitude.

The naivety of the natural attitude means that the client (prior to the therapist's successful intervention) will see each experience as new and will be unaware of the self-maintaining nature of the attitude. Sometimes the inexperienced therapist will didactically describe the circularity of the feedback loops to the patient ('*Can you see it just going around and around?*'²⁴). This of course is meaningless to the patient prior to the suspension of an attitude via the epoché as no 'transformation' for the client has taken place²⁵. The universalising nature of the attitude means that the experience is not encountered in the manner depicted in any of the models used in CBT by the patient, prior to the patient adopting or experiencing *a phenomenological attitude*, which may be brought about by a combination psycho-education, therapeutic rapport etc. Only then can they be successfully engaged and socialised to the model and only then can the client see and understand the attitude. At first glance this is what Husserl seems somewhat optimistically to describe, to return to the passage which opens the thesis which I repeat here:

²⁴ This is an actual example of how panic disorder was described by a trainee therapist to a patient.

²⁵ Often critics of CBT will highlight how the term now includes a broad range of differing interventions and models of emotional disorder, to such an extent that it is not a single knowable entity. House and Loewenthal (2009) question, if this assertion is correct, how meaningful a term such as CBT is and why is still employed to describe the work of certain psychotherapies. Although it is beyond the interests of the current chapter to get involved in such a debate, I wish to suggest that most of the CBTs, even behaviour therapies to some extent, involve helping the patient to recognise and develop strategies to break the naïveté of an old attitude. One could possibly argue that the active process in therapy of suspending the universalising attitude, is in fact what unites all of the CBTs as a type of therapy.

[W]ith the break with naïveté brought about by the transcendental-phenomenological reorientation there occurs a significant transformation, significant for psychology itself. As a phenomenologist I can, of course, at any time go back into the natural attitude, back to the straightforward pursuit of my theoretical or other life-interests; I can as before, be active as a father, a citizen, an official, as a 'good European', etc., that is, as a human being in my human community, in my world. As before – and yet not quite as before. For I can never again achieve the old naïveté; I can only understand it. (CES, p.210)

In contrast to what he appears to be saying here, Husserl never suggested that the phenomenological attitude once performed was effective for suspending the natural attitude indefinitely. Rather Husserl seemed to advocate the repeated and continued attempt at performing the reduction (Luft 2004).

Indeed in clinical examples of the universalising attitude, the therapist will often see a need for 'top up' therapy sessions for clients. This would seem to suggest that either some patients forget the process learnt from the therapy process, or that the naivety of the attitude is so all consuming that persistent practice at performing bracketing of attitude is required.

The universalising attitude can be seen to a lesser extent in all natural attitudes; it is that which is universal to all attitudes within the natural attitude. As with other attitudes to a lesser degree, it can be seen as self-perpetuating in the respect that the more I am involved in a certain act, the more this guides my mode of interest which in turn is 'surrounded' by the attitude which I am in. However, I wish to argue that the 'normal' individual, free of a psychopathology, living within the natural attitude is able to access other attitudes more freely, unlike the individual with an emotional disorder, who is more dominated by the universalising attitude. This has two major implications for the patient (this is investigated further in chapter 14).

Firstly, the more a patient moves or lives within a universalising attitude, the more the patient finds this attitude easier to access than other attitudes, as interest is used to acting on behalf of this attitude seeking to reaffirm the rationality of the attitude, although that is not to suggest that the patient only has access to this one type of attitude. Other attitudes are available for the patient with an emotional problem. However, the universalising attitude gives the impression that it is somehow static, that the patient feels ‘stuck’ in one particular attitude. Just as the natural attitude is the natural attitude to be in, the universalising aspect of the attitude that tells the depressed patient ‘you’re always feeling this’ is self-evident. As Husserl describes in *Ideas II*, in everyday ‘normal situations’ one is able, to a certain extent, to determine which attitude one chooses to be in. However, as can be seen in cases of depression and anxiety, the ability to choose an attitude or adopt a specific stance seems to have greatly diminished. The other attitudes are both subordinated and within the universalising attitude.

Secondly, although as with other examples of the natural attitude the patient is not aware that they are in an attitude per se, rather that when they are in the universalising attitude, or more specifically experiencing the universalising nature of the natural attitude, they are more aware than when adopting other attitudes, of the ‘modes of interest’, namely, that which make objects thematic for them. For example, when I am in the businessman attitude, I am not aware that my attitude is determined by my modes of interest that influence me to view activities within this theme, rather that the interest is ‘just there’, guiding me through to this or that activity. However, in the universalising attitude of clinical anxiety, patients may, for example, ‘feel’ unable to

relax, that somehow their world has changed and that previously benign situations have somehow become threatening or anxiety provoking to them. This in turn means that they have some sense of how their modes of interest have changed, and how the world has becomethetic for the attitude of anxiety.

The following sections not only describe how Husserl's concept of attitude and interest help to enhance our understanding of the mechanisms involved in cognitive psychotherapy, they also discuss the significance that cognitive therapy may have in helping the client to turn their gaze upon the attitude they are inhabiting. In the following section I shall provide a case study example of a fictitious but none the less typical account of the experiencing of a panic attack, to illustrate the validity of my previous analysis of the universalising attitude.

§8. A phenomenological description of panic disorder; an account of the universal attitude in a clinical presentation

As we have seen from the cognitive model for panic, panic only occurs when the individual appraises or interprets benign physical sensations of stress or everyday physical sensations in catastrophic misinterpretations, that is, as evidence that they are either imminently losing control or facing imminent death, this in turn leading to panic. To return to Husserl's description of how the concrete ego contains within itself both actual and potential experiences, in the case of a panic attack although I have never experienced death from a heart attack or even experienced a heart attack before, I can base my current experience of feeling the sensations of palpitations in my chest, as something that I anticipate my death to be like.

From this experience the palpitations are presented to my Ego as experience (passive genesis) and a certain attitude is acquired as a result of this, say an attitude of ‘imminent threat’ which invites me to look upon the physical sensations I am currently experiencing in a way that I hadn’t previously done. I use the word invite as the Ego could *choose* at this point to dismiss the attitude as alien, thus adopting a standpoint which would not encourage the Ego to react in the manner it does. As we have seen, *the choice* of attitude is described by Luft and Husserl frequently. However, as we have also seen, some attitudes are ‘thrown’ upon us, which suggests that choice may not be an accurate description of how one may experience this within the natural attitude.

For instance, if I were to follow Husserl’s examples, I could choose to look upon the physical sensations as irrelevant hyletic data, as nothing particularly significant, and not pay any further attention to them, allowing my mode of interest to continue with the theme of whatever attitude I am currently in. However, I wish to suggest that in the clinical example of panic disorder, as soon as I adopt the standpoint or attitude that I am presented with imminent threat, then I live through the attitude of acute affect or panic. My mode of interest guides future attitudes I may experience, and I am more likely later to adopt the cognitive appraisal, ‘I’m losing control’.

As we have seen earlier, from the cognitive model of panic, I look upon the physical symptoms from the position that I am in *imminent* danger, either of psychological or physical danger. However, I don’t just appraise this as evidence, as the cognitive model suggests, rather I live through it, *believing* that I am in imminent physical danger which then motivates me to keep myself safe – by fleeing a given situation or

until the symptoms go –, or to avoid making my symptoms worse, or to engage in what we have seen termed by cognitive theorists as safety behaviours, which I am motivated to use in the belief that these will help me in some way.

Seeing this as evidence that I am going to die (active genesis), my world view changes, and any other attitude I may have previously been in becomes diminished and closed down for me. For instance, whilst being faced with the current experience, I have no choice but to enter the attitude of affect, anxiety. This attitude is beginning to prevent me from accessing alternate attitudes and, at its climax, it is exacerbated by the Ego producing further acts of consciousness which allow the Ego to make further examples of active geneses of this current experience. For instance, I am no longer just aware of palpitations but I am also aware of other physical sensations, such as dizziness. My Ego is now treating new sensations in a manner of which previously I had not been aware.

This would involve a certain ‘universalising attitude’, at this point of the experience. Once the Ego has made an active synthesis of its experience, the subject will continue to see new experiences in this light. My horizons of possibility are opening to ways in which I could lose control or go mad at some future point in time. I begin to fear the prospect of recurring anxiety affect.

For example, I will reflect upon what has happened to me and worry that something similar will happen to me again. I will be alert to any unusual physical sensations, I may avoid certain anticipated triggers for the experience, I will focus upon the unusual sense of the affect experienced, I may even consider that I am going mad or

losing control in some way from this. I will check or anticipate for future sensations I attribute to the experience etc., all of which will increase my sensitivity towards anxiety (although I may not be aware that this is what I have experienced, indeed as we will see later, it is highly unlikely that I understand that this is what I have experienced). I may even start to consider avoiding certain situations in order to avoid experiencing the attitude again.

As we can see, if I had passed through one attitude to the next, e.g., say from my businessman attitude, and had been able to live through the described experience and say to myself that I was just experiencing heightened levels of anxiety and had ‘lived through the anxiety’, it could be argued that I have passed through the attitude of affect. However, in clinical cases of panic disorder this very rarely happens. Even though the panic symptoms experienced by the client are perfectly harmless, the response being normal, acute levels of anxiety having been exacerbated by the client’s ‘misinterpretation’ of symptoms. That said, the person who has experienced a panic attack invariably feels it *came out of the blue* and, despite reassurances, worries that *it will happen again* (see appendix for DSM IV criteria for panic). Indeed, the client who has suffered a panic attack will appear convinced that they were somehow about to lose control, have a heart attack or even die. The fact that none of these possibilities actually occurred is not acknowledged or even known to them. Typically they would see their experience as a ‘close shave’, the universal attitude is self-reinforcing, the client who feels he has had a close shave will often put the fact that the feared outcome did not happen down to his having engaged in some form of safety behaviour, though obviously he wouldn’t term it as this.

For example, if you were to simply ask the client ‘why’ he didn’t collapse in a situation where he experienced panic, he would probably list a variety of strategies or safety behaviours he used: ‘I didn’t collapse because I sat down’, or ‘just because I didn’t die that time I felt panic, doesn’t mean I won’t die next time’. Whatever the safety behaviour used by the client or the reason they give for the feared outcome not occurring, and the list could be endless, there is always a reason, which in terms of the client’s attitude is rational and self-evident. The universal attitude closes down other horizons to the client in a manner more extreme than other attitudes described by Husserl’s natural attitudes. The cognitive therapist would describe one of the maintenance processes as selective attention, where the patient selectively attends to what he thinks is evidence for his *feared cognition*.

§9. The need for CBT to acknowledge the universalising attitude as more than a collection of emotions, cognitive processes, beliefs and behaviours if an effective change process is to occur

As we have seen in the information processing theories described above, there is an apparent bias to attend to information that we take as evidence or as of significance. However, I wish to argue that what is going on here is more than selective attention. For instance, this implies a conscious choice for the client. The mode of interests for the universal attitude is more than viewing the world in a certain fashion, rather that the attitude reaches out to the world via rays of interest and provides the necessary evidence. Where conflicting evidence is presented to the attitude there is always a ‘yes but’, it will not only negate or overlook conflicting information, the universal attitude also closes down other horizons rendering any other positing or position-taking of attitudes impossible to the client. Any anomalies to the attitude are finely honed and presented as being further self-evident justifications to perpetuate itself. It

is in this respect that the universal attitude can be seen to be a self-reaffirming and even an almost rational 'creature'.

To take this point further, as we saw in the description of PTSD (see chapter 9), although obviously describing a clinical psychopathology the disorder itself demonstrates the extent to which other horizons are closed down to the PTSD sufferer. As we saw, from a cognitive perspective, early cognitive theorists were troubled by how patients exposed to a traumatic incident from the past could still find this anxiety provoking in the present day. The standard explanation for this in most cognitive theories is that the client has not yet processed the trauma memories and persists in appraising his physical, emotional and cognitive responses as evidence that he is still in some form of danger.

For instance, during my clinical experience as a cognitive therapist I have worked with many patients requiring treatment for PTSD. One particular case (the details of which I have changed to preserve anonymity), involved a patient who had been involved in a road traffic accident. He had been involved in a head-on collision with a red car and had only narrowly survived the accident. Following the accident the patient would experience heightened levels of anxiety every time he saw the colour red. So much so that he would try and avoid being exposed to the colour red. It is here that that the universalising attitude closes down the prospect of other attitudes, to the extent that the client 'relives' the trauma experience.

As we have already seen in chapter 9, the goal of CBT is to help the client begin the reprocessing of the trauma memories in a manner which means he no longer appraises

the experience as a current threat. Or, from a purely behavioural background via use of imaginal exposure, to produce the habituation of the anxiety response, that is to expose the client to memories of the most traumatic aspect of the memory or to the colour red. The universalising attitude is more obvious in such cases than the actual cognitions. As we have seen, it is only once a successful bracketing of attitude via means of socialising the client to the model is achieved that it becomes meaningful to talk to the client about 'what was going through their mind' when they saw the colour red (for example). Prior to the universalising attitude being demonstrated in some way to the patient, such interventions clearly have little meaning to the patients themselves.

The change process within cognitive therapy is often described after successful intervention with a therapist who has somehow evaluated the patient's previously held cognitions and via use of what is termed behavioural experiments. The therapist and patient have evaluated the patient's cognition and use of safety behaviours etc. by empirically testing them out in the 'real world'. However, little is actually written within cognitive therapy of what actually occurs during the change process. The successful dropping of safety behaviours and cognitive restructuring of NATs is seen as disconfirming previous cognitions and allowing the patient to adopt a more adaptive response to their experience. From my account of the universalising attitude, I believe it possible to provide an enhanced understanding of this process.

Once the successful epoché of the patient's experience has been performed, the overwhelming dogmatic nature of the universalising attitude is momentarily suspended. Various verbal and non-verbal cues should alert the therapist to the

epoché, the use of guided discovery assists with suspending the universalising attitude. This may seem an alien concept to speak of suspension of attitudes, as the cognitive therapy tradition would no doubt view this as ‘the evaluating or challenging’ of a cognition.

However, I believe that two points need to be made here. Firstly, I have described the universalising attitude as not so much a thought or belief about having a type of thought that can be challenged by simply looking for evidence to support or refute the claim. Indeed, as sometimes occurs in therapy, such an approach will only reinforce the universalising nature of the attitude (e.g. simply seeing the exercise as ridiculous or as evidence that the therapist doesn’t understand). Cognitive therapy insists upon a collaborative stance between therapist and patient where a non-patronising or non-confrontational stance is adopted. However, little is described as to why such a stance is important. As we have already seen, the importance of this is usually described in terms of the micro-skills or other forms of therapeutic interpersonal skills. Obviously these skills are integral to successful therapy. However, from a phenomenological perspective, it is important that the universalising attitude is not given an opportunity to reframe the therapy, or the therapist in a universalised manner, hence the need for the therapist to be able to respond to the attitude in a ‘therapeutic manner’.

The universalising attitude can only begin to be suspended successfully by the use of an epoché, sometimes incorporated in the interpersonal skills of the therapist and their ability to adopt a neutral stance, and a genuine and inquisitive questioning style from the therapist. Again these recommendations are not new to CBT, indeed these are the main mantras for cognitive therapy. However, it seems to be taken for granted that the

reason for such recommendations in the practice of therapy is self-evident, or part and parcel of the ‘core skills’ of a psychotherapist. However, the account of the universalising attitude provided so far *demand*s such a collaborative approach if a change mechanism is to occur.

Cognitive therapy is often misquoted as being about changing the way people think. However, from the description of the universalising attitude, we can see that cognitive therapy is not so much about ‘changing the way people think’ as this would clearly be some form of ‘brain washing’. Rather, cognitive therapy works because it facilitates the patient to gain an understanding of how the universalising attitude has been in operation, what it feels like when this attitude is in operation, and to learn how to recognise and to understand the attitude, in a manner that does not serve to reframe and perpetuate the attitude further. Cognitive therapy’s focus upon the restructuring of cognition, in the pursuit of evaluating and changing the patient’s appraisal of a given experience, is in effect the naturalising of the patient’s experience and the universalising attitude itself.

§10. The implications of the universalising attitude for CBT; the attitude is more than an example of an individual’s psychological attitude

What is of significance in terms of the change mechanism occurring within the therapy is not so much a result of individual cognitions changing or the changing of another’s mind. It would be implausible to suggest that the limited use of the *epoché* in therapy helps the patient to suspend or bracket their experience, as if momentarily in limbo between attitudes. Clearly, the patient is perpetually still within the natural attitude throughout the therapeutic process but, by the therapist’s effective application

of the epoché, the patient is eventually able to recognise the extreme dogmatic and self-perpetuating nature of the universalising attitude.

Once the client has developed the means of recognising this, only *then* can potential new horizons begin to be opened up to the patient which will in turn momentarily quieten the universalising attitude, so that it returns to the ‘default settings’ of the natural attitude (Sokolowski 2000). However (as we shall see later in chapter 14), it is only possible for the attitude to recognise the ‘default settings’ once it has first recognised itself as a universalising attitude within the natural attitude. It is only by appealing to the ‘common’ feel of the natural attitude that the universalising attitude is able to see itself as such. In other words, it is only by appealing to the ‘common attitude’ experienced within the natural attitude that therapeutic change can occur. Without such an appeal, or indeed without the natural attitude, no therapeutic change could occur, as the default settings of the natural attitude would not be found (see Sokolowski 2000, discussed further in chapter 14).

This I believe, has particular significance with respect to criticisms made against cognitive therapy, which appear to emphasise the significance for the role of cognition (arguably understandably so) within the change process, and the lack of information describing how such a change mechanism occurs.

The second surprising omission is that nowhere ... is there any discussion of the implicit (and sometimes explicit) theory of change and its mechanics, as advocated in CBT. Thus CBT practice is based upon an assumption that cognition and ideation somehow precede, and can therefore unproblematically be invoked to control, emotion; yet on the basis of careful psychological research this assumption is called into question. (House & Loewenthal 2009, p.295).

As can be seen from this quotation, critics often wrongly describe cognitive therapy's understanding of emotional disorder as being based upon the premise that a direct causal link between cognition and emotion exists. As we saw in chapter 2, §1, this position seems to have been openly revised in the cognitive therapy literature. Cognition is now seen as contributing to the overall appraisal or emotional response and as forming the cognitive component that 'regulates' a problem. However, despite this apparent 'straw man' argument, the criticisms of a lack of explanation of how a change process operates would seem to be justified. The 'disconfirmation' of driving cognition, or the cognitive restructuring or other form of behavioural change, seems an inadequate account of the actual process that occurs between patient and therapist, which has enabled the patient to consider change. Most examples of the cognitive behavioural model of emotional disorder appear to attribute change to the successful dismantling of the already described factors, which have culminated in feedback loops, deemed responsible for the maintenance of the disorder, or the individual's interpretation of events. The dismantling of these cognitive, emotional, physical and behavioural factors, in turn, is seen as leading to the client's evaluation of their original interpretation and thus leads to them re-appraising the experience.

This description of the change mechanism involved seems to rely heavily upon a subjective change in psychological attitude, whereby the change of an individual's attitude involves the successful persuasion of changing of minds. Not surprisingly, there has been much written on this aspect (for example, Jung 1921 Bandura 1982, Fazio & Williams 1986). Providing an exhaustive overview of such work would be beyond the current concern of this chapter, suffice to say, and at the risk of over generalising, the psychological definition of attitude appears to be understood as a

correlate of the individual's personality. However, as I wish to make clear at this stage of the discussion, to view the universalising attitude as such would be not only to miss any appreciative understanding of the intersubjective nature of the universalising attitude, but more significantly one would fail to comprehend the importance of the phenomenological origin of the attitude itself.

The subjective contents or beliefs contained within the universalising attitude are of limited significance here, secondary to the phenomenological structure of the attitude and to the patient experiencing the process involved in suspending the attitude itself. As we shall see in the final chapter, there are many examples of the universalising attitude, clinical psychopathology being just one. What is of central importance to remember is that the natural attitude and the subsequent universalising attitude are the necessary prerequisites for the psychological attitude to occur in the first instance. The universalising attitude transcends the psychological thesis in that the origins and structure of the universalising attitude focus upon the essential character of an *intentional correlate* within the natural attitude. This contrasts significantly with the psychological attitude, which seems to be concerned only with the individual and subjective bond between the 'believer' and 'believed in'. For instance, the universalising attitude gives the certitude of belief, not through the content of cognitions or assumptions or feelings pertaining to a sense of certitude, as these are contingencies of the individual's psyche clinging to the supports of the natural attitude (Natanson 1973).

To attempt to change the attitude by appealing only to the psychological thesis would be to misconstrue the phenomenological structure of the attitude itself. In many

respects it may not be surprising that a psychological therapy such as CBT focuses solely upon the psychological component of the individual in understanding the maintenance of an emotional problem. However, interpreting the change mechanism within CBT as factors involving ceasing behaviour and disconfirmation of cognition etc. would not only seem to miss the significance of the universalising attitude, but more importantly, would seem to fail to acknowledge the significance of the natural attitude. As we have seen, cognitive therapy regards cognition not as a causal factor for emotion, rather as the aspect which is responsible for the 'regulation' of an emotional problem. This I suggest would seem to fall prey to the trappings of psychologism and in turn naturalism, the consequences of which for Husserl were discussed in chapter 3.

