

Merleau-Ponty and the Experience of Anxiety in Humanistic Phenomenological Psychotherapy

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SYNOPSIS

Humanistic-phenomenological psychotherapy, based on Merleau-Ponty's mundane phenomenology, is developed in the intersection of the relationship, psychotherapist–client–world. It is an attempt to understand the *Lebenswelt* (lifeworld) which is neither inside nor outside, conscious nor unconscious, individual nor environmental, but sits at the intersections or, as Merleau-Ponty would say, in the *chiasm*. Anxiety is thus understood as part of an existential style rooted in the client's *Lebenswelt*, going beyond notions of health and pathology.

Introduction

Anxiety has been widely discussed in Humanistic Psychology: already in the 1970s Rollo May acknowledged a body of research and theories on this subject, and in his renowned book *The Meaning of Anxiety* (May, 1977/1980) he sketched an all-embracing theory about anxiety. Partly drawing from this fundamental contribution, and also acknowledging the extensive work available on the topic, this article looks at the clinical work of anxiety. It does so, however, no longer at the level of the self and self-awareness (which is more consistent with humanistic *anthropocentric* psychology), but, crucially, from the perspective of *critical humanism*. Anxiety will not be discussed as something belonging to the self, as something to be made aware of by the self (Moreira, 2012). Based on the ambiguous phenomenology of Maurice Merleau-Ponty, anxiety is here understood as part of an existential style rooted in the *Lebenswelt*. Hence this article has the following objectives: (1) to

comprehend anxiety as part of an existential style rooted in the *Lebenswelt*; (2) to formulate some basic aspects of humanistic-phenomenological psychotherapy in relation to clinical work on anxiety; and 3) to discuss the clinical work of anxiety as an experience of the *Lebenswelt*.

Anxiety as Part of an Existential Style

If we view anxiety not as a symptom or a phenomenon belonging to the self, but instead as one of the ways of functioning in the world, we can understand it as constituting an existential style that will acquire different meanings according to the uniqueness of each lived experience. The existential style goes beyond being healthy or ill, for it is endowed with structural traces which organize a particular way of being-in-the-world, in turn reflected in its ways of developing and behaving. The expression 'existential style' refers to the regularity of a way of behaving in terms of a structure maintained through time. In other words, the existential style is the specific way of being in space and time and of being-

in-the-world, in the particular world of each individual, of a same structure which is universal, beyond the infinitely unique experience of each subjective story (Chamond, 1999; Moreira and Chamond, 2012). In the tradition of phenomenological psychopathology, the term 'existential style' has been used to describe the different ways of functioning-in-the-world in the different psychopathological states. The existential style is described by each mental pathology in its own way, without solving the mystery of its ipseity (Chamond, 1999). When we want to describe a specific pathological existential style, we are focusing on an understanding of distraught subjective structures in relation to their being-in-the-world. We have to understand what the determinant need is of this particular form of being-in-the-world and the practical modalities responsible for the changes in its relationship with the world. For example, to understand the obsessive type, some specific structural features of this way of being-in-the-world stand out, acquiring meaning based on a certain bending of the fundamental structures of existence: temporal, spatial, corporeal and intersubjective, determining a way of putting obstacles in the way of freedom and the possibility of self-realization and existential development (Moreira and Chamond, 2012).

A humanistic-phenomenological clinical perspective maintains that anxiety is intrinsic to each pathological existential style, specifically in respect to, but not only to, the question of 'lived time', one of the most studied categories of phenomenological psychopathologies (Binswanger, 1947/1971; Minkowski, 1933/1968; Tatossian, 1979, 1979/2006). In the example of the existential obsessive style, anxiety constitutes a way of functioning in the world that wants to stop time, remaining in the sameness due to the fear of the new that cannot be controlled. Anxiety in this existential mode drives the individual to repetition in order to prevent the new. In the existential depressive style, anxiety is constituted by the fear of emptiness experienced in this existential style, where the future disappears completely from the lived experience, and the individual feels hopelessly tied to the past.

In the bipolar existential style, from the perspective of temporality, both in the melancholic phase as well as in the manic phase, the bipolar style seems to stop in time, never launching ahead. In the melancholic phase this happens because of the immobilization and inaction due to the experience of the stagnation of time, which prevents one from moving forward existentially. However,

in the manic phase, the individual lives excessively in the here and now, where intensive action also leads to a stagnation of time. In both cases, these phases, or two opposite poles in the pathological temporal functioning of the bipolar existential style, fundamentally constitute the same lived world, where anxiety will possibly have distinct meanings.

