



DCPsych thesis

Therapy-in-the-world: a hermeneutic phenomenological study of accessible self-therapeutic modes of being

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Full bibliographic citation: Cleave, C.J. 2024. Therapy-in-the-world: a hermeneutic phenomenological study of accessible self-therapeutic modes of being. DCPsych thesis Middlesex University / New School of Psychotherapy and Counselling (NSPC)

Year: 2024

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Therapy-in-the-world:

A hermeneutic phenomenological study of accessible self-therapeutic modes of being

Submitted to the New School of Psychotherapy and Counselling
and Middlesex University Psychology Department in partial
fulfilment of the requirements for the degree of Doctor of
Counselling Psychology and Psychotherapy (DCPsych)

Chris Cleave

London, March 2024

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Word count excluding appendices, references and table of contents: 65,902

1 Abstract

This qualitative study concerns four women and four men, untrained in psychotherapy, who integrated accessible, low-cost experiences into their lives in ways they described as ‘therapeutic’. These apparently simple experiences – including music, football, silence, long-distance cycling, paddleboarding, journeying, and artistic creation – existed in subtle relationships to the particular distress with which each person was living. The study asks how integrating these experiences was ‘therapeutic’ for its participants. It uses the existential idea of being-in-the-world as a lens through which to view the phenomenon of people’s self-therapeutic experiences outside formalised therapeutic or self-help practices.

The study finds that worlded self-therapy, or ‘therapy-in-the-world’, can be modelled as experiential phenomenology: a process involving a separation-from and a return-to one’s habitual modes of being. The study considers the relevance of its findings to the practice of caring professions including psychotherapy, counselling psychology, nursing, social work and teaching. It suggests educational opportunities to promote and facilitate the self-therapeutic use of accessible, worlded experiences for the wider public.

Key terms: hermeneutic phenomenology, self-therapy, being-in-the-world, therapeutic experiences, embodiment, acceleration, dwelling, witnessing.

2 Statement of authorship & ethical clearance

This thesis is written by Chris Cleave. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy. The author is wholly responsible for the content and writing of the thesis and there are no conflicts of interest.

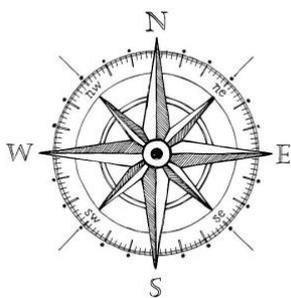
Ethical clearance for this study was granted by the Middlesex University / NSPC Ethics Panel on 8 April 2022. See Appendices E-L.

3 Statement about Heidegger

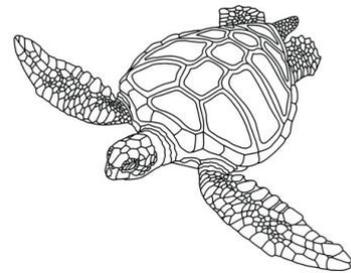
A central concept in this study is that of human being as *being-in-the-world*, a situation of existence co-constituted by *being-in* certain modes and *being-with* others. This is a central idea in the early work of Heidegger, whose talent as a philosopher of human being is alloyed with his failings as a human being.

Heidegger's dwelling with Nazism, and his failure to subsequently refute it, cannot glibly be distanced from his accommodation in this study. In Appendix A, *Please notice the empty space around 'Heidegger'*, I explain the nuanced accommodation that this study affords its central philosopher. Briefly, the empty white space on every page of this thesis represents a holding of space for the philosophies of the six million Jews and millions of others – Poles, Roma, Soviet prisoners of war, political dissidents, Jehovah's Witnesses, non-heterosexual people, gender non-conforming people, non-white people, people living with mental and physical disabilities, and neurodivergent people – whose philosophies were murdered with them. The empty space holds the idea that their interrupted philosophies, had they been allowed to develop, might otherwise be cited here in place of Heidegger's. Just as history is written by the winners, so philosophy is stolen from the slain.

The empty space tries, in the words of the Auschwitz survivor Primo Levi, “to manage somehow so that behind the name something of us, of us as we were, still remains” (Levi, 1958/2000, p.26).



“You know, everything in nature is healing itself, the nature of life is healing. And in our culture, we want to put it in a separate little box and give it to professionals.”



(Rainer, participant, §237)

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4 Introduction

4.1 Why research therapeutic experiences that take place outside the therapy room?

This study investigates the phenomenon of people's accessible experiences, outside formal psychotherapy, that they interpret as 'therapeutic'. Any phenomenon we choose to research should be one "which seriously interests us and commits us to the world" (van Manen, 1990, p.30), and as a socially-engaged novelist, an existential therapist and a person who has experienced breakdown and recovery, my interest and commitment here are societal, professional and personal.

Societally, findings in this research area could help people to create therapeutic situations in their everyday lives. This matters deeply in our unequal society, in which formal psychotherapy is increasingly inaccessible to those on median incomes. UK mental health services are routinely described as "chaotic and severely underfunded" (Bannister, 2021, p.1) and "at the back of the funding queue" (Cooper, 2022, p.6). As a practicing therapist who doesn't grow tired of the wonder of the work, it matters to me that most people can't access the services my colleagues and I provide. I think we can all fight to improve accessibility, and I do not surrender that fight by the current choice, in parallel, to research a phenomenon that might reveal aspects of therapeutic practice from which people could benefit in their own lives, at no cost.

Professionally, findings in this study's area of interest might constructively add to a conversation about what psychotherapy 'is' and how it could be practiced in ways that are open to the client's 'therapeutic' modes of being-in-the-world. Such openness might facilitate fresh dialogue between practitioners of different psychotherapeutic approaches. At present a therapist may train in one of many such approaches, each partially antithetical to certain others – a situation elegantly navigated by practitioners such as Craig (2008, 2012), who is at pains to place alternative therapeutic approaches in dialectical conversation rather than in opposition. Craig warns of the equal dangers of "dogmatic disbelief versus dogmatic belief, the Scylla and Charybdis of depth psychology" (Craig, 2008, p.263). In conversations with colleagues, though, it has been my experience that disagreements between therapeutic approaches are not

always so graciously framed. This concerns me as someone who finds that exposure to multiple perspectives helps me to expand my theoretical understanding while resisting the desensitising influence of doctrine. I hope that in this research, by parking any claim I might have to know what therapy ‘is’, and instead asking participants what has been therapeutic for them in their lives, I might be able to bring new perspectives into the conversation without bringing new dogma.