§11. Concluding comments for chapter 13

In this chapter the following key points have been made. It is not my thesis that cognitive therapy is wrong to describe emotional disorders in the manner it does, as clearly it can be effective for the therapeutic progress of the individual. Rather, the aim of this chapter has been to suggest that Husserlian phenomenology's 'discovery' of the natural attitude has direct significance for CBT's understanding of the 'mechanics' of the change process involved in psychotherapy. In particular, what we have seen is that the methodological structure occurring within cognitive therapy's change process is essentially a basic yet effective phenomenological reduction, whereby the patient is helped to decentre themselves from their situation and to see an attitude as precisely as an attitude.

Successful and lasting change for the patient occurs within therapy when the patient is able to pass through one example of attitude to another as one would do in everyday examples of natural attitude and to recognise when they have entered the rigidity of the universalising attitude. At that point the patient is able to become a therapist to themselves, in that they use the phenomenological reduction to recognise when they are in a given attitude. This methodology enables the patient to evaluate the reasons why he or she has arrived at that attitude. However, as we have seen, continual practice of this process seems to be required and the potential for universalising attitude cannot be underestimated by either patient or therapist. Cognitive therapists are required by relevant governing professional bodies to have monthly clinical supervision. The supervision process often mirrors the process of cognitive therapy (Padesky 1996). This I believe shows an implicit recognition of the manner in which the therapist becomes inadvertently part of the universalising attitude and/or is naive to the attitude, in other words, does not recognise the universalising attitude as such.

Similarly if a cognitive behavioural therapist should develop a psychological or emotional disorder often it is of little value for this individual to receive therapy for themselves from another cognitive behavioural therapist, as the therapist (now the patient) will already be familiar with the process of the therapy and will be aware of what the other therapist 'is trying to do'. Consequently the universalising attitude becomes so entrenched that any attempt at its suspension is thwarted, the attitude is aware of what is 'coming next' or 'what is trying to be achieved' and the therapy process becomes negated by the attitude. That is, the method of therapy becomes part of the confirming evidence for the universalising attitude.

Whilst the claim that Husserl's natural attitude may have particular significance for psychopathology is not in itself a unique claim, I believe that no previous literature within the field of cognitive therapy has made a similar analysis of Husserl's natural attitude, or suggested that this can be used in enhancing our understanding of what takes place during the change mechanism. It is in this respect that I believe that cognitive therapy has overlooked the significance of Husserl's discovery of the natural attitude, specifically with regard to the universalising attitude. Regardless of this, the chapter has demonstrated how the success of cognitive therapy is more about the employ of a phenomenological methodology as opposed to the 'catching' and challenging of thoughts.

From my own clinical experience as a cognitive therapist, it seems that certain patients arrive at the beginning of treatment expecting to receive a collection of techniques such as relaxation or 'making notes of their thoughts', which will somehow 'magically' help them. The difficulty in working with such clients is in educating or describing to the patient how it is the phenomenological reductive process itself, and not the interventions which are used to facilitate this process, that is the key to successful treatment.

For instance, one can record the driving cognition or negative automatic thought responsible for maintaining a given example of emotional disorder, and learn to counteract these thoughts with more realistic or 'balanced' thoughts. Sometimes patients may make little progress with this, often describing how on an intellectual level they can understand or 'buy into' the model, and yet they do not experience significant change. As we saw earlier, in the description of compassion focused

therapy (see Chapter 8, §4. Compassion focused therapy and neuroplasticity), this type of ‘road block’ in therapy is described in psychological literature as being the result of the patient having a divide in their emotional and intellectual understanding. The patient is able rationally to understand, but is unable emotionally to accept or believe what is being proposed.

Although this chapter has not discussed this phenomenon, as it is beyond the scope of the thesis, it perhaps worth suggesting at this juncture that this ‘different approach’ can be seen as another example of intervention which aids the ‘shifting of attitude’.

Compassion focused therapy focuses on different contents within the attitude. For such a process to have authenticity for the patient (in a strictly Heideggerian sense), the patient still has to recognise an attitude as such. Different approaches simply focus upon different aspects of content within the attitude, the success of treatment being determined by how the psychological theory, or more precisely the therapist, presents the attitude to the patient.

This is not to suggest that the effectiveness of therapy is simply a placebo effect, as we have seen the patient has to see the attitude, its origin and maintenance, for themselves and then to use the method to reduce the attitude as such. Without grasping the phenomenological reduction, it is unlikely that an authentic change will occur, in that the patient who feels better after just having ‘a good chat’ will invariably relapse sooner or later.

Finally, we have seen partial evidence of a ‘faithful interpretation’ of Husserlian phenomenology which makes use of the epoché and helps the client to identify what I have termed a universalising attitude, which does not rely upon an introspectionist interpretation of Husserlian phenomenology (the interpretations we discussed earlier in chapters 6 and 7). By this I mean that the manner in which the universalising attitude is developed in the following chapter does not rely upon an interpretation of Husserlian phenomenology which involves a subjective ‘inner searching’, nor is there an assumption that what may be found by exploring one’s own subjective world may be of philosophical or phenomenological interest. As described by Natanson (1973), if anything, Husserl’s phenomenology is extrospective, in that its concern is external:

The glance – to use Husserl’s language – of the phenomenologist is directed towards what is presented in experience, not a repository of mixed sensations within the psyche. (Natanson 1973, p.43).

As I shall expand upon in the following chapter, the universalising attitude is not the product of an individual’s psyche, rather it is the ‘glue’ that holds together the natural attitude. The universalising attitude is not a psychological mechanism, although clearly it can have an impact upon the psychology of an individual, rather it is the attitude that is *presented in the experience* of the individual with an emotional disorder. The implications for cognitive therapy is that the attitude it identifies in psychopathology will always have a circularity to it, regardless of its psychological diagnosis and regardless of what the theoretical underpinnings may be for a particular given cognitive or behavioural model²⁶ the therapist uses to treat the disorder.

²⁶ The reader may note, from anecdotal observations in clinical practice, that it seems to be common for patients to be assessed and formulated with a specific disorder, only to be placed upon waiting lists for CBT. Often when the patient eventually commences treatment their presenting problems have changed, in that the previous formulation or specific disorder model no longer explains their current difficulties, the patient’s problem appearing to have morphed into another example of anxiety disorder. One could

Part 4. Developing a phenomenological account of the universalising attitude

argue that this is simply evidence of an inaccurate initial assessment. However, I wish to suggest that this demonstrates clinical evidence of how it is the structure of the universalising attitude and not just the content of the belief which is of significance. In other words, the cognitive behavioural contents of an attitude may change without the phenomenological structure of the attitude altering in any significant way.

14. The implications of the cognitive behavioural maintenance cycle for Husserl's concept of attitude and interest

So far, we have seen how Husserl's description of attitude and interest provide an enhanced understanding of the process taking place during the change process. In addition to this, Luft's (1998) description of attitudes experienced within the natural attitude has also helped us to see how, in clinical case presentations, there appears to be a universalising of attitude. I have argued how I believe that cognitive therapy could further develop the use of the phenomenological reduction²⁷ to enable the patient to step back from the persuasive and self-reinforcing nature of the universalising attitude. Indeed, I would suggest that 'bad' CBT fails to do this. For example, I refer to therapy that is overly didactic and does not facilitate the patient in sessions with the experiential recognition of the attitude *qua* attitude.

In this chapter I wish to suggest, firstly, how cognitive therapy, particularly its concept of maintenance cycles of emotional disorders, provides the beginnings of an eidetic account of the universalising nature, namely characteristics that are common to all attitudes experienced within the natural attitude. In other words, I will examine how some attitudes inhabited within the natural attitudes are maintained, or conversely, how attitudes become 'out of play' and substituted with another attitude. An account of this seems to be lacking from Luft's (1998) account and certainly from Husserl's own account of the day-to-day experiencing of the natural attitude.

²⁷ I use the term in its broadest sense. Husserl used the terms epoché, abstention, 'dislocation from', bracketing and parenthesising interchangeably throughout his works, the most significant feature appearing to be a 'changing of attitude' where one is able to move away from naturalistic assumptions about the world (Moran 2008).

The second main objective of this chapter can be seen within the chapter's account of the universalising attitude, which suggests the interplay of differing attitudes that one may inhabit within the natural attitude. As we saw in chapter 12 and Luft's (1998) description of attitude and interest, this in itself is not a new claim. However, unlike Luft's account, I wish to argue that one is able to adopt more than one attitude at a given specific moment within the natural attitude, the attitude or attitudes we *do* inhabit being determined by a hierarchy which itself is governed by interest. Here my account of the universalising attitude describes the attitude as possessing intelligence in the manner in which it uses itself as an attitude and interest in order to reframe and perpetuate itself. This I believe provides not only a unique and enhanced understanding of Husserl's discovery of the natural attitude, but also develops previous accounts of the natural attitude, such as those of Luft (1998), Sokolowski (2000) and Moran (2008).

The third main objective of this chapter is to demonstrate that the description of the hierarchy of attitudes within the natural attitude also provides a phenomenological account of how and why one shifts from different attitudes. Moreover, it shows not only how interest determines the attitude or attitudes that one inhabits but also how, in the case of psychopathology²⁸, within this already described hierarchy the universalising attitude can be seen as forming the over-arching umbrella for all other attitudes. This I believe is unique to previous accounts of Husserl's concept of the natural attitude.

²⁸ It is important to note that *I am not* suggesting that the universalising attitude is limited to psychopathology.

With respect both to using cognitive therapy and the DSM IV classification of psychopathology as means of developing the universalising attitude, the chapter will make reference to various examples of emotional disorder, including; PTSD, specific phobias and schizophrenia. Finally, I will argue that Husserl's description of the natural attitude as an attitude per se is problematic, indeed, as is my own description of an attitude that is universalising. By this, I mean that Husserl's description of the natural attitude appears to be incongruent with the sub-attitudes (which were described in chapter 12), specifically when talking about our everyday living in the natural *attitude* as an example of an attitude. This suggests that either the natural attitude cannot be understood as an attitude per se or, as I shall attempt to describe, involves a hierarchy of natural attitude with an ascending level of naivety. The higher or purer the attitude, the less one is aware of it as an attitude per se.

The following section begins by referring back to cognitive therapy's description of the maintenance of emotional disorder which, I argue, provides an eidetic description for the general characteristics of attitude and the process involved whereby attitudes can be seen to maintain themselves.

§1. Using cognitive therapy to provide an eidetic description of the universalising characteristics of attitudes occupied within the natural attitude

In the following illustration, which as we have seen is the generic formulation used in cognitive therapy to explain the maintenance of the client's emotional disorder, I believe that one could apply this illustration to most of the many everyday examples encountered within the natural attitude (as described in the previous chapter). Granted it would be somewhat crude and basic, but the point is that the maintenance cycle depicted in a generic CBT illustration of emotional disorder, to a certain extent, also

illustrates how one can inhabit an everyday, non-pathological attitude and more specifically how interest and attitude interact in a manner that perpetuates the attitude.

I wish to return later to the point of the attitude being perpetuated or maintained, as illustrated in the following diagram which depicts the cognitive behavioural maintenance cycle of emotional disorders. I believe this may provide an enhanced understanding of how an everyday attitude experienced within the natural attitude is maintained or altered. Here, in Figure 8, a non-pathological example of everyday living in the natural attitude, I use the example of a car salesman to depict how the template of the ‘five areas model’ can be used to account for everyday living.

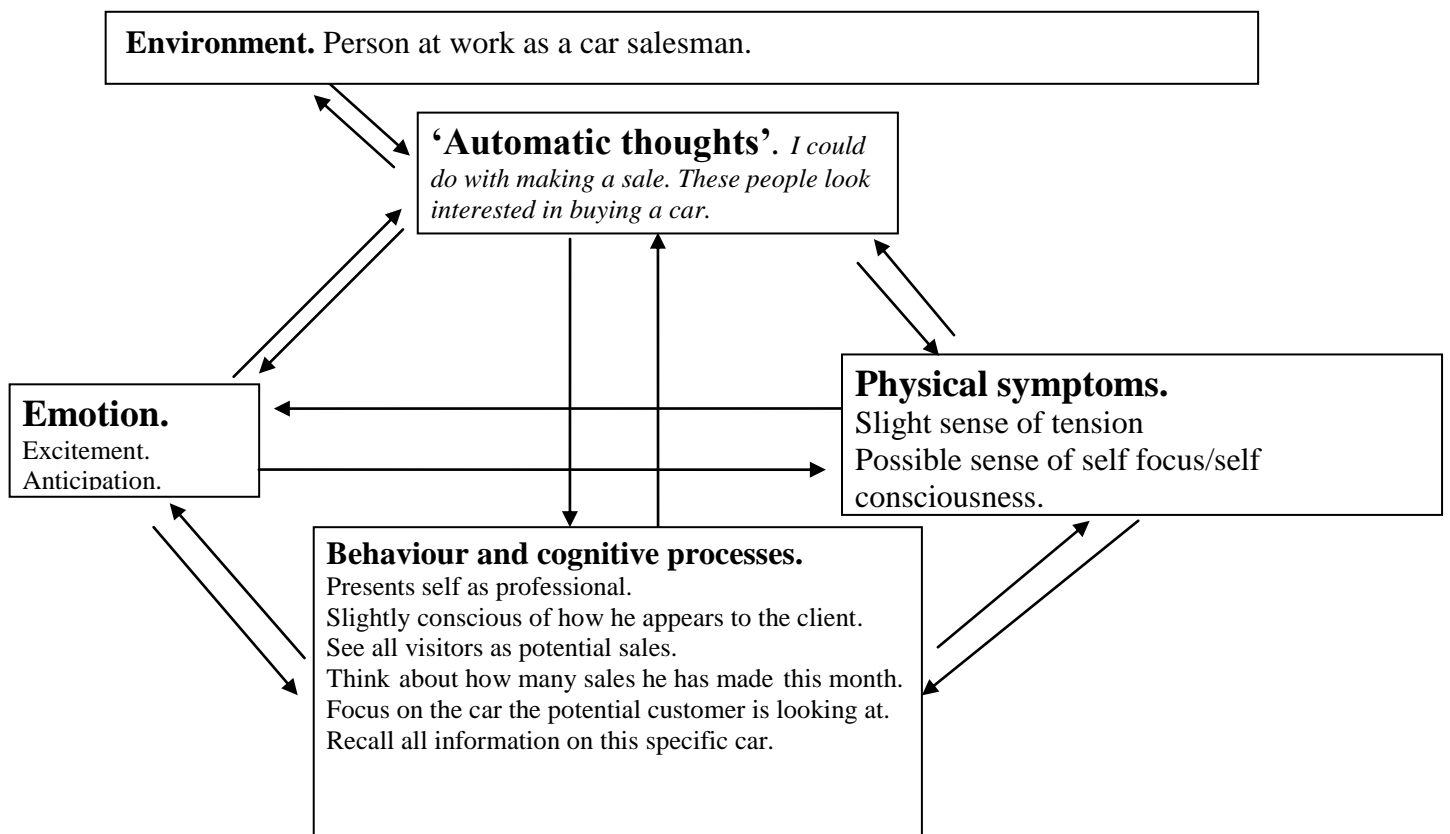


Figure 8. A five areas model depicting a non-pathological example of an attitude

In the above diagram, the same cognitive and behavioural elements can be used to illustrate how one's thoughts, emotions, physical feelings and behaviours are to a certain extent self reinforcing. In addition to these factors, the 'attitude' of the car salesman is reinforced by his environment as an individual. The significance of this 'non-pathological' example being represented by the generic cognitive behavioural formulation is that it demonstrates not merely that 'everyday' examples can be 'shoe horned' into such formulations. Rather, formulations (including specific disorders) are illustrations of how interest oversees and interacts with attitude. Even within non-pathological examples the attitude has a less self-reinforcing and perpetuating characteristic. Despite this self-perpetuating nature, in 'normal' everyday examples of attitudes, one's attitude shifts accordingly and almost seamlessly to the next attitude, almost (but not completely) unaware that one has made a transition through an attitude. The attitude that we adopt, acting on behalf of and in accordance with the focus of interest, has seen how, for Husserl, interest is fundamental to our everyday knowledge of the world. The fact that I am never able to be truly indifferent to things around me, rather that the perspective I have of my world, depends upon the interest which focuses on what I deem to be significant for me, at a given certain time. I also suggested in chapter 12 that interest can be understood not only as Luft's use of the Latin definition of *interesse*, 'being amongst', but also as 'on behalf of'.

To develop this point further, we need to return to Husserl's description of 'conscious life as a life of interests (*interessenleben*)', which begins with sensuousness and gradually extends out and increases towards rational desires (Moran 2006). In *Ideas II*, Husserl describes how one is able 'to have intentional lived experiences in the nexus of consciousness' and 'performing acts of spontaneities' however this does not

yet mean ‘taking up an attitude directed to their objects’. The following quotation expands upon this point.

We are in such an attitude only when we live in the acts in a privileged sense; that is directed to their objects in a privileged way. Distinctions of two kinds intersect here. (1) First, the distinction between the act performed quite spontaneously (with many-levelled acts, there would be articulated steps) over against the consciousness in which the objectivity that must be constituted through this act is ‘passively’ there in consciousness in a confused state. Every spontaneous act, after being performed, necessarily passes over into a confused state; the spontaneity or if you will the activity ... passes into a passivity although of such a kind that as has already been said it refers back to the original. (Ideas II, p.13).

What Husserl seems to be describing here is the suggestion of how one enters into an attitude at the point of the most primordial level of consciousness, which holds a ‘passivity of being affected’. That is, a kind of openness, but at the same time a need to attain or reach out from itself, to become focused as an interest, ultimately leading to something becoming a theme (thema) prior to the attitude focusing upon it, and the ego to ‘self grasp’ it, ‘seizes it and posits it as being’ (*Ideas II*, p.13). The interest of the attitude constitutes the object in accordance to the attitude one is in²⁹.

Husserl describes how different spontaneities or acts of activity overlap with each other with different ‘phenomenological dignity’:

[O]n the one hand, as, as the so-to-say dominating spontaneity, the one in which we prefer to live, and on the other hand, as the supporting or collateral spontaneity, the one in which remains in the background, the one therefore, in which we do not prefer to live (acts characterised as acts of interest, regardless of their specific intentional properties). For instance, we receive some joyful tiding and live in the joy. It is a theoretical act when we perform the acts of thought in which the tiding itself is constituted for us; but this act serves as only as a foundation of feeling in which, by preference, we are living. Within the joy,

²⁹ Although beyond the scope of the current thesis, certain similarities can be drawn between this understanding of interest and Freud’s concept of repression. For example, repression for Freud is a kind of intelligent ‘creature’, in that it does not simply repress one piece of information specifically or, conversely, repress everything available to it in one’s unconscious. Rather it is able to discriminate and also to determine similar information that it may deem suitable for repression. In this respect it has an *interest*, namely to reinforce itself as repression, as it moves between items that it sees fit to repress.

we are intentionally (with feeling intentions) turned toward the joy-Object as such in the mode of affective interest. (Ideas II, p14).

By using the term 'phenomenological dignity' Husserl appears to describe how one is able, to a certain extent, to take preference or decide which activity one is engaging in. In accordance with the dominance of the attitude that one is living through, acts of interest decide to focus upon an object, which determine how it is to become thematic or presented to one, which in turn is dependent upon the attitude that one is in. In the above cited passage, Husserl describes how one is able to live through joy and think of the theoretical aspects of this joy, presumably referring here to the potential for adopting a theoretical attitude.

However, by choosing to 'live through' the joy, this contemplation of theoretical aspects serves only as the underpinning for the attitude of affect, in this case the 'joy' that we have *chosen* to adopt. By allowing oneself to live in the joy, one is able to intentionally grasp the joy-object in 'the mode of affective interest'. In this particular example, Husserl describes how attitudes may have the 'higher dignity'. In other words, it is the 'principal act' of the attitude. By allowing oneself to live in the joy, and to feel the mode of affective interest, this by default becomes the principal act, which has the higher 'phenomenological dignity', as Husserl terms it, and which in turn defines the attitude one is in.

However, Husserl goes on to explain how the reverse is also possible. In other words there can be a change of attitude 'from the one of joy to the theoretical':

[T]here can take place a change of attitude, from one of joy to the theoretical. Then we are living in theoretical consciousness (we are 'theoretically

interested'), and the joy theoretical act gives the 'main thing'. We can still take joy in it, but the joy remains in the background, and that is how it is in all theoretical research. There we embrace the theoretical attitude, even if at the same time there may also be performed spontaneous and lively turnings that yield joy, as e.g., a lively feeling for the beauty of the appearances which occur in physical-optical research. In the back of one's mind a decision might thereby be made to show the beautiful phenomena to a friend, though we are still not in the practical attitude but instead stay continuously with the 'theme' of the theoretical attitude (in brief the theoretical theme). Again, it can be reversed, and the practical attitude is what we are in, and remain in it. (Ideas II), p.15).

