REVISIONING DIAGNOSIS: A CONTEMPLATIVE
PHENOMENOLOGICAL APPROACH

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ABSTRACT: Psychological diagnosis informed by the DSM and the approach of empirical science misdirects experientially-based psychotherapies and undermines core principles of Humanistic and Transpersonal Psychologies. This article reviews the limitations of empiricist diagnosis and presents a mindfulness-based, phenomenologically-informed approach that more appropriately grounds practices of experiential therapies favoring holistic orientations. Recognizing that the diagnosing of other minds occurs within an inter-subjective field, calculative, concept-driven thinking is contrasted with meditative, non-conceptual cognizance. A distinction is made between experience-distant systems of interpretation and the experience-near process of explication. A case study exemplifying the differences between empirical and contemplative diagnosis is folded into the discussion.

If our science of mental health is to become more effective, psychotherapists will have to balance their knowledge of psychological concepts and techniques with a contemplative awareness…that exercises itself day after day in quiet openness.

– Medard Boss, 1978, p. 191

From the Buddhist point of view, there is a problem with any attempt to pinpoint, categorize, and pigeonhole mind and its contents very neatly. This method could be called psychological materialism. The problem with this approach is that it does not leave enough room for spontaneity or openness. It overlooks basic healthiness.

- Chogyam Trungpa, 2005, pp.137–138

Psychological diagnosis strives to make valid knowledge claims regarding the pathology and normative status of Others’ minds. In addition, experiential therapies, transpersonal psychologies, and spiritual disciplines go beyond merely distinguishing between normal and abnormal mental states by discerning subtle, complex, and exceptional states of mind that are neither conventionally “normal” nor categorically “pathological.” Whether making a rough distinction between normal and abnormal or making a more nuanced assessment of the subtleties and complexities of an experiential process, it is incumbent upon therapists and spiritual guides to consider how truly and thoroughly it is possible to know the mind of an Other. This is especially important as a psychological diagnosis exercises formidable power both in terms of dictating medical treatment and in shaping a person’s identity, in his/her own eyes and in the eyes of others.

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Diagnosis as conventionally practiced is particularly problematic for Humanistic and Transpersonally-inclined therapies. As codified in the medical model of the DSM (Diagnostic and Statistical Manual of Mental Disorders) psychodiagnosis tends to be dehumanizing and/or strictly personalistic. Due to its objectifying (thus dehumanizing) discourse, in which clusters of symptoms are reified into mental disorders and attributed to a discrete, personal self, the DSM violates fundamental tenets of both humanistic and transpersonal thought, and misdirects practices of experientially-based therapies in general. Although the DSM may be the most flagrantly objectivizing diagnostic system, privileging as it does the content of objective categories over the process of a living subjectivity, the tendency to assess others according to preconceived categories is not limited to the DSM. Humanistic and Transpersonal diagnostic systems which are tacitly based on empirical scientific assumptions likewise posit delimited categories into which people are conformed. Categorical ways of thinking about others and encouraging them to think about themselves, clash with experience-near therapies which emphasize felt sensing, the search for authenticity, and thinking outside of boxes.

Yet, if we understand “diagnosis” in its originary sense, unconfined by its practice according to the priorities of the medical model and empiricism, it is possible to diagnose with fidelity to core humanistic and transpersonal values that inform experientially-rigorous therapies. The word diagnosis is a combination of gnosis, which means to know, and dia, which means through, or thorough. In its basic sense, diagnosis refers simply to a thorough knowing. In regard to other minds, what kind of knowing is it that grants that kind of access? And how thorough can this knowledge be? Echoing the meaning of gnosis in Christian mysticism, and prajna in Buddhist psychology, this can be understood as a non-conceptual, direct knowing.

Above all, experiential therapies attend to psychic and somatic subtleties in order to access the implicit complexities, inner contradictions, and unrealized potentialities that are often embedded in psychological depths. This requires a nuanced assessment in order to gauge therapeutic responses that more closely accord to the actuality of an Other’s experience and to what the Other is ready and able to hear. Responses that are better keyed to a client’s readiness to face difficult truths arise from a knowing that is more empathic than conceptual, more spontaneous than categorical, more intuitive than discursive. Attending to the holistic immediacy of experience rather than conceptual constructs about experience, intuitive knowing is an appeal to a co-presence that is inclusive (dia) as well as direct (gnosis). So, how does one diagnosis another person in a holistic, experiential sense?

A Matter of Approach

Since how we see a person influences what we see in that person, it is important to consider the assumptions which form and inform our diagnostic vision. We must also consider the practical challenge of how to gain access to an Other’s
subjectivity, and through that access come to understand the nature and dynamics of that other mind. This is essentially a question of approach (Giorgi, 1970).