Finally, and most personally, findings in this research area might help me to understand or improve my own self-therapeutic processes. As a fifty-year-old who has lived through catastrophic breakdowns in my early twenties and early forties, I’m a grateful client as well as a practitioner of psychotherapy. But I notice that therapeutic experiences in the world have sometimes been as helpful to me as formal therapy. As a novelist, for example, I’ve found that researching and writing books allows me to separate from myself, be with themes that move or trouble me, and return to myself differently. Writing as a form of being-witness to the wider human story and the deeper human condition is therapeutic because it helps me reframe my enduring perception of never-quite fitting in. It helps me to know how I belong with people. I hope this study might further my own self-therapy, and by extension the insight I can bring to my clients. I hope, too, that it might bring visibility to the ways in which people without psychotherapeutic training have ‘held space’ in the world for people like me while we were on our self-therapeutic journeys. For me these people have included teachers, nurses, colleagues and friends. It would mean a lot to me if the present study made the therapeutic aspects of such non-therapists’ work more visible and valued.

4.2 Why now?

Existential research tries to notice its worlded context in body, place and time. This study emerges from my experience of being as a white Western man, with a kind face and not much remaining hair, below average height and above average literacy, living without visible disabilities in London, an eccentric European population centre, at the dawn of the ‘Anthropocene’ era (Perkins, 2023). *Anthropos* is from the Greek, ‘human’, while *-cene* is from *kainós*: ‘fresh’, ‘unused’, ‘new’. ‘Anthropocene’ recognises that the conditions of human being may from now on be determined primarily by human beings.

One striking manifestation of the Anthropocene is the emergence of artificially-intelligent systems whose disembodied being might perfectly recognise – but never resonate with – the problems and consolations of worlded mortality. AI will never feel the punch of being short, nor get a kick out of writing tall. And yet, tech disruptors of the therapy space are “increasingly endorsed by governments and health professionals as a low cost, accessible alternative or adjunct to face-to-face therapy” (Parker et al., 2019, p.198). AI is fast becoming the vector for delivery of ‘evidence-based’ psychotherapies (Graber-Stiehl, 2023). By contrast, in existential therapy, worldedness and relationality matter. It matters that we are embodied in-the-world-with our clients. And so, as an existential therapist, I embody concern for the future of a civilisation whose immortal therapists no longer inhabit the same world as their mortal clients.

How should I ground that concern, when the ground of the Anthropocene is so conspicuously shifting? Husserl, the founder of phenomenology, famously declared that “we must go back to the *things themselves*” (Husserl, 1900/2001, p.168, abr). The things themselves, in this study, are the accessible, worlded, self-therapeutic journeys of people without psychotherapeutic training.

4.3 The ontological space in which ‘therapy’ happens

Why is it necessary to go all the way back to these absolutely basic things themselves: people’s worlded ‘therapeutic’ experiences outside formal psychotherapy? Because (I suggest only as a jumping-off point) there is a possibility that even existential psychotherapy, which notices worldedness, has inherited from psychoanalysis an unexamined starting assumption about the worldedness of therapy. This assumption is that the natural worlding of the therapeutic process is two people meeting in a room to speak with each other about being. Inasmuch as it retains this limiting assumption, existential therapy must consider itself a subset of talking-therapy, rather than the other way around.

To realise the full ontological space of existential therapy, do we need to think outside the room?

To begin answering, we can consider the conceptual space in which ‘therapy’ happens. For existential therapists this is an ontological space: a space constituted by, and concerned with, being. The ontology adopted in this study is Heideggerian, and Heidegger’s signature ontological move is to replace every neat ‘therefore’ with an effortful ‘thereby’. In place of “I think therefore I am” (Descartes, 1637/2006), the early Heidegger (1926/1962) offers something that, if I paraphrase it, is more like: ‘I am-in-the-world, and thereby I can (sometimes) explore my concern with the qualities of that am-ing’. The hyphen between ‘being’ and ‘in-the-world’ is everything. Being, in-the-world, is Cartesian. Being-in-the-world is Heideggerian. Heidegger suggests that we don’t exist outside our recursive relationality with the objects, equipment and consciousnesses (natural or artificial) with which we are mutually worlded.

For Heidegger, being-in-the-world is a primordial phenomenon. But this doesn’t mean that being-in-the-world is itself indivisible. Instead, “a multiplicity of characteristics of Being may be constitutive for it. If these show themselves, then existentially they are equiprimordial” (Heidegger, 1926/1962, p.170). Two characteristics of being do indeed ‘show themselves’ in particular in this study: *being-in* certain modes, and *being-with* others in those modes. For Heidegger these are “structures of Dasein which are equiprimordial with Being-in-the-world: Being-with and Dasein-with [Mitsein und Mitdasein]. In this kind of Being is grounded the mode of everyday Being-one’s-Self [Selbstsein]” (Heidegger, 1926/1962, p.149).

Existential therapy is concerned with the subtle everyday act of being-one’s-self while being-in-the-world with others, and following Heidegger we can notice that the conceptual space in which ‘therapy’ happens must have (at least) two equiprimordial aspects: the mode in which one uses the space, and the person or people with whom that space is co-created or ‘held’. This study is particularly interested in those two aspects: what are the worlded modes of the phenomenon we call ‘therapy’, and who holds space for those modes.

4.4 A new term: therapy-in-the-world

From an existential perspective, if all being is being-in-the-world then all therapy can be conceptualised as *therapy-in-the-world*. I introduce this term simply to reclaim visibility of the world as the primordial locus of therapy. ‘Reclaim’ is the appropriate term, since worldedness

is the perspective that was usefully lost by the psychoanalytic pioneers, who thereby achieved an illuminating focus on human interiority. Yet lost the world was to Western therapy – and not just with the dawn of psychoanalysis, nor even with Descartes and the Enlightenment, but still earlier, in a gradual process beginning with the fall of Greece. Twenty-five full centuries before the Zollikon seminars (Heidegger, 1987/2001) in which Heidegger, at Boss’s invitation, retrieved being-in-the-world as a proper object of therapy, the Ancient Greeks (and other ancestral cultures) already understood therapy as a worlded endeavour.