Even though the tradition of phenomenological psychopathology has used the expression 'existential style' to describe the different psychopathological states as ways of functioning in the world, this term refers to a way of existence, of being-in-the-world, which is *prior* to an idea that separates a normal way of being from a pathological way of being. In this context, an understanding of anxiety as being part of an existential style means, first of all, to understand it as part of this universal structure that always exists in the intersection with the singularity of each individual. This means that in each existential style, anxiety, expressed through behaviour and attitudes that are frequently very similar, may very often have totally different meanings. With this in mind, clinical work in humanistic-phenomenological psychotherapy focuses on understanding anxiety as being not a symptom nor a behaviour of the self, but as the lived experience of *Lebenswelt*.

The Clinical Humanistic-phenomenological Lens

What we have called clinical humanistic-phenomenology is a contemporary development of psychotherapy, which originated from two main schools of thought: Humanistic Psychology, which first appeared in the United States at the end of the first half of the twentieth century with exponents such as Carl Rogers, Rollo May, Fritz Perls, Abraham Maslow and others; and the tradition of phenomenological psychopathology represented by thinkers such as Ludwig Binswanger, Eugene Minkowski and Arthur Tatossian, among others. The philosophical foundation of this clinical position is the phenomenology of Merleau-Ponty (Moreira, 1993a, 1993b, 2001, 2007, 2008, 2009a, 2009b, 2009c, 2010a, 2010b, 2012, 2013; Moreira and Chamond, 2012).

For Merleau-Ponty, who critiques the Western dualistic way of thinking, the world has multiple contours, such as observed in the paintings of Cezanne. Reality is *opaque*; there are no absolute truths. Merleau-Ponty's thought (1960, 1964a, 1964b) overcomes the dichotomy between the natural world and the *cultural world* through the prioritization of the meaning of *Lebenswelt* ('lived

world', or 'lifeworld'). According to Merleau-Ponty (1945), just as nature reaches the centre of our personal lives and intertwines with it, in the same way behaviours intertwine with nature and settle in the form of a cultural world. When we mention the world we are referring to a cultural world.

This concern with our *mundane* constitution results in Merleau-Ponty's definition of *humanism* that differs from the self-centred humanistic tradition. He defines humanism as 'a philosophy that confronts the relationships of man with man, and the mutual constitution between them of a situation and story common to both' (Merleau-Ponty, 1960: 283). From this perspective, in psychotherapy or in psychology practice in general, both client and therapist are seen as beings intrinsically *traversed* by the world – not only influenced by the world, or interacting with the world, but fashioned by it.

The notion of *Lebenswelt*, the central point of this critique of Cartesian dualism, was taken up by Merleau-Ponty from the last writings of Husserl's *The Crisis of European Sciences and Transcendental Phenomenology* (1936/1970) and *Experience and Judgement* (1938/1973). Husserl's understanding of *Lebenswelt* established phenomenological psychology as the psychology of subjectivity, which had as its objective the comprehension of this *Lebenswelt* (Goto, 2007; Moreira, 2010b), with numerous contemporary developments in existential, dialogical and intersubjectivity psychotherapies (Bugental, 1976; Cooper, 2003; Cox and Ford, 2009; Frankel and Sommerbeck, 2007; Friedman, 1985; Goto, 2007; Holanda, 1998; Knox and Cooper, 2010; McMillan and McLeod, 2006; Mearns and Cooper, 2010; Mearns and Schmid, 2006; Mearns and Thorne, 2010; O'Hara, 1992; O'Leary, 2006; Schmid, 2003, 2006; Schmid and Mearns, 2006; Spinelli, 2010a, 2010b; Yalom, 1980; Moreira, 2007, 2009, 2012a–d).

Merleau-Ponty's phenomenology (1942, 1945, 1960, 1964a, 1964b, 1964c, 1966a, 1966b, 1969) recognizes that human beings exist intrinsically connected to their life experience – in other words, they exist in mutual co-existence with the world. This idea, which has as its basis the premise of overcoming dualism, defending the ambiguity of a relationship that is always simultaneously subject-object, is illustrated by his famous example of two hands that touch each other. Is it the right hand that touches the left hand? Or is it the left that touches the right? Who is subject and who is object? As a result of this ambiguous subject-object relationship, for Merleau-Ponty

(1945), *epoché*, or bracketing, is never completed. We can never be totally free from the world that creates us; we are always in the world, being created by it and creating this world that surrounds us. Being human and the world are at the same time both subject and object; the subject-object dualism does not exist (Moreira, 2012).

Based on the *Lebenswelt* concept, Merleau-Ponty proposes a phenomenology of perception which is a phenomenology of the sensitive body, and not a phenomenology of the constitutive consciousness. This distinguishes him from the phenomenological tradition of consciousness, based on the early Husserl. In his work, *Phenomenology of Perception* – his doctoral thesis – Merleau-Ponty refers to a perceptive consciousness, which intends to break away from the thought-perception dualism or consciousness-world dualism which for him is the basis of the process of knowledge, the first, immediate experience. Afterwards, throughout his work, Merleau-Ponty turns away from perceptive consciousness towards the 'experienced body', pre-reflexive interbody experience. In his later texts – *The Eye and the Spirit* and *The Visible and the Invisible* – published after his death in 1961, the concept of consciousness dissolves permanently, giving place to the primacy of perception, in search of the ontology of the sensitive with his concept of the *flesh* (Moreira, 2011).

For Merleau-Ponty (1964b and 1964c) the *flesh* is that which my body is – active-passive, material and psychic, or in other words, simultaneously subject-object. *Flesh* is not the synthesis man and world; it is a way of approaching being, which is beyond representation. It is the experience of the body in relation to the object, since man does not have a constituent consciousness of the objects as proposed by idealism.

Visible and mobile, my body is just one of a number of objects, it is one of them, it is captured in the context of the world and its cohesion is one of the objects. However, since it sees itself and moves, and maintains the objects in a circle around itself, they are a part or an extension of the body itself. They are engraved in its flesh, they are part of its full definition, and the world is made up of the core of the body itself. (Merleau-Ponty, 1964b: 19)

The clinical phenomenological lens that has as its root the ambiguous thought of Merleau-Ponty, and specifically of his concept of *flesh*, seeks to work with the concept of man which does not fit within dualistic Western thinking. This *mundane* man, who is always intertwined with the world, is *not the centre* of the world. He is part of the world, just as much as the world is part of him, in such a

way that there is no centre (Moreira, 2012).

Through the ontology of the sensitive, in his last work *The Visible and the Invisible*, Merleau-Ponty radicalizes the intrinsic ambiguity of the *Lebenswelt* concept which, being pre-reflexive, is not interior or exterior, singular or universal, conscious or unconscious, and cannot be understood in a divided manner. The *Lebenswelt* is eminently ambiguous and its contents go from thought to sensation, where conscious and unconscious are extensive aspects of the same lived experience, of the flesh or of the chiasmus. This chiasmus that comprises the *Lebenswelt* consists in the man-world intersection, in the intertwining of the objective experience with subjective experience (Moreira, 2011). As Tatossian states (1979/2006: 38), 'It is because my world is always, in this way, our world, an intersubjective world, a common world'.

Through this lens, anxiety is understood as an ambiguous phenomenon that is not inside the individual, but on the intersection with the world; my client's anxiety is mine and of the world. Therefore, humanistic phenomenological therapy does not work with just one consciousness, or with one conscious anxiety, since it understands that there is no division between conscious and unconscious, man and the world, individual and society. The objective is the pre-reflexive comprehension of *Lebenswelt*, which is neither conscious nor unconscious, but primary reality experienced prior to this schism.

The Clinical Work of Anxiety as an Experience of *Lebenswelt*

Within humanistic phenomenological psychotherapy, anxiety is apprehended as a lived experience and understood in an eminently ambiguous way, i.e. always as simultaneously external and internal, as being at the intersection of the unique individual experience with the collective, where the conscious anxiety dissolves in the unconscious of this experience and vice-versa.

My objective as a psychotherapist is to explore together with my client the primordial significance of the immediate experience in the world of meanings. In this way, the psychotherapeutic process happens at the intersection of these two *Lebenswelten* – of the patient and my own (Moreira, 2011, 2012). I sometimes imagine I am holding hands with my patient in their experienced world, or in their *Lebenswelt*, without ever being able to separate from my own *Lebenswelt*. Listening to clients I imagine entering a painting of Cezanne, painted by them. And I feel I am walking with them inside the painting

(their *Lebenswelt*), seeing together the opaque corners, the intense colours, the deep dark holes, the multiple contours of the texture and form, the movement of the lines and the density of the colours of the painting where we are walking together. Walking through my client's painting is only possible thanks to the empathic understanding, proposed by Carl Rogers (1977) as a facilitating attitude in psychotherapy (Moreira, 2011, 2012).

According to Rogers (1977) empathic understanding means 'penetrating into the perceptual world of another and feeling totally relaxed within this world' (p. 73). As a psychotherapist, it is not always easy to experience empathic understanding, nor is it ever complete. I often think of empathic understanding as forever incomplete, in the same way in which Merleau-Ponty reminds us (1945) that the *epoché*, the phenomenological reduction, is always incomplete. In other words, the deeper I am able to dive into my client's *Lebenswelt*, holding hands with them, walking through a painting that is their *Lebenswelt*, a world that I will only access through them, the more I realize that I will not be able to completely separate myself from my own *Lebenswelt*. The clinical process develops at the intersection of the *Lebenswelten* of the psychotherapist and the client, an intersection which is in itself constantly moving (Moreira, 2011).