Here, Husserl again appears to describe the almost voluntary sense of how one is able to chose between attitudes (note that a similar impression was given in Luft's account of adopting attitudes). Husserl describes how, by changing from the attitude of affect to the theoretical attitude, we become theoretically interested, which now supersedes the mode of affective interest. I can still experience affect but this is no longer in the forefront of my experience, just as I may think about making practical decisions, this too is almost dismissed by the driving attitude which one is currently in, therefore one continues with the theme of the attitude, in this example the theoretical attitude.

[I]t is one thing to be conscious at all that the sky is blue, and it is another thing to live in the performance of the judgement (that the sky is now blue) in an attentive, explicitly grasping, specifically intentional way ... the Ego is, as Ego, thereupon directed attentively... (Ideas II, p.6).

Husserl describes the passing over of one attitude to another as involving a 'phenomenological modification', this being that 'characteristic change of attitude belongs as an ideal possibility to all acts'. However, Husserl earlier emphasises the point that to be in attitude is not to simply 'live through', 'to see' or 'to have something in the perceptual field', rather it is to *carry out* in a attentive manner an act of seeing, 'to live in the seeing in a pre-eminent way, to take an active part oneself in a believing'.

In other words, an attitude is not a passive process whereby one just views, interprets or appraises things in a certain way. Say for example, that I could view things objectively, this does not mean that I am in the theoretical attitude, as ‘doxic’ or objectifying lived experiences also occur in other attitudes such as the practical attitude. In Husserl’s description of theoretical acts and ‘pre-giving’ intentional lived experiences.

The remaining lived experiences, e.g. feeling-experiences; as intentional lived experiences they also are constituting; they constitute new objective strata for the object in question ... (Ideas II, p.6.)

Husserl appears to be describing how the attitude that one is in determines how one constitutes (*konstituiert*) the world at that moment. In the natural attitude, various objects or entities are given to me, however, the same entity in the natural attitude can be *experienced* in different ways. For example, a rock which I can kick out of the way, regarding it as a hindrance, can be subsequently picked up by another individual, or indeed by myself in a different attitude and used to hammer in a fencepost, or it could be the object of study for a geologist, as a ‘fine specimen’, presumably via the theoretical attitude. The same rock is given with a new meaning each time. For Husserl, these differences are attributed to the rock not via the ‘*ding-a-sich*’ of the rock, but to the mode of consciousness that experiences it in different ways in different attitudes.

As we can see, for Husserl, what is definitive of the ‘type’ of attitude one is in is the *active* part the individual takes or performs in that attitude, by believing or judging as an Ego in a specific and active focus, to what is presented, and directed towards it in a specific intentional way. The manner in which *this all occurs* is definitive of the attitude one is in at the time.

Husserl appears to describe how the possibility or horizon of shifting between attitudes is almost only possible by changing one particular attitude at a time. For instance, in the previous quote we saw how Husserl describes one being in a theoretical attitude, and although one is still able to ‘yield to joy’. This for Husserl seemed to suggest that one has not returned to or is in the attitude of affect, but rather one is still in the theoretical attitude, accessing some level of joy without the same accessing of the ‘mode of affective interest’, as previously described, in the attitude of affect. This would seem to give the first possible defining feature of the eidetic characteristic of attitude, namely that one is not able to be more in more than one attitude at any one given moment in time. This at first may seem to be an odd assumption to make. For instance, one should be able to be in the attitude of ‘businessman’, and by the same token, to be in the ‘attitude of a father’, and the ‘attitude of affect’.

However, as we have seen from Husserl’s own examples, although one is still able to defer or yield to other potential attitudes, for instance, the practical attitude, the attitude of affect or the theoretical attitude, one cannot inhabit or live through two attitudes at precisely the same moment. Rather, we choose to stay with the theme of the attitude we are in, the phenomenological modification enabling a passing over to new attitude. So, for example, if I am in the businessman attitude, I may be involved in various acts such as planning transactions, forecasting stocks and shares etc. I may think about my wife and family by glancing at the photograph of them on my desk, but I do not make the transition or phenomenological modification to the ‘attitude of a father or husband’.

I may still look upon the photograph and feel it evoking various emotions or memories, but I *choose* to stay in the theme of the businessman, my 'mode' being focused on the interest of business. Clearly in this example it would serve me little purpose whilst at work as a businessman to make the transition to the 'attitude of father', or to find myself 'flipping' from one mode to the next, say as the result of some external stimuli such as a photograph. This is seen in actual cases of clinical depression, where the clinically depressed patient will sometimes subjectively describe how they constantly experience low mood, and any suggestion that their mood may fluctuate or sometimes improve during the day is dismissed by the patient. Sometimes, when the patient records the intensity and nature of their mood via contemporaneous hourly entries in a weekly diary, they are often surprised to see that there have been variations in their own recorded affect, or they are indeed surprised at the frequency of the more positive examples of affect they have recorded.

This is not to suggest that the patient is deliberately misleading the therapist, rather that the cognitive therapist would explain this as an example of the patient's perceptual bias, which influences the individual's subjective recall of how their mood has been in the week, this negative recall contributing to the maintenance of the low mood. However, I wish to suggest that this case in point describes an extreme or more polarised character of attitude than is usually seen in the typical everyday living of the natural attitude. Indeed, this universalising attitude, seen in cases of clinical depression, demonstrates the intelligent manner in which the attitude reframes itself in such a way that the attitude closes down horizons to the patient, acting as 'blinkers',

whereby memory recall supporting the theme of the universalising attitude is accessed via the interest of the attitude, so that memory recall appears to support the attitude.

Here, Kant's account of aesthetic judgement (§12 Critique of Judgement) provides an important clue not just to the maintenance of the attitude, but to the manner in which the attitude intelligently reproduces and in turn reinforces itself. Kant describes the process of judgement as containing 'functions of unity', whereby in judgement one representation is brought into relation with another, in such a way as to yield a unity; the aesthetic representation as being in part due to the *lingering* over the contemplation of the aesthetic object. This lingering provides the strengthening, reproduction, yielding with other representations which in turn perpetuate the attitude.

In the treatment of the patient suffering with depression, we can see that there is an inability to recall any positive or at least less intense negative emotions from previous days. This clinical example demonstrates the manner in which the attitude is not merely passively attending to information which support a given cognitive bias or belief. Rather, via the examination of itself, the attitude is able to reflect and judge itself as having the quality of 'correctness'. This provides the attitude with the grounds to perpetuate itself and, as it does so, enables it to seek out further information which then is used by the attitude as an 'ongoing' justification for its position. It seeks out and considers only that which is deemed justified, in the case of depression, information which fits the depressive state.

In other words, the attitude acts so as to perpetuate itself. This self-perpetuating action of the attitude can also be seen in non-pathological states, although the

phenomenological structure of the attitude would seem to be less rigid and far more flexible, in that it allows an easier transition towards other attitudes. For example, in the 'businessman attitude' I am clearly able to make the decision to stay with the theme of my businessman attitude. I continue to see the world in terms of profit and loss. I am still in the 'business theme' as it holds greater 'phenomenological dignity' for my businessman attitude. Being at work is the principal act of my business attitude. It is in this context that I understand Husserl's use of the term 'dignity' to denote what is of relative importance or rank to a given moment, therefore giving the impression of a stratum of attitudes which are ordered into rank depending upon possible choices or what one deems relevant or of most significance in a given act or situation. In this way, I am able to open or close possible horizons for me that complement the attitude I currently inhabit, until rays of interest acting on behalf of my attitude are directed towards other activities of my environment, so that they in turn become a new theme for a new attitude. The attitude motivates itself to remain of the highest dignity, because objects and events are interpreted so as to reinforce the attitude.

In order to develop further the phenomenological description of the universalising attitude it is necessary at this juncture to return to Husserl's discovery of the natural attitude and, as discussed in earlier chapters, the foundations for Husserl's opposition towards naturalism. Unlike the earlier chapters, the following sections attempt to elucidate the distinction made by Husserl regarding the natural attitude, naturalism and what is termed the naturalistic attitude. This in turn will be used to explicate further, the universalising attitude and how it can be seen within the context of these terms.

§2. The natural attitude and Husserl's concept of naturalism (revisited)

As we saw in chapter 3 Husserl's documented opposition towards psychologism was essentially due to it being based upon naturalism both being seen as countersensical, in that it attempted to disprove or at best negate the very laws that it requires for its own existence or articulation. However, it is necessary to clarify further Husserl's position with respect to the natural attitude, naturalism and the naturalistic attitude, and specifically to what Husserl refers to as the countersensical circle of naturalism (Crisis, p. 204; VI 208), as part of furthering the significance of the universalising attitude.

As already briefly touched upon, the default settings of the natural attitude (Sokolowski 2000) can be understood as the natural attitude providing the base or foundational determinants for all other attitudes to occur in. However, the natural attitude is not simply the sum of all the other attitudes; rather it is the background in which it is possible for other specific attitudes to function. As Sokolowski (2000) and Moran (2008) have both described, the natural attitude provides the *operating system* for these other attitudes. Moran (2008) translates Fink's (1976) '*die Geradehin-Einstellung*', as the '*always already attitude*'. It is in this context that Sokolowski (2000) describes the natural attitude as 'the default position'. The natural attitude is what is already there as a precondition for other stances to be adopted. At the risk of taking Sokolowski's 'setting' analogy to its extreme; the natural attitude can be seen as providing the pre-given *manufacturer's* settings, the preconditions and base for all other attitudes. This is the position I am already in and will always return to, in which *the world is already a given*. These pre-given determinants can never be switched off, annulled, or cancelled out; rather aspects of it can be made specific, described,

brought to the foreground and thematized via a ‘radical alteration’, or reflexive act of attention within the natural attitude (*Ideas I*, §31; Moran 2008).

As was argued in the previous chapter, the default settings of the natural attitude are distinct from the psychological attitude, in that there is an absence of any requirement for subjective interpretation to occur. For example, the natural attitude transcends my interpretation of the world. I do not have to first believe in the ground before I consider standing upon it; the existence of the world is posited prior to any positing of a belief of the world as this or that. The world is presented to me as a given, independent one of myself. Prior to any psychological interpretations or beliefs that I may have, this positing of the world is constant and always there.

§3.Naturalism and the naturalistic attitude

[I]t should not be assumed that there is a single sense of ‘reality’, which is integral to a constant, everyday, natural attitude that almost all of us unthinkingly inhabit ... For all of us there are times when the world can feel unfamiliar, unreal, unusually real, homely, distant or close... (Ratcliffe 2008, p.7).

However, within the natural attitude I may adopt the psychological or propositional attitude in that I have started to doubt the world’s existence, imagining a world where I need to check to see if the ground is there before I place my foot down. Clearly I am still within the natural attitude, adopting a *certain* psychological stance or attitude within the broader prerequisites of the natural attitude. My sense of the world has not altered dramatically as I imagine a world existing solely as a result of my belief in it. The structure of the natural attitude has not changed, nor in this case has my sense of the natural attitude. Similarly, if I suddenly find that the ground has vanished from

beneath my feet, I may find myself in complete state³⁰ of shock and confusion. Even with a strong sense of doubt for all I have taken for granted previously, the structure of the natural attitude continues to remain unaltered.

However, by the same token it is perhaps worth noting at this juncture that it would be a mistake to view this ‘default stance’ of the natural attitude as a euphemism for a form of objective realism, whereby the physical world in which we find ourselves provides the same, single, immanent, universal interpretation or perceptual sense of reality, providing the ‘benchmark’ or same standard of a subjective sense of reality to ‘everyone all the time’.

Here what Ratcliffe (2008) seems to be suggesting is that, despite the ‘always already’ structure of the natural attitude, it is possible to adopt other attitudes within the natural attitude, and this in turn alters the subjective sense of reality. As we saw in chapter 12, and will also see later in this chapter, there are many stances or ‘attitudes’³¹ that I can posit within the natural attitude; our interest or stance varies, whereas the natural attitude remains constant. These differing stances include physical, cognitive and emotional feelings³² which for Ratcliffe (2008) can be explored as part of an

³⁰ Presumably if my interpretation of attitude is correct, one would imagine that in such a scenario one’s attitude would have changed, the point being that the default settings of the natural attitude would still be the same.

³¹ Please see chapter 12 for an overview of interest, attitude and stance. I use the terms interchangeably in this chapter to refer to what Husserl would describe as a positing or orientation towards the world (Moran 2008).

³² The reader may note that Ratcliffe (2008) argues that the definition of feeling within much of psychological and psychiatric literature is too limited. Ratcliffe (2008) argues that feelings can be both about bodily states and at the same time experiencing things that transcend the body. What he seems to be describing here is using feelings similar to Heidegger’s concept of mood as an existential orientation to the world. Despite the potential significance of this, the thesis recognises the differing position of Ratcliffe (2008). The content of much of Ratcliffe’s position goes beyond the current concerns of this chapter in developing a phenomenological description of the universalising attitude.

existential analytic contributing to an ever-changing sense or relationship of the world in which we find ourselves.

Similarly, what I wish to propose at this stage of the discussion is that, with the changing of attitude that occurs within the natural attitude, my sense of the natural attitude may change, but the phenomenological structure of the natural attitude remains intact. I wish to suggest that the subjective 'sense of reality', to which Ratcliffe (2008) refers, involves both the default settings of the 'always already' constitution of the natural attitude and the 'interests' of the individual attitude (e.g. businessman, husband etc). Here I believe 'the always already-ness' of the 'naturalistic attitude' is evident; that is, the attitude which Moran (2008) describes as the attitude which 'reifies' and takes the world's existence as absolute in a way that is taken for granted and obvious. The omnipresence of the natural attitude seems to be defined by its very nature, which fails to recognise or acknowledge itself as an attitude.

Here Moran seems to treat the naturalistic attitude as a secondary or sub-attitude within the natural attitude. However, here I wish to suggest that the universalising attitude can also be seen, to some extent, as yet another sub-attitude of the naturalistic attitude. It is that which is responsible for the absolutising and abstracting characteristic of the naturalistic attitude. However, the universalising is more than treating the world as abstract, it is what provides the self-evident obviousness of the naturalistic attitude, which becomes apparent within the phenomenological reflection of the natural attitude. The universalising attitude attempts to recreate the same *sense*

of omnipresence in the 'always already-ness' of the natural attitude. However, the manner in which it attempts to achieve this is circular.

Husserl's *Ideas I* (§55) critiques naturalism as a 'counter-sensical circle', and self-refuting in that naturalism denies the existence of the consciousness required to give rise to its own theory of the natural world in the first instance (Moran 2007). However, the manner in which the universalising attitude is circular I believe is comparable to the way in which naturalism and its theory of the world assumes the existence of something which it sets out to deny. The universalising attitude to some extent can be characterised by this counter-sensical approach to the world, which is characterised by a self-refuting argument which invalidates itself by its own criteria.

In clinical cases of psychopathology, counter-sensical claims are often made by patients. For instance, the patient suffering with panic disorder will often describe that they believe implicitly that their physical symptoms always mean certain immanent death for them and then proceed to describe how they have had these symptoms at least four or five times per day during the last two months. However, the counter-sensical claim of the attitude remains unseen to the patient even as they inform the therapist of their belief. The claim itself remains unchallenged by any attempt by the therapist to use reason or 'logical argument' (e.g. how many times did the patient die from these symptoms in the last month?). The counter-sensical claim of the attitude continues unseen to the patient. Even if the therapist is initially successful in using a 'logical argument' alone to help the patient recognise the self-refuting nature of their statement or argument this will only be temporary. Usually the patient returns the following week making the same claim as before but this time followed with a 'yes

but' to any attempt by 'logic' to challenge the counter-sensical nature of the attitude. As mentioned previously, this is not what Husserl was referring to in his critique of naturalism, but I believe it is curious that such a circular and self-refuting characteristic appears to be common to naturalism, the foundations of which are based within the natural attitude, and in my descriptions of the universalising attitude as a sub-attitude of the natural attitude. This could be coincidental, although I believe it to be a defining feature of the universalising attitude. I will develop and explain this point further later in the chapter.

§4. Noematic identity and the constitution of sameness

Noematic identity can be seen in the case of reference to different statements and different described aspects of being, which in effect point to the same person. For example, intending an individual despite changes in his career, the differing relationships within his social role as – such a husband, therapist, sailor – demonstrates how the person's identity is at issue, and is open to continued references. In other words, one can be known by different social roles and be known by others in a variety of contexts, but despite this continuous flux of potential change, the noematic identity of the individual is not only preserved but enhanced. Each new piece of information serves to deepen the meaning the person has for me as an intentional referent.

This is more than the accumulation of empirical fact. As one begins to have an appreciation of the myriad of attitudes inhabited by the other person, one is able to use the pieces of anecdotal information to 'link together' a series of noematic references, into a sameness, an expanding accord in which every new piece of information that I

learn about the other person is translated to me as an intentional claim (Natanson 1973).

One may read quite dissimilar accounts or statements that refer to the same person (Natanson 1973). Here noematic identity can be illustrated further by our experiences in day-to-day life by means of another example (please note the the details of this example are purely fictitious). In my work as a therapist I may read quite dissimilar accounts of the same person. For instance, I read the referral from the psychiatrist, who provides an overview of the patient's life and then describes the more specific and current problems behind the patient's referral. In this account the psychiatrist could describe how the patient had been a victim of an assault and is currently experiencing heightened anxiety when they leave their home. I could also read about the patient in totally different context, for example, whilst on the internet by chance I may read in a news item that the patient referred to me is a highly successful business man and has been nominated 'businessman of the year'. Back at work I could also receive a letter from the patient's family explaining their predicament, perhaps from his wife who describes how the man she met was once very confident and 'outgoing'. In addition to this I may find that I have a mutual friend with the patient whom I often see, and he describes how the patient and himself had only recently been laughing and joking whilst playing a game of golf (clearly this wouldn't happen in real life as this would be construed as a breach of confidentiality but it is sufficient for the point of the example).

At no time do I question if it is the same person in all these different accounts. Despite the differences in emphasis it is the same person who is intended. Intending the

patient as one and the same individual, despite the variations in his presentation prior to his assault or in the context of his career as a businessman, or the fact he can also be outgoing with his friends in certain situations, means that the identity at issue is opened to continued references. The intentional construction built from noematic constituents allows me to build up additional information about the same person. The sameness is an expanding unity in which every new piece of information I glean about the patient is put forward as an intentional claim.

I may glance at the patient during an initial consultation as I return my full attention to the computer on which I am typing notes about the client. A few minutes later I again turn my gaze upon the patient; he has changed position, now with his back towards me, looking through the window of the consulting room. All I see is the back of his body, the back part of his jacket and the back of his head. The light in the room has also changed since I originally began the consultation, giving the impression that his appearance has altered further. However, despite the change in the client's position, the change in lighting of the room and the change in time between my two glances at the patient, all obviously reveal the same identity. As with the previous example, at no time do I question if it is the same patient I have begun assessing or that I am directing my gaze upon. Indeed this sense of noematic identity remains days later, when I am able to go to work and close my eyes and bring back into play the noematic identity of the patient.

Here we can see how the noema is not restricted to the present as I as intend the image of the patient from the past. Indeed I can also visualise the patient in the future by choosing to invoke an anticipated sense of the of the noematic identity. For instance,

the *psychological acts* in which I attend to the noema may vary, however, the noematic identity does not. Within the default settings of the natural attitude (Sokolowski 2000), the imagined, anticipating of the patient as originally perceived, are one, within the noematic identity of intentionality. When we next have an appointment I am able to visualise him in the waiting room before the appointment is due, treating this as the one and the same individual whom I initially met during the consultation.

The *psychological acts* in which I attend to the noematic constituents may vary, however, the noematic identity does not. For instance, I may reflect on how the individual was recently laughing with a mutual friend whilst playing golf and yet is described as feeling anxious every time he leaves the house. This doesn't mean I doubt that both accounts refer to the same individual. I may imagine him not being in the consultation room and not attending his next appointment, imagining him playing golf with his friends. Rather within the default settings of the natural attitude (Sokolowski 2000), the imagined, anticipated and the patient as originally perceived, is one, within the noematic identity of intentionality.

[T]he noema is that sameness which makes it possible for us, in the natural attitude, to enjoy a world of familiar, repeatable and expectable events. Sameness-identity-is the prize of intentionality. (Natanson 1973, p.88).

Indeed within the 'default settings' of the natural attitude, as summarised in the above quotation, the noematic identity is that which provides us with the sense of sameness and *familiarity*, the natural attitude. However, this is not to suggest that the natural attitudes are built from noematic identities, this 'sameness-identity' is part and parcel of intentionality, the foundations of which rest in the natural attitude. This sense of the familiar was alluded to in chapter 13, §4. Also, as we saw in chapter 12, Luft (1998)

describes this familiarity as characteristic of the home attitude, as being part of his detailed account of the natural attitude.

Within the universalising attitude noematic identity operates in the same manner as the default settings of the natural attitude. Indeed, as already described, the universalising attitude is not separate or distinct from the natural attitude, just as we saw with the description of the plurality of attitudes within the natural attitude described in chapter 12. Rather the universalising attitude is a sub-attitude, there in the background of the experience within the natural attitude. It is that which gives us the sense of ‘everydayness’ of the natural attitude.