In psychology the matter of approach often remains unquestioned or only tentatively questioned, since the vision of Empirical Science is either taken for granted or grudgingly accepted as the de facto paradigm of the field. However, as has been thoroughly discussed by eminent philosophers and psychologists, (For instance, Boss, 1983; Ferrer, 2002; Gadamer, 1960/1982; Giorgi, 1970; Husserl, 1954/1970; Merleau-Ponty 1942/1963; Sasz, 1974; and Van den Berg, 1972, to name a few.) the Cartesian-Newtonian approach is inadequate for understanding the complexities and subtleties of human experience. As its starting point, empiricism assumes the existence of an objective, external world separate and distinct from the subjective, internal observer of that world. It presumes that the minds of human beings exist as do other observable objects. This dualistic vision does not recognize that the division it introduces and the knowledge it produces is constructed (Berger & Luckmann, 1967). Instead, it takes the sharp split between self and world, and self and other, as pregiven. In construing an external world of objects, thus objectifying the world, empiricism cannot do justice to the subject matter of psychology understood as human subjectivity-intersubjectivity. Yet, it remains psychology’s principal approach and dictates the epistemological terms of diagnostic formulations.

Similarly, despite impressive research exposing its serious validity and reliability problems, the DSM remains the dominant and most authoritative diagnostic instrument in the field. It is important to keep in mind that when evaluated according its own scientific standards, DSM diagnoses have consistently been found to be empirically invalid, unreliable, or both (for instance, Bradford, 2010; Goldstein & Goldstein, 1978; Horwitz & Wakefield, 2007; and PDM Task Force, 2006, Part III). Since DSM formulations also fail to meet phenomenological standards of credibility (Giorgi, 1970, 1985) in revealing truths about human subjectivity, as a clinical diagnostic guide the DSM is fundamentally misguided. While it may have an expedient function for purposes such as insurance reimbursement or communication with medical professionals, such utility value should not obscure the fact of its being a flawed instrument for directing psycho- and somatic- therapeutic practices.

There have been a number of constructive efforts in these pages and elsewhere to soften the pathological edge of objectivizing diagnoses in general and the DSM in particular. Several critiques (Hutchins, 2002; Ingersoll, 2002; Jerry, 2003; Lukoff, 1985, 1988) have sought to minimize the DSM’s overtly pathologizing character by emphasizing positive characteristics and transpersonal potentialities of the human condition. However, as constructive as these and related revisions are, they continue to categorize others according to logical landscapes of objectively posited criteria, such as DSM v-codes, personality typologies, or discrete levels within a spectrum of consciousness. They remain expressions of a thinking which does not fully succeed in liberating the knowing of others from a discourse of reification, a knowing about, which posits an Other, and Otherness, as external to the conceiving
subject. To this extent, they fall short of more radically holistic trans-personal and inter-subjective forms of knowing.

Transpersonal, Humanistic, and Psychodynamic diagnostics have not yet fully taken to heart the epistemological implications arising from the understanding that observed behavior does not exist apart from the observer of that behavior. To more fully comprehend the inter-ness of subjective experience, it is necessary to make a leap of cognition, from a conceptual to a contemplative - a non-conceptual, or trans-conceptual - kind of cognition. If one does not make this leap, this trans-, then one winds up thinking and talking about intersubjective and transpersonal experiences as if they were objective, self-existing realities. Among others, Jorge Ferrer (2002) and Peter Fenner (2002) describe how the emphasis on reifying and personalizing spiritual experience limits the development of transpersonal theory and the potentialities for transpersonal realization.

It seems to me that the ontological and epistemological basis for a mature Transpersonal Psychology must be the recognition that human experience is quintessentially trans-, impermanent, a phenomenon of motility that cannot be captured within the notion of a Self (or Other) as a static, encapsulated entity. To maintain fidelity to transpersonal experience and experientially-based therapies, selfhood is best understood as a process that is both intersubjective, embedded in and inseparable from the world of others and otherness, and intentional, a meaning-seeking project hurtling through a time that it co-creates. Rather than assuming the observer/observed split as the beginning of inquiry and proceeding on that basis, contemplative attention turns back on itself, folding the observer into the field of observation.

This reorientation requires a double shift in terms of how we consider human subjectivity (being) and time. In terms of subjectivity, it requires a shift from thinking conceptually about others as self-existing, empirically observable entities (who can then be inserted into preconceived categories) to an emphasis on felt experiencing that is intersubjective in the sense that it thinks with otherness. It also requires, as Husserl (1928/1964) noted, a shift in conceiving of time as something that exists objectively and is external to the experiencer, like a river one is passively floating on, to a recognition that time is a subjective experience, internal to a consciousness engaged in the passing moment and whose passage does not occur apart from one’s participation in it. This shifts the focus from what has happened or what might yet happen to a focus on what is happening just now within and between us. This does not mean that we attend to the present moment to the exclusion of the past or future, but that we notice – when something arises to notice - how the momentum of the past may be construing a future through our (perhaps unwitting) participation in it.

To flesh out this double shift, I will draw upon two well established and complementary traditions. Buddhist psychology with its core method of mindfulness meditation and Phenomenology with its emphasis on meditative thinking will intertwine to form an alternative diagnostic approach. The discussion proceeds by following Heidegger’s (1959/1966) rough distinction between
“calculative thinking” and “meditative thinking,” and considers how psychological knowing can proceed as a mindfulness practice of *interpersonal meditation*.

Recognizing that the intersubjective field is the actual locus in which any psychological diagnosis is made, as clinicians we can acknowledge straight away that in “my” getting to know “you,” your “youness” is mediated through “my” seeing of you and all the influences that form the contours of my vision. Thus, a fundamental question for diagnosis becomes, Is it possible for me to see you as you are or only as I conjure you through my personal projections and theoretical constructs? To the extent that I see you as I conjure you, who is it I am actually diagnosing? To the extent I see you as you are, how is it that I am able to do this? We will consider the first question through an examination of calculative thinking and empirically-informed diagnosis, and the latter question through a consideration of meditative thinking and phenomenological inquiry.

Contemplative diagnosis as discussed here is offered to serve psychotherapies and psychospiritual disciplines which seek to facilitate existential reckoning and transpersonal awakening. This approach may not be necessary for therapies and spiritual direction which have more modest goals.

**CALCULATIVE THINKING AND EMPIRICAL DIAGNOSIS**

The mind strives to make sense of things. It forms *gestalts*, imposing an order on the apparent chaos of experience. We are compelled to wrap the immensity of *being* into a coherent picture, into constructs within which we feel oriented and secure. In this way we construct an inhabitable world, create “myths to live by” that give meaning and purpose to our lives and the lives of others. However, the orientation and mastery we thereby gain comes at a price. We become captivated within our intentional thought processes and live inside boxes in which we do not recognize, or tend to forget, that it is our own calculating minds that have constructed our self-limited, provisional world. Calculative thought is at constant risk of taking its relative constructs, including diagnostic formulations, as absolute givens, and losing itself in the process.

As Heidegger (1959/1966) put it, “Calculative thinking computes…. [It] races from one prospect to the next…never stops, never collects itself” (p.46). Moving from project to project, concept to concept, the calculating mind always looks outward. Thus, we remain hidden to ourselves. Self-hiddenness and the processes of projection it begets give rise to experience that is chronically anxious and incomplete. Whether in our personal lives or in working with others, the calculating mind feels itself lacking something, which can give rise to an urgency to fill the sense of inner lack with some outer thing, experience, or knowledge (Loy, 1996). All the while we are perpetuating the split between self and world/other, but without awareness that we are doing so. Psychodiagnosis inadvertently reinforces this estrangement when it succumbs to the anxiety of the striving mind – including the wanting-to-help mind - and focuses solely on the pursuit of something out there and then rather than here and now.
In terms of psychotherapy, how much favor do we wish to grant calculative thinking and the influence such thought is likely to have over our clients and our psychotherapy? As Germer, Seigel, & Fulton (2005) have put it:

Problems arise when we take our descriptive clinical categories to be natural representations of an objective world of disorders, conveniently provided in a treatment manual....A diagnostic label used as a kind of shorthand can come to replace a more nuanced appraisal of the whole person. In the process, we stop looking, convinced that we know enough. It becomes a cover for our ignorance, masquerading as knowledge and certainty. (p.69)

Calculative thought tends to reify opinions and ideas which it then clings to as armor against the inherently unsettled, impermanent nature of existence. The positing of objective diagnoses, including personality typologies, may be just another way of defending ourselves—as therapists and clients alike—against the unpredictability of life by imposing a schematic order upon it. To the extent we cling to a reified view of Self and Other, regardless of the reference system defining those categories, we introduce fixation into the exchange:

To hold any fixed view, including a fixed view of our patients or ourselves, leads to suffering. Fixed positions are snapshots, arrested moments sampled from an unfolding flux, instantly out of date. The desire to find something stable is natural; we seek certainty to bind the anxiety of the unknown. Once we take up a position, we begin to defend it and attempt to shape our view of reality to fit our concepts. (p.71)

Unwilling to tolerate the anxiety and tensions within transient experiencing, we latch onto a fixed view of the Other, thus partitioning them and distancing ourselves from them. This may temporarily reduce our anxiety, but only by risking a solidification of the relational field between us. A calculating mindset is keyed to ignoring its own subjectivity by focusing on identifying, labeling, and categorizing an Other (even if that other is oneself).

The psychological impact psychodiagnosis can have on a client, quite apart from the diagnostic value it may hold for a clinician, will be exemplified in the following vignettes of a client I will call Beatrice. Her story is pertinent in that she was diagnosed both empirically and contemplatively.

THE STORY OF BEATRICE, TAKE 1: CONVENTIONAL EMPIRICAL DIAGNOSIS

In her early twenties, Beatrice began suffering bouts of terror which would briefly incapacitate her. She had grown up in a family culture of withering criticism and bruising disavowal, especially from her mother, who would occasionally tell Bea that she wished she would never have been born. In college, Bea consulted a counselor who referred her to a psychiatrist who diagnosed her as having a panic disorder coupled with a clinical depression. Medication was prescribed and psychotherapy attempted, but these were of little help. In fact, Bea wound up regretting reaching out for help, since the
diagnosis of her pathology seemed to confirm her mother’s accusations that she was fundamentally flawed; only this time it was a credible medical authority who indicted her. Beatrice carried this assessment of herself as a shameful weight for the next twenty years. Through various psychological consultations and her own research during this period, she discovered some behavioral techniques for managing the panic attacks and was able to get by. “Getting by” meant living in fear of being incapacitated by an anxiety attack at any moment. Although she secretly sensed there might be some meaning to her anxiety, something that was not merely a confirmation of her disorderedness, she was afraid of opening herself to a psychologist for fear of again being pathologized.