When trying to understand anxiety in the clinical setting I try to see my patient's lived experience as an existential style, or a way of functioning in the world. Living through my client's lived experience of anxiety means trying to understand its different meanings, which will be related to her existential style, in turn rooted in her *Lebenswelt*. As client and therapist we find ourselves walking together: this is the new, creative and transformational moment sought after in psychotherapy.

Some specific points deserve to be highlighted in terms of clinical work:

(1) As a humanist-phenomenological psychotherapist, I work with my client guided by the idea that they have a *mundane renewing tendency*, which exists in the intersection of the psychotherapist-client-world. Anxiety is an expression of this mundane renewing tendency, but anxiety can also be an expression of their destructive tendency that exists alongside with this renewing tendency, in a circular dialectic (Merleau-Ponty, 1964b). The clinical work of anxiety will develop in the direction of understanding this ambiguity in the lived experience of anxiety, seeking to identify both its healthy and its pathological aspects, as existential styles of the client.

(2) I come from a stance of empathic understanding,

unconditional positive acceptance and congruence, just as originally formulated by Carl Rogers. In clinical work with anxiety, in addition to these basic facilitating attitudes, I frequently use description. When I ask my client to describe what her anxiety is like, I use this description to penetrate and to walk hand in hand with her in her *Lebenswelt*, trying to identify tones, textures, density and forms of her anxiety. The ongoing description of her experienced anxiety is the path to her understanding as a lived experience of *Lebenswelt*.

(3) During the psychotherapist-client-world relationship, *primary speech* may emerge rather than *secondary speech* (Moreira, 2010, 2012). For Merleau-Ponty (1945), primary speech is completely new, whereas secondary speech is what thought is. In this sense we are creating in the common field of the therapeutic relationship a space in which new understandings of the lived experience of anxiety may arise, widening their field of the unusual, of the creative and of the new that will emerge from the description.

(4) As a psychotherapist, I look and listen in a phenomenological way, which means to see the invisible and to really listen to the other (Amatuzzi, 1990), seeking to achieve a more refined and complex understanding of the lived experience of anxiety. For Merleau-Ponty (1964b), the invisible is in the visible, as well as the visible in the invisible. By thinking in this way, I can imagine myself walking in the *Lebenswelt* of my client, where we search together, the client and I, to identify the colours, the perspective and the movement of their experience of anxiety, as part of her existential style, enabling ourselves to look and listen to the movement between the visible and the invisible.

(5) As a humanistic-phenomenological psychotherapist I may hold a theoretical understanding according to which anxiety is ontological, that it can be normal or pathological and so forth, and through phenomenological psychopathology studies I may consider existential styles that may be obsessive, paranoid, depressive and so on. Yet as a human being who lives in this contemporary society, I frequently experience moments of anxiety. In my clinical work with anxiety I try to implement the phenomenological reduction, by bracketing both my theoretical as well as my 'experiential' knowledge of anxiety. Bearing in mind that the phenomenological reduction is never completely achievable (Merleau-Ponty, 1945), I realize that I will never be able to put aside my knowledge and experiences that make up my *Lebenswelt*. I attempt to be open to the

otherness of my client's *Lebenswelt* at the intersection with my *Lebenswelt*, with my intention focused on working at the cusp of an objective/subjective, universal/singular experience.

(6) Clinical work with anxiety in humanistic-phenomenological psychotherapy uses eidetic intuition, the objective of which is to apprehend the meaning of the lived experience (Merleau-Ponty, 1964a). Psychotherapy searches for the meaning of anxiety – not only of anxiety, but as part of an existential style rooted in the *Lebenswelt* of the client.

(7) In humanistic-phenomenological psychotherapy, clinical work with anxiety can never happen in an isolated way. Description, phenomenological reduction, eidetic intuition, phenomenological seeing and hearing, will never have anxiety as its objective, but the lived experience of the client, in mutual constitution with many other experiences of different aspects of his or her life and of his or her existential style, that are surely contributing to the same painting; the anxiety only exists in a mutual constitution with the various tones, colours and forms that make up his or her *Lebenswelt*, in all its splendour and opacity.

Conclusion

In dealing with anxiety within a humanistic-phenomenological frame inspired by Merleau-Ponty, the focus is on the different meanings of anxiety at a pre-reflexive level. These meanings will in turn constitute the foundation of each existential style. To understand the various different meanings of anxiety in all their ambiguity may lead to a transformational experience for clients, as they take on ownership of their existential style. Practice has shown me that knowing and recognizing the existential style, and the role of anxiety within it, is an important step in the therapeutic process. This may not always be sufficient in achieving the desired change, which may come from integrating the knowledge of this role and the search for alternative forms of functioning, and expanding and reformulating further one's existential styles. ⑤



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