The Greek word *therapeiā* – an attendance on, a service to, a care for – is strikingly worlded and inclusive. In these terms a nurse in a hospital, a teacher on a school trip and a person in the woods wrestling with their existence are just as much therapists as are trained professionals in a therapy room. In the most ancient use of the term, anyone, anywhere, who is attending to their own life-distress or that of others is a therapist.

We can condense the foregoing observations into a Venn diagram, which situates therapy-in-the-world within the co-constitutive Heideggerian space of Being-in and Being-with, and establishes formal psychotherapy (‘therapy-in-the-room’) as a subset of therapy-in-the-world:

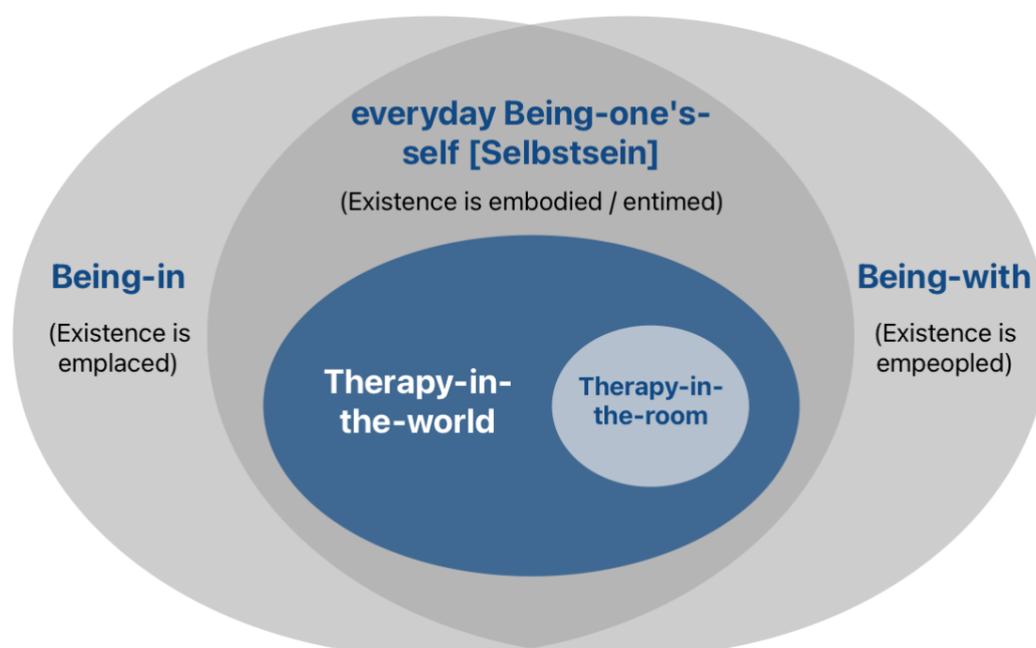


Figure 1: Conceptual space of Therapy-in-the-world

Image: Chris Cleave

4.5 The value of this study

In considering the foregoing Venn diagram, we can first notice that most of psychotherapy research concerns the conceptual subspace of therapy-in-the-room. This includes, for example, all of the vast body of research that collectively underlies the awkward ‘dodo bird’ finding (Wampold & Imel, 2015) – that the quantitative evidence base supports alternative psychological interventions more-or-less equally. And yet it may be nobody’s individual experience that all potentially-therapeutic options are equal *for them*. By widening the conceptual space of enquiry, the present study can explore the quality of that non-equality.

Second, we can notice that perhaps the distinctiveness of individuals (and what might render potentially-therapeutic options unequal for them) inheres in their in-the-world-ness, not in their in-the-room-ness. For example, two clients in the therapy room might both complete a CORE-34 outcome questionnaire (Evans et al., 2002) and thus become comparable in-the-room within the paradigm of medical research. It is only in their being-in-the-world that the two clients remain incomparable – and yet their being-in-the-world matters very much to them. It is their in-the-world-ness, not their in-the-room-ness, that might make one client choose to go on a silent retreat and another to go to a football match. Unfortunately, that worldedness is discounted when the application of a medical model to the clients’ life-distress results in a “cultural cleansing of patient narratives” (Bracken et al., 2021, p.422). By thus excluding contextual dimensions, ‘evidence-based’ approaches tend “to conceal the operation of power” (Boyle, 2020, p.29), and by retrieving those contextual dimensions the present study can have some assurance that it is noticing the structure of the phenomenon it researches, rather than the structure of the power within which the research is conducted.

Third, we can notice that the growing body of research into worlded therapeutic interventions tends to focus on one particular mode of being-in. Wilderness Therapy or Dance Therapy each have extensive bodies of research, as do Bibliotherapy, Psychedelic-assisted Therapy, Bodywork, and so on. As the literature review will show, these can be extremely valuable studies – but due to the ontic specificity of their focus they are unable to speak to whether a therapeutic process is unique to that approach, or general to therapeutic being. The value of this study is that it admits multiple modes of being-in and aims to uncover what is therapeutic

across all modes. Consequently, its findings speak to the general ontology of the therapeutic. It can ask two key ontological questions that could not be asked either by studies conducted within the space of therapy-in-the-room, or by single-approach studies conducted within the space of therapy-in-the-world:

1. What are worlded 'therapeutic' modes of being-in like?
2. How are 'therapeutic' worlded events held by being-with?

The current study is unusual in this regard, and at the time of writing I am unaware of comparable research. This is the value of the study. But to identify the quality of the value of the study is not to make any claim for the magnitude of that value. Indeed, the current study's small sample size (n=8) argues against making any exaggerated claim. This is why I say that the study's findings are able to speak to the general ontology of the therapeutic – not that they *are* a general ontology of the therapeutic.