**Beatrice Take 2: Transpersonal-empirical Diagnosis**

While stretching conventional psychology to include spiritual potentials, transpersonal thought has not yet thoroughly challenged the dualistic assumptions of empirical science (Ferrer, 2002). Accepting the empiricist principles of the DSM and working within that context, Transpersonal theorists such as Lukoff, Lu & Turner (1998) and Jerry (2003) are working to revise the DSM to include “religious and spiritual problems” as v-codes. Others, such as Hutchins (2002) and Ingersoll (2002), are working to complement the standard differential diagnosis of the DSM by envisioning axes that include alternative and/or non-pathological criteria. Sympathetic to the principles of “positive psychology,” Hutchins proposes a 5 axis “gnosis model,” which complements the pathologically-skewed DSM with an assessment of gifts, callings, and abilities. While Ingersoll, who accepts DSM diagnoses as a “necessary evil,” complements this with a broader “integral differential diagnosis” based on Ken Wilber’s work. In addition to providing refreshing alternatives to the DSM, these kinds of diagnostic calculi deserve no small merit insofar as they authorize a focus on humanistic and transpersonal potentialities and are valuable in reducing anxiety and despair by helping to mitigate negative self-assessments. For instance, identifying my fixation point on the Enneagram may lessen the anxiety and self-criticism I feel as I realize that I am not a mutant, but belong to whole class of kindred spirits who are similarly fixated. This knowledge may well allow me to be more self-accepting. In addition, once I Ennea-type you and see that the disturbing way in which you relate to me is less about me than about your own fixation style, I may be able to take your “attitude” less personally, be more understanding and forgiving. Nevertheless, let us not mistake a calculative project that helps us get along better in samsara with a contemplative undertaking which aims at freeing us from samsara.² It seems to me that any genuine transpersonal psychology ought not take its eye off this big freedom.

It is important to respect that Transpersonal Psychology is a “big tent” discipline, making space for myriad spiritual and psychological approaches. The particular understanding of “trans-personal” sketched in this article is but one of several understandings. In fact, no fewer than forty definitions of transpersonal psychology have been catalogued (Lajoie & Shapiro, 1992). While a contemplative approach recognizing the nondual nature of existence and aiming toward awakening from samsara is surely within the Transpersonal

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² It seems to me that any genuine transpersonal psychology ought not take its eye off this big freedom.
field, it does not follow that all Transpersonal approaches are “contemplative” in this sense. Much transpersonally-inspired psychology remains empirically and dualistically informed, as Bea discovered.

During the years following her initial diagnosis, Beatrice was a student of spirituality and occasional Zen practitioner, and at the end of this period found the courage to seek guidance from a popular psychospiritual organization that included individual consultations as part of a comprehensive program of psychospiritual development. Although the individual sessions were often conducted by licensed therapists who were themselves advanced students in the program, the organization was careful to distinguish what it did as “education” rather than “psychotherapy,” and screened new students to ascertain their readiness to engage in what could be evocative and psychologically challenging work. To assess a student’s readiness, program counselors rely heavily on psychoanalytic developmental theory. This is ostensibly done for the sake of the student, to make sure she has enough “ego strength” to handle the rigors of indepth experiential work.

As with other such programs, the screening process is based on the conventional assumption that there is an observable and valid difference between psychopathology (including weak ego strength) and spiritual readiness (strong ego strength). The thing is: How do you accurately assess ego strength? If we are honest about it, this is a measure which turns out to be impossible to objectively ascertain. Where does an “ego” appear which can be identified much less measured as to its relative strength? In adopting an empiricist reference system to assess its students, even an unabashedly transpersonal program resorts to an objectivistic, personalistic form of assessment, which dilutes the nondual foundation upon which its holistic program is based.

In Beatrice’s case, following a nearly year-long screening period while awaiting the start of new training group, it was decided that she was not a candidate for the deep work the program offered. Her individual teacher/counselor decided that she lacked readiness due to her ongoing anxieties and potential of having further panic attacks, as well as her inability to develop a sufficiently “trusting relationship” with the counselor. Although a few of her positive qualities were reflected back to her, Bea was rejected from the program and advised to seek remedial psychotherapy to address her unreadiness for “deeper work.” This second diagnosis and the rejection it occasioned hit Bea quite hard, confirming once again that she was seriously flawed, this time not by a cruel mother or a random psychiatrist, but by a spiritual authority whose judgment she respected. Worse, this diagnosis felt still more entrapping than the earlier one, since at this point she was in midlife and more aware that her time was limited. Her anxiety, hopelessness, and desperation escalated. It was at this point that she sought me out.

**Meditative Thinking and Phenomenological Diagnosis**

Heidegger (1959/1966) describes meditative thinking as, “openness to the mystery,” in which our normal habit of dualistic thinking is loosened, allowing
unmediated awareness (gnosis, prajna) to function spontaneously. The meditative openness of which Heidegger speaks is informed by a phenomenological epistemology and method of inquiry. Whereas empirical science proceeds by isolating variables and privileging objectivity, phenomenology is inclusive of the complexity of experience, privileging subjectivity and the exercise of intuition (rather than logical deduction) as the primary cognizant function. To see another person as a phenomenon, or mystery, is both to invite the Other to reveal herself as she is and to be willing to be awe-struck by her Otherness. Adapted to clinical inquiry, phenomenology can serve as a bridge between calculative thinking and contemplative knowing.

Within calculative thought, psychological reference systems mediate experience through the conceptual lens of their theories. Depending on the priorities of the system, some elements of experience come into sharper focus while other elements remain fuzzy or are ignored. Without rejecting the value that may come from seeing the Other through the lens of any particular system or through multiple lenses of several systems (as in Integral approaches), phenomenology endeavors to encounter Others as they reveal (and conceal) themselves, as free as possible from the mediating concepts of any reference system.

Phenomenological inquiry proceeds by intentionally “bracketing” the filtering constructs of the therapist’s reference systems in order to discover how the client is tacitly constructing his own self-world. This method presents us with the paradoxical challenge of meditative attention, which as Heidegger (1959/1966) observed, “At times requires a greater effort. It demands more practice. It is in need of even more delicate care than any other genuine craft. But it must also be able to bide its time, to await as does the farmer, whether the seed will come up and ripen” (p.47).

Within calculative thought, diagnosis is an orienting function conducted prior to a treatment function which is based upon it. But for experientially-based meditative awareness, the separation between these functions does not hold, as diagnosis is already part of the treatment. In getting to know a person, the way in which we approach the Other is already making an impression on that person. In diagnosing someone, we are already “treating” the person in a particular way and with a particular attitude, which may, for instance, encourage or discourage the person’s trust and self-disclosure, as it did for Beatrice.

Since we can only gain access to an Other’s mind through participating with that mind, phenomenological diagnosis requires from the outset that we take into consideration how we are seeing, and perhaps distorting, the Other through our own constructs. In order to minimize distortion and open our field of vision, it is of primary importance to bracket any assumptions of belief or disbelief we have in regard to the Other and what he says. The therapist neither confirms nor disconfirms the truth of a person’s story, but is challenged to listen as unconditionally as possible, with what Freud called “evenly-suspending attention”. This is similar to the Buddhist mindfulness practice.
of bare attention: moment to moment sensory awareness.\textsuperscript{4} Whereas our usual tendency is to get caught up in calculative thoughts and react emotionally in regard to them, meditative attention temporarily suspends the striving of discursive thought. Without trying to keep anything in mind or to push anything away, the therapist can more readily enter into the intersubjective field, allowing for increasingly subtle and complex perceptions to arise.

As Heidegger notes, “Meditative thinking demands of us not to cling one-sidedly to a single idea, nor to run down a one-track course of ideas. Meditative thinking demands of us that we engage ourselves with what at first sight does not go together at all” (1959/1966, p.53). This invites us to attune to the “felt sense” (Gendlin, 1978) that opens to the totality of an experience, even though we may not be able to say what that totality is. Effectively, this practice is a rudimentary form of interpersonal meditation, and as such is a unique contribution of Western psychology to traditional Eastern solo meditation practices.

**Beatrice Take 3: Phenomenological-Contemplative Diagnosis**

Being present within the felt saturation of an intersubjective field, knowledge arises intuitively and empathically through explicating what is implicit within that field. For example, when Bea told me how her mother ruthlessly belittled her as a child, I was less drawn to what happened to her than with how she took, and continues to take, what happened to her (this being what was happening as we spoke). In our conversations, she spoke of what struck me as horrible experiences with a wan smile. But the smile did not correspond to the humiliation I was empathically feeling in listening to her story. Being moved by the tragedy, yet without either validating her as being a victim or invalidating the gravity of what happened, I was able to observe what I felt as the incongruity of her smile in conjunction with the horror I was sensing in what she was saying. As I shared this observation with her, she blanched, paused, looked me in the eye, and said in a shaky voice, “I know. That nervous smile. I think I do that alot.” In this exchange, I described something that was still largely implicit for her, and for me. Yet my reflection did not rise to the level of an objective diagnosis or even an interpretation, since I did not grant it any meaning beyond the transient exchange we were having. However, that Bea noticed this incongruity as a habitual reaction on her part did mean something to her, and potentially it could mean that she was flawed and could be taken as yet another proof of her unworthiness.

Bea’s emotional incongruity reveals something of her self and world construct system (Bugental, 1978). Identifying a self-structure is a typical purpose of psychodiagnosis, including one phenomenologically-derived. It is not sufficient in phenomenology to describe various elements of subjective experience without intuiting the coherence of those elements. Phenomenological knowing seeks to comprehend how the various dimensions, inner tensions, contradictions, and potentialities of a person coalesce into an integral, invariant organization of subjectivity. As Idhe (1977) writes, the phenomenological
method, “Seek[s] out structural or invariant features of the phenomena” (p.39). In this approach, there is no problem considering the informative constructs of multiple reference systems. Since the constructs of any reference system are already bracketed by an evenly-suspended attention, one is less tempted to cling to the knowledge they delimit. Indeed, the formulations of some particular reference system(s) might fruitfully illuminate something of the Other’s self-organization. However, such a formulation is to arise intuitively-empathically out of a meditative involvement with the Other rather than logically in deference to a preferred theory.

Nevertheless, even this more open, intuitive understanding of an Other’s self-structure tends toward a subtle reification of that person. In seeking to discover “structural and invariant features,” phenomenology presumes to arrive at a knowledge that is not conditioned by its method of questioning. In presuming to know an Other apart from the Self doing the knowing, phenomenology is emboldened to make a claim of absolute (invariant) knowledge. In doing so, it reverts to a form of dualistic thinking. As helpful as it is, the method of evenly suspending judgment and attention is an intentional act of holding biases and distractions at bay. This holding-back introduces a subtle separation into the field of inquiry. Awareness of the Other is still being managed from a distance, thus it is not fully inter-subjective and true to the transient nature of experience.

Identifying a structure of subjectivity does not reveal who a person is. It reveals how a person is construing their world and the self they are taking themselves to be. A self-world structure is a composition of psychological tendencies which are intentional (even if unconscious) practices one tends to repeat and so perpetuate. For experiential therapies, it is not enough to identify a self (-world) organizing structure, since merely identifying a fixation or construct is rarely enough to release it. Remaining on a conceptual level does not penetrate the depths of conditioning. To more thoroughly liberate a construct of subjectivity, it is necessary to open to how one is intending (constructing) that self-world in order to not intend (construe) it into the future. The challenge is this: to experientially discover that one’s (constructed) Self is not something (someone) one is, but is something (someone) one practices. Recognizing how I am (and have been) unconsciously participating in a particular, habitual way of being in the world opens the door for me to release that (structuring) participation. A more thorough self-liberation requires that I see – experience - that the Self is not an entity but a set of practices, a kind of play that I have been – and still am - unwittingly performing. Experientially-keyed therapy focuses attention on the moment-to-moment participation of how one is engaged in and construing a self-world. Such attention is meditative in the sense that it attends to what is ordinarily below or outside of conscious awareness. It is an attention that is both pre-reflective and non-conceptual, thus more conducive to empathic, energetic, somatic, and intuitive forms of cognizance.

Of course, it is also possible, and at times desirable, to proceed from pre-reflective openness to conceptual reflection and understanding. But we ought not lose sight that moving into self-reflection and conceptual discourse may shift the therapeutic exchange from a meditative to a calculative, perhaps
reifying mindset. Certainly, there are many instances where moving from unintegrated feeling states into more conceptually-bounded states is called for. This is especially true when a person is at risk of being swamped by overwhelming affect which may trigger a retraumatization of some kind. But stepping back into conceptual reflection also makes sense as one strives to better understand one’s hidden motives and unconscious reactions. The challenge for the experiential therapist is to move back and forth between unintegrated states, including the openness of being, and constructive understandings without unnecessarily reifying those constructions by lending the weight of professional authority to them.

In psychological knowledge, it is all too easy to think or speak about an insight into self or other as if that insight were something that exists in reality rather than as that which it is, as something that exists only in a conception of reality. For instance, it would be easy to speak of Bea’s “critical superego,” “negative maternal introject,” or “inner critic,” as if the critic, introject, or superego existed independent of our construction, and her practice, of it. Of course, naming this kind of thing is often a vital step toward releasing it, but only if it remains a step and is not reified into an identity.

While Bea did take her insight as yet another indictment against herself, I was struck by the conviction of her self-indictment, and said so. This gave her another pause. In this pause, Bea did not know what to think, and neither did I. For my part, practicing the best I could within a meditative awareness, I let myself relax in her presence without knowing what to say and without succumbing to the impulse to fill in this gap and relieve us of having to bear it. Shortly, I sensed Bea’s mind starting to cogitate again and I wondered what she was experiencing. So I ventured, “What do you notice as we sit here?” This opened an exchange during which she oscillated between affirming the old self-construct of being flawed and that of opening to the possibility—which she experienced as “groundless”—that this might not be the case. This therapeutic traverse was nothing short of an identity crisis for her. If she was not fundamentally flawed, then fundamentally, who was she? In the oscillating play of this inquiry, each of us describing what we were noticing and noticing what we were describing, Bea and I were practicing an experience-near explication of meaning.

**Explication Versus Interpretation**

Whereas an interpretation makes meaning based on the concepts of a reference system that filter and funnel raw experience into its particular constructs, an explication arises within the field of intersubjective experiencing and does not disengage from the felt complexity of that field (as does an interpretation). The meaning that arises through a process of explication is unique and unpredictable, unlike the calculated meanings that are interpreted according to preconceived categories within a particular theoretical system. Interpretations are content-based and serve utilitarian goals of expedience, proceeding in a single direction from chaos to order, from raw experience to conceptual understanding, from unconsciousness to consciousness.
On the other hand, explications arise through meditative attunement, are process-based, and serve the sense of wonder. They remain transitory and proceed dialectically, oscillating between the mysterious implications of felt experience and the explicit understandings which emerge from it. In contemplative cognizance, diagnosis is no-thing. It is neither the conceptual understanding, such as would be carried in words like “depression” or “incongruent,” nor is it the mute, raw experience to which the words refer. Rather, diagnosis takes place in the to-and-fro between experience being understood and understanding being experienced, checked as to its felt accuracy, and then either released (if accurate) or re-understood (more accurately). In this sense, diagnosis is not a noun identifying some psychological content, but a verb identifying a process that entails a clarifying of understanding along with a deepening of experience. True to the transient nature of experience, the process of explication aims not to “nail down” a meaning, but to “free up” meaningfulness by allowing for the emergence of deepening understandings. Since there is no end of experience, there is no end to the meaning we may discover through inquiring into it.

It turns out to be impossible, as Gendlin (1973) observes, to arrive at any invariant structure of subjectivity or any final meaning regarding who or what or how one is. Experience being endlessly variable, understanding is also endlessly variable. Facing the way things actually are reveals there is no fixed psychological structure, or “ground,” to be found, as Beatrice noticed in her brief, but exhilarating experience of “groundlessness.” For some moments, she found no constructs, and in those open, free-floating moments, there was no panic or anxiety, but an unfamiliar peace of mind. Her open-ended experience closed rather soon as worrisome thoughts started up again, but the gap of those moments left an impression. We noticed together that when she let herself be, groundlessness need not be feared; on the contrary, it offers a fertile avenue of experiencing she had not previously permitted.

Beatrice Take 4: Contemplative Diagnosing

Bea’s initial guardedness, porcelain smile, and the shakiness of her voice revealed why her previous counselor may have concluded she was too brittle for indepth work. In the early weeks of our work, I too felt uncomfortable in her nervous presence. Yet I could also sense in her shaky voice, speaking as it did at times with direct eye contact, a fount of relational courage and self-honesty. For awhile, I did not know how to address this, and rather than force something, I decided to linger in the silence of my unknowing. Very soon, she revealed that she experienced my silence as terrifying, in the sense that she was populating it with her own fears that I might be judging her critically. Yet, she found the nerve to ask me about this, which facilitated my responding to her in a way that observed both her fear and her courage in daring to open and speak candidly about herself. Repeated exchanges like this led her to feel a “steadiness” with me, and so with herself, allowing her to take in that she could be both terrified and brave. She eventually disclosed that it was my simply being with her, more than any particular sense I made during that time, that allowed her to relax and trust me and herself.
From a calculative perspective, Bea’s previous counselor and I would probably have agreed on her psychodynamic diagnosis. However, we came to exactly opposite conclusions regarding what that meant for her readiness to engage in challenging transpersonal work. I found Bea to have enough courage, candor, and capacity for relational openness required for such work. The crux of the difference was less what we each saw in Bea, since we saw some of the same things, than how we each saw her. Whereas a contemplative approach accents the how of the what, a calculative approach emphasizes the what over the how, thus tending toward reification of the Other.

Within a predominantly calculative attitude, the program counselor saw and reflected Bea back to herself as an anxious and rather difficult person with whom to relate. Seeing herself through the eyes of a scrutinizing Other and lacking the strength to shake off this gaze, Bea displayed herself as the object she was (yet again) being seen to be. Thus she confirmed the counselor’s (and her own) vision of her as seriously flawed. Caught in a dualistic vision, the counselor was not able to see the whole picture of what was happening. She did not see that it was not Bea, in herself, who was anxious and difficult to connect with, but that it was Bea in relation to the counselor that evoked anxiety. The difficulty did not lie solely with Bea and the intrapsychic dynamics of her separate mind, as Object Relations theory (which mediated the counselor’s vision) affirms, but lay between the two of them. Bea was experienced as difficult for the counselor, but the counselor’s difficulty was left out of the equation.

In contrast, by adopting a contemplative attitude, I was more able to remain aware of the subjective tensions that were influencing my own seeing as well as the tensions I was noticing in Bea. Remaining within the intersubjective field, I allowed that Bea’s anxieties were not fixed inside her separate mind, but existed in the inter-ness, or inter-being, between us. Within this less-divided vision, I did not assume that the relational problem belonged to either Bea or to me alone, but was in an experiential sense ours. The sense of relatedness Bea felt in this approach allowed her to relax her guard, and with the immediacy of the relational contact permitting little room for distraction, pressed her to open herself and to be seen/see herself as she was in relationship (here and now) rather than in isolation. Thus, I came to see potentialities in Bea her previous counselor missed.

While it is true that I did not have to screen Bea for admission to a psychospiritual program, I did need to screen her as a psychotherapy client whom I could treat within the scope of my competence. Since an Other can only be known, and treated, through My knowing and treating of her, it makes no sense to screen the readiness of a supposedly isolated “I,” but only the compatibility of the other person and me (or the program I represent). It was unfortunate for Bea that she was identified as inadequate in herself, when the truth was that the inadequacy was in the incompatibility between her and the skillful means at the disposal of the program. It would have been both more honest and more humble for the program’s counselor to have admitted that she herself was unable to establish a good enough working relationship with Bea, and that perhaps the program also lacked the support and relational means she felt were necessary for Bea to benefit from it.
Understanding this, it also did not escape our attention that it was due to her dismissal from that program and the advice of her teacher/counselor that Bea did seek out an intensive therapy that enabled her to engage in a more vital integrative process. This is ironic on two counts. On one point, it shows that Bea actually did trust her counselor and her advice, even though the counselor partly dismissed her for having a lack of trust. Secondly, the dismissal and advice for remedial therapy actually did work in Bea’s favor as intended. There is a temptation to judge the program counselor as either wrong for not diagnosing Bea in a more holistic, intersubjective manner or as right for referring her out for personal psychotherapy. However, from a contemplative perspective, both of these judgments miss the point. While the point of calculative diagnosing may indeed focus on distinguishing between what is right and wrong, in the sense of “either/or,” contemplative diagnosing seeks to open the mind and heart to the free play of awareness and the potentiality of “ands.” Within an opened and opening field of inter-being, the play of discrimination intertwines with that of empathic resonance and is most oriented toward strengthening the capacity of self and other to more deeply embody an undistracted, unconditional presence.

**CONTEMPLATIVE AWARENESS AND A CONCLUDING CHALLENGE**

Recognizing that Others do not exist independently of our consciousness of them, but only appear within an intersubjective field of consciousness, the meditative attention of phenomenology opens the door to a more saturated contemplative awareness. Rather than emphasize conceptual understanding and elaboration of a particular fixation or self-world construct, contemplative knowing emphasizes being present to the paradoxical Otherness of Self-fixations and Self-constructs. This process- and awe-based approach proceeds by letting beings be the beings they are, by offering the Other a relational field and vision that does not cling to any particular content, thus allowing for the natural release of fixations. In this, there is nothing special we need to do. In fact, *letting be presents us with the challenge of non-doing.* Contemplative letting be does not neglect fixations by drifting into distraction or psychic numbness. Neither is it a discursive thinking about them. Rather, it involves taking the time to let the open awareness in which fixations and insights arise remain open. Whatever understandings arise within an inquiry, no matter how deep or subtle, need not be separated from the spacious field within which they emerge. Being unmediated, understanding does not lose touch with its impermanent nature. Thus, knowing is direct (*gnosis*). Since knowledge of an Other is not separated from its essentially open nature, it is not limited in any fundamental way. Thus, it is thorough (*dia*). So, a *diagnosis* that is true to the transience and inter-ness of the subjective field in which it arises does not finally mean anything in particular, nor does it lack any particular meaning. Since this is the case, the knowing of other minds can be practiced as a kind of humble, loosening play.

Whether within the clinical practice of psychotherapy, non-clinical psycho-spiritual disciplines, or just in everyday life, how we approach knowing other
minds reveals the limitations of our own mind. Seeing Others according to the preconceptions of our own constructs obscures both the Otherness of the Other and the openness of our own self-world. If we only see what we have already conceived, then we will see only our preconceptions (projections). If our intention is to liberate ourselves (as well as others) from constraints, confusions, and conflicts of dualistic vision, we are challenged to shift from knowing-about (things, others, ourselves) to knowing-with the mysterious way things appear. This is the challenge of contemplative psychology, the challenge of unconditional presence.

Of course, exercising unconditional awareness and putting the art of relational non-doing into practice takes considerable practice. Most of us do not fall out of bed one fine morning finding ourselves free of grasping and joyful friends with groundlessness! The strengthening of our capacity for bearing – and playing in - the lightness and darkness of being is required. By “strengthening,” I mean both more thoroughly understanding the approach of meditative attunement and the increasing confidence that comes through putting it into practice. Because we live in a divided (self-)world habituated to empiricism, materialism, and proliferating conceptualizations, in order to practice in accord with a holistic vision, it is necessary to de-habituate from dualistic presuppositions and habituate to nondual awareness. I have found the view of Phenomenology, especially in the work of Heidegger and Merleau-Ponty, to offer a rigorous and holistic philosophical alternative to Cartesian empiricism well worth study. That said, philosophy, and calculative knowing in general, is insufficient for realizing the vision phenomenology presents. It is necessary to practice non-conceptual, non-grasping openness and non-hesitating, non-striving responsivity. Contemplative spiritual traditions, especially those originating in the East, offer time-honored experiential paths for cultivating one’s ability to be undistracted and unconditionally present. However, the ancient Asian (often authoritarian-structured) traditions have not developed relationally interactive practices that many of us (in democratically-structured self-worlds) are finding invaluable for penetrating self-deception and promoting relational harmony. The development of a contemplative science that is based on wholly different grounds than empirical science challenges transpersonal researchers, teachers, and clinicians alike to intertwine a personal practice of meditative awareness with the development of relational competencies with increasing fluency in a contemplative wisdom tradition; and not only this, but also to understand that the purpose of such an intertwining – like sheaves of wheat bound together with twine – is to be unbound, letting the sheaves fall where they may.

NOTES

1 Empirical scientific assumptions include an insistence on objectivity, involving a strict separation between observer and observed as well as a presumption of neutrality on the part of the researcher/therapist; the exclusion of intervening (“contaminating”) variables, involving a decontextualizing of the research subject and a focus on discrete parts or aspects rather than on interactive wholes; the privileging of logical deduction as the primary cognizant capacity, with statistical indices being the arbiter of meaning; and the prime scientific directive being that of prediction and control of nature.
This is a paraphrase of Chogyal Namkhai Norbu (1994, p.13)


See Adams, 1995, for a discussion of the congruencies between Phenomenological, Psychoanalytic, and Buddhist meditative attitudes.

Thich Nhat Hanh deserves credit for having coined this excellent term.

REFERENCES


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