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Phenomenological approach in psychotherapy

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ABSTRACT

The article discusses the problems of interaction between psychotherapy and such a direction of philosophy as phenomenology. The basic principles of the phenomenological method are considered in the context of their application in psychotherapy. The author sees the main problems in the isolation of related fields of humanistic knowledge from each other, in the continuing commitment of Russian psychotherapy to an exclusively natural-scientific positivist concept of health and illness, and in the dominance of biologically oriented approaches. This is reflected both in the interpretation of the phenomenological method in domestic psychiatry, and in the use of phenomenology in various psychotherapeutic fields. The solution to this problem may be a deeper acquaintance of specialists with the philosophical foundations and methodological principles of the phenomenological method, interdisciplinary dialogue, expansion of the humanitarian component of professional training, which corresponds to the objectives of the further development of domestic psychotherapy.

Keywords: phenomenology; phenomenological method; psychotherapy; psychiatry; existential psychotherapy.

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Феноменологический подход в психотерапии

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АННОТАЦИЯ

В статье освещены проблемы взаимодействия психотерапии и такого направления философии, как феноменология. Базовые принципы феноменологического метода рассматриваются в контексте их применения в психотерапии. Основные проблемы автор видит в изолированности друг от друга смежных областей гуманитарного знания, сохраняющейся приверженности российской психотерапии исключительно естественнонаучной позитивистской концепции здоровья и болезни, доминировании биологически-ориентированных подходов. Это отражается как в трактовке феноменологического метода в отечественной психиатрии, так и в использовании феноменологии в различных психотерапевтических направлениях. Решением проблемы может быть более глубокое знакомство специалистов с философскими основаниями и методологическими принципами феноменологического метода, а также междисциплинарный диалог, расширение гуманитарной составляющей подготовки профессионала, что отвечает задачам дальнейшего развития отечественной психотерапии.

Ключевые слова: феноменология; феноменологический метод; психотерапия; психиатрия; экзистенциальная психотерапия.

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Психотерапиядә феноменологик алым

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АННОТАЦИЯ

Макаләдә психотерапиянең фәлсәфәнең бер юнәлеше булган феноменология белән үзара бәйләнешле проблемалары яктары. Феноменология ысулының төп принциплары аларны психотерапиядә куллану контекстында карала. Төп проблемаларны автор гуманитар белемнең чиктәш өлкәләренең бер-берсеннән аерым торышында, Рәсәй психотерапиясенең сәламәтлек һәм авыру концепциясен өйрәнүдә күп очракта табигый фәнни позитивистик юнәлешкә басым ясагында, биологиягә ориентлашкан алымнарның өстенлек итүендә күрә. Бу илебез психиатриясендә феноменология ысулын аңлатуда да, төрле психотерапия юнәлешләрендә феноменологияне куллануда да чагылыш таба. Әлеге проблеманы хәл итүдә белгечләрнең феноменологик алымның фәлсәфи нигезләрен һәм методологик принципларын тирәнрәк өйрәнүе, шулай ук дисциплинаара диалог, профессионаллар әзерләүнең гуманитар составын киңәйтүнең әһәмияте гаять зур. Бу юнәлешләр илебез психотерапиясенең алга таба үсешендә мөһим урын алып тора.

Төп төшенчәләр: феноменология; феноменология ысул; психотерапия; психиатрия; экзистенциаль психотерапия.

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Yes, the world and all its foundations are
 Our own, each of us!
 I'm dead — the whole world is out!
 You were born — a new one arose:
 The more certain, the fuller,
 The brighter the thought of thy soul!
*K.K. Sluchevskiy*¹

In a renowned monograph by F.E. Vasilyuk et al., “Methodology of Psychology: Problems and Prospects” (2013), the author frequently highlighted a critical issue: “the national psychological tradition is now facing a significant challenge — the need to demonstrate its theoretical and practical ‘competitiveness’ in such a special field as psychotherapy, which has become the trendsetter of psychological thought in the 20th century”. They caution that if this challenge is not met, the tradition risks being marginalized — first in practice, then in education, and ultimately in science itself [1].

The authors emphasize that A.N. Leontiev’s theory of activity, V.N. Myasishchev’s theory of relationships, and D.N. Uznadze’s theory of attitude are the most representative domestic psychological theories that could serve as the foundation for developing original systems of psychotherapy.

Perhaps it is the St. Petersburg (Leningrad) School of Psychotherapy that can rise to this challenge and offer an original, scientifically grounded, and effective model of psychotherapy. However, Vasilyuk et al. observed that “In the field of psychotherapy in recent decades, the development of psychological practice has been so powerfully influenced by foreign psychotherapeutic schools that an entire generation of Russian psychotherapists (psychologists) primarily identify with these therapeutic approaches in their professional activities”. They note, “It is rare to find a psychologist — psychotherapist who proudly identifies as a ‘Miasischevian,’ and finding a ‘Leontievian’ is even more unlikely” [1].

In our view, this current situation in Russian psychotherapy and psychological science is largely due to their separation and isolation from each other, as well as from related areas of the humanities. There remains strong adherence to an exclusively natural scientific positivist concept of health and disease, with biologically oriented approaches dominating the field.

As B.D. Karvasarsky noted in 2005, “The difficulties and delays in addressing the methodological problems of psychotherapy stem from the fact that psychotherapy, more than any other medical discipline, depends on solving complex issues; not only medicine but also in psychology, sociology, and philosophy” [2]. The closer integration of psychotherapy with philosophy and the enrichment of psychotherapeutic practices through a deeper and more holistic understanding of individuals and their existence in the world will enable Russian psychotherapy to advance and meet contemporary challenges.

The concept of the biopsychosocial model of mental disorders brings us back to the idea of the human being as a whole inherently connected to themselves and their environment — a being in the world. Perhaps the philosophical foundations of this understanding will complement and extend current predominantly declarative and/or exclusively technological approaches to psychotherapeutic and psychiatric care [3].

As Karl Jaspers wrote in 1997, “When the object of study is the human being in the fullness of “human” and not just as a biological species, psychopathology takes on the characteristics of a humanitarian science” [4]. Therefore, psychiatry (and, by extension, psychotherapy) practiced by physicians without academic training in humanities cannot be considered a fully valid scientific discipline [5].

This article explores the interaction between psychotherapy and the branch of philosophy known as phenomenology. This discussion is based on several papers presented at professional conferences between 2014 and 2022. I will focus primarily on psychotherapy and, to a lesser extent, on the issues of phenomenology, acknowledging that I am neither a philosopher nor a humanities scholar.

I would like to draw your attention to an epigraph from a 1904 poem by the distinctive Russian poet Konstantin Konstantinovich Sluchevskiy (1837–1904). “Indeed, each of us is a whole world, unique and different from other worlds”. Perhaps the phenomenological method allows us, to some extent and with known limitations, to attempt to penetrate the world of another person, insofar as it is possible.

Again, I must emphasize that I am not a humanities scholar (I am a physician by training) and am currently working to fill the gaps in my humanities education. Nevertheless, it is important to recall the origins of phenomenology, which were primarily associated with Edmund Husserl and his work “Logical Investigations” (1900, 1901). Husserl had predecessors such as Franz Brentano and Carl Stumpf, among others. It is crucial to understand that phenomenology is not a closed school but rather a broad philosophical movement. This breadth precisely examines why phenomenology has had and continues to have a significant impact on various areas of reality, including psychology and psychotherapy.

Of course, more than 100 years have passed since the publication of Husserl’s Logical Investigations, and phenomenology has continued to evolve. It now engages with new areas of knowledge, becoming deeper, broader, and more diverse. Our task as psychotherapists is to gradually incorporate all that can assist us in our practical work.

Phenomenology, derived from the Greek words *φαινόμενον* (phenomenon) and *λόγος* (logos), meaning the doctrine of phenomena, is both a philosophical movement and a distinctive practice of reflection that seeks to uncover the roots of human experience and cognition.

¹ Sluchevskiy K.K. Rhymes, poems, translations. Moscow: OGI, 2009. p. 197.

According to Natalya Artemenko, a prominent Russian phenomenologist, “The phenomenological method was viewed as a means of intuitive clarification, reflexive analysis, and comprehensive description of the various kinds of subject matter presented in consciousness. This method allows us to bring clarity, rigor, and adequacy to our philosophical and scientific concepts. It is an attempt to pay fuller attention to phenomena, enriching our experiential world by revealing previously overlooked aspects” [6].

Edmund Husserl, the founder of phenomenology, described it as “The science of true principles, of origins; its method is the phenomenological apprehension of essence, freed from the dogmatism of metaphysical omniscience, from indirect symbolizing and mathematizing methods, from the apparatus of inference and proof”. This “science of true principles” is a well-known definition of Husserl’s phenomenology, as is his famous call: “Back to the things themselves”.

This approach is crucial for gaining an unbiased and clear understanding of a patient or client in psychotherapy. The less influenced we are by distorting attitudes or predispositions, the better we can establish contact with clients and, consequently, provide effective treatment or counseling. While the scope of this paper does not allow for an in-depth discussion of the differences and similarities between the medical and psychological models of psychotherapy, the terms “patient” and “client” are used synonymously hereafter.

Today, phenomenology has become a popular topic in both scientific circles and among practitioners. Colleagues often reference this concept at various conferences and seminars, with topics ranging from “Phenomenology of Depression” and “Phenomenology of Drama” to more unconventional examples like “Phenomenology of the hibernation of the Siberian Chipmunk”. However, many scholars, including Aleksey Ulanovsky (2012), have observed that the term “phenomenology” has gradually been reduced in both daily and scientific contexts to a mere synonym for description. In psychiatry, it is often used interchangeably with terms like syndrome or symptom complex, imparting a certain scientific flavor to the term [7].

While it may seem more scholarly to speak of the “phenomenology of aggression” rather than simply a “description of aggression” true phenomenology involves a thoroughly descriptive, unprejudiced study of something [8]. In the context of psychotherapy, this approach would mean focusing on the symptoms, experiences, and problems of the client. Phenomenology, therefore, has a specific domain and methodology distinct from mere description.

It is important to recall the key features of the phenomenological method. First and foremost, phenomenology is a method of cognition, not a system of views or ideas, as Adolf Reinach (2001) emphasized [9]. As a method of cognition, it must be practiced and accepted as such, much like any other method or style, as Maurice Merleau-Ponti (1999) noted [10]. Like any technique, it can be honed and refined through practice.

Furthermore, like any method, phenomenology must be taught and learned through practical experience, not merely through theoretical engagement with the writings of its founders. From a philosophical standpoint, the goal of phenomenology, as Edith Stein (2006) explained, is to clarify and ultimately justify all knowledge [11].

Phenomenology was initially embraced by psychiatrists, psychologists, and psychotherapists. Among the most prominent figures in “phenomenological psychiatry” are Ludwig Binswanger, Eugene Minkowski, Erwin Straus, Arthur Kronfeld, Viktor Emil von Gebattel, Henri Ellenberger, and others. Many researchers, including Olga Vlasova (2010), believe that phenomenological psychiatry is closely intertwined with existential psychology and psychotherapy, making it difficult to separate [12].

Karl Jaspers deserves special mention for his “General Psychopathology”, published in 1913, in which entire sections are devoted to the phenomenological description of psychopathological symptoms and the theoretical understanding of phenomenology [4]. Those familiar with Jaspers’ “General Psychopathology” recall its substantial volume, and many, including myself, believe that we understood it well after reading it during our internships and residencies. However, revisiting the text decades later often reveals new insights, as if entire sections are being read for the first time, and “new” chapters suddenly emerge. From a phenomenological perspective, it may be more accurate to say that our perception of the text has changed.