5 Literature review

5.1 Purpose, structure and method of the literature review

5.1.1 Purpose of a literature review in HP, and consequent decisions

To contextualise the choices made in the literature review, it is necessary here to briefly jump ahead to this study's choice of research approach. The choice of Hermeneutic Phenomenology (HP) as developed by van Manen (1990, 2007, 2016; van Manen & van Manen, 2021b) is fully documented below (6), but here I must touch on two particularities of the approach that inform the decisions made in the literature review. These particularities are HP's emphatic commitments to Heideggerian hermeneutics and to vocativeness.

Caputo concisely defines hermeneutics as “interpretation interpreting itself” (Caputo, 2018, p.33). A text (such as a research paper, or a transcript of a participant interview) has no universal meaning: you and I may interpret it differently. Our interpretations acquire, if not validity, then at least a kind of seriousness, to the extent that we acknowledge them as interpretations. And when we bring reflexivity to our acts of interpretation – when we refine our initial interpretations consequently to our interpretation of them – we are engaging in hermeneutic analysis of the text. The recursive process of interpreting a text, interpreting our interpretation, and thereby re-interpreting the text, is a potentially endless one – the famous hermeneutic circle. Heidegger notices that we are always already engaged in that circle, since we begin with a more-or-less conscious pre-understanding of what we are witnessing. Thus:

“Our first, last and constant task is never to allow our fore-having, fore-sight, and fore-conception to be presented to us by fancies and popular conceptions, but rather to make the scientific theme secure by working out these fore-structures in terms of the things themselves.” (Heidegger, 1926/1962, p.195)

In hermeneutic research, then, the purpose of a literature review conducted in advance of participant interviews is to formally make conscious the fore-structures of our understanding of our theme, by grounding them in a documented way in a body of scholarship rather than in our ‘fancies and popular conceptions’. Later, it is these documented fore-structures that will be

‘worked out’ (i.e. re-interpreted) in terms of the ‘things themselves’ (i.e. the lived experiences of participants) during our analysis of participants’ transcripts.

In Hermeneutic Phenomenology, therefore, a literature review is not a scoping exercise or an opportunity to identify research gaps. Rather, it can be the first act of epoché: of separating from our natural attitudes towards our theme. As such, the literature review is not a preamble to the research but an integral part of the research itself: an arc of the hermeneutic circle. So deep is HP’s emphasis on the literature review that van Manen insists: “the method [of HP] is scholarship!” (van Manen, 1990, p.29).

Following Heidegger, the objective of the literature review in HP is not to comprehensively document a body of research, but for the researcher to comprehensively separate from their own ‘fancies and preconceptions’ about the theme. As such, the literature review in HP does not attempt to exhaust the body of available research, but instead to exhaust the researcher’s ignorance of their own natural attitudes. The goal “is not ontic completeness but ontological revelation; not a mapping of the world but a worlding of my map.” (Cleave, 2022, p.330).

This distinction is relevant to method. In a necessarily-concise review of an unfathomably vast literature (of every potentially-therapeutic worlded experience, not necessarily *described* as ‘therapeutic’, in every relevant research tradition including psychology, healthcare, philosophy, sociology, anthropology, theology and linguistics), any claim to exhaust the available research would be absurd. Instead, I take the decision to focus this review tightly on just five modes of being-in-the-world that have been widely treated as ‘therapeutic’ since ancient times in the West (see 5.1.2). The rationale is not that this sufficiently documents the vast available literature, but that this uncovers sufficient material to extinguish at least one layer of my ignorance of my own natural attitudes to the theme of worlded therapeutic processes.

And again, because the objective of the literature review is to extinguish my ignorance of my natural attitudes, I make the further decision to focus the review predominantly on the existential-philosophical literature of each mode. This decision, which sacrifices breadth of research in favour of depth of ontological insight, is calculated to bring attention directly to the ontological tensions concealed in each ‘therapeutic’ mode of being-in-the-world. The decision is to be focused, but not to be blinkered. I also bring in qualitative research that reveals the

therapeutic potential contained within each mode of being-in-the-world. In section 5.1.3 I detail the protocols, sources, inclusion and exclusion criteria and recording methods with which the literature review was conducted.

The second of HP's commitments that is relevant here is to vocative presentation. In HP, you the reader of the research have an acknowledged importance. HP is specified as a "poetising activity" (van Manen, 1990, p.13) that hopes to "reawaken" (p.10) a lived experience in the reader. This process begins with the literature review, which in HP is an integral facet of the phenomenological project to "awaken primal experience [in the reader] through vocative and presentative language" (van Manen, 2016, p.356). I therefore take the decision to present the findings of the literature review in a *hermeneutic critical narrative account* that tells the story of each therapeutic mode of being-in-the-world from ancient times to present day. I aim for it to be enjoyable to read: if it cannot be exhaustive, nor should it be exhausting.

5.1.2 Structure of the literature review as derived from *therapeiā*

As discussed above (5.1.1), this hermeneutic critical narrative review must navigate a prohibitively vast literature, with the aim not of exhausting that literature, but of revealing (and revoking) the researcher's natural attitudes to the concept of the therapeutic. The decision is taken to focus this critical narrative review on five modes of being-in-the-world that have been widely and continuously viewed as 'therapeutic' in the Western traditions over the last several millennia. In so doing, this Western researcher acknowledges this study's important limitation as Eurocentric scholarship. As the literature review will show, the nuances of the therapeutic when contextualised societally, culturally, interpersonally and historically are subtle. In my view, those subtleties require longstanding (perhaps even lifelong) familiarity in order to navigate respectfully. Rather than disrespect other therapeutic traditions by making some tenuous claim to have understood them during the three short years of this study, I make the decision to deepen and share what I *can* know. The decision to restrict the study to the traditions in which the researcher can rely on cultural competence rather than cultural appropriation is discussed in detail in section 10.4.

Meier (2009) identifies the original *therapeutēs* as the attendants at the Ancient Greek sanctuaries of Asclepius. At least 300 of these retreats were in continual popular use from the late Classical to the late Imperial period (Melfi, 2011, p.318). In these holistic healing centres, in purpose-built facilities bathed in natural light (Limneos et al., 2020), visitors would engage in cures *sōma kai psychē* (in body and mind). To abstract psyche from its embodied worldedness would have seemed preposterous.