The universalising attitude also mirrors the phenomenological structure of the natural attitude. However, within the universalising attitude the choice of horizons is shut down, in a more extreme form than is found in the everyday position of the natural attitude. Within the universalising attitude noematic identity is no longer something that gives the sameness and familiarity of the natural attitude. The universalising attitude actively seeks out more of the familiarity it has been *acquainted with* in the everydayness of the natural attitude, actively seeking out that which can be seen as not only familiar and predictable but basing this position as a claim for that which is knowable and predictable.

Once it believes it has found this it naturalises its source. It does this as it is natural to the attitude, believing this will help substantiate what it deems as an identifiable, repeatable or a *natural position or attitude* to take. Once it achieves this, it closes down further horizons, the attitude and interest seeking out other noematic sources

which help the attitude to reframe indefinitely. In the process, the attitude becomes increasingly blinkered until eventually it is almost blind; unable to consider alternative horizons which may present a dissensus to its stance. When faced with anomalies to what it views as representative of its stance, it reframes its position so that it is able to substantiate its stance, seeing itself as 'self evident'. The attitude claims this self-evidence as being representative, absolute, predictable and universal.

With this case in point let us return to the example of the cognitive behavioural model for the maintenance and treatment of PTSD). The following sections will briefly summarise the theoretical position of the cognitive behavioural model of PTSD (detailed in chapter 9). By doing this the section develops further the varying taxonomy and phenomenological structure of the universalising attitude.

§5. The significance of PTSD in providing a phenomenological description of the universalising attitude

How do one's actual experiences influence one's anticipations? This question I believe has significance for chapter 9 where we discussed PTSD. Janoff-Bulman (1997) describes how survivors of trauma see the world differently, the implication being that somehow they see the world 'stripped of the familiarity' and 'taken for grantedness' which we inhabit whilst in the natural attitude. Indeed I would argue that the trauma survivors referred to in the following quote still very much inhabit the same natural attitude as they did prior to their trauma. However, as we shall see later this experiencing of attitude within the natural attitude changes:

Trauma survivors see the world as it really is, stripped of the meaning and order we all too readily assume to exist. (Janoff-Bulman 1997, cited in Lee 2008, p.153).

I would suggest that it is not so much a question of the trauma survivor seeing the world as it '*really is*'. Far from stripping the order and meaning from the world the trauma survivor may inhabit, or conversely be inhabited by, a universalising attitude which in the case of an anxiety disorder universalises the world as a dangerous place to be in. The interest within the attitude seeks out confirmatory information for the attitude, and the horizons within the attitude close down in such a way that the individual is only able to access the horizons which the attitude uses to justify and perpetuate itself further

Similarly, the individual who has not been exposed to trauma sees an 'anaesthetised' or 'safer' version of the world where the available horizons for potential danger are not within reach, or if they are, not as rigid. Neither perspective sees the '*world as it really is*'. Rather the universalising nature of the natural attitude has been *ruptured* by the trauma event so that the conscious life of the trauma survivor consists of objects that have been newly experienced by the trauma. These anticipations are horizons which close down the previous horizons so that the world becomes unfamiliar and unpredictable and a place where anything potentially dangerous is possible.

The world has not changed, nor is the trauma survivor privy to a unique *seeing* of the world. The very aspect of the natural attitude which once made the world seem safe and predictable is the natural attitude which now presents to the individual as somehow ruptured, and now opens up a fresh new horizon. The universalising nature begins seeking out danger, reframing the danger, and validates itself for doing so. One could argue that such an attitude exists with all states of anxiety disorders, however, what I wish to argue in the following passages is that the pathological state of PTSD

provides a unique example of universalising attitude, as the sub-attitude of the natural attitude.

Before proceeding with this it is necessary briefly to revisit the cognitive behavioural account of PTSD and its treatment as a psychological condition. As we saw in chapter 9, the treatment of this disorder usually requires the patient³³ to successfully process the trauma memory from a 'situational accessible memory system' (SAMS) to that of a 'verbal accessible memory system' (VAMS) (see chapter 9 for further details). The maintenance of the disorder is generally conceptualised by the cognitive behavioural traditions as being a result of the patient's attempts to avoid trauma related stimuli, such as thinking about the trauma or associated reminders of the trauma incident. In the patient's endeavours to 'block out' the trauma memory they inadvertently traumatise themselves by repeatedly and inadvertently 'reliving' the event, in that they experience a kind of cognitive rebound of the memory. In other words, the more I tell myself not to think of the memory, the more I find myself unintentionally thinking of the memory.

By continuing to 'keep themselves safe' through the employment of safety behaviours and other cognitive strategies, the trauma patient is constantly accessing the SAMS. Consequently the memory of the trauma event cannot be processed due to the patient's attempts to 'keep safe' which, as we can see, has a paradoxical effect in that the patient remains in a hyper-aroused state of anxiety.

³³ The exception of this in the cognitive behavioural therapies appearing to be Wells (2009) meta cognitive therapy treatment of PTSD, which at the time of writing is still undergoing trial studies.

The conceptual aims for the treatment of PTSD also involve the patient's re-evaluation of the 'catastrophic misinterpretation' of the trauma memories, so that he or she no longer appraises the trauma event that has previously occurred as presenting a current threat. As we have seen, to do this involves the re-living of the trauma memory in specific detail via the use of imagery³⁴. The treatment requires the patient to describe the trauma memory in the first person, present tense, and involves the patient dropping associated safety behaviours, both of which are seen to facilitate the patient's processing of the trauma memory as a 'normal memory'. Here the appraisal of the significance of the trauma event and the patient's inability to process the event is believed to be the 'cause' of the PTSD and not the trauma event itself.

In chapter 13, §4, we saw Natanson's (1973) example of the 'grimacing face' which is captured by the camera as a 'laughing face'. The example was used to demonstrate how it is possible within the natural attitude to misread the 'available surface of an event' when the surface of the event is separated from its productive source. Within everyday examples of living with the natural attitude, one is able to access the available surface of an event, which is the 'outcome of a process' (for example, in a game of snooker I play my shot, see the stationary black ball hit by the cue ball move, I witness the black ball 'potted' and go into the tables pocket). Such a misreading can occur within the natural attitude when intentionality is interrupted or 'cut off' from the original source of consciousness, or when the focus of the intentional source is

³⁴ It is perhaps worth comparing this imaginal reliving with that of the psychoanalytical tradition's concept of abreaction, which seems to involve the use of imagination as a means of releasing repressed emotion by 'reliving' the original experience. However, the theoretical underpinnings for this process seem to involve a catharsis for repressed emotion as opposed to either the repeated imaginal exposure required for habituation (as with behavioural therapy) or the processing of SAMS to VAMS, as with cognitive therapy treatments. The theoretical underpinnings for the explanation of successful change vary greatly within different psychotherapeutic schools and indeed CBT. However, the methodological structure required for change – namely the shifting of attitude –, is, I believe, the same.

narrowed down (as in the sleight of hand trick). The available surfaces of an event have a history. It is the outcome of a process ‘which is the rootage of experience’, the result of which is described by Natanson (1973) as a ‘scanning of appearance without foundation’.

Origin is the intentional aspect of temporal recursion. (Natanson 1973, p.96).

The appreciation of context within the natural attitude is an immanent turn to origin, whereby one attempts to be certain of an explanation of an event by having the full ‘placement’ of the event.

In the traffic of everydayness, I trust not only my senses but what my senses report ... There is no biographical moment when such trust can be said to arise ... ‘For as long as I can remember’ is the phrase that comes to mind when one reflects on the surety of common sense faith in the reality of the world . (Natanson 1973, p40).

However, it is only within the phenomenological attitude that one can appreciate that origin involves a source for direction, a position from which the direction of consciousness arises. This is not to suggest that the origin has been determined by a sequence of events, but by the phenomenological attitude’s bracketing of causation, origin is revealed as being free of any such sequential ordering. Intentionality presents itself as a flow in which the contents of consciousness reveal varying perceptual acts such as judgements, remembering etc. To access the origin of conscious would be to peel back the myriad layers of consciousness. However, as we can see, it would be a mistake to believe that such a ‘peeling back’ would at some point reveal some precise or specific antecedent and to equate this as the origin that one had been searching for.

Origin like phenomenological beginning is co-present with the life of consciousness. (Natanson 1973, p.98).

As Natanson describes, the phenomenologist is attempting to reconstruct the activity of consciousness in its integrity. To return to the clinical example of the individual experiencing PTSD, the individual, in their day-to-day experiencing within the natural attitude, trusts their natural senses to convey that what they report is correct. We have seen how this has ‘always been the case’ and no beginning point for this certitude can be located nor can the origin of consciousness be pinpointed.

We have also seen how it makes no sense to attempt to point to the specific origin of consciousness. To do so loses the integrity of the holistic understanding of the process. However, sufferers of post-traumatic stress appear to attempt precisely that, looking for the beginnings or foundations of their experience of traumatic response to a near-death experience, and in doing so, risk the integrity of their experience.

For example, the individual who experiences a near fatal accident, possibly in a car accident where his vehicle collides with another, lives through the experience, and by doing so, blames the state of anxiety, and takes this response forward. The PTSD sufferer places the blame upon the accident itself and not the fact that they are dwelling on the accident. As we saw in chapter 9, this has some parallels with Wells’s (2009) metacognitive model for PTSD, where one’s ‘thought about the thought’ involving trauma memory is seen as significant. For instance, a patient may have the metacognition that replaying the trauma event will help him make sense of what has happened and protect him from similar accidents occurring in the future.

However, in my own example, the patient does not seem to have an obvious belief as to why they are seeking an origin for their experience. Rather prior to the trauma

event the individual's everyday experience of the natural attitude reifies their experience of the world (Moran 2008). Here the reification (*Verdinglichung*) of the world can be defined as 'a fallacy of misplaced concreteness' which 'saturates' the natural attitude. The world is taken-for-granted as an obvious given and consciousness is seen in the same manner. As Husserl notes (*CES* §52, p.176), we are 'infatuated' by the natural attitude and the reification of the world and our consciousness in our everyday living within the world, AND this 'infatuation' also extends to the survivor of a trauma event. By reifying the trauma event and blaming this on the lived-through response, one inadvertently naturalises it, and by losing the integrity of the experience, falsifies it. One is repeatedly living-through the experience to locate the origin, repeatedly living through the dread of the experience and blaming this on the accident itself as opposed to one's response.

The PTSD sufferer within the natural attitude attempts to collect all of the parts of the trauma experience by a returning to or re-collecting the event in memory. By doing so, they recollect the event, but lose the integrity of the consciousness associated with the event, resulting in the inability to appreciate the source of direction from which the direction of consciousness arises. The PTSD sufferer within the natural attitude inadvertently interrupts or 'cuts off' intentionality of the trauma event. From the original source of consciousness the focus of the intentional source is narrowed down to such an extent that the trauma memory becomes naturalised and falsified, in that it is re-lived by the PTSD patient as if it were re-occurring in the present moment. This repeated process forms the structure of the universalising attitude for PTSD and, as such, the world becomes a dangerous place for the PTSD sufferer. The passage of this process consists entirely of *near death experiences*. As with everyday noematic

identity which is experienced within the natural attitude, the composition of the attitude attempts to 'link together' a series of noematic references taken from the trauma memory that occurred at the time of the trauma event. Here interest seeks out (via the universalising attitude) every new piece of information. It barely discriminates between associated triggers for the trauma, as if they were the same genuine intentional claims associated with the trauma event itself.

By doing this the universalising attitude associated with PTSD modifies other attitudes of the sufferer. As we saw in the previous chapter, in the non-pathological, everyday living within the natural attitude, one occupies a variety of differing attitudes, for instance, that of the husband, father etc. However, in the case of the PTSD sufferer, although one is still able to occupy other attitudes in this manner the attitudes themselves have become modified or adapted to the change of the conditions since the 'trauma event'. The attitudes which the sufferer inhabits have now become a secondary or subordinated attitude to the presence of the universalising attitude (I shall expand upon this point in section 7 of this chapter).

As we saw in the previous chapter, it is only via the phenomenological attitude that the PTSD sufferer is able to acknowledge the futility of attempting to search for an origin and is able to appreciate that consciousness cannot be objectified in such a manner. The 'reprocessing' (to use cognitive therapy's terminology) allows the patient to bracket the causality of the event and see the integrity of the event. In other words, to see that a near fatal accident has occurred in the past, by bracketing causation, the patient is able to 'see' they didn't die. Here the available surface of the trauma event is reunited with its experiential history.

To summarise the key points from this section, the clinical example of PTSD has significance for Husserl's natural attitude. Firstly it provides a unique account of experiencing the natural attitude. Secondly, it provides a different taxonomy or variation of how I have attempted to provide a description of the 'universalising attitude'. Thirdly, it provides a description of how, within the universalising attitude, noematic identity appears to be impacted upon and used in a way which perpetuates the attitude further. This effect upon noematic identity would seem to be absent within other attitudes with the natural attitude. Finally, the universalising attitude seems to take precedence over other attitudes that the PTSD sufferer is able to inhabit within the natural attitude. Even when the sufferer is able to inhabit other attitudes, the universalising attitude is there, and remains the primary attitude.

§6. The universalising nature of the natural attitude

According to Husserl, that which is viewed in an attitude is thematic for the corresponding attitude, however, it is unlikely that the attitude I am in will become thematic for me. I do not have to consciously choose or infer an attitude with which I am currently occupied, nor do I have to think about the next attitude I am to be in, or about to move into. I am not aware of the natural attitude – the universalising nature of the natural attitude is precisely what keeps the natural attitude hidden from me:

However, it is the universalising quality of the natural attitude which creates the naivety where one is not aware of passing through different attitudes, nor indeed of being in any attitude at all. The natural attitude is self concealing; the theoretical attitude is self involving and self aware and ultimately universal, transforming all human praxis ... Attitudes like acts are founded upon one another... Acts can also modify other acts. (Moran 2005, p.150).

So as I work at my desk and I am in the ‘business attitude’ my horizon of possible ‘things’ is themed by the business interest, so all that I view in this attitude is given the business theme. However, the *attitude itself* is not given to me as a theme. My attention being focused outwards, via rays of interest, away from the attitude (note this contrasts with Luft’s description of interest) which I am currently in, focusing on an aspect of an act, behaviour, situation, emotion etc. I am ‘naively inhabiting’ the attitude. I am not aware that I’m unable to change attitude. Nor I am aware that I am in an attitude, in the manner Husserl describes. Indeed, some of the attitudes that I am occupied by may be ‘thrown’ upon me, with little choice on my part. This perhaps is at odds with Luft’s (1998) apparent description of attitude and interest, which give the impression of having a greater sense of free will or choice in the attitude I adopt³⁵.

However, this is not to suggest that I am somehow surprised by my not being able to occupy the businessman attitude, as such an assertion would be to suggest that I plan or anticipate ‘being in’ certain attitudes in given situations. This clearly is not the case. Just as with all aspects of attitudes which occupy the general overall encompassing natural attitude, prior to any phenomenological reduction or reflection, I remain naively unaware of them all. I pass between attitudes in differing situations, which may be governed by environment, emotion, physical sensations or behaviour. It is unlikely that I am to statically occupy one attitude all of the time, rather my mode of interest reaches out to the next thing which is given to me that is of interest to the attitude I am in or behalf of the attitude I am in, which is dependent upon my mode of interest in that given moment, which in turn determines the attitude to which I next shift.

³⁵ This sense of having a choice is ironically echoed in the premise of cognitive therapy, which if interpreted badly could give the impression that one is somehow able to choose to appraise or interpret events in a given manner.

To return to the example of my being in my 'businessman attitude', although I am usually able to choose my themes, to a certain extent, or to direct my modes of interest for this attitude, it would seem that unlike Husserl's apparent description I am not always able to choose the particular attitude I am in. For example, in my businessman attitude it would seem unlikely that I am able to decide to continue to remain in this attitude, say, for example, upon my suddenly receiving unexpected bad news about a loved one.

In other words, what I am suggesting is that that whilst some attitudes can be adhered to for long periods of time, they are frequently interrupted as my rays of interests become distracted and focus upon some new aspect. This doesn't mean that every time my interest is distracted I shift into a new attitude for, as we have seen, I can still remain in the businessman attitude whilst looking at a beautiful painting as I do not have to adopt an aesthetic attitude. However, I may be tempted to do so and if I am in a distracted 'mood' I may find myself in a different attitude.

However, by the same token it is just as unlikely that any one given attitude can always be statically adhered to, even though the naivety of occupying the attitude itself may give the impression that nothing has changed. Here Sartre's example of bad faith, with the waiter who sees himself 'as just a waiter', shows how, in reality, one may describe oneself in this objectifying manner (if one were a waiter), but it is unlikely that by inhabiting differing attitudes one would always experience the 'work attitude' of a waiter (Danto 1985, Mathews 1996). Indeed if one did experience this, this would clearly be an extreme if not pathological form of universalising attitude.

Obviously the waiter does not play the role of being a waiter whilst at home or out at a night club , ‘bad faith’ is not about being static but about falling into roles.

Rather, within the natural attitude an individual may describe himself as ‘wearing different hats’ in different situations or roles he may have. This may be a very crude way of describing some everyday ‘common sense’, or more precisely ‘folk psychology’ sense, of inhabiting a specific attitude, for example, someone describing how they may have conflicting interests or differing roles in a specific job. However, I would probably describe myself as still retaining my ‘businessman hat’ in the described example, where clearly there has been a shift in attitude, undetected by my ‘commonsense’ and naive view of myself ‘wearing different hats’.

This I believe illustrates what Husserl would regard as the normal or ‘*natural conduct*’ of attitudes functioning within the natural attitude, and is especially evident in the clinical work of cognitive therapy. By this I believe that Husserl is referring to how the most significant attitude one inhabits determines what governs the manner in which interests act on behalf of the attitude. To use another clinical example, the depressed patient will often subjectively describe how they genuinely believe that their mood has been sad all of the time. Cognitive therapists will often talk of a perceptual bias whereby the patient can only recall feeling sad. Periods of time in which the patient has not felt as sad are unintentionally discounted. For example, they may have been engaged in activity such as work, when their mood was less depressed (but still not happy), here the attitude (for argument’s sake, let us call it the attitude of work) is secondary to the general sense of persistent low affect. The interest of the universalising attitude does not reach out in the typical manner of the ‘attitude of

work', rather it sees this as secondary and reframes itself by focusing upon low affect or other data which would support the 'governing' attitude. (In the case of a clinical depression the universalising attitude cancels out the work attitude. In non-clinical depression, the attitude would shift from affect to work, this being the 'normal' conduct of attitudes.)

However, in psychopathological cases the universalising attitude prevents the accessing, or rather gives the impression of preventing the accessing, of additional attitudes. The patient could actually be in other attitudes, but is naive to this in a way that is different to the everyday naivety of the natural attitude. In contrast to this, the universalising attitude shuts down horizons even once it has been identified as an attitude. Hence, in therapy the therapist may believe he and the patient have successfully identified a situation as an example of the universalising attitude only for the patient to return to therapy and to appear no longer to see this as the case. Usually the patient may describe how he has thought about this further and no longer agrees with the previous session. In this scenario it is as if the universalising attitude closes down horizons so that its identification as an attitude is refuted – it refuses to be labelled as an attitude per se.

Psychologists and cognitive therapists talk about the patient's ability to decentre themselves from their cognitions. The patients who struggle with this process are seen as not being able to distinguish their '*subjectivity*' from a given state of affairs (Butler, Fennell & Hackmann 2008). However, it is not the patient's 'psychological subjectivity' that is hindering this process of decentring. Rather, it is the failure to follow the methodology which allows a partial bracketing (at least) of an attitude which

universalises everything as ‘evidence’. That this was the case in the natural attitude, this tendency of the universalising attitude to ‘disguise’ itself as the natural attitude, is discussed in greater detail later in this chapter.

So far, Husserl has given the impression of a voluntary shifting of attitude, which of course may be pertinent to his discourse. However, Husserl does not seem to provide an account of the experiencing of attitudes affected by emotional or mental illness, and how this may in turn impact upon this apparent ability to *choose* to ‘pass through’ between attitudes, and the apparent universalising nature of certain ‘key’ attitudes. However, just as I am not usually aware of the attitude that I am in whilst inhabiting it, I am able to turn my gaze and identify its components via reflection (*Ideas I*, S98, p.241). It is a necessary structural feature of each mental act that it can become the target or object of another mental act, though as we have seen we are normally preoccupied with the objects disclosed through the acts and not with the acts themselves (Moran 2005).

Within the universalising attitude encountered as part of the natural attitude, the attitude propels the noematic identity of various objects³⁶ within the world. It builds up experiences of similar objects, develops a repertoire of experiences of objects, which in turn gives the impression that future possibilities or horizons are universal. Husserl refers to this during his eidetic description of the ego in the third meditation of *CM*. Husserl describes how one is then presented with objects with which one is acquainted and only those objects as anticipated are the objects with which one may become acquainted (*CM*, p.68).