Phenomenology has long become the methodological foundation of humanistic and existential psychiatry and psychotherapy, influencing the work of Ludwig Binswanger, Medard Boss, Carl Rogers, Rollo Reece May, Ronald David Laing, and many others. It underpins all existential psychotherapy, including Friedrich Perls’ Gestalt therapy, Viktor Frankl’s logotherapy, Eugene Gendlin’s focusing-oriented therapy, and Amy and Arnold Mindell’s process-oriented therapy. In fact, most schools within the existential-humanistic approach to psychotherapy are based on phenomenological principles. In many manuals, this area is referred to as the “phenomenological direction of psychotherapy”.

With some degree of conventionality, we can identify three basic concepts or principles central to phenomenologist inquiry. First, the focus is on experiences as they are directly encountered. Second, the commitment to an unprejudiced consideration of these experiences. Finally, it is only against this backdrop that the emergence or discovery of new meanings becomes possible.

Here, we briefly focus on the basic theoretical principles of phenomenology. The first principle, freedom from presuppositions Greek *ἐποχή* — *epoché* — meaning delay, suspension, or self-possession), is a concept articulated by Husserl. This principle involves “the rejection of beliefs and presuppositions”. Husserl famously described this as “bracketing”, where we temporarily set aside our

theories, knowledge, and any preconceived notion about a subject — such as a patient — to consider the phenomenon in an unbiased manner. The term “bracketing” can be misleading, as Husserl originally derived it from mathematics terminology. For those more familiar with the humanities, it might be more intuitive to think of it as placing concepts in quotation marks, thereby removing them from consideration temporarily (Thomas Sodeyko, personal communication).

This principle is well expressed by renowned local philosopher Merab Mamardashvili, who stated, “We do not know the world of the subject apart from and beyond what the subject reports about it. We cannot know the world of our patients beyond what they tell us” [8]. A common misconception shared by many counselors, physicians, and psychologists is that they understand a client’s disorder or problem better than the client does. While this might hold true in terms of theoretical understanding, it is not applicable when it comes to understanding a person’s subjective experience of their suffering. The patient is the expert in their own experience, particularly regarding their problem or disorder.

Although we cannot entirely free ourselves from preconceived notions, the principle of presuppositionlessness underscores the importance of examining these assumptions. Such reflection fosters a more open, unbiased, and profound relationship with another person, whether patient or others.

The second theoretical principle of phenomenology is the principle of “evidence”. Husserl famously urged us to “return to the things themselves”. According to him, “Everything that is given to us must be accepted and described as it presents itself, and only within the framework in which it presents itself” (Edmund Husserl). When working with a patient, we rely solely on our direct experience of interacting with them.

Phenomenology, a primary method, has a structured approach that includes procedures such as phenomenological reduction, phenomenological intuition, phenomenological analysis, and phenomenological description. As with any method, this structure is essential. Therefore, one cannot simply claim, “I am a phenomenologist” or “I take a phenomenological approach to the client” without understanding its meaning in terms of the specific methods employed.

Consider the concept of “phenomenological reduction” (epoché). Husserl defined epoché as follows: “When I do this — and I am quite free to do so — I do not deny this world as if I were a sophist; I do not even doubt that it exists, as a skeptic might. Instead, I engage in a phenomenological epoché that completely frees me from making judgments concerning space-time existence (Dasein)” [13].

A non-judgmental attitude toward the patient is crucial for professionals in the so-called helping professions, such as psychologists, psychiatrists, coaches, and counselors. This does not mean that I abandon the knowledge I have gained through education, conferences, seminars, and training.

Rather, it means that when I interact with a client, I bracket this knowledge, setting it aside, as if placing it in quotation marks — so that it does not interfere with my perception of how the client presents, reveals, or expresses themselves to me.

Interestingly, the procedure of epoché can be compared to a technique from esthetics and the philosophy of art, which reveals additional facets of the process of phenomenological reduction. This comparison involves the concept of “defamiliarization”, introduced by the renowned Russian Soviet literary scholar, philologist, writer, and critic Viktor Borisovich Shklovsky (1893–1984). A famous “legend” is associated with the origin of this term. Initially, Shklovsky used the word “detachment” (“ostranenie” in Russian), but the typesetter accidentally omitted the letter “t” (changing it to “osranenie”). When Shklovsky saw this altered term, he liked it, and it became the term used in the history of literary studies (1914–1917, article “Art as a Reception”, etc.).

When we hear the term “defamiliarization”, the immediate associations are with detachment, withdrawal, and, simultaneously, with something strange or unfamiliar. Shklovsky used this term to describe the writer’s task of bringing the reader “out of the automatism of perception” by making the subject of perception unusual or strange. “It is necessary to remove a thing from its familiar associations and look at it anew as if turning a log in a fire” [14]. To perceive something as new, one must see something strange in it. This process counters the automation of perception, especially regarding texts.

There are other versions of the term’s origin, some of which attribute its authorship to Osip Brik [15]. In the context of psychotherapy, parallels with the psychoanalytic approach are noteworthy. For instance, Dmitriy Shukurov (2014) suggests that in defamiliarization, “infantile phases of development, repressed into the unconscious, are actualized in unusual images of art and literature” [15]. Similarly, Daniel Rancour-Laferriere (2004) correlates the defamiliarization technique with the psychoanalytic associative technique [16].

We can apply the concept of “defamiliarization” to the perception of a patient’s personality and the psychotherapy process. When I perceive a phenomenon or a client automatically, I do not explore its depth. However, when I view it as something strange, provoking curiosity and surprise, I open up the possibility of deeper exploration. As Natalya Artemenko put it, “Phenomenology is the practice of flipping into surprise” [17].

Originally, Shklovsky referred to the perception of a literary text; however, this concept can also be applied to interacting with a living person. The art of psychotherapy may lie in being surprised by the patient each time, striving to see something new in their story, and taking a fresh perspective on the situation, problem, or context of our interaction. Later, Shklovsky described “defamiliarization” as a “surprise at the world”, a “heightened perception”, and an attentive “penetration into life” [18].

Today, we can assert that the ability to defamiliarize is characteristic of any creative consciousness — in science, art, politics, and beyond — and represents a universal conceptual operation of creative consciousness that is, “liminality” [19].

It is not without reason that Martin Heidegger once compared philosophy and poetry, contrasting them with science and its method of cognition. Heidegger remarked that Rainer Maria Rilke’s “Duineser Elegies” poetically expressed everything he intended to convey in “Being and Time” [20]. Perhaps that is why poets, as suggested by the epigraph of this paper, intuitively grasp our processes better, whereas psychotherapists strive to approach them through scientific procedures and methods.

The next constituent part of the phenomenological method is “phenomenological description”, which is defined as “a procedure for the fullest and most transparent designation, predication, and linguistic expression of the primary data of experience as seen in reflection” [8]. The reflection process can be regarded as another practical realization of the phenomenological method. There are various approaches to reflection typology. For example, from the perspective of teaching practical skills to psychotherapists and psychologists, it is productive to identify at least three levels of reflection [21].

The first, most elementary level, is a simple reflection of subjects and objects, where, in the author’s opinion, the distinctiveness of phenomenology is not yet in question. A deeper level of reflection involves the experience of perceiving objects. Only at the third level — the level of reflection on thinking — can we begin to discuss the specifics of the phenomenological method. Indeed, as Oleg Lukyanov highlights, this level presents the greatest challenges when attempting to apply it in real-world patient work.

In Jaspers’ *General Psychopathology* (1913), the entire section is dedicated to what is called “understanding psychology”. While Jaspers partially separated phenomenology from understanding psychology, these distinctions were largely methodological and did not alter the essence of the matter.

Jacob Needleman’s definition of understanding psychology, from his introductory article to Ludwig Binswanger’s *Being-in-the-World* (1999), resonates well with the basic principles and methods of the phenomenological approach: “To understand a thing, phenomenon, idea, or experience is to approach the object to be understood on its terms, to see in it structures that are revealed from its side and not from ours. To understand an object means to take part in it until it gives up its essence to us — those who understand” [22].

It is worth briefly addressing the representation of phenomenology in Russian psychiatry. It is traditionally believed that pre-revolutionary, Soviet, and consequently, Russian psychiatry is phenomenologically oriented. One

might say that Karl Jaspers’ “General Psychopathology” is, if not a “Bible”, then a desk reference for a Russian psychiatrist, although it is likely a book that has never truly been opened, much like any “desk” book. In practice, the phenomenological approach is used in psychiatry primarily to describe mental status or symptoms (syndrome), often conflating it with the natural scientific method of description. The remnants of the phenomenological approach, stripped of their original meaning, have become ingrained diagnostic practices in domestic schools as traditions labeled “common sense”, “rich experience”, “intuition”, or “diagnosis” based on first impressions or “from anamnesis”. As Vladimir Tochilov notes, “Contrary to phenomenological principles, these mechanisms often underlie diagnostic bias, ambiguous diagnostic interpretations, and relieve the doctor of self-control and self-correction” [23].

Regrettably, it must be acknowledged that the concept of “phenomenology” has undergone a significant distortion in the minds of many psychiatrists. In fact, the phenomenological method has an entirely different meaning. However, this is not surprising considering that few psychiatrists are familiar with the foundational aspects of this method or have received systematic training in phenomenological reduction, epoché, reflexive analysis, and similar procedures. These aspects often remain outside the scope of education or, at best, are only superficially acknowledged [3].

In this context, the monograph by Yurii Savenko (2013), President of the Independent Psychiatric Association of Russia, entitled “Introduction to Psychiatry: Critical Psychopathology”, is notable. The book illustrates that “the fundamental method of clinical psychiatry — phenomenological description (as opposed to natural scientific description) — is the most challenging, as it requires a high level of critical reflection and the integration of phenomenological and inductive units of analysis” [24].

For many years, the works of Professor Vladimir Mendelevich (2016, 2019), a prominent advocate of a phenomenological approach in contrast to the predominantly symptom-centered approach, have significantly influenced Russian psychiatry [25, 26]. Mendelevich rightly asserts that applying the phenomenological method “requires knowledge not only of the psychiatric foundations of semiotics but also of the personal, organic, somatic, philosophical, religious, cultural, and ethnic mechanisms of psychogenesis. Objective diagnosis in psychiatry is only possible if the phenomenological method is applied” [26]. While we agree with the reviewer on many points, it is important to address the existing differences.

Mendelevich argued that distinct terms should be used for normative and pathological forms of behavior and experience, that represent fundamentally different mechanisms of mental processes and states [26]. Accordingly, he suggests differentiating between psychological phenomena and psychopathological symptoms, which he claims differ “not

quantitatively, but qualitatively” with a “gulf” separating them [26].

At first glance, this may appear to be a minor terminological disagreement, especially since the author suggests that these terms are synonymous. However, the issue is more complex. For example, we cannot concur with Mendelevich’s criticism of the famous typology by Karl Kleist, who identified the similarity between pathological and normative human experiences and distinguished them as follows:

- 1) Homonomous symptoms differ from normal manifestations of mental life only in degree (e.g., depression);
- 2) Heteronomous symptoms with no analogous manifestations to normal manifestations (e.g., catatonia);
- 3) Intermediate symptoms, in which it is difficult to clearly delineate the boundary between norm and pathology (e.g., obsessions).

Mendelevich argued, “One can always find psychopathological symptoms and psychological experiences (phenomena) that are similar but differ in their mechanisms of occurrence. Therefore, it is inappropriate to speak of intermediary symptoms” [26].

In our view, any human experience or behavior constitutes a phenomenon, regardless of its hypothetical mechanisms. This does not preclude the possibility (if necessary) of examining the genesis of specific phenomena. However, a phenomenological consideration of mental life manifestation deepens our understanding of the client/patient’s worldview and perception of the interaction between us.

If we initially use psychopathologic terminology (e.g., symptom), then, as Mendelevich rightly notes, it results in a “stable and solid diagnostic basis”, “a chain that can lead to an accurate nosological diagnosis” [25]. While diagnostic tasks are crucial, they do not exhaust the possibilities of the phenomenological method and can even determine it when isolated. Although we agree with Mendelevich that terminology significantly influences subsequent associations and implications, we arrive at the opposite conclusion.

By employing psychopathologically laden terminology, we inevitably structure our perceptions in a particular way, violating the basic phenomenological principle of refraining from judgment or epoché. Therefore, separating psychological phenomena from psychopathological symptoms, if at all possible, should be undertaken exclusively for didactic purposes, with a clear understanding and articulation of the specific narrow task at hand.

Returning to the significance of specific terms and their influence on our perception of phenomena as a whole, it is important to note their role in psychotherapeutic practice. The use of psychopathological terminology inherently narrows the perception of a person and their issues, often reducing the complexity of individual experiences to a predominantly medical paradigm. This, in turn, dictates the treatment methods derived from this perspective. Michael Garrett (2021) reflected on this by stating: “Biological models that focus

excessively on the individual, without considering adverse life experiences and social conditions, such as the concept of schizophrenia as an essentially genetically determined brain disease, localize the problem within the individual rather than within the extended family and social system to which the individual belongs. When the problem is framed as a biological issue of the patient, the question becomes, ‘What is wrong with you?’ leading to drug therapy, rather than ‘What happened to you?’ which leads to psychotherapy” [27].

How, then, is the phenomenological approach applied in psychotherapy? As previously mentioned, the existential-humanistic approach to psychotherapy extensively employs the phenomenological method. In many textbooks and manuals, it is referred to as “experiential” or directly as “phenomenological”, underscoring that phenomenology forms the foundation of the entire approach.

The phenomenological method is often mentioned in relation to Carl Rogers’ client-centered therapy, Friedrich Perls’ Gestalt therapy, various schools of existential psychotherapy (such as those developed by Rollo May, James Bugental, Irvin Yalom, Emmy van Deurzen, Ernesto Spinelli, among others), Dasein analysis (developed by Ludwig Binswanger, M. Boss, and Alice Holzhey-Kunz), Viktor Frankl’s logotherapy, existential psychotherapy and dream interpretation by Clark Moustakas, dream-sharing groups by Montague Ullman, Eugene Gendlin’s concept of experience and psychotherapy, process-oriented therapy by Amy and Arnold Mindell, initial psychotherapy by Karlfried Graf Dürckheim, analytical psychology by Carl Gustav Jung, and the intersubjective approach in psychoanalytic psychotherapy by Robert D. Stolorow, Bernard Brandchaft, and George E. Atwood.

Many of these approaches have gained widespread recognition; however, some methods remain relatively unknown or are just beginning to be adapted in certain regions. It is noteworthy that even seemingly distant schools from the humanistic perspective, such as Carl Gustav Jung’s analytical psychology, extensively utilize the phenomenological method. This widespread application suggests that phenomenology has taken root in many areas of psychotherapy, although practitioners may not always be fully conscious of its fundamental role.

This raises the question of training for psychotherapists and psychiatrists. How can professionals effectively work with others without a clear, in-depth understanding of the methods they employ? Simply identifying as a phenomenologist is not enough; one must rigorously practice this method, going beyond a general understanding of a person or the world.

At first glance, psychotherapists may appear more familiar with the phenomenological movement. Schools of existential psychotherapy, along with Gestalt therapy, explicitly articulate the use of the phenomenological method in their work. These are two of the main therapeutic approaches that consciously incorporate phenomenology in the training of therapists and counselors as well as in their practice with patients. Various

authors and schools may use phenomenology to varying degrees, but they generally agree on its importance in psychotherapeutic practice.

These approaches include the phenomenological method in professional training programs. For instance, two Russian manuals on Gestalt therapy include chapters on phenomenology. These chapters typically repeat the general and foundational aspects of phenomenology, but their inclusion is a positive step. However, famous Ukrainian Gestalt therapist Alexander Mokhovikov, one of the few specialists to focus on the phenomenological method, described a typical dialogue among practitioners: "I asked my colleagues, 'What have you read about phenomenology?' They replied, 'Gestaltists are aware of a small book where Gary Yontef's brief introduction discusses mindfulness, with a one-page overview of the phenomenological perspective.' I then asked, 'What else have you read?' And they answered, 'Nothing else.'" [28]. This situation is common not only among Gestalt therapists but also among specialists in other fields who recognize the importance of the phenomenological method but who may not fully engage with its philosophical foundations.

Existential psychotherapy stands out as the approach that most fully incorporates the study of the phenomenological method into various training models. The well-known long-term experience of the Institute of Humanistic and Existential Psychotherapy in Birštonas, Lithuania, under the leadership of Rimantas Kochiunas, is one such example. However, literature on the application of the phenomenological method in existential psychotherapy, except for Aleksey Ulanowski's monograph [7], on phenomenological work in psychology and psychotherapy, remains predominantly in translation [29–31]. In recent years, efforts have been made to bridge this gap by publishing thematic collections of scientific and practical conference proceedings, such as "Philosophy and Psychotherapy" and "Sluchev readings: phenomenology and existential psychotherapy" [32–34].

The phenomenological method unites various schools of existential psychotherapy. Ernesto Spinelli describes an existential therapist's role as gaining as complete an understanding as possible of the client's current world, enabling the therapist to reveal or discover the client's way of being as it is being lived [29]. This reflects an inherently phenomenological approach, not only in diagnosis but also in the therapy itself, work that begins after joining with the client.

The Russian psychotherapeutic tradition is familiar with the idea of an individualized approach to the patient, taking into consideration the diversity of their life experiences. For example, Karvasarsky et al. noted, "The new century is expected to bring convergence and mutual reinforcement of different sciences and areas of social practice. In medicine, this will involve closer integration with psychology, with outcomes depending less on new theoretical models and more on the perspective of each doctor, who will see in their patient not just a suffering person but a unique individual whose illness is shaped by their unique experiences and life history" [35]. The phenomenological method can play a crucial role in addressing these challenges.

Emmy van Deurzen outlines the rules that she follows in psychotherapy [36]:

- 1) Set aside all preconceived assumptions.
- 2) Describe your experiences (rather than attempting to explain it).
- 3) Equalize all aspects of experience through horizontalization (rather than allowing certain aspects to stand out).

These principles align closely with Husserl's phenomenological reduction and descriptive practice. Therefore, existential psychotherapy may be the clearest and most consistent implementation of the phenomenological method, both in specialist training and in therapeutic practice.

Expanding the use of the phenomenological method in psychotherapy, familiarizing specialists with its philosophical foundations and methodological principles, fostering interdisciplinary dialogue, and enhancing the humanitarian component of professional training all contribute to the further development of psychotherapy. To advance the existential approach in Russian psychotherapy, we honor the vision of our teacher Boris Karvasarsky: "To paraphrase a well-known expression, I could say that every nation deserves the psychotherapy it receives. Our enormous task is to cultivate more adequate ideas about the potential role of modern psychotherapy in the treatment, rehabilitation, and preservation of the mental health of the people" [37].

ADDITIONAL INFORMATION

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REFERENCES

1. Vasilyuk FE, Zinchenko VP, Meshcheryakov BG, et al. *Metodologiya psikhologii: problemy i perspektivy*. Moscow, Saint Petersburg: Centr gumanitarnykh iniciativ; 2013. 528 p. (In Russ.)
2. Karvasarskij BD. Rossijskaya psikhoterapiya: zadachi i problemy razvitiya. In: *XIV S'ezd psikhiatrov Rossii. Materialy*. Moscow: ROP; Medpraktika-M; 2005. p. 404. (In Russ.)
3. Babin SM, Sluchevskaya SF. Vzaimootnoshenie filosofii i medicinskoj modeli psikhoterapii. In: *Sbornik nauchnykh statej i rabochikh materialov k dokladam uchastnikov II Mezhdunarodnoj konferencii "Filosofiya i psikhoterapiya"*, Saint Petersburg, 31.05–01.06.2014. Saint Petersburg: Anatoliya; 2014. p. 3–12. (In Russ.)
4. Jaspers K. *Obshchaya psikhopatologiya*. Per. s nem. Moscow: Praktika; 1997. 1056 p. (In Russ.)
5. Vlasova OA. *Filosofskie problemy fenomenologicheskoy psikhologii*. Kursk: izd-vo Kurskogo gos. un-ta; 2007. 208 p. (In Russ.)
6. Artemenko N. Kriticheskie nabroski k khajdeggerovskim Tsllikonovskim seminarom. In: *Tsollikonovskie seminary: kommentarii i interpretacii. Sbornik nauchnykh trudov*. Vil'nyus: Loginov; 2017. p. 165–192. (In Russ.)
7. Ulanovskij AM. *Fenomenologicheskaya psikhologiya: kachestvennyye issledovaniya i rabota s perezhivaniem*. Moscow: Smysl; 2012. 255 p. (In Russ.)
8. Ulanovskij AM. Fenomenologicheskij metod v psikhologii, psikhiiatrii i psikhoterapii. *Metodologiya i istoriya psikhologii*. 2007;2(1):130–150. (In Russ.)
9. Reinach A. O fenomenologii. In: *Antologiya realisticheskoy fenomenologii*. Moscow: Institut filosofii, teologii i istorii sv. Fomy; 2006. p. 349–373. (In Russ.)
10. Merlo-Ponti M. *Fenomenologiya vospriyatiya*. Saint Petersburg: Yuventa, Nauka; 1999. 605 p. (In Russ.)
11. Stein E. K probleme vchuvstvovaniya. In: *Antologiya realisticheskoy fenomenologii*. Moscow: Institut filosofii, teologii i istorii sv. Fomy; 2006. p. 657–693. (In Russ.)
12. Vlasova OA. *Fenomenologicheskaya psikhiiatriya i ehkzistencial'nyj analiz: Istoriya, mysliteli, problemy*. Moscow: Territoriya budushchego; 2010. 640 p. (In Russ.)
13. *Fenomenologicheskaya redukcija*. Available from: https://psylib.org.ua/books/gritz01/fenomenologicheskaja_redukcija.htm Accessed: May 10, 2024. (In Russ.)
14. Shklovskij VB. *O teorii prozy*. Moscow; L.: Krug; 1925. p. 61. (In Russ.)
15. Shukurov DL. *Russkij literaturnyj avangard i psikhoanaliz v kontekste intellektual'noj kul'tury Serebryanogo veka*. Moscow: Yaz. slavyanskoj kul'tury (YaSK): Rukopisnye pamyatniki Drevnej Rusi; 2014. 224 p. (In Russ.)
16. Rancour-Laferrriere D. *Russkaya literatura i psikhoanaliz*. Per. s angl. Moscow: Ladimir; 2004. 1017 p. (In Russ.)
17. Artemenko NA. Issledovatel'skij potentsial fenomenologicheskii-orientirovannoj optiki. *EXISTENTIA: psikhologiya i psikhoterapiya*. 2022;15:67–93. (In Russ.)
18. Shklovskij VB. *Tetiva. O neskhodstve skhodnogo*. Moscow: Sov. pisatel'; 1970. 376 p. (In Russ.)
19. *Ostranenie*. Available from: <https://terme.ru/termin/ostranenie.html> Accessed: May 10, 2024.
20. Ado P. *Filosofiya kak sposob zhit': Besedy s Zhanni Karlie i Arnol'dom I. Dehvidsonom*. Per. s frants. Moscow: Stepnoj Veter. — Saint Petersburg: Kolo; 2005. 268 p. (In Russ.)
21. Luk'yanov OV. Fenomenologicheskaya psikhologiya v universitete: ob opyte prepodavaniya odnoimennogo spetskursa studentam psikhologam. *Moskovskij psikhoterapevticheskij zhurnal*. 2009;(2):168–190. (In Russ.)
22. Binsvanger L. *Bytie-v-mire. Izbrannye stat'i*. Per. s angl. Moscow: KSP+. — SPB.: Yuventa; 1999. 300 p. (In Russ.)
23. Tochilov VA. O meste i znachenii MKB-10 v otechestvennoj psikhiiatrii. In: *Klinicheskaya i ehkstremal'naya psikhiiatriya*. Saint Petersburg: Voenno-medicinskaya akademiya; 2003. p. 185–189. (In Russ.)
24. Savenko YuS. *Vvedenie v psikhiiatriyu. Kriticheskaya psikhopatologiya*. Moscow: Logos; 2013. 450 p. (In Russ.)
25. Mendelevich VD. *Terminologicheskie osnovy fenomenologicheskoy diagnostiki v psikhiiatrii*. Moscow: Gorodets; 2016. 128 p. (In Russ.)
26. Mendelevich VD. *Psikhiiatricheskaya propedevtika*. Prakticheskoe rukovodstvo. Moscow: Gorodets; 2019. 496 p. (In Russ.)
27. Garrett M. *Psikhoterapiya pri psikhozakh. Kognitivno-povedencheskaya i psikhodinamicheskaya terapiya: kompleksnyj podkhod*. Per. s angl. Moscow: Gorodets; 2021. 496 p. (In Russ.)
28. Mokhovikov AN. *Bolevye tochki psikhoterapii: prinyimaya vyzov*. Moscow: Smysl; 2018. 212 p. (In Russ.)
29. Spinelli E. *Zerkalo i molotok: Vyzovy ortodoksal'nomu psikhoterapevticheskomu myshleniyu*. Per. s angl. Minsk: Loginov; 2009. 216 p. (In Russ.)
30. Holzhey-Kunz A. *Stradaniya iz-za sobstvennogo bytiya. Dazaj-naliz i zadacha germeneytiki psikhopatologicheskikh fenomenov*. Per. s nem. Vil'nyus: Logyna; 2016. 312 p. (In Russ.)
31. Embree L. *Refleksivnyj analiz. Pervonachal'noe vvedenie v fenomenologiyu*. Per. s angl. Moscow: Tri Kvadrata; 2005. 224 p. (In Russ.)
32. Existencia: psikhologiya i psikhoterapiya. *Zhurnal vostochno-evropejskoj assotsiatsii ehkzistentsial'noj terapii*. Spetsvypusk: filosofiya. In: *Materialy Mezhdunarodnoj konferentsii "Filosofiya i psikhoterapiya"*. Saint Petersburg, 19.03.–29.03.2011. 2011. 181 p. (In Russ.)
33. *Filosofiya i psikhoterapiya*. In: *Sbornik nauchnykh statej i rabochikh materialov k dokladam uchastnikov II Mezhdunarodnoj konferentsii "Filosofiya i psikhoterapiya"*. Saint Petersburg, 31.05–01.06.2014. Saint Petersburg: Anatoliya; 2014. 232 p. (In Russ.)
34. Sluchevskie chteniya: fenomenologiya i ehkzistentsial'naya psikhoterapiya. In: *Materialy Vserossijskoj nauchno-prakticheskoy konferentsii s mezhdunarodnym uchastiem*. Saint Petersburg: KOSTA; 2016. 272 p. (In Russ.)
35. Karvasarskij BD. Psikhoterapiya v Rossii: retrospektiva i zadachi dal'nejshego razvitiya. In: *Psikhoterapiya: ot teorii k praktike. Materialy 1 S'ezda Rossijskoj Psikhoterapevticheskoy Assotsiatsii*. Saint Petersburg: izd. Psikhonevrologicheskogo instituta im VM Bekhtereva; 1995. p. 8–16. (In Russ.)
36. Van Deurzen E. *Povsednevnye tajny*. Per. s angl. Minsk; 2012. 334 p. (In Russ.)
37. Karvasarskij BD, Nazyrov RK, Podsadnyj SA, Chekhlatyj EI. Meditsinskaya psikhologiya i reabilitatsiya: istoriya i sovremennost'. In: *Psikhosotsial'naya reabilitatsiya i kachestvo zhizni. Sbornik nauchnykh trudov*. Vol. 137. SPb: SPb NIIPNI im VM Bekhtereva; 2001. p. 203–210. (In Russ.)

СПИСОК ЛИТЕРАТУРЫ

1. Василюк Ф.Е., Зинченко В.П., Мещеряков Б.Г., и др. Методология психологии: проблемы и перспективы. М., СПб.: Центр гуманитарных инициатив, 2013. 528 с.
2. Карвасарский Б.Д. Российская психотерапия: задачи и проблемы развития / В сб.: XIV Съезд психиатров России. Материалы. М.: РОП; Медпрактика-М, 2005. с. 404.
3. Бабин С.М., Случевская С.Ф. Взаимоотношение философии и медицинской модели психотерапии / В сб.: Сборник научных статей и рабочих материалов к докладам участников II Международной конференции «Философия и психотерапия», СПб., 31.05–01.06.2014. СПб.: Анатолия, 2014. с. 3–12.
4. Ясперс К. Общая психопатология. Пер. с нем. М.: Практика, 1997. 1056 с.
5. Власова О.А. Философские проблемы феноменологической психиатрии. Курск: Изд-во Курского ун-та, 2007. 208 с.
6. Артеменко Н. Критические наброски к хайдеггеровским Цолликоновским семинарам / В сб.: Цолликоновские семинары: комментарии и интерпретации. Сборник научных трудов. Вильнюс: Логвинов, 2017. с. 165–192.
7. Улановский А.М. Феноменологическая психология: качественные исследования и работа с переживанием. М.: Смысл, 2012. 255 с.
8. Улановский А.М. Феноменологический метод в психологии, психиатрии и психотерапии // Методология и история психологии. 2007. Т. 2, вып. 1. С. 130–150.
9. Райнах А. О феноменологии. В кн.: Антология реалистической феноменологии. М.: Институт философии, теологии и истории св. Фомы, 2006. с. 349–373.
10. Мерло-Понти М. Феноменология восприятия. СПб.: Ювента, Наука, 1999. 605 с.
11. Штайн Э. К проблеме чувствования. В кн.: Антология реалистической феноменологии. М.: Институт философии, теологии и истории св. Фомы, 2006. с. 657–693.
12. Власова О.А. Феноменологическая психиатрия и экзистенциальный анализ. История, мыслители, проблемы. М.: Территория будущего, 2010. 640 с.
13. Феноменологическая редукция. Режим доступа: https://psylab.org.ua/books/gritz01/fenomenologicheskaja_redukcija.htm Дата обращения: 10.05.2024.
14. Шкловский В.Б. О теории прозы. М.; Л.: Круг, 1925. с. 61.
15. Шукуров Д.Л. Русский литературный авангард и психоанализ в контексте интеллектуальной культуры Серебряного века. М.: Яз. славянской культуры (ЯСК): Рукописные памятники Древней Руси, 2014. 224 с.
16. Ранкур-Лаферьер Д. Русская литература и психоанализ. Пер. с англ. М.: Ладомир, 2004. 1017 с.
17. Артеменко Н.А. Исследовательский потенциал феноменологически-ориентированной оптики // EXISTENTIA: психология и психотерапия. 2022. Т. 15. с. 67–93.
18. Шкловский В.Б. Тетива. О несходстве сходного. М.: Сов. писатель, 1970. 376 с.
19. Остранение. Режим доступа: <https://terme.ru/termin/ostranenie.html> Дата обращения: 10.05.2024.
20. Адо П. Философия как способ жить: беседы с Жанни Карлие и Арнольдом И. Дэвидсоном. Пер. с франц. М.: «Степной Ветер». — СПб.: Коло, 2005. 268 с.
21. Лукьянов О.В. Феноменологическая психология в университете: об опыте преподавания одноименного спецкурса студентам-психологам // Московский психотерапевтический журнал. 2009. № 2. с. 168–190.
22. Бинсвангер Л. Бытие-в-мире. Избранные статьи. Пер. с англ. М.: КСП+. — СПб.: Ювента, 1999. 300 с.
23. Точилов В.А. О месте и значении МКБ-10 в отечественной психиатрии. В кн.: Клиническая и экстремальная психиатрия. СПб.: Военно-медицинская академия, 2003. с. 185–189.
24. Савенко Ю.С. Введение в психиатрию. Критическая психопатология. М.: Логос, 2013. 450 с.
25. Менделевич В.Д. Терминологические основы феноменологической диагностики в психиатрии. М.: Городец, 2016. 128 с.
26. Менделевич В.Д. Психиатрическая пропедевтика. Практическое руководство. М.: Городец, 2019. 496 с.
27. Гарретт М. Психотерапия при психозах. Когнитивно-поведенческая и психодинамическая терапия: комплексный подход. Пер. с англ. М.: Городец, 2021. 496 с.
28. Моховиков А.Н. Болевые точки психотерапии: принимая вызов. М.: Смысл, 2018. 212 с.
29. Спинелли Э. Зеркало и молоток: Вызовы ортодоксальному психотерапевтическому мышлению. Пер. с англ. Минск: Логвинов, 2009. 216 с.
30. Хольцхей-Кунц А. Страдания из-за собственного бытия. Дазайн-анализ и задача герменевтики психопатологических феноменов. Пер. с нем. Вильнюс: Логвинаў, 2016. 312 с.
31. Эмбри Л. Рефлексивный анализ. Первоначальное введение в феноменологию. Пер. с англ. М.: Три Квадрата, 2005. 224 с.
32. Existentia: психология и психотерапия. Журнал Восточно-европейской ассоциации экзистенциальной терапии. Спецвыпуск: философия. Материалы Международной конференции «Философия и психотерапия». СПб., 19.03–29.03.2011. 2011. 181 с.
33. Философия и психотерапия / В сб.: Сборник научных статей и рабочих материалов к докладам участников II Международной конференции «Философия и психотерапия», СПб., 31.05–01.06.2014. СПб.: Анатолия, 2014. 232 с.
34. Случевские чтения: феноменология и экзистенциальная психотерапия / В сб.: Материалы Всероссийской научно-практической конференции с международным участием. СПб.: КОСТА, 2016. 272 с.
35. Карвасарский Б.Д. Психотерапия в России: ретроспектива и задачи дальнейшего развития / В сб.: Психотерапия: от теории к практике. Материалы 1 съезда Российской психотерапевтической ассоциации. СПб.: изд. Психоневрологического института им. В.М. Бехтерева, 1995. с. 8–16.
36. Ван Дерцен Э. Повседневные тайны. Пер. с англ. Минск, 2012. 334 с.
37. Карвасарский Б.Д., Назыров Р.К., Подсадный С.А., Чехлатый Е.И. Медицинская психология и реабилитация: история и современность / В сб.: Психосоциальная реабилитация и качество жизни. Сборник научных трудов. Т. 137. СПб: СПб НИИПНИ им. В.М. Бехтерева, 2001. с. 203–210.

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