The Asclepieia were “total healing environments” (Christopoulou-Aletra et al., 2010) in which philosophy and rational medicine could be deployed alongside soporific or psychotropic drugs, exercise, fasting, reading, writing, appreciation of theatre, games, and immersion in the beautiful natural settings in which the Asclepieia were built. The modes of the *therapeutēs*’ attendance weren’t restricted to the dialogical dyad. Visitors would stay at least overnight, long enough for the *therapeutēs* to know them as people whose own modes of being were to be attended to, rather than subjects to whom a technocratic treatment was to be applied. Significantly, all these worlded therapeutic modes were practiced within the collective context of the Asclepieion community. This was neither an individual therapy, nor a group therapy, yet all these modes included being-with-others, within the context of a supporting mythology and spiritual system that was in common use in the wider society. The original *therapeiā*, then, was embodied, collective, societally integrated, and multimodal.

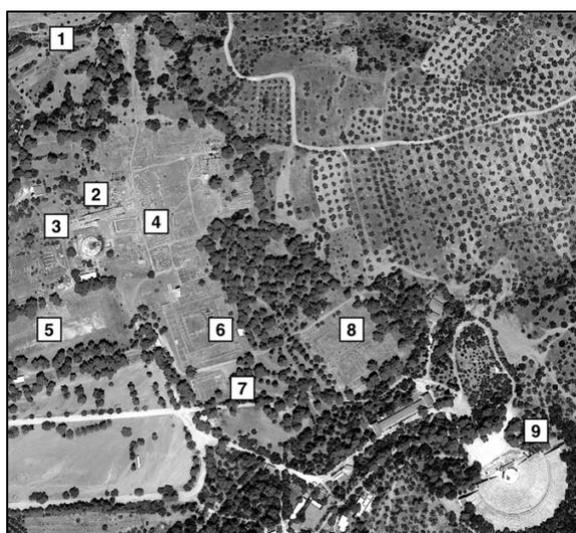


Figure 2: Satellite image of the Asclepieion site at Epidaurus, Greece.

Reproduced from Cleave (2023)

- 1: Propylaea (sacred gate, delimiting the sanctuary from the outside world)
- 2: Enkoimeterion or avaton (dormitory for sleep induction)
- 3: Tholos (domed ceremonial area)
- 4: Temple of Asclepius
- 5: Stadium
- 6: Gymnasium
- 7: Bathing house
- 8: Katagogion (guest house)
- 9: Theatre

Discounting extreme practices such as trepanation (Tsoucalas et al., 2017) and sacrifice (van der Ploeg, 2016), which have diminishing present-day correlates, the literature review focuses on five modes of being-in-the-world intrinsic to the ancient *therapeiā*, and explores how they

correspond to present-day research into experiences of the kind that people commonly report as ‘therapeutic’. These modes are:

- *Being-in-transit*, including experiences of travel and pilgrimage.
- *Being-in-nature*, including experiences in landscape and with non-human beings.
- *Being-in-alterity*, including experiences of dreaming, meditation and altered states.
- *Being-in-the-body*, including experiences of exercise, movement, fasting and bathing.
- *Being-witness*, including experiences of appreciating and creating theatre, music, art and writing.

The review takes each of these modes in turn and asks: How does that mode of therapy-in-the-world show up in ancient and recent literature? And how does the literature interpret these modes as ‘therapeutic’ or otherwise?

5.1.3 Method of the literature review

A systematic process was followed to create the literature review pursuant to the decisions made regarding its purpose (5.1.1) and structure (5.1.2).

Texts were sourced in three ways. Firstly, from the researcher’s own library: the texts included were largely books in the genres of philosophy and non-fiction, and totalled 58. Secondly, from literature searches in three databases: APAPsychInfo, Google Scholar and Middlesex University Library Search, according to search terms listed in Appendix D (13.4). The texts retained from database searches were largely academic papers, and totalled 2,674 before and 70 after screening. Thirdly, from citation (snowball) searching originating from the texts retained after database searching. The texts included from citation searching were again largely academic papers, and totalled 68 after screening. In total, 196 texts were included in the final literature review.