³⁶ I use the term ‘objects’ in the broadest sense to cover a variety of situations, physical objects and states of affairs in the natural world.

As ego, I have a surrounding world, which is constantly 'existing for me'; and, in it, objects as 'existing for me' – already with the abiding distinction between those with which I am acquainted and those only anticipated as objects with which may become acquainted. The former, the ones that are, in the first sense existent for me, are such by original acquisition – that is: by my original taking of cognizance of what I had never beheld previously, and my explication of it in particular intuitions of its features. Thereby, in my synthetic activity, the object becomes constituted originally, perceptively, in the explicit sense form. (CM p.68).

For example, seeing a house in everyday experience forms part of the description of the self who has these experiences. An individual subject, a 'monadically concrete ego' who has had these experiences will have expectations and beliefs about future perceptions of houses, which someone who has never seen a house would not have. By the same token, an individual who has experienced an anxiety or panic attack in a given situation, for instance a supermarket, who may have first experienced various physical symptoms prior to the attack such as palpitations which appeared to have 'come out of the blue', would have future expectations and beliefs about experiencing palpitations and being in supermarkets and the potential unpredictability of experiencing anxiety, which a person who had never had a panic attack would not experience.

However, this is not to reduce this to an experience of Hume's notion of causality. Rather the reference to habitualities is particularly important in this context in developing an understanding of the universalising attitude, in the way objects are experienced and as such become universalised. For example, someone who first moves to a house with a beautiful view may at first be in constant awe of such a view. However as one continually sees the view one gradually starts to forget the awe that was first inspired by it, and although one still may know that it is a beautiful view and

still try not to take the view for granted, the attitude has become *familiar* with the scene. This familiarity holds or locks the universality of the attitude in place, in a way that I can no longer, possibly notice the view in the same way as I had done previously, despite my attempts to do so. I may have friends who come to visit and are struck by the view as I had once been, but I have been ‘seduced’ by the attitude. The view is now only part of an ‘obviousness’, another facet of the taken-for-grantedness of my world.

For Husserl, the subject can identify with objects in which he or she has had direct experience and so develop a collection of experiences of objects. One is then faced with making the distinction between objects I have become acquainted with, and those that I have only anticipated as objects with which I may become acquainted. The subject’s habitualities are identified by what one has experienced and what one has not yet experienced. The world of objects which have not yet been experienced by the subject is none the less a possibility for the subject. This potential conscious life consists of objects that one anticipates experiencing, these anticipations are horizons.

§7. A hierarchy of attitudes within the natural attitude, the ‘natural conduct’ of attitudes within the natural attitude

Other attitudes may arise – if specifically motivated – only within or founded on this natural attitude. (Moran, 2005, p.55).

So far we have seen how we can inhabit many different types of attitude within our everyday living, all of which can be seen as ‘sub-attitudes’, in the respect that they are all founded upon the natural attitude. Indeed as Moran (2005) argues in the above quotation, different attitudes ‘arise’ if they are specifically motivated. In this section I shall argue that the motivating drive for attitude is interest. This in itself is not a new

claim, however, I wish to argue that within the natural attitude there can be understood a hierarchy of attitudes, which one inhabits given the situation one is in and, in the case of the universalising attitude, I shall argue that this attitude always has primacy over other sub-attitudes.

We saw in chapter 12 how Luft's account of the shifting of attitude appears to suggest to a large extent a sense of volition and choice in the manner which one adopts in passing through differing attitudes in everyday life. However, the extent of choice or volition that one has in adopting differing attitudes is considerably less than previously suggested by interpretations of the natural attitude, the hierarchy of attitude subordinating attitudes putting other attitudes out of range for us.

We have also seen how intentionality can be extended into the two directions of the noetic and noematic, the intending of something appearing to act on behalf of interest:

On the side of the intending subject, the intending always has the structure of intending – as-something. The intention is always carried out with a certain interest. (Luft 2002, p.5).

Luft describes the persistent perception of something in a certain interest as 'termed situation'. In addition to this, life within the natural attitude can be seen as living within a temporal successive flow of interest, the manner in which I adopt a stance 'on behalf' of this interest is where the attitude can be seen to have been taken. One is guided by an interest, and thereby sees features of the world in a certain way, as a world of possible experience.

As we saw earlier, Luft's use of the definition of Latin *interesse*, 'being amongst', to expand upon how one's specific interest or situation is always embraced or

surrounded by attitude. Luft (1998) describes an attitude as an '*embracing halo or an aura around a certain act of interest*' (p.157), the attitude surrounds the interest, so when I am engaged in a specific interest, the intentional rays of interest will be carried out according to that attitude. To return to the previous example of the car salesman attitude, whilst in the attitude, Luft's own account of attitude would seem to suggest that one's horizons are blinkered in such a way that interest becomes almost 'ring fenced' by the attitude one is in. To develop this point further, in the example used with the car salesman, my interest can only focus upon that of the car salesman, and yet we have seen how in everyday living what Husserl terms the 'natural conduct' of attitudes within the natural attitude would appear to suggest one is able to pass through an interchange of differing attitudes.

Earlier, in chapter 12, I made reference to the German definition for *interesse*, which translates as 'on behalf of'. I believe this understanding of the term conceptualises how attitude acts on *behalf* of, or as *the agent* of interest. This is central to the proposed hierarchy of attitude, whereby a ranking of attitudes takes place in a constant and successive flux of interchanging attitude. Interest is that which governs or oversees the attitude or stance which I am able to adopt. Not only does interest find me 'amongst things', but also it 'calls upon' an attitude to be taken.

Here I wish draw a parallel with Heidegger's description of *situation*, which refers not merely to a state of affairs, rather it is that which *motivates us*, and calls for a stance or attitude to be adopted. It is within the situation that our interest calls upon a strategy or plan for an appropriate attitude to be taken, in that it is what makes it possible to direct oneself towards something.

For example, I may be attending an art gallery where I anticipate viewing pieces of art. I may expect to find myself within an aesthetic attitude, where I can appreciate each of the paintings as examples of fine works of art, the paintings viewed as objects of beauty. My planned attitude may change at a moment's notice, however. For example, as I view the collected paintings, one of them may fall to the ground. As I see this happen my attitude may change from that of the aesthetic possibly to that of a builder. Here the motivation for my attitude has changed, via interest, the painting is not seen as an object of beauty, but as an object of that has been constructed. As I look for the reason why the painting has fallen, looking at the back of the painting for evidence of fastenings, the wall of the gallery is no longer seen as part of a medium for presenting art, but as a contributing factor to the painting falling to the ground. The wall becomes the site of a potential problem with the hanging of the painting, which previously contributed to the physical support of the painting. I now find myself looking at the wall, for the evidence of a nail or other attachment that may have broken, resulting in the painting's fall.

In both examples of the attitude adopted there is a strategy or plan for that attitude to be taken. My interest embraces a constant attentiveness to the ever-changing flux of the tasks or functions placed upon me. By shifts in the demands of environment (as with the gallery example), the routine of day-to-day chores or the dealings or interactions with others, the attitude requires me to carry out these tasks in a certain manner. In some everyday examples my attitude may be influenced by my anticipating being in a given attitude, for instance, I may anticipate or expect to be in an 'aesthetic attitude' before physically arriving at the gallery. However, the attitude

that changes in response to the picture falling in the gallery is clearly not anticipated, but is no less motivated by my interest's appreciation of the change in the context of viewing the picture. As soon as I see the picture fall, my attitude shifts. Indeed if I were to remain in the aesthetic attitude gazing upon the fallen picture as part of my aesthetic experience, this would no doubt provoke surprise from others in the gallery, who would also be aware of a shifting in their aesthetic attitude as the painting falls. Here we can see how the attitude I adopt acts on behalf of interest, the interest motivates, by almost demanding a stance or position to be adopted.

Within the everyday experience of living within the natural attitude there appears a traffic of attitudes that I am able to freely adopt, others as we have seen, seem to be placed upon me, or attitudes that 'I find myself in'. Indeed, in certain examples (as with the example describing the painting falling) it would be possible to adopt a deliberate stance or attitude, only to find that I have to change or leave behind the attitude. The aesthetic attitude becomes subordinated to such an extent that I am almost expelled from one attitude to another, as I find myself within the new attitude as I consider the painting's fall.

§8. The role of interest in the hierarchy of attitudes

A similar subordinating of attitudes occurs in everyday living of the natural attitude, on a moment to moment basis, throughout the thesis of the natural attitude. For such a subordination of attitude to occur there must exist a hierarchy in which interest determines the attitude required. Interest also requires a hierarchy, for instance, in the example of the falling painting my rays of interests shift to accommodate the falling of the picture. However this hierarchy is combined to some extent within the hierarchy of attitude. For instance, not only does interest act on behalf of the attitude,

but as we have seen first and foremost interest is to be amongst things. As always I find myself amongst things, I always have an ‘interest’ even when I have no obvious declarative interest in anything; I am here with no interest, just amongst things within the natural attitude.

The attitude can be called upon by interest or equally interest can be called upon by the attitude but always in the background interest is there, it cannot be switched off. It is ‘interest-amongst-the-natural-attitude’. It subordinates attitudes accordingly for the hierarchy but is also the vehicle for which the attitude travels along the hierarchy. In the following section I shall provide a clinical example which will illustrate this point further.

§9. A clinical example of ‘specific phobia’, a ‘snake phobia’, to further develop the ‘universalising attitude’ and its natural conduct amongst the hierarchy of attitude

*Fears involving animals of one sort or another are remarkably common. Children are especially susceptible to animal phobias, and many adults don’t care for spiders, snakes, and cockroaches, but a diagnosis of Specific Phobia, Animal Type, should not be made unless the patient is truly impaired by the symptoms. For example, prisoners serving a life sentence would not be diagnosed as having a phobia of snakes, because they would never have to confront snakes and could not restrict their activities because of **the fear of encountering snakes** [emphasis mine]. (Morrison 2001, p.261).*

As the above quotation suggests, specific phobia is understood as an excessive fear of specific situations or objects. The most common examples of specific disorders are animals, blood, heights, travel by particular modes of transport such as aeroplanes, being enclosed in small spaces, and thunderstorms. Exposure to the object or situation is usually experienced as heightened levels of anxiety, but the focus of the fear is

always directed at something specific, such as a particular object, animal, person or situation.

§10. The case example

Tom (a pseudonym has been used and the details are loosely based upon an actual clinical example) is a 30-year-old man and has been diagnosed by his local psychological therapies team as having a specific phobia (formerly known as a simple phobia). Tom has a phobia of snakes. He avoids direct physical exposure to snakes, and also avoids situations in which he anticipates seeing a snake, such as visiting a zoo or watching a television programme about animals. In addition to this, he experiences anxiety when exposed to clothing or shoes which may resemble snake skin. He also describes heightened levels of anxiety when seeing the written letter S, and will also experience anxiety from hearing words pronounced with an emphasis on this particular letter. He accounts for this fear by explaining that the letter S resembles a snake's physical appearance, also the onomatopoeic sound pronounced from the letter being associated with the sound of the snake's 'hiss' or indeed any sharp sibilant sound similar to a sustained 's' would result in him experiencing a heightened sense of anxiety or revulsion. This would tend to result in his attempting to cover his ears to the sound, or to attempt to block out any associated thoughts of snakes upon hearing the sound. Tom also describes how he would avoid situations in which he anticipated hearing other noises associated with snakes, for instance, he explained how his child was playing with a rattle which also resulted in him experiencing anxiety, explaining that he associated this with the sound of a snake's rattle.

Finally, he would also find any movement that he associated with the physical movement of a snake as repulsive, describing an anticipation of seeing children playing with either toy snakes, which moved in a similar oscillating manner to a snake moving, or 'slinky springs' which sprung 'backwards and forwards'.

Whilst Tom's phobia is no doubt a severe example, the clinical example illustrates how the term 'specific' phobia as used in this context is somewhat misleading, as it suggests that one is experiencing heightened anxiety only when one is exposed to the explicit phobic stimulus, in this example, a snake. Indeed the quotation used at the beginning of this section appears to reiterate this impression, yet as we can clearly see in Tom's example, his fear of or revulsion towards snakes is not restricted to specific or isolated incidents of being near or *encountering* a snake.

Rather, the case example illustrates the 'universalising' character of the universalising attitude, whereby other attitudes within the natural attitude become subordinated to this attitude. For instance, to further develop 'Toms' comments about his baby playing with a rattle, Tom may be in the home attitude, of the father spending time with his family, or indeed he may also be occupying two overlapping attitudes. For example, he sits at his desk whilst the child plays on the carpet beside him. At this point he could be both in the home attitude, or that of doting father, but at the same time, considering matters at work. Both attitudes are on behalf of his interest, neither attitude cancelling each other out, rather he is able to look at his child and consider not only the love he has for his wife and child but how it is necessary for him to complete successfully the tasks with which he is currently occupied at his desk. In this respect, he is able to look at his child, if you will, through the lens of both attitudes.

The child as the focus of his interest brings about two overlapping attitudes, which act on this interest's behalf. However, by viewing the child through both lenses, he is able to stay in the businessman attitude without returning to the attitude of father etc. and is able to return solely to this attitude after completing the tasks for his work. In this way he 'puts off' an attitude until later.

This I believe is the natural conduct of attitudes, attitudes are not experienced as singular or intermittent. Rather, attitudes shift and overlap with each other whilst at the same time the focus of interest may be the same for all the attitudes concerned. Tom's child is the focus of the attitude of a father, but also the attitude of the businessman views the child as needing to be successful at his business endeavours, to provide for the child. Here a hierarchy of attitude can be alluded to, where the attitude of businessman (despite Tom being at his desk studying business documents for work) is subordinate to that of the attitude of father and husband. The businessman is acting on behalf of the attitude of the loving father and husband and interest governs this. However, as soon as the child plays with the toy rattle and Tom hears this, we have seen that he would associate this noise with sound of a snake's rattle. Here the former attitudes of father, husband and businessman, are momentarily subordinated to that of the universalising attitude, the attitude that equates all snake-like features or characteristics as presenting an imminent threat to Tom. Clearly, Tom has not *encountered* an actual or specific type of animal, namely an actual snake, nor do the two previous attitudes dissipate completely as he hears the baby's rattle. For instance, it is not the case that Tom stops being a doting father and is no longer concerned about the financial support of his child as soon as he hears the rattle that he associates with a snake. Rather the two previous attitudes are momentarily 'put out play' or

fluctuate as the previous two ‘main’ attitudes now become sub-attitudes. The universalising attitude reduces them to secondary attitudes. The universalising attitude declaring itself as the main everyday lived attitude, ‘all things snake- like’ are now an imminent threat.

§11. The universalising attitude ‘disguising’ itself as the natural attitude

The clinical example of a specific phobia demonstrates the universalising nature of attitudes, and how the universalising of attitudes ‘shuffles’ attitudes amidst a hierarchy whereby interest determines which attitudes take precedence. Indeed to return to the previous quotation defining specific phobia, most people have some form of aversion to or dislike of a specific animal, object or situation. This in itself is not a basis for the diagnosis of a specific phobia. However, as soon as that fear or disgust seems to take on a universalising theme, in that the everyday living of the individual (as with Tom’s example) is impaired, or the fear or disgust has an impact upon the patient’s life, in situations which seem unrelated to the ‘phobia stimulus’, then ironically, this is when a diagnosis of *specific* phobia becomes ‘appropriate’.

The manner in which the universalising attitude claims its position as the *dominant* attitude in the hierarchy possibly lies within the manner in which it presents itself as the ‘natural attitude’. For instance, by returning to the clinical case example of a specific phobia, we can see how the universalising attitude almost ‘disguises’ itself to the phobia patient (Tom), as the natural attitude. Indeed the universalising attitude is part of the natural attitude, it is not a new ‘attitude’ per se, it seems to understand this as it presents itself as the natural attitude. As Moran (2008) describes the ‘naturalistic attitude’ it ‘reifies’ and takes the position that the world’s ‘taken-for-granted-ness’ is

obvious. In other words the naturalistic attitude presents itself as the obvious, concrete reality 'of things'. Similarly the universalising attitude has similar intent, it presents itself as a reified form of the natural attitude and it too stakes a claim on being the obvious and only stance to reality. So in the clinical case of the specific phobia when Tom hears the baby's rattle the universalising attitude responds on behalf of interest, at this point displacing previous attitudes and 'announces' itself as the *reality* of Tom being in imminent danger from a snake as the rattle of the baby's toy sounds like a snake: 'snakes are dangerous, the rattle signifies a snake in close proximity'.

§12. The problem of describing the natural attitude and the universalising attitude, as *attitudes*

To describe the natural attitude and universalising attitude as attitudes per se is in itself perhaps a problematic assertion. Husserl's concept of the natural attitude and my own account of the universalising attitude are described as 'attitudes' and yet there seem to be very different qualitative features of both compared with the other examples of attitudes we have described in chapter 11 and elsewhere in the thesis so far.

As we described earlier, the term 'attitude' as used in the everyday experience of living in the natural attitude, reveals relative views or profiles of the world that can be described in everyday folk psychology terms as 'wearing different hats'. This describes how my attitude is motivated by my interest, consciously experienced as a deliberate situation, role or 'task at hand'. For instance, as I go to work I am aware of somehow my stance shifting in such a way that correlates to the change in situation. I am aware that my way of interacting with the world is altered from the manner in which I may interact or live through when spending time with my family.

My interest has a different focus or concern in the two different situations, and to some extent I am aware of this ‘shifting’ of attitude. I am aware of a difference in the manner of my ‘position’ in the world. However, the term natural *attitude* does not seem to have the same qualitative features as the attitude described previously. Similarly my own term of ‘universalising’ attitude as a sub-attitude of the natural attitude does not share the same qualitative features of, say, ‘the businessman’ attitude. To illustrate this point further, neither the experience of being within the natural nor the universalising attitude could be described as ‘*wearing the natural or universalising hat*’. Both the natural attitude and the universalising attitude are ‘crypto attitudes’ in that they are hidden and concealed in a way that other attitudes are not. As we have seen, the natural attitude is more akin to the ‘default settings’ of the operating system of a computer. This poses the question of whether or not we can understand Husserl’s concept of the natural attitude as an attitude.

The answer to this question may lie in returning to the earlier analogy of understanding the natural attitude as the default settings of an operating system. The default settings of the natural attitude treat everything as ‘given’ or ‘real’. The other attitudes that one inhabits or passes through within the natural attitude could be understood by continuing to use this operating system analogy. For instance, they could be seen as the ‘applications’ or other programs available in the operating system, such as the virus checker on the computer running its routine check or the word processing program, purposefully opened for writing a document, whilst the operating system continues running unseen in the background. With the other applications that one uses on the computer, that one deliberately opens or uses,

without the operating system, no such applications would be possible. However, to develop the analogy of using computer applications within an operating system further, one can never simply be ‘just in the operating system’ aspect of the natural attitude. Rather one has to be in the operating system but also in a certain application. So I may always be in the natural attitude but I am in the ‘mode-of-the-natural-attitude’ of father, husband, art gallery viewer, businessman etc.

All activities of consciousness, including all scientific enquiry belongs to the region of region (Urspringsgebiet). All activities of consciousness, including all scientific activity, indeed all knowledge, initially takes place in natural attitude ... Other attitudes, such as the objectivist, scientific attitude and the formal mathematical attitude are one-sided abstractions from the natural attitude and presuppose it. (Moran 2008, p.414).

Here we can see comparisons with the natural or universalising attitude as being more akin to the ‘operating system’ aspect of the computer that is always switched on in the background whilst the other attitudes that one inhabits in everyday life such as the ‘businessman attitude’ would seem to have parallels, with the purposeful use or ‘opening’ of the word processing document or other such modes of the operating system. In this way it is possible to see that one is never just ‘in the natural attitude’. Rather one is constantly within an array of attitudes which, as we have seen, overlap and form a hierarchy governed by interest which is always within the natural attitude. The less situation specific, or role-specific-focused the attitude, or the more worldly the attitude, the more implicit the naivety of the attitude in recognising itself as an attitude seems to be. For instance, to return to the clinical example of Tom, his businessman attitude is more ‘obvious’ to him than say the universalising attitude, which he would probably only acknowledge by the experienced fear of hearing the rattle. He would probably not conceptualise this as an attitude per se, nor would he wake up in the morning and acknowledge that he is now in the natural attitude. Yet if

it is a Monday morning, and he is late for work he may indeed be aware of being in some kind of stance or position in which his profile of the world is encompassed by the attitude of businessman. However, could Tom just be in the natural attitude?

To live solely within the natural attitude without experiencing other attitudes would be like using a computer which has the default settings of operating system but no applications or other programs available to use. This raises the question if indeed it is possible to live solely and exclusively within the natural attitude as Husserl describes it, without any other attitudes being present. Although I do not intend to develop this point in detail, I would suggest that from clinical experience, the scenario of an individual living purely in the natural attitude, detached from any other attitude, can be seen in some forms of severe 'mental illness' such as schizophrenia.

Note that this contrasts with Schutz's (1964) description of the schizophrenic experience described earlier in the thesis, which suggests the schizophrenic is in some kind of constant state of epoché. However, it remains to be seen whether or not this is a genuine example of someone just being in the natural attitude, where other sub-attitudes are not accessed, or if this can be seen as yet another example of a universalising attitude, which gives the sufferer of schizophrenia the *impression* that they are in the natural attitude, the attitude universalising itself to such an extreme form, where other attitudes become unnoticed, giving the *illusion* of the natural attitude alone. To be just in the natural attitude could possibly be understood in terms of someone such as a Tibetan monk meditating on a given moment, but again this in itself is problematic as it suggests some form of reduction in operation, which presumably would mean I was in the phenomenological attitude.

The universalising attitude as with other attitudes is within the horizon of the natural attitude, however, it would be a mistake to view this as being distinct from the natural attitude, or as a new attitude *per se*. At the same time, it has subtle nuances which are different from the natural attitude. The universalising attitude appears to impersonate the natural attitude, in that it presents itself *as* the default settings ‘operating system’. It too, like the natural attitude, and the naturalistic attitude, treats everything as given or real, and like naturalism in general, assumes what it sets out to prove – the ‘counter-sensical circle’ to which Husserl alludes. However, unlike the natural attitude in its ‘pure form’, the universalising attitude almost itself demands to be noticed as the ‘default setting’, in a way which the natural attitude already knows and understands, and so has no need to claim.

The universalising attitude is more *vocal* and more desperate in the manner in which it ‘sells’ and reframes itself as the natural attitude, whereas this feature of the natural attitude in comparison, is *silent*. As we have seen, the natural attitude is hidden to itself, it is precisely this characteristic of the attitude which makes it difficult to overcome in the first instance. Unlike other attitudes it doesn’t see itself as an attitude. Similarly the universalising attitude shares this naivety about itself, in terms of it being an attitude. However, unlike the natural attitude which holds a naivety about its taking for granted the existence of the world, the universalising attitude also takes the world for granted, yet in its doing so, it ‘declares’ to *itself* the reason for taking the world for granted; in a manner whereby the everyday natural attitude’s sense of taken for grantedness is *hushed*. The natural attitude remains ‘more’ hidden to itself than the universalising attitude. It is as if the natural attitude has no insight at all into its stance,

whereas the universalising attitude is aware, to some extent at least, that it is not the genuine, everyday natural attitude, so as a consequence, has more of an insight into itself. So the 'vocalness' of the universalising attitude may manifest itself as an affect such as clinical anxiety which is the reason the patient needs help; also both patient and therapist can use the affect to keep track of the attitude. In other words its being more vocal is the 'illness' and the necessary prerequisite for the therapy working.

Perhaps the use of a crude metaphor at this juncture may help to demonstrate my meaning. For example, imagine seeing a swan on a lake appearing to effortlessly glide on the surface of the water. However, underneath the water, the swan is frantically paddling away, to drive itself forward. This swan can be likened to the universalising attitude. A second swan can also be observed, appearing to effortlessly glide upon the surface of the water, superficially appearing the same as the other swan. However, underneath the water this swan doesn't make any attempt to swim, it just moves, without the need to invoke any deliberate or physical action to propel itself. This I believe can be likened to the natural attitude. On the surface both attitudes are remarkably similar. For instance (as we have seen) the universalising attitude and the natural attitude can be both be seen as crypto attitudes in that the qualities or attributes of the attitude are hidden in a way in which other attitudes are not. The universalising attitude uses this superficial similarity to its advantage in that it uses this to 'sell' itself as the natural attitude. However, it is within the phenomenological structure of the attitude that subtle nuances can be found which differentiate the qualitative nature of the attitudes.

The universalising attitude is only too aware of the additional effort that it needs to make, to '*sell itself*' as the natural attitude. It needs to overcompensate for not being the original everyday natural attitude, and by doing this, its naivety about its 'taken for grantedness' of the world is lessened. As we saw in chapter 13 (section 4) the sleight-of-hand magic trick demonstrates how the audience is deliberately encouraged to interpret the event in *too narrow a focus*. Similarly the universalising attitude is also attempting to narrow the intentional focus of the attitude in its endeavours to disguise itself as the natural attitude, something which the natural attitude clearly has no need to do, as it is the attitude which is *natural*.

This is precisely what makes the natural attitude more difficult to overcome than the universalising attitude (as we have seen 'overcoming the natural attitude' would never be the objective of cognitive therapy). Conversely, it is precisely this aspect of the universalising attitude which enables the therapist to help the client to 'bracket' the universalising attitude, and return to the 'default settings' of the natural attitude within therapy.

To summarise, the universalising attitude can be seen as being more militant in the manner in which it sets out to prove what it already assumes. It sets out to prove itself as the natural attitude, which to some extent it is correct in asserting, but it never stops to explore or clarify these sets of assumptions further. This as we saw in the previous chapter is where therapy helps, via the use of phenomenological reflection allowing the universalising attitude to compare itself to the purer form of the natural attitude and to bracket the assumptions it holds about itself.

§13. Concluding comments for chapter 14

In this chapter the following key points have been made. Firstly the maintenance cycle illustrated in cognitive behavioural formulations has been used to further develop the explication of how everyday, non-pathological attitudes have to a lesser extent a sense of being absolute, a self-reinforcing characteristic. The cycle is easier to 'break' when in these everyday non-pathological examples of attitudes. The manner in which the cognitive behavioural formulation is illustrated provides an understanding of how the attitude acts on behalf of interest, and at the same time the interest of the attitude perpetuates the attitude. These are illustrated by the 'feedback loops' or arrows in the CBT diagrams.

Secondly, the circularity illustrated in most of the feedback cycles of cognitive behavioural formulations can also be used to further develop the manner in which the naturalistic attitude sets out to prove what it already assumes; what Husserl describes as the 'counter-sensical circle'. This I believe not only expands upon Moran's (2008) critique of Husserl's understanding of naturalism, but also provides an understanding of the very characteristic of that which can be seen in the natural attitude and in the more extreme form – the universalising attitude.

Thirdly, this chapter has discussed how noematic identity is driven by the natural attitude and in turn this is what provides the natural attitude with the sense of familiarity. Fourthly, CBT's understanding of PTSD has been used to develop a phenomenological structure and taxonomy of the universalising attitude. Within this account of PTSD we have seen how the trauma sufferer is in effect naturalising their experience of the trauma incident and by doing so perpetuates the attitude. Not only is

this a new and unique account of PTSD but it also contributes to a unique interpretation of Husserl's natural attitude, providing an enhanced and detailed understanding of what has been termed as one of Husserl's operative concepts.

Fifthly, we have seen how the clinical example of a specific disorder has been used to develop further what I believe to be a hierarchy of attitudes within the natural attitude. By making reference to Heidegger's concept of situation, I describe this hierarchy as being motivated by interest. As far as I am aware, this description of Husserl's natural attitude is original in its detail, as the topic is something at best Husserl only alludes to in his work. In addition to this, the chapter has discussed the manner in which other 'sub-attitudes' can be subordinated within this hierarchy. The integral role of interest governs the hierarchy and provides the means by which attitudes operate. By the same token interest is always being amongst the natural attitude, interest-amongst-the-natural-attitude.

Sixthly, the latter sections of this chapter have discussed how the natural attitude has a very different 'feel' to it than the described 'sub-attitudes'. This has raised the question of whether Husserl is correct to describe the natural as an attitude per se. Although this chapter has not provided an exhaustive response to its own question, it has attempted to understand this within the model of a hierarchy by describing how the higher the attitude is in the hierarchy the less recognisable it is as an attitude. The natural attitude is at the highest point of the hierarchy, the more situation specific attitudes are much lower down and consequently more recognisable as attitudes. Finally, by providing a response to this question, the latter sections have developed how the universalising attitude disguises or claims itself as the dominant attitude

presenting itself or believing itself to be the 'pure' natural attitude. This as we have seen is unique to the universalising attitude.

15. Conclusion

§1. Key themes demonstrated in the thesis

The thesis began by discussing the key concepts of the cognitive behavioural maintenance cycle of emotional disorder and the defining concepts of Husserlian phenomenology which have been used to develop the account of the universalising attitude. In chapter 3 I provided an account of Husserl's opposition towards naturalism and in turn, psychologism. This then developed into looking at how, within certain social sciences and psychiatry, there seemed to be a trend to claim the use of Husserlian phenomenology. These claims turn out to be misrepresentations. This misrepresentation seemed to be part of a wider general misunderstanding of Husserl, appearing to interpret Husserlian phenomenology as an 'introspective psychology'.

However, one of these claims warranted further investigation and that was the claim 'that cognitive therapy' *was* Husserlian phenomenology. This claim has not been supported by the thesis as, clearly, cognitive behavioural psychotherapy would have been regarded by Husserl as a naturalised psychology. However, it has been the contention that there are certain features of cognitive therapy which appear to inadvertently use aspects of a methodology which Husserl *would* recognise as phenomenological. The thesis has attempted to 'draw out' those aspects of cognitive behavioural psychotherapy that could be argued to represent aspects of an applied Husserlian phenomenology. These parts of psychotherapy seem to have developed inadvertently as opposed to a serious or intelligent 'dialogue' with Husserlian phenomenology. That is, they are not the elements of psychotherapy that its proponents claimed were Husserlian in origin. However, this is not to suggest that the cognitive therapist has somehow accidentally become a phenomenologist. For

Husserl, *no-one* accidentally becomes a phenomenologist. For Heidegger phenomenology is not just concerned with operating at an epistemological level, rather it necessitates an ontological enquiry. Heidegger sees certain situations as demanding phenomenological inspection, whereby our original understanding is grounded upon our practical engagement with the world. Similarly, the excessive self-perpetuating and reframing nature of the universalising attitude almost invites a phenomenological ‘check up’. In other words, even though one may not be aware of being in an attitude, the persistence and the ‘characteristics’ of the attitude serve as a ‘request’ for the individual’s phenomenological *consideration*. In clinical examples this can be seen as the beginnings of someone seeking professional help, the patient’s sense that ‘something is wrong’. Something feeling problematic provides the initial motivation and ultimately the means for phenomenological reflection.

The latter stages of the thesis have been specifically concerned with developing Husserl’s understanding of the natural attitude via reference to the theoretical and clinical usage of cognitive therapy, specifically enabling the patient to employ a phenomenological methodology which opens up a decentring from the universalising attitude. From this analysis we have seen that universalising attitude is present not only in pathological conditions, but in ‘everyday’ and ‘normal’ examples of what Husserl would call attitudes. The thesis has argued that the universalising effect is common to all attitudes, characterised by a self-perpetuating theme of the attitude. For instance, the more I am involved in a certain act, the more this guides my mode of interest which in turn is ‘surrounded’ by the attitude which I am in.

§2. Implications for CBT and Husserlian phenomenology

The relevance of Husserlian phenomenology for cognitive therapy has been described in the thesis as fundamental to the successful change of the client attending psychotherapy. This requires the ability of the client to reflect phenomenologically on their lived experience, but not in the manner which the introspectional psychologist would prescribe. Rather the patient undergoing therapy has to be able to recognise his or her experiences as attitudes which initially require the therapist to ‘sell’ or invite the idea that it is possible to look upon their everyday living within the natural attitude as involving a series of attitudes, and their emotional problem as an example of universalising attitude. The therapeutic intervention of the cognitive behavioural therapist provides a basic bracketing of the universalising attitude, the phenomenological method interrupts the universalising attitude, allowing the patient to consider other less problematic attitudes which they may have inhabited but overlooked during the everydayness of the natural attitude. The use of activity monitoring sheets in clinically depressed patients encourages the patient to think and record on an hourly basis the attitude to which they ‘devote’ themselves and by doing so to bracket the occurrence and frequency of the universalising attitude.

Cognitive therapy literature describes how the depressed patient will often have a selective bias in retrospectively describing their mood. The activity monitoring sheet often surprises the patient when they see that their mood may not have been as depressed as they initially recall. However, the thesis suggests that this is not so much about cognitive recall but rather illustrates how one’s devotion to attitudes within the everydayness of the natural attitude often (but not always) involves a seamless inhabiting and passing through of different attitudes which the universalising attitude

exploits by ‘impressing itself’ on the other sub-attitudes, so that the patient can only recollect the most hierarchically prominent of attitudes. The manner in which the universalising attitude does this suggests a rationality and ‘intelligence’, for instance, the attitude reframes and draws attention to itself in way which is absent from other sub-attitudes. Even in the most severe forms of mental illness there is rationality to the universalising attitude. Whereas holding the attitude may not be rational, the attitude itself is. The ‘rationality’ of the attitude is precisely what makes therapy possible, the patient’s experience of the attitude is understandable, not incomprehensible lunacy, what the patient is saying makes sense in that if ‘I’ were holding a similar universalising attitude my experience of the world would be similar.

In cases of panic disorder, where the patient fears an imminent catastrophe of some description, the patient is also unable to recall attitudes in which his fears have not actually been realised. For instance, a patient may have been at work and thought they were having a heart attack, or was going to faint, however, in both examples this doesn’t actually happen but the patient doesn’t recollect these specific attitudes, rather the universalising attitude encourages the patients to see these as ‘near misses’. However the fixedness of the attitude appears more accommodating to the recalibrating of the attitude, so that these ‘near misses’ can be explored with the patient far more easily than if working with a psychotic patient.

Within the cognitive psychotherapy literature, the dismantling of the panic disorder maintenance cycle is described as the patient negating previous held beliefs by the dropping of their safety behaviours, thus allowing them to ‘disconfirm’ their feared predictions and beliefs. Cognitive therapy literature describes how the belief of a

patient is challenged or evaluated by a combination of behavioural experimentation and cognitive restructuring in which old beliefs are essentially falsified or negated and replaced by ‘new’ more adaptive cognitions or appraisals of events. This in turn is described as altering the patient’s appraisal of a given situation, however, the process involved in this ‘altering’ of a belief or interpretation is absent. It is here that the phenomenological description of the universalising attitude and its structural suspension in therapy in this thesis has addressed this absence. By the gradual suspension of the universalising attitude the patient is able to see how they devote themselves to various attitudes to the world at a given a moment. This as, we have seen, is far more than the ‘testing out’ of a passive interpretation or a belief (as cognitive models describe) but requires the patient’s active experiencing of an attitude in its non- universalised form.

The overall contribution of the thesis to phenomenology includes a detailed description of the operative concept of attitude, the introduction of the universalising attitude which is a sub-attitude which sees itself as the natural attitude, the notion of a hierarchy of attitudes, the relation of this hierarchy to interest, the manner in which attitudes are subordinated and how the less situation-specific the attitude appears to be, the less it is recognised as an attitude, which raised the question of the natural attitude being understood as an attitude.

In *Ideas I* (§.114, p.269), Husserl refers to the ‘neutrality modification’ as going beyond psychological states and as the opposite of the positing characteristic of an attitude, in that it makes no claim to truth or validity:

For Husserl, the neutrality modification is a wholly unique yet universal structural feature of consciousness, and one that is tremendously important, in

that its presence enables the very possibility of philosophical reflection on the life on the life of consciousness. (Moran 2005, p.151).

As we have seen, this process is fundamental to epoché enabling the phenomenological reflection of an attitude. It is the neutralising that allows the parenthesising of an attitude, leaves ‘something undecided’ the conceiving of ‘something without doing anything about it’. This ‘leaving something undecided’ is the part of the therapy process which allows the patient to call into doubt the universalising attitude.

In the cognitive therapy literature the process of the patient ‘stepping back from their experience’ is often referred to as the patient decentring themselves from their current experience, and their eventual learning to reappraise experience forms the basis for the patient’s recovery.

Decentring is a process through which one is able to step outside of one’s immediate experience. This process allows for the introduction of a gap between the event and one’s reaction to the event ... Stepping outside of one’s current experience fosters a recognition that the reality of the moment is not absolute, immutable, or unalterable, but rather something that is being constructed. (Safran & Segal 1996, p.117).

However in contrast to the above description of the patient ‘stepping outside of their experience’, where the ‘reality’ of the patient is constructed through cognition, the thesis has used Husserlian phenomenology to show that it is the suspension of the universalising attitude which allows the patient to consider other horizons of the natural attitude apart from the stance currently posited by the patient. It is not so much the recognition by the patient that his *reality* is being constructed, but the construction of the *attitude* which occupies him and contributes to his assumptions of the moment-to-moment experiencing of the natural attitude which can be suspended, enabling the patient to consider other ‘horizons of possibilities’.

This enables the patient to begin to appreciate the naivety of daily living in the natural attitude. Although the positing of the natural attitude is unlike the positing of the patient's belief or point of view, in that the natural attitude precedes all empirical experience, the positing of the world precedes all empirical experience, the therapy process begins to reveal that despite this the positing of the natural world is not beyond question (Moran 2005).

As the thesis argues in chapter 12 if cognitive therapy is to be successful (if the universalising attitude is to be successfully identified and evaluated), then it is the aspects of the therapy which depend more upon the phenomenological methodology that need to be performed, developed and focused upon, as opposed to just the psychological content of the client. This process is also reflected not only in the patient's eventual recognition of the attitude but also in the therapist's vigilance towards the therapy process itself, hence the significance of the therapists own clinical supervision. We have seen how CBT has been led by psychological models and the success of the therapy being evaluated by the treatment of clinical symptoms. This in itself may not be problematic, however, any attempts at fully understanding the universalising attitude is lost, and as we have seen the clinical symptoms of a disorder can change or be present in two or more co-morbid disorders. However, with a clearer understanding of the universalising attitude the need to focus exclusively upon the clinical symptoms of the disorder may become less important, hence making assessment and treatment of the disorder more comprehensive for both therapist and patient.

As described in chapter 2, §4, since the inception of the UK government's initiative to 'improve access to psychological therapies', an increasing quantity of CBT literature has been developed to promote self-help and to reduce waiting lists. I fear that the emphasis upon 'evidence-based practice' and the National Institute of Clinical Excellence's (NICE) preoccupation with random control trials inevitably means the 'naturalising' of the phenomenological process within psychotherapy. The process may have been overlooked or indeed may not even been recognised as existing in the first instance by the psychologists and psychiatrists. This is coupled with an ever apparent and increasing 'cultural norm' which seems to view almost everything within society as being understood through psychological and empirical investigation. For instance, if we want to understand or study consciousness or the ills in society, including economic meltdown, we 'wheel out' the psychologist not the phenomenologist. I believe Husserl was only too well aware of this and it is echoed throughout in his opposition towards psychologism.

As we have seen, the universalising attitude can be seen in a variety of aspects of 'everyday' living within the natural attitude, outside the arena of mental health. Indeed to some extent mental health problems can be seen as an epiphenomenon of the natural attitude. However some of the most obvious examples of universalising attitude include experiences of following the rules of an institutional type control and the actual experience of patients diagnosed with a clinical psychopathology such as an anxiety disorder or clinical depression. From the discussions referring to clinical psychopathology we have seen examples of how psychologically 'disordered' states of consciousness are grounded upon the universalising attitude. The noetic dimension of the attitude has been used in psychiatry to form the basis of diagnostic

classification of mental illness, culminating in classifications such as the Diagnostic Statistical Manual (DSM).

The Diagnostic and Statistical Manual of the American Psychiatric Association – the profession’s diagnostic handbook – was first published in 1952. In 1980 a revised version, DSM III [was published]. The publication in 1994 of DSM IV ... brought a fresh crop of disorder labels. Indeed, a glance at successive editions of the DSM, which requires energetic revision every few years, reveals different, and often incompatible, terminologies. (Porter 2002, p.214).

Since its first publication the DSM and its classification of various psychopathologies has been revised five times. The DSM is solely concerned with the classification of the signs and symptoms of a mental disorder as opposed to the underlying causes. It claims to do this predominantly by its use of statistical analysis and clinical patterns of psychopathology. As such its use has been likened to an ornithologist’s field book in that the advantages for using it to classify a type of pathology are limited in that it can only recognise pre-existing recorded patterns or signs and symptoms. As can be seen from the continued revision and addition of clinical disorders in the DSM, the noetic description used in the diagnostic criteria of a psychological disorder may change in its definition or inclusion but regardless of the content of the individual’s idiosyncratic belief, or the clinical patterns used to classify the signs or the symptoms of the pathological disorder, the underlying noematic features of the universalising attitude continues to be firmly in place.

§3. Avenues for further research.

- I am aware of the intersubjective nature of the universalising attitude, however the thesis has predominantly focused upon the egocentric perspective of the patient, Further research might explore the intersubjective nature of the universalising attitude particularly in non-pathological examples of

universalising attitude. This may be achieved via qualitative research focusing upon the sociological or anthropological themes of universalising attitude. For instance, the qualitative description of the experience of individuals working in an institution could focus not so much upon the individual subjective description of the experience (as we saw in chapter 6, nursing research has interpreted ‘phenomenological research’ as precisely this), but used to collect common intersubjective themes to the structuring of the experiences.

- The current thesis provided a brief account of account of Husserl’s concept of inner time consciousness and the implications of this in understanding the experience of PTSD, however the thesis did not pursue the role of temporality in its development of the universalising attitude. Further research may develop the relationship between inner time consciousness and the universalising attitude.
- The thesis has largely used clinical observations to describe how the patient is invited to consider their experience as an attitude, as opposed to CBT’s insistence that it is the role of cognitions, emotions and behaviour which are significant in helping the patient. The use of dismantling studies may prove useful to determine, firstly what specific phenomenological features described in this thesis are most significant in the therapeutic process, and secondly which aspects of the therapy are serving as this phenomenological feature. For instance, the partial bracketing of the patient’s experience may be one example of a ‘phenomenological feature’ of therapy. Once this has been identified a second dismantling study could be conducted in order to identify which

aspects or stages of therapy are serving as this 'phenomenological feature'. Ultimately the dismantling studies could be used to evaluate the impact of a 'cognitive therapy' which makes no mention of cognition, emotion or behaviour, but focuses upon the attitude of a patient in a given situation, which would could be used to test the hypothesis that it is providing the patient with a methodology which helps them to identify an attitude as such is ultimately the underpinning for the therapy.

- In other words it is possible to talk of cognitions and behaviour in CBT but without providing the patient with the skills to engage in the phenomenological reflection and discovery of an attitude. Consequently any potential for the patient's therapeutic change is likely to be limited. This may explain why a significant amount of people who have tried to use CBT self-help books find them of little benefit. The book often appears to naturalise the practice of the therapy, over compensating by focusing upon the 'technical aspects' of CBT which leaves reader unable to perform the phenomenological process fundamental to the therapy, namely identifying an attitude and experiencing it as such. To paraphrase Gilbert's (2011) metaphor: It is the therapist who uses their micro-skills to integrate a *phenomenological reflection of attitude* in any psychotherapy which forms the 'operating system' of the therapy, the theoretical orientation of the therapy is simply another program or file within that operating system.
- Finally the thesis has argued that CBT's maintenance cycle makes a significant phenomenological contribution to Husserl's notion of the natural

attitude. It would seem that there is need for a continued and open dialogue between 'classical' Husserlian phenomenology and psychotherapy. In spite of this, the experiences of the 'psychiatric patient' which the mental health professions are often described as attempting to understand, would seem to deserve these professions 'doing' *more* phenomenology with the patient, regardless of what term they use for this process.

Appendix 1.

Diagnostic criteria for Post-Traumatic Stress Disorder as described by the Diagnostic Statistical Manual, 4th edition (DSM IV).

DSM (IV) Definition of Trauma

- (A). The exposure to an extreme traumatic stressor involving:
- Direct personal experience of an event including actual or threatened death or serious injury, or other threat to one's physical integrity;
 - Witnessing an event that involves death, injury, or a threat to the physical integrity of another person;
 - Learning about unexpected or violent death, serious harm or threat of death or injury experienced by a family member or other close associate.
 - The person's response to the event must involve intense fear, helplessness, or horror.

As can be seen from the above taxonomy for post-traumatic stress disorder (PTSD), the disorder can be developed when a person is exposed to an extreme event associated with a real or perceived threat of death, severe injury or threat to the physical integrity from witnessing a traumatic event. The symptoms of the individual with PTSD are categorised as follows.

The DSM IV describes the taxonomy of PTSD by characterising PTSD by three essential characteristics; re-experiencing the trauma, a physiological hyper-arousal and behavioural characteristics such as avoidance:

(B) The traumatic event is persistently re experienced in one or (more) of the following ways:

- (1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.*
- (2) Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognisable content.*
- (3) Acting or feeling as if the traumatic event were recurring (includes disassociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma specific re-enactment may occur.*

- (4) *Intense psychological distress at exposure to internal or external cues that symbolises or resembles an aspect of the traumatic event.*
- (5) *Physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.*

In addition to the above, the DSM IV describes the persistent avoidance of external or internal triggers associated with the trauma:

(C). Persistent avoidance of stimuli associated with trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) Efforts to avoid thoughts, feelings or conversations associated with the trauma*
- (2) Efforts to avoid activities, places, or people that arouse recollections of the trauma*
- (3) Inability to recall an important aspect of the trauma*
- (4) Markedly diminished interest or participation in significant activities*
- (5) Feelings of detachment or estrangement from others*
- (6) Restricted range of affect (e.g. unable to have loving feelings)*
- (7) Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span).*

Finally the increased physiological arousal is described as follows:

D. persistent symptoms of increased arousal (not present before the trauma), as indicated by two or more of the following:

- (1) Difficulty in falling asleep or staying asleep*
- (2) Irritability or outbursts of anger*
- (3) Difficulty concentrating*
- (4) Hypervigilance*
- (5) Exaggerated startle response*

APPENDIX 2.**Diagnostic Criteria for a Panic Attack as defined by the DSM IV.**

- The patient suddenly develops a severe fear or discomfort that peaks within 10 minutes.
- During this discrete episode, four or more of the following symptoms occur:
 - ✓ Chest pain or other chest discomfort
 - ✓ Chills or hot flushes
 - ✓ Choking sensations
 - ✓ Derealisation (feeling unreal) or depersonalisation (feeling detached from self)
 - ✓ Dizzy, light-headed, faint or unsteady feelings
 - ✓ Fear of dying
 - ✓ Fear of loss of control or becoming insane
 - ✓ Heart pounding, racing, or skipping beats
 - ✓ Nausea or other abdominal discomfort
 - ✓ Numbness or tingling
 - ✓ Sweating
 - ✓ Shortness of breath or smothering sensation
 - ✓ Trembling

Coding Notes:

By itself, Panic Attack is not a DSM-IV diagnosis. Code the particular disorder of which the panic attack is part.

APPENDIX 3.

Comparisons of the concept of evidence for cognitive therapy and Husserlian phenomenology.

... It is possible to characterise Husserl's entire philosophical endeavour, particularly in its epistemological overtones, as a quest for the kind of evidence that will make knowledge scientific. (Lauer 1965, cited from Kockelmans 1967, p.150).

It is within the opening sections of CM of the first meditations (*CM* sections 3–6) that Husserl begins to describe his idea of science and thereby introduces his concept of evidence. He makes the observation that one should avoid making the assumption that it will be possible to develop a philosophy that meets the requirements of this. His first question is how one is to go about discovering what this idea of science consists of. Husserl argues that one must be cautious by making a judgement of this without adopting a critical reflection of any particular conception of science which may already exist by philosophers.

Husserl warns against about falling prey to forming prejudices about pre-existing concepts of science, instead he argues that one should examine the sciences that already exist, and to try to identify the idea of science that appears to be implicit in them. By this, he means that one should examine these forms of enquiry, including both empirical and non-empirical sciences. Husserl makes the point that these methods should not be automatically accepted, that they deserve the status of science as they may fail to achieve their own aims. Rather, one is able to discover at the very least, what these methods of enquiry aim to achieve, and if achieved in their own terms would become genuine sciences.

With this in mind, Husserl suggests that one should proceed by immersing oneself in the various sciences, trying to explicate the general conception of science implicit in the actual practice of scientific enquiry.

Husserl argues that what emerges from this procedure is this; that any science aims at achieving a hierarchically ordered structure of judgements, which ultimately depend on evidential foundations, that are both apodictic (indubitable) and first in themselves (dependent upon nothing else). I shall now proceed by attempting to examine the main elements in this notion of science. Husserl begins by introducing the ideas of 'judicative' doing and the 'judgement itself' (*CM*, p 10).

By making a judgement one is making a truth claim, for example, when one asserts that by dropping an object it will fall to the ground. In the making of the claim, what is involved is the conscious mental act, the 'judicative doing'; whilst what is claimed is the judgement itself. In science the process of making judgements also involves trying to support or justify them. Husserl describes this process as the 'grounding' of judgements in which the 'correctness' and the 'truth', of the judgement should be shown. Husserl distinguishes between two types of grounding, and two corresponding types of judgements; 'mediate' and 'immediate'. The grounding of mediate judgements involves their support by other judgements, whose significance is shown by the meaning or 'sense' of what is being claimed in the judgement that is to be grounded.

[M]ediate judgements have such a sense-relatedness to other judgements that believing them presupposes believing those others – in the manner characteristic of a believing on account of something believed already. (CM, p.10).

The mediate judgement that dropping an object will result in it falling to the ground presupposes, and is consequently grounded, by reference to the further judgements that when various other objects have been dropped or released they have fallen to the ground and so continue to behave in this way. These latter judgements may be themselves mediate and consequently grounded in other judgements. The distinct set of judgements belonging to the immediate ones, upon which all mediate judgements ultimately depend, involve some form of direct encounter with the states of affairs to which these judgements refer. Here Husserl introduces the idea of evidence:

Any evidence is a grasping of something itself that is, or is thus, a grasping in the mode of 'it-self', with full certainty of its being, a certainty that accordingly excludes every doubt. But it does not follow that full certainty excludes the conceivability that what is evident could subsequently become doubtful, or the conceivability that being could prove to be an illusion – indeed sensuous experience furnishes us with cases where that happens ... An apodictic evidence, however, is not merely a certainty of the affairs ... evident in it; rather it discloses itself, to a critical reflection, as having the signal peculiarity of being at the same time [i.e. as well as being certain] the absolute {inconceivability} of their non-being, and thus excluding in advance every doubt as 'objectless', empty. (CM pp.15-16).

So by dropping an object to the ground, one would actually *see* the object fall to the ground and making the judgement that it had fallen would be obviously evident to oneself. In this respect Husserl shows how something is evident to someone that is central to his concept of evidence. This concept of evidence differs from the more traditional notion of evidence as being something to support or dispute a truth claim. This more familiar empirical concept of evidence appears frequently in the dialogue of cognitive therapists to help patients evaluate or disconfirm a particular claim for the validity of their beliefs. Cognitive therapy attempts to seek out 'evidence' to support or disconfirm a patient's cognition or belief about a situation. Typically, cognitive

therapy would encourage the patient to support the validity of cognition via use of the 'dysfunctional thought record'. This would generally consist of recording the negative emotion experienced with the accompanying 'negative automatic thoughts' which were experienced by the patient whilst they were experiencing the emotion. The patient is then encouraged to consider 'evidence for and evidence against' their automatic thought, with the goal of the patient arriving at a more 'balanced' appraisal of the situation.

Traditionally, cognitive therapy attempts to encourage the patient to limit what can be construed as evidence that distinguishes empirical evidence (understood by the CBT tradition as being objective in that it can be validated empirically) from the patient's subjective opinion, e.g. 'gut feelings' etc. The therapist sometimes assists the patient with this process by asking the patient to only consider evidence as information that would 'hold up in a court of law'.

In contrast to this understanding of evidence, Husserl's concept of evidence has no such limitations. For Husserl what is evident is what is naturally to be said as seen. That is, not just visual perception, but any form of immediate or direct mental grasp or intuition of something. Interestingly, more recent cognitive therapy literature tends to be more flexible in its 'criteria for evidence to support or disprove cognition'. For instance, Padesky (1995) encourages patients to temporarily suspend their conviction that their 'hot thought' or target cognition (that is, the thought most responsible for the negative emotion experienced by the individual) is correct, stating that by doing this, the patient will 'find it easier to look for evidence that supports and weakens' the belief. In addition to this, Padesky (1995) appears to be describing a concept of

evidence much closer to Husserl's own position, when she advises patients to ask themselves the following questions in order for them to 'find evidence';

- *Have I any experiences that show that this thought is not completely true all the time?*
- *When I am not feeling this way, do I think about this type of situation any differently if so how?*
- *If my best friend or someone who loves me knew I was thinking this thought, what would they do to me? What evidence would they point out to me? (Padesky 1995, p.82).*

Husserl makes the distinction between apodictic and non-apodictic evidence, he asserts that one has to avoid thinking of the concept of certainty as suggesting that what is taken to be certain cannot possibly be false. It is in this sense that certainty can be seen to be a form of epistemic success, of an unquestionable truth. In contrast to this concept, Husserl describes the 'certainty' that may characterise some of one's experiences of things, not so much as an epistemological matter, but rather as a phenomenological concern. Therefore, when something is said to be *evident*, it is certain, it excludes doubt, in the respect that one perceives something as certain, one does not at the same time experience it as doubtful. However, Husserl describes how, after critical reflection, an element of doubt is possible to imagine. This critical reflection involves one trying to imagine that what might be evident might be other than that it presents itself as being. For Husserl, if this element of doubt cannot be imagined, then, and only then, can something can be said to be certain.

References

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*. (4th edn). APA, Washington, DC.

Annells, M. (2007). 'What's common with qualitative nursing research these days?' *Journal of Clinical Nursing*, 16:2, 223-224.

Baker, C. Wuest, J. & Stern, P.N. (1992). 'Method slurring: the grounded theory / phenomenological example.' *Journal of Advanced Nursing*. 17:11, 1355-1360.

Balls, P. (2009). 'Phenomenology in nursing research: methodology, interviewing and transcribing.' *Nursing Times*, 18:31, 30-33.

Bandura, A. (1982). 'Self-efficacy mechanism in human agency'. *American Psychologist*, 37, 122-147.

Beck, A.T., Rush, A.J., Shaw, B.F., Emery, G. (1979). *Cognitive therapy of depression*. The Guildford Press, New York.

Beck, A.T., & Emery, G. (1985). *Anxiety Disorders and Phobias: A Cognitive Perspective*. Basic Books. New York.

Beck, A.T. (1987). 'Cognitive models of depression'. *Journal of Cognitive Psychotherapy*, (1), 5-37.

Begley S. (2009) *The Plastic Mind*. Constable Robinson, New York.

Bentall, R. P.& Kaney, S. (1989). 'Content-specific information processing and persecutory delusions: an investigation using the emotional Stroop test.' *British Journal of Medical Psychology*. 62, 355-64.

Berrios, G.E. (2004). 'Phenomenology and psychopathology: Was there ever a relationship?' *Comprehensive Psychiatry*, 34:4, 213-220.

Blackburn, I. & Twaddle V. (1996) *Cognitive Therapy in Action: A Practitioner's Casebook*. A Condor Book, Souvenir Press (E&A) LTD. London.

Blankenburg, W. (2001). 'First steps towards a psychopathology of common sense.' (trans. Mishara, A.L.). *Philosophy, Psychiatry & Psychology*. 8: 303-315.

Brainard, M. (2002). *Belief and Its Neutralisation: Husserl's System of Phenomenology in Ideas I*. State University of New York Press, New York.

Brentano, F. (1995), *Psychology from an Empirical Standpoint*. Trans. Antos C. Rancurello, D.B. Terrell, and Linda L. McAllister, Routledge, London & New York. From the German original of 1874.

Butler, G., Fennell, M. & Hackman., A (2010). *Cognitive Behavioural Therapy for Anxiety Disorders, Mastering Clinical Challenges*. The Guilford Press, New York London.

Cohen, M.Z. & Omery, A. (1994). 'Schools of phenomenology: implications for research.' *In Critical Issues In Qualitative Research Methods* (ed J. Morse) Sage 137-156.

Corrie, S. & Milton, M. (2000), 'The relationship between existential-phenomenological and cognitive-behaviour therapies' *European Journal of Psychotherapy and Counseling* 3:1, 7-24.

Crotty, M. (1996). *Phenomenology and Nursing Research*. Churchill Livingstone, Melbourne, Australia.

Danto, A.C. (1985). *Sartre*. Fontana, Glasgow.

Dryden, W., & Yankura, J. (1994). *Albert Ellis*. Sage Publications, University of London, UK.

Dodd, J. *On the future of Husserlian Phenomenology*, The Archives in Memory of Alfred Schutz, <http://www.newschool.edu/nssr/husserl/index.htm>, accessed 20 May 2009.

Dowling, M. (2004). 'Hermeneutics: an exploration'. *Nurse Researcher* 11:4, 30-41.

Drabinski, J. (2007). *Between Husserl and Heidegger*. <http://www.jdrabinski.com/Site/Podcasts.html>, accessed 20 June 2010.

Edwards, D. (1990) 'Cognitive-behavioural and existential-phenomenological approaches to therapy: Complementary or conflicting paradigms ?' *Journal of Cognitive Psychotherapy: An International Quarterly*, 4, 105-120.

Ehlers, A., & Clark, D. (2000). 'A cognitive model of posttraumatic stress disorder.' *Behaviour Research and Therapy*. (38), 319-345.

Ellis, A. (1962). *Reason and Emotion in Psychotherapy*. Lyle Stewart. New York.

Ellis, A. (1991). 'The ABC's of RET.' *The Humanist*, 51 (1), 14-49.

Epictetus (2004). *Enchiridion*. Trans George Long, Dover Publications, Mineola, New York.

Erwin, E. (1997). *Philosophy and Psychotherapy*. Sage, London.

Eyessenck, M., and Keane, M. (1993). *Cognitive Psychology. A Student's Handbook*. Lawrence Erlbaum Associates, London.

- Fazio, R., and Williams, C. (1986). 'Attitude accessibility as a moderator of attitude-perception and attitude-behaviour relation: An investigation of the 1984 presidential election'. *Journal of Personality and Social Psychology*, 51, 505-514.
- Fewtrell, D. & O' Connor, K. (1995). *Clinical Phenomenology and Cognitive Psychology*. Routledge, New York, London.
- Fink, E. (1957/1981) 'Operative Concepts in Husserl's Phenomenology'. *Apriori and World. European Contribution to Husserlian Phenomenology*, (Ed. and trans). W. McKenna, R. M. Harlan and L. E. Winters, The Hague, Nijhoff.
- Fink, E. (1988/1995). *Sixth Cartesian Meditation: The Idea of a Transcendental Theory of Method*. With textual notations by Edmund Husserl. Translated with an introduction by Ronald Bruzina, Studies Indiana University Press, New York.
- Foa, E.B., & Kozak, M.J. (1986) 'Emotional processing of fear: Exposure to corrective information.' *Psychological Bulletin*. (99), 20-35.
- Foa, E.B., Rothbaum, B.O., Riggs, D.S., Murdock, T.B., (1991). 'Treatment of posttraumatic stress disorder in rape victims: A comparison between cognitive-behavioural procedures and counselling.' *Journal of Consulting and Clinical Psychology*. (59), 715-723.
- Foa, E.B. & Meadows, E.A. (1997). 'Psychosocial treatments for post traumatic stress disorder: A critical review.' *Annual Review of Psychology*. (48) 449-480.
- Foa, E.B., Rothbaum, B.O., (1998). *Treating the trauma of rape*. Guildford Press, New York.
- Foa, E.B. & Riggs, D.S., (1993). 'Posttraumatic stress disorder in rape victims.' (eds) J. Oldham, M.B.Riba, & A Tasman. *American Psychiatric Press Review of Psychiatry*. (12) 285-309.
- Fuchs, T. (2005). 'Corporealized and disembodied minds: A phenomenological view of the body in melancholia and schizophrenia. *Philosophy, Psychiatry & Psychology* 12, 95-107.
- Geary, D.C. and Huffman, K.J. (2002). 'Brain and cognitive evolution: Forms of modularity and functions of the mind'. *Psychological Bulletin*, 128, 667-98.
- Gilbert, P. (2005). 'Social mentalities: A bio psychosocial and evolutionary reflection on social relationships'. In Baldwin, M. (ed.) *Interpersonal Cognition*. Guildford Press, New York.
- Gilbert, P. (2009). *The Compassionate Mind: A New Approach to the Challenges of Life*. Constable Robinson, London.
- Gilbert, P. (2010). 'In the psychologist's chair' in *CBT Today*. *British Association for Behavioural & Cognitive Psychotherapy*. 38: 12 -13.

- Gilbert, P. (2011) 'Compassion focused therapy advanced three-day training workshop'. The Jurys Inn, Derby, UK.
- Gilbert, P. and Leahy, R.L. (2007). *The Therapeutic Relationship in the Cognitive Behavioural Psychotherapies* (eds) P. Gilbert & Robert L. Leahy, Routledge, London & New York.
- Gorman, R.A. (1977). *The Dual Vision: Alfred Schutz and the Myth of Phenomenological Social Science*. Routledge & Kegan Paul, London.
- Green, J. & Thorogood, N. (2004). *Qualitative Methods for Health Research*. Sage Publications, London.
- Greenberg, L.S., & Safran, J.D. (1984). 'Intergrating affect and cognition: A perspective on the process of therapeutic change.' *Cognitive Therapy and Research*. (8), 559-578.
- Grey, N., Young, K., & Holmes, E. (2002). 'Cognitive restructuring within reliving: A treatment for peri-traumatic emotional hotspots, hotspots in post traumatic stress disorder.' *Behavioural and Cognitive Psychotherapy*. (30), 37-56.
- Grossberg, L. (1983). 'The phenomenological challenge in sociology' in *Foundations of Morality, Human Rights and the Human Sciences*. (eds) A.T. Tymieniecka and C. O. Shrag, Manchester University Press, New York.
- Gurwitsch, A. (1955). 'The Phenomenological and the Psychological Approach to Consciousness'. *Philosophy & Phenomenological Research*. 10, 172-196.
- Harvey, A., Watkins, E., Mansell, W. & Shafran, R., (2004) *Cognitive behavioural processes across psychological disorders, A Transdiagnostic Approach to Research and Treatment*. Oxford University Press, Oxford.
- Hauck, M., R., (1991). 'Mothers' descriptions of the toilet-training process: a phenomenological study'. *Journal of Paediatric Nursing* 6:2, 80-86.
- Hayes, S.B., Luoma, J.B., Bond, F.W., Masuda, A., Lillis, J. (2006). 'Acceptance and Commitment Therapy: Model processes and outcomes.' *Behaviour Research and Therapy* 44, 1-25.
- Hayes, S. C., Wilson, K.W., Gifford, E.V., Follette, V.M., Strosahl, K. (1996). 'Experiential avoidance and behavioural disorders: A functional dimensional approach to diagnosis and treatment.' *Journal of Consulting and Clinical Psychology*. 64(6), 1152-1168.
- Heidegger, M. (1962). *Being and Time*. Basil Blackwell, Oxford.
- Heidegger, M. (1990). *Kant and the Problem of Metaphysics*. Trans. Richard Taft, Indiana University Press, Bloomington & Indianapolis.

- Honderich, T. (1995). *The Oxford Companion to Philosophy*. Oxford University Press.
- Husserl, E. (1965). *Phenomenology and The Crisis of Philosophy*. Trans. Quentin Lauer. Harper Torchbooks, New York.
- Husserl, E. (1970). *The Crisis of European Sciences and Transcendental Phenomenology*, Trans. David Carr, Northwestern University Press, Evanston IL.
- Husserl, E. (1970). *Logical Investigations*. (2 vols), trans. J.N. Findley, Routledge & Kegan Paul, London.
- Husserl, E. (1977). *Phenomenological Psychology*, Trans John Scanlon, Martinus Nijhoff, The Hague.
- Husserl, E. (1981). Pure Phenomenology, Its Method and Its Field of Investigation, Trans. Robert Welsh Jordan in *Husserl: Shorter Works*, University of Notre Dame Press, Notre Dame IN.
- Husserl, E. (1982). *Cartesian Meditations: An Introduction to Phenomenology*. Trans. Dorian Cairns, Martinus Nijhoff,
- Husserl, E. (1982). *Ideas I Pertaining To a Pure Phenomenology and a Phenomenological Philosophy; General Introduction To a Pure Phenomenology*. (First Book), trans. Fred Kerston, Kluwer, Dordrecht.
- Husserl, E. (1989). *Ideas II: Ideas Pertaining to a Pure Phenomenology and a Phenomenological Philosophy ; Studies in The Phenomenology of Constitution*. (Second Book), trans. Richard Rojcewicz and Andre Schuwer, Kluwer, Dordrecht.
- Ivey, A.E. & Ivey, M.B. (2003). *Intentional interviewing and counselling: Facilitating client change in a multicultural society*, 5th Edition. Pacific Grove, CA: Brooks Cole.
- Jaycox, L.H. & Foa, E.B. (1996). 'Obstacles in implementing exposure therapy for PTSD: case discussions and practical solutions.' *Clinical Psychology and Psychotherapy*. (3), 176-184.
- Janoff-Bulman, R. & Frantz, C. M. (1997). 'The impact of trauma on meaning: From meaningless world to meaningful life. (eds M.Power & C. Brewin). *The Transformation of Meaning in Psychological Therapies: Integrating Theory and Practice*. John Wiley & Sons, Chichester, UK.
- Jasper, M. (1994). 'Issues in phenomenology for researchers of nursing'. *Journal of Advanced Nursing* 19: 309-314.
- Jaspers, K. (2003). *Concepts of Psychiatry: Towards Understanding the Mind and Its Pathologies*. The Johns Hopkins University Press, Baltimore, MD.
- Johnstone, H.W. (1965). *What is Philosophy?* Macmillan, New York.

Jung, C.G. (1921). 'Psychological types'. *Collected Works*, Vol 7, Princeton University Press, Princeton NJ, 1971.

Keen, E. (1975). *A primer in phenomenological psychology*. Holt, Rinehart and Winston, New York.

Kelly, G.A. (1955). *The Psychology of Personal Constructs*. Norton, New York.

Kelly, G.A (1969). 'The psychotherapeutic relationship.' (ed B.Maher) *Clinical Psychology and personality: The selected papers of George Kelly*. Wiley, New York.

Kern, I., & Marbach, E. (2001). 'Understanding the representational mind. A prerequisite for intersubjectivity proper'. *Journal of Consciousness Studies* 8(14), 69-82.

King, M., Valle, R. S., & Citrenbaum, C. (1978). 'Existential-phenomenological implications for psychotherapy.' (eds R. Valle & M.King) *Existential – Phenomenological Alternatives for Psychology*. Oxford University Press, New York.

Kleim, B., Wallot, F. & Ehlers, A. (2008). 'Are trauma memories disjointed from other auto biographical memories in post traumatic stress disorder?' *Behavioural and Cognitive Psychotherapy*, 36,221-234

Knox, J. (2003). *Archetype, Attachment and Analysis*. Routledge, London.

Kock, T. (1995). 'Interpretative approaches in nursing research: the influence of Husserl and Heidegger.' *Journal of Advanced Nursing*; 21:5, 827-836.

Koch, T. (1999). 'An interpretative research process: revisiting phenomenological and hermeneutical approaches.' *Nurse Researcher*, 6(3), 20-34.

Kockelmans, J. (1967). *The Philosophy of Edmund Husserl and Its Interpretation*. Anchor books, New York.

Kusch, M.(1995). *Psychologism, A Case Study in the Sociology of Philosophical Knowledge*. Routledge, London.

Larrabee, M.J. (1995). 'The time of trauma: Husserl's phenomenology and Post Traumatic Stress Disorder.' *Human Studies*. 18, 35-366.

Lazarus, A. A., & Fay, A. (1982) 'Resistance or rationalisation? A cognitive behavioural perspective'. In *Resistance: Psychodynamic and behavioural approaches*, (ed) P.L. Wachtel, pp. 115-32. Plenum Press: New York

Leahy, R. (2003) *Cognitive Therapy Techniques a practitioner's guide*. The Guilford Press, New York, London.

- Leahy, R. (2008) 'Schematic mismatch in the therapeutic relationship: A social-cognitive model.' (eds P. Gilbert & R.L. Leahy) *The Therapeutic Relationship in The Cognitive Behavioural Psychotherapies*. Routledge, London & New York.
- LeBon, T. (2001) *Wise Therapy*. Continuum, London, New York.
- Lee, D. (2008) 'Case conceptualisation in complex PTSD'. (ed N.Tarrier) *Case Formulation in Cognitive Behaviour Therapy*. Routledge, New York and London.
- Lethbridge, D. J. (1991). 'Choosing and using contraception: toward a theory of women's contraceptive self care.' *Nursing Research*. 40:5, 276-280.
- Levinas, E. (1975/1995). *The Theory of Intuition in Husserl's Phenomenology*. Trans. Andre Orianne, Northwestern University Press, Evanston, IL.
- Leonard, V. W. (1989). 'A Heideggerian phenomenologic perspective on the concept of a person'. *Advances In Nursing Science*, 11:4, pp.40-55.
- Livanou, M. (1998). *What improves when in PTSD treated by exposure and cognitive therapy ?* PhD Dissertation, University of London.
- Loewenthal, D., & House, R., (2009). *Against and For CBT Towards a Constructive Dialogue*. (eds R.House & D. Loewenthal) PCCS Books, Ross-on-Wye.
- Lubman, D.I., Peters, L.A., Mogg, K., Bradley, B.P., & Deakin, J.F.W. (2000). 'Attentional bias for drug cues in opiate dependence.' *Psychological Medicine*, 30, 169-75.
- Luft, S. (1998). 'Husserl's discovery of the natural attitude'. *Continental Philosophy Review* 31(2):153-170
- Luft, S. (2002). 'Husserl's notion of the transcendental attitude and the shift to transcendental phenomenology'. http://epublications.marquette.edu/phil_fac/19.
- Luft, S. (2004). 'Husserl's theory of the phenomenological reduction; between life-world and Cartesianism.' *Research in Phenomenology* Vol (34) pp.198-234.
- Lyotard, J.F. (1983). *Le Différend*. Minuit, Paris.
- Mahoney, M.J.(1974). *Cognition and Behaviour Modification*. Ballinger, Cambridge.
- Mahoney, M.J. (1991). *Human Change Processes: The Scientific Foundations of Psychotherapy*. Basic Books, New York.
- Mann, R.D. (1984). *The Light of Consciousness*. SUNY Press, New York.
- Mansell, W. (2007). 'What is CBT really and how can we enhance the impact of effective psychotherapies such as CBT ?' In House, R., and Loewenthal, D. (eds) *Against and for CBT. Towards a Constructive Dialogue*. PCCs Books, Ross-on-Wye, England.

- Marks, J.M. (1987). *Fears, phobias and ritual: Panic, Anxiety and Their Disorders*. Oxford University Press, Oxford.
- Marks, J.M. (2000). 'Fear reduction by psychotherapy; Recent findings, future directions.' *British Journal of Psychiatry*. (176), 507-511.
- Marks, I., Lovell, K., Noshirvani, H., Livanou, M. & Thrasher, S. (1998). 'Treatment of post-traumatic stress disorder by exposure and / or cognitive restructuring: A controlled study.' *Archives of General Psychiatry* (55), 317-325.
- Mathews, E. (1996). *Twentieth-Century French Philosophy*. Oxford University Press, Oxford.
- May, R. (1982). The problem of evil: an open letter to Carl Rogers' *Journal of Humanistic Psychology* 22.3, pp.10-21.
- McLeod, J. (1993). *An Introduction To Counselling*. Open University Press. Buckingham, Philadelphia.
- McHugh, P., R. (2005). 'Striving for coherence: psychiatry's efforts over classification'. *Journal of the American Medical Association*. 2005; 293(no.20) 2526-2528
- Meichenbaum, D.B. (1977). *Cognitive-Behaviour Modification; An Integrative Approach*. Plenum, New York.
- Merleau-Ponty, M. (1962). *Phenomenology of Perception*. Routledge & Kegan Paul, London.
- Merilyn, A. (1999). 'Evaluating phenomenology: usefulness, quality and philosophical foundations (phenomenology revisited)'. *Nurse Researcher*. 6(3), 5-19.
- Mogg, K. & Bradley, B.P., (1998). 'A cognitive-motivational analysis of anxiety.' *Behaviour Research and Therapy*. 36, 809-48.
- Montbriand, M., J., & Laing, G., P. (1991). 'Alternative health care as a control strategy'. *Journal of Gerontological Nursing* 18:2, 13-16.
- Moran, D. (2005). *Husserl. Founder of Phenomenology*. Polity Press, Bodmin, Cornwall.
- Moran, D. (2007). *Introduction to Phenomenology*. Routledge, London.
- Moran, D. (2008). 'Husserl's transcendental philosophy and the critique of naturalism'. *Continental Philosophy Review*. 41: 401-425.
- Morrison, J., (2001) *DSM IV Made Easy The Clinician's Guide To Diagnosis*. The Guildford Press, New York, London.

- Morrison, A.P., Renton J.C., Dunn, H., Williams. S., and Bentall R.P. (2004). *Cognitive Therapy for Psychosis: A Formulation-Based Approach*, Routledge, London.
- Mowrer, O.,H. (1950). *Learning theory and personality dynamics*. Ronald Press, New York.
- Mullen, P. (2006). 'A modest proposal for another phenomenological approach to psychopathology'. *Schizophrenia Bulletin* 33: 113-121.
- Natanson M, (1973). *Edmund Husserl. Philosopher of Infinite Tasks*. Northwestern University, Evanston IL.
- Naudin J, Gros-Azorin C., Mishara A., Wiggins O.P., Schwartz M., Azorin J.M., (1999). 'The use of the Husserlian reduction as a method of investigation in psychiatry.' *Journal of Consciousness Studies*. (6) 2-3:155-171.
- Nelson, L. (1980). 'The Socratic Method.' *Thinking*, 2, 34-38.
- Owen, I. (2006). *Psychotherapy and Phenomenology*. iUniverse, New York & Lincoln, England.
- Overholser, J.C., (1993). 'Elements of the Socratic Method: 1 Systematic Questioning'. *Psychotherapy*. 30, 67-74.
- Owen, I. (2007). *On Justifying Psychotherapy. Essays in Phenomenology, Integration & Psychology*. iUniverse, New York & Lincoln.
- Paci, E. (1972). *The Function of the Sciences and the Meaning of Man*, trans. P. Piccone & J.E Hansen, Northwestern University Press, Evanston, IL.
- Padesky, C.A. (1993). *Socratic Questioning: Changing Minds or Guiding Discovery?* European Association for Behavioural & Cognitive Therapies Conference, keynote address, London.
- Padesky C.A. (1994). Schema 'Change Processes in Cognitive Therapy'. *Clinical Psychology and Psychotherapy*, 1, 267-278.
- Popper, K. (1968). *The Logic of Scientific Discovery*. Harper & Row, New York.
- Porter, R. (2002). *Madness a Brief History*. Oxford University Press, Oxford, New York.
- Preller, B. (1987). 'Sullivan's concept of anxiety.' Unpublished paper. University of Pretoria.
- Rachman, S. (1980). 'Emotional Processing.' *Behaviour Research and Therapy*. (18) 51-60.

Ratcliffe, M. (2008). *Feelings of Being. Phenomenology, Psychiatry and The Sense of Reality*. Oxford University Press, New York.

Resick, P.A. & Schnicke (1992) *Cognitive processing therapy for rape victims: A treatment manual*. Sage, Newbury Park.

Reynolds, M. & Wells, A. (1999). 'The thought control questionnaire: Psychometric properties in a clinical sample, and relationship with PTSD and depression.' *Psychological Medicine*. (29) 1089-1099.

Ricoeur, P. (1967). *Husserl An Analysis of His Phenomenology*. J. Wild (ed.), Northwestern University Studies in Phenomenology & Existential Philosophy, Northwestern University Press, Illinois, America.

Ricoeur, P. (1981). *Hermeneutics and the Human Sciences*. J.B. Thompson (ed.), Cambridge University Press.

Robertson, D. (2000). *REBT, Philosophy and Philosophical Counselling*. Practical Philosophy. <http://www.practical-philosophy.org.uk>.

Robertson, D. (2010). *The Philosophy of Cognitive-Behavioural Therapy: Stoicism as Rational and Cognitive Psychotherapy*. Karnac, London.

Rollnick, S., Mason, P. & Butler, C. (1999). *Health behaviour change: a guide for practitioners*. Churchill Livingstone, China.

Rose, P., Beeby, J. & Parker, D. (1995). 'Academic rigour in the lived experience of researchers using phenomenological methods in nursing.' *Journal of Advanced Nursing*. 21, 1123-1129.

Roy, J.M., Petitot, J., Pachoud, B. & Varela, F.J. (1999). 'Beyond the gap: an introduction to naturalising phenomenology'. In Petitot, J. Varela, F.J., Pachoud, B. Roy, J.M. (eds) *Naturalising Phenomenology: Issues in contemporary phenomenology and cognitive science*. Stanford University Press, Stanford, CA.

Roth, A., and Pilling, S. (2008). 'Using Evidence Based Methodology to identify the competencies required to deliver effective cognitive and behavioural therapy for depression and anxiety disorders'. *Behavioural and Cognitive Psychotherapy*, 36, 129-147.

Rothbaum, B.O., Meadows, E.A., Resick, P., & Foy, D.W., (2000). 'Cognitive-behavioural treatment position paper summary for the ISTSS Treatment Guidelines Committee. *Journal of Traumatic Stress*. (13), 558-563.

Rothbaum, B.O & Mellman, T.A (2001). 'Dreams and exposure therapy for PTSD.' *Journal of Traumatic Stress*. (14), 481-490.

Rothbaum, B.O., Schwartz, A.C., (2002). 'Exposure therapy for posttraumatic stress disorder.' *American Journal of Psychotherapy*. (62), 617-622.

- Russell, M. (2006). *Husserl a guide for the perplexed*. Continuum, Gosport, Hampshire, UK.
- Safran, J. and Segal, Z. (1996). *Interpersonal Process in Cognitive Therapy*. Rowman & Littlefield, New York.
- Salomon, A. (1945). 'German sociology.' (eds G Gurvitch & E.Wibert) in *Twentieth Century Sociology*, The Philosophical Library, New York.
- Schneider, K. (1959). *Clinical Phenomenology*. 5th edn. (trans. M.W. Hamilton). Grune & Stratton, New York.
- Salkovskis, P.M. (1991). 'The importance of behaviour in the maintenance of anxiety and panic: a cognitive account'. *Behavioural Psychotherapy*, 19, 6-19.
- Schore, A. N. (1994). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. Hillside, NJ.
- Schwartz, J. & Begley, S. (2002). *The Mind and The Brain: Neuroplasticity and The Power of Mental Force*. Regan Books. New York.
- Schutz, A. (1940). 'Phenomenology and The Social Sciences' in *Philosophical Essays in Memory of Edmund Husserl*, Harvard University, Cambridge MA.
- Schutz, A. (1962). *The Problem of Social Reality, Collected Papers 1*. (ed M.Natanson), The Hague, Martinus Nijhoff.
- Seeskin, K. (1987). *Dialogue and Discovery: A Study in Socratic Method*. SUNY Press, Albany.
- Sharp, J. & Espie, C.A (2004). 'Brief exposure therapy for the relief of post traumatic stress disorder: A single case experimental design.' *Behavioural and Cognitive Psychotherapy*. (32) 365-369.
- Sokolowski, R. (2000). *Introduction to Phenomenology*. Cambridge University Press, Cambridge & New York.
- Sims, A.C.P. (1986). 'The psychopathology of schizophrenia with special reference to delusional misidentification'. In G.M. Christodoulou (ed). *The Delusional Misidentification Syndromes*. Karger, Basel.
- Smith, A. (2003). *Husserl and the Cartesian Meditations*. Routledge, London.
- Smucker, M. (1996) *Imagery Rescripting and Reprocessing Therapy (IRRT), A Treatment Manual For Adult Survivors of Childhood Sexual Abuse Experiencing PTSD*. International Trauma Institute, Milwaukee.
- Spiegelberg, H. (1972). *Phenomenology in Psychology and Psychiatry*. Northwestern University Press, Evanston IL.

- Spinelli, E. (1998). *An Introduction To Phenomenological Psychology*, Sage, London.
- Teasdale, J. (1996). 'Clinically relevant theory: integrating clinical insight with cognitive science'. In Salkovskis P. (ed). *Frontiers of Cognitive Therapy*. Guilford Press, New York.
- Trevarthen, C. & Aitken, K. (2001). 'Infant intersubjectivity: Research, theory, and clinical applications.' *Journal of Child Psychology and Psychiatry*. 42: 3-48.
- Van der Molen, H.T., Smit, G.N., Hommes, M. A., & Lang, G. (1995). 'Two decades of cumulative microtraining in the Netherlands: An Overview.' *Educational Research and Evaluation: An International Journal on Theory and Practice*. (4)1: 347-378.
- Walton, D.N. (1991). *Begging the question*. Greenwood Press, New York.
- Watts, F.N. (1990). 'New concepts of emotion.' *The Psychologist* 14 (2), pp.75-77.
- Weissman, A.N. (1979). 'The dysfunctional attitude scale: A validation study. *Dissertation Abstracts International*. (40), 1389-1390.
- Wells, A. (1997). *Cognitive Therapy of anxiety Disorders: A Practice Manual and Conceptual Guide*. Wiley, Chichester.
- Wells, A. & Sembi, S. (2004). 'Metacognitive therapy for PTSD: A preliminary investigation of a new brief treatment.' *Journal of Behaviour Therapy & Experimental Psychiatry*. (15), 85-92.
- Wells, A. (2005) 'Cognitive therapy for the treatment of panic disorder', 1 day workshop. Salford Cognitive therapy training centre, University of Manchester, Manchester, UK.
- Wells, A. (2009) 'Metacognitive therapy for anxiety and depression.' The Guildford Press. New York & London.
- Westbrook, D., Kennerley, H., & Kirk, J., (2007). *An Introduction to Cognitive Behaviour Therapy, Skills and Applications*. Sage Publications, London.
- Wiggins, O.P., Schwartz, M.A., Naudin, J., Spitzer, M. (2005) 'Rebuilding reality: A phenomenology of aspects of chronic schizophrenia.' *Essays in Celebration of the founding of the Organization of Phenomenological Organizations*. (ed Cheung, Chan-Fai, Ivan Chvatik, Ion Copoeru, Lester Embree, Julia Iribarne & Hans Rainer Sepp. Web Published at www.o-p-o.net 2003.
- Woodruff Smith, D. (2007). *Husserl*. Routledge, London & New York.
- Young, J., & Beck, A., (1980). *Schema focused cognitive therapy for personality disorders and difficult patients*. Professional Resource Exchange, Sarasota.

Zahavi, D. (2003) *Husserl's Phenomenology*, Stanford University Press, Stanford, CA.

Zajonc, R.B.& Markus, H. (1984) 'Affect and cognition: The hard interference'. *Emotions, Cognition and Behaviour*, (ed) C.E. Izard, J.Kagan, and R.B. Zajonc, pp.73-102. Cambridge, England; Cambridge University Press.