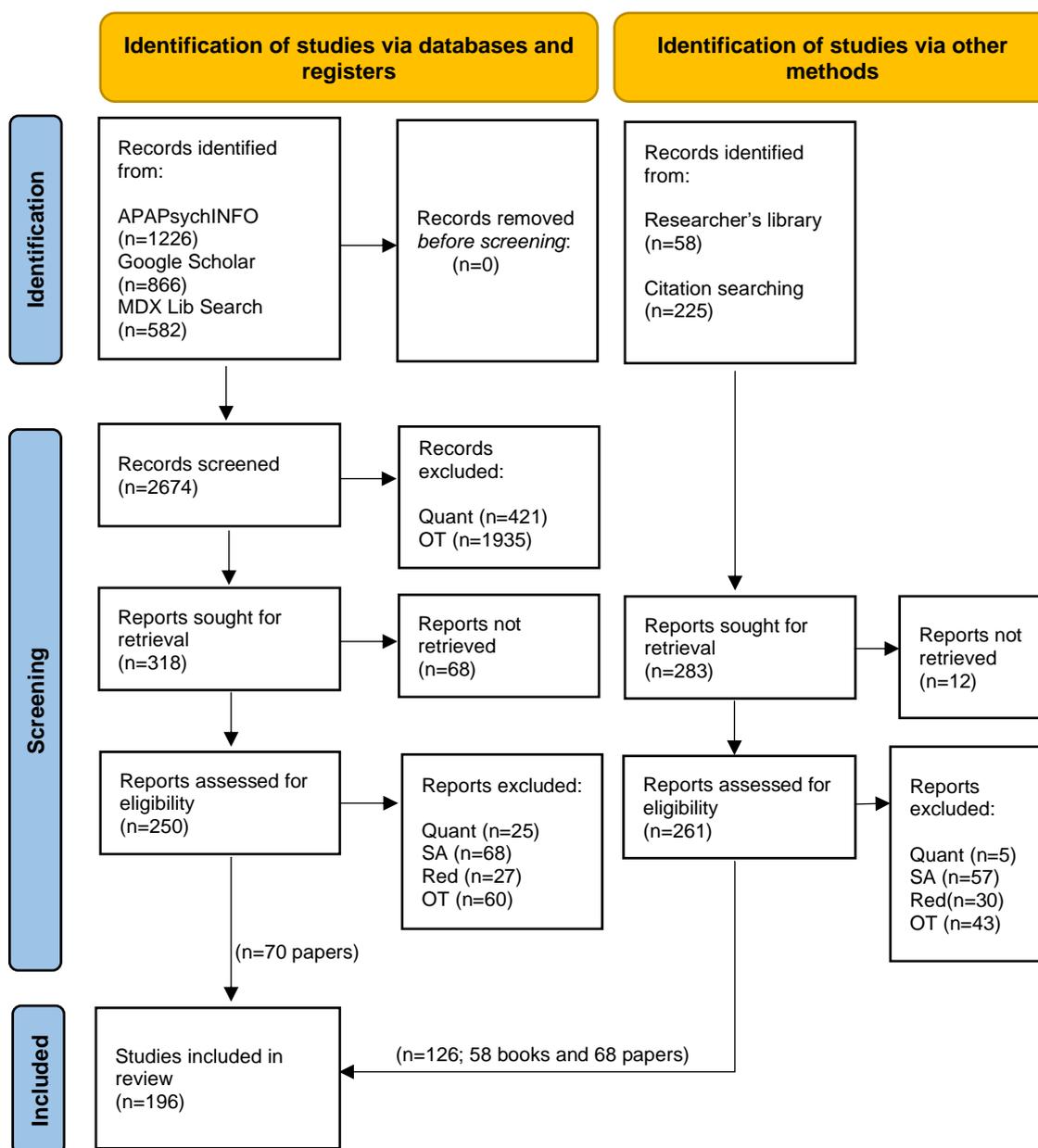
Four screening criteria were applied. Texts were excluded (code: ‘Quant’) if their research approach was wholly quantitative, since as discussed later (5.3;6.1) quantitative approaches find their greatest relevance outside phenomenological inquiry and can rarely speak to

ontological research. Texts were excluded on the grounds of study quality if they contained only superficial analysis (code: ‘SA’) that failed either to vividly evoke or philosophically explore its theme. Texts were excluded if the previous inclusion of studies assessed as higher quality rendered them redundant (code: ‘Red’). Finally, texts were excluded if they proved to be off-topic (code: ‘OT’) for one of the following reasons:

1. Study referred to an experience that was not self-administered & integrated.
2. Study didn’t relate to commonly-accessible everyday experiences.
3. Study referred to manualised systems of self-therapy, however good. Three examples of valuable but excluded systems would be:
 - *The Compassionate Mind Workbook* (Irons & Beaumont, 2017).
 - *The Power of Focusing: A Practical Guide to Emotional Self-Healing* (Cornell, 1996).
 - *Self-Therapy: A Step-by-Step Guide To Creating Wholeness and Healing Your Inner Child Using IFS, A New, Cutting-Edge Psychotherapy* (Earley, 2022).
4. Study related to organised religion or healing (which again isn’t to devalue them, but rather to consider them as systematised interventions, not self-therapeutic experiences).
5. Studied experience lacked temporal containment (i.e. it related to ongoing ‘life’ rather than singular experience within life).
6. Study related to a simple case of having a basic need met (e.g. getting housing, obtaining a visa, receiving an organ donation).
7. Study didn’t include analysis of the integration or enduring effects of the worlded experience.
8. Study’s analysis lacked holism by focusing tightly on decontextualised variables.

Texts that were screened out were counted and discarded, with a code assigned to the count corresponding to the reason for exclusion.

This study’s sourcing/screening process is represented by the following PRISMA flowchart, adapted from Page et al (2021).



Included studies were catalogued in EndNote20, a citation and referencing management tool. Notes were made of each study's relevant aspects and these were stored, along with key quotations, in an Excel spreadsheet that was indexed according to the mode(s) of being-in-the-world to which the text related, and colour-coded in four ways according to the register of the text: historical, philosophical, qualitative, or illustrative. From these notes, a hermeneutic critical narrative review of the literature was worked-up for each of the five modes identified in (5.1.2). It was written and rewritten until it met the following criterion for readability: that it should tell the story of the phenomenon both chronologically and ontologically, introducing

key philosophical ideas as required so that a motivated reader with no previous knowledge of existential philosophy would be able to follow.

The hermeneutic critical narrative review is now presented.

5.2 Being-in-transit: ‘learning to be free’

In Ancient Greece, people seeking healing would first need to make pilgrimage to one of the Asclepieia, which existed in places “remote but beautiful” (Angelakis et al., 2020, p.4). In his *Geography* Strabo (20/2014), the most travelled of ancients, describes Asclepieia in the regions we now call the Bosphorus (p.98), the Thracian coast (p.169), the Messenian Gulf (p.359), Epidaurus and Trikke (p.372), the Gulf of Patraikós (p.381), the Rhebas river (p.574), on Kos (p.621), and at Carthage (p.770). The voyage was a major commitment, and so intrinsic to the cure that we can imagine the original visitors’ transformative experiences of being-in-transit as an important mode of therapy-in-the-world.

The most extensively studied Western pilgrimage phenomena in our own times relate to the *Camino de Santiago*, the journey across Europe to Santiago de Compostela, with half-a-million annual travellers (Peregrino, 2023). Pilgrims – atheist or devout – may be motivated by factors as diverse as spiritual growth, sensation-seeking and self-discovery (Oviedo et al., 2013). Tykarski & Mróz (2023) describe the condition established during the weeks-long *Camino* as an *interior* “space of encounter with oneself” (p.2) and an *exterior* “space of encounter with others” (p.3). Arrival at the celebrated destination is reported as less significant than the prolonged sensory experience of being-in-transit (p.4), which produces these intensified interior and exterior modes of being. Furthermore, if traveling with loved ones, pilgrims were “condemned to each other” (p.11), necessitating conversation and self-revelation at relational depths which could be avoided at home.

Running through the immense literature of pilgrims’ narratives are feelings of vertiginous freedom from everyday routine, often accompanied by a sense of *obligation* to intense (and often uncomfortable) contemplation of personal meaning. That there’s an element of obligation in the process, once begun, is supported by the finding that pilgrims frequently forget their

original motivations for making the journey (Nilsson, 2016, p.29), so subsumed do they become by contemplation. Indeed, to imagine that clear motivations for pilgrimage exist may be “a fiction of will [that] denies the unfolding circumstances wherein motives are uncovered or created while on pilgrimage” (Egan, 2010, p.115).

Pilgrims’ language of *obligation* recalls Sartre’s famous observation that we are “condemned to be free... that we are not free to cease being free” (Sartre, 1943/2020, p.439). In Sartrean terms, being-in-transit replaces our domestic mode of being, in which the for-itself can try “to hide its freedom from itself” (p.440), even (perhaps) by hiding it within inauthentic motivations for pilgrimage itself, such as weight-loss or detox. Or in Heidegger’s terms, since our existence is “a potentiality-for-Being which has, in each case, already abandoned itself to definite possibilities” (Heidegger, 1926/1962, p.315) in the daily life into which we are thrown, then being-in-transit – whatever our original motivations – tends to reveal our existence as pure potentiality-for-Being.

Recalling this study’s definition of therapy-in-the-world as a multi-modal attendance, by client or group or therapist, to the being of client, we can notice how Heidegger describes the means by which Dasein (human being) may be recalled to attend to itself:

“If Dasein is to be able to get brought back from this lostness of failing to hear itself, and if this is to be done through itself, then it must first be able to find itself – to find itself as something which has failed to hear itself, and which fails to hear in that it listens away to the ‘they’. This listening-away must get broken off; in other words, the possibility of another kind of hearing which will interrupt it, must be given by Dasein itself. The possibility of its thus getting broken off lies in its being appealed to without mediation” (Heidegger, 1926/1962, pp.315-316).

This certainly reads like an existential call to pilgrimage. In these terms the experience of being in transit, *unmediated* by domestic routine or by news from the ‘they’, could be considered therapeutic if it commits the traveller to ‘another kind of hearing’ which interrupts being’s flow and directs its care to itself. Through attending to oneself, one may transcend one’s original motivations and experience a sense of “talking oneself into being a pilgrim somewhere along the road” (Egan, 2010, p.126).

Do recent studies lend weight to this existential conceptualisation of *how* being-in-transit might be integrated as a therapeutic mode of being?

In their wide-ranging study of pilgrims' descriptions of the *Camino*, González & Lopez (2019) find that "the pilgrimage changes the narrative of existence, introducing liminality" (p.439). The nature of this liminality is noteworthy in our context. The authors write:

“The pilgrim leaves the *domi*, that is, the familiar space of the everyday, where everything is well structured, to enter the *foris*, the unknown space. They thus exceed the limen (the border between *domis* and *foris*) and experience this liminality, that is, an experience between two existential levels” (Lois González & Lopez, 2019, p.445).

Existentially, the space of pilgrimage isn't the unknown, but rather the liminal space *between* the domestic and the unknown. Being-in-transit has just enough structure – a set destination, an expectation that food and shelter can be sourced each day – so that human being becomes aware of its freedom without becoming overwhelmed by it. On the road, in Sartrean terms, human being can no longer hide its freedom from itself, yet in Heideggerian terms human being is only *interrupted* by this new possibility of hearing itself – not capsized by it.

Does being-in-transit, as a moderate existential challenge, necessarily require the full commitment of 'pilgrimage'? The literature suggests not. Humbler modes – simple 'travel' or 'tourism' – also offer existential liminality. In her subtle exploration of popular holiday resorts for British tourists, places suffused with 'Britishness' while also being 'foreign', Andrews (2009) describes environments in which the presuppositions of British society “are most exposed, core values expressed, and its symbolism most apparent” (p.9) through contrast with the mores of the holiday destination. Yet simultaneously the destination provides just enough emulation of homely structures for the anxiety of the experience to be contained.

If, as Holzhey-Kunz suggests (following Heidegger) “the ontological meaning of human phenomena is not merely random but actually necessarily concealed” (Holzhey-Kunz, 2014, p.253), then we should expect the liminal, manageably-unhomely spaces of transit and tourism to bring to heightened (but incomplete) awareness some ontic phenomena that conceal ontological concerns. And indeed, Andrews finds convincing examples. Exaggerated ontic worries around drinking the local water, for example, are also ontological concerns about

having one's selfhood contaminated or changed by incorporation of the foreign (Andrews, 2009, p.14). By offering such manageable liminality, tourism, like pilgrimage, may be integrated as therapeutic inasmuch as travellers embark on a gradient of attending to the phenomena of the self, making them "open to new possibilities of being" (p.17).

How is it to return home from the liminal space of being in transit?

Thomassen offers a stark warning that return we *must*, suggesting that "without a proper re-integration, liminality is pure danger" (Thomassen, 2012, p.30) – since if one lingers too long in transit "creativity and freedom lose their existential basis and turn into its opposites: boredom and a sense of imprisonment" (p.31). Putting Thomassen's admonition into Sartrean terms: routines become established even in liminal space, until the for-itself once again successfully hides its freedom from itself while traveling. Indeed, Kirillova et al (2016) record the phenomenon of travellers noticing the freedom they recently enjoyed only upon returning home and being subjected anew to the mores of the homeplace. Returnees were mocked and alienated by friends and family for views they'd acquired on the road, which "made the participants acutely aware of the groundlessness of their existence yet freedom to be who they like" (Kirillova et al., 2016, p.646). The experience, one participant reported, "taught me [that] I want to *learn* freedom" (p.647, italics added). This represents a striking evolution from the natural-attitude belief that freedom is *a state to be experienced* in travelling, rather than *a disposition to be learned* upon return.

This *learning to be free* includes consciously integrating into normal life the deeper experiences of relationship with self and others that were experienced while being-in-transit (Tykarski & Mróz, 2023, p.17). The integration may include importing elements learned on the road, including habits of exercise and communality. Writing about the experience helps "to share experiences, sensations and emotions and to keep alive the memory of The Way" (Lois González & Lopez, 2019, p.437). Sometimes, separation from an old way of living is necessary to integrate a new way of being. Upon returning home, one pilgrim found it necessary to leave their life partner, writing that "I was no longer able to pass through the doors of my past" (Frey, 1998, p.195).

If being-in-transit is to be experienced therapeutically, these findings suggest that there is an element of skill in neither lingering too long in the state of liminality, nor in expecting home

life to be unchanged upon return. Existentially then, being-in-transit is a mode of being-in-the-world in which one must not only accept that one is not-at-home, but also that home (in the way one formerly inhabited it) has forevermore ceased to exist. The therapeutic insight offered by being-in-transit is that one is only ever ‘at home’ to oneself and one’s gods (or again, in Heideggerian terms, that one’s being is appealed to without mediation by domesticity or by destination). The Ancient Greeks encoded this insight in an oral narrative that became Homer’s *Odyssey* (Homer, c.800BCE/2003), in which Odysseus dwells in the agonising ontological state of nostalgia (Sedikides et al., 2004, p.200), an ache for home (*nostos*) not simply resolved by his homecoming to a changed Ithaca that finds him unrecognisable even to his loved ones.

Homecoming in our own times is no less fraught. In her sensitive exploration of the life-worlds of women returning from life-changing travel, Ross finds that integrating the experience back into ordinary life:

“is subtle and slow, which develops one’s abilities to be patient while encountering confusing and painful thoughts, feelings and experiences, be vulnerable and willing to surrender emotionally, immerse oneself in emotions, connect with others, be in stillness at home, accept support, and, most important, dwell in one’s internal darkness” (Ross, 2019, pp.511-512).

Being-in-transit, then, shows up *only in its first phase* as the unbounded experience of freedom evoked so appealingly in sources such as Kerouac’s *On the Road* (Kerouac, 1957/2000). Instead, the literature reveals being-in-transit as a subtle and occasionally agonising ontological state in which one experiences being in a way that is unmediated by either home or destination, and through which one may *learn to be free*. Learning to be free in ordinary life may be a long and effortful process of integrating being-in-transit.

5.3 Being-in-nature: grieving a ‘profound but invisible wound’

On arrival at the original Asclepieia, visitors would experience themselves in the sacred landscape of “an idyllic site, with lush vegetation, enchanting views and abundant running water” (Christopoulou-Aletra et al., 2010). The immersion in the outdoors was purposeful:

Asclepius himself was said to have been exposed at birth and survived in nature, protected by dogs and suckled by goats (Melfi, 2010, p.337). The coastal and riverine settings of many Asclepieia ensured a view over water, and all featured abundant springs that were intrinsic to visitors' experience of immersion in the primal elements (Angelakis et al., 2020; Voudouris et al., 2023).

How does the literature explore the therapeutic potential, imputed since those ancient times, of being-in-nature? Immediately, a critical narrative review encounters a philosophical difficulty: that the ways by which people *define* 'nature' are not necessarily unrelated to the ways in which people *experience* nature as 'therapeutic'.

At first sight the difficulty seems merely methodological. Since for meaningful quantitative studies 'nature' cannot denote 'everything', present-day empirical research conceptualises nature as space that is (somewhat) 'green' or 'blue'; space (relatively) unaltered or unstoried by human being. The 'somewhat' and the 'relatively' are evaluated using sophisticated quantitative instruments such as the Normalised Difference Vegetation Index (Klompaker et al., 2018). Still-more-complex metrics have been developed to recognise factors such as proximity and cumulative exposure to these blue/green spaces (Ekkel & de Vries, 2017). Once 'nature' has been reduced to a spatial correlate, and the dose people are receiving has thereby been rendered measurable, research can proceed as if nature were any other drug to be tested for its mental health benefits, as gauged by the usual psychometric instruments. Meta-analyses show that this method produces a vast dataset cross-culturally (White et al., 2021) and longitudinally (Thompson et al., 2021) to support a view that 'nature' in the blue/green sense interacts helpfully with markers of 'mental health'. And yet, the existential qualities of that interaction remain obscure. Moitessier, the great solo circumnavigator whose own therapy-in-the-world involved extended solitary communion with the natural elements, expresses this qualitative distinction vocatively when he writes:

“A sailor's geography is not always that of the cartographer, for whom a cape is a cape, with a latitude and longitude. For the sailor, a great cape is both a very simple and an extremely complicated whole of rocks, currents, breaking seas and huge waves, fair winds and gales, joys and fears, fatigue, dreams, painful hands, empty stomachs, wonderful moments, and suffering at times. A great cape, for us, can't be expressed in longitude and latitude alone. A great cape has a soul, with very soft, very violent

shadows and colours. A soul as smooth as a child's, as hard as a criminal's. And that is why we go" (Moitessier, 1971/1995, p.141).

Should we then discount all the careful and important quantitative studies into therapeutic engagement with nature? Not at all. Rather, we can determine that they may be more meaningful for urbanists and policymakers than for therapists and counselling psychologists. When it comes to therapeutic relevance, the quantitative studies' methodological workarounds disguise a deeper philosophical difficulty: that any ontic definition of 'nature' – relying on proximity to relative blue-greenness, or recency and duration of exposure – cannot speak to the ontological engagement of the individual with the undefined. The word *undefined* is used intentionally here, since we must hold open the possibility that 'nature' is the undiscovered white space on our ontological maps: it might be exactly that which remains once everything-about-which-we-are-certain has been subtracted from the universal set.

So: how does the literature allow us to consider the *qualities* of being-in-nature? How does it contextualise the possibility of such qualities being 'therapeutic'?

A principal finding is the difficulty of suspending our natural attitude to 'nature'. (*Natural attitude* is used here in its Husserlian sense of a common-sense outlook "naïvely, straightforwardly directed at the world" (Husserl, 1954/1970, p.281).) Our natural attitude to nature informs our very conceptualisation of 'nature', a term that has enjoyed multiple and irreconcilable definitions in every age (Ducarme & Couvet, 2020).

At the heart of this definitional crisis is the contested idea that 'nature' is nurture's antagonist, a bundle of undomesticated essences that represent the default outcome in contexts where our human designs prove inadequate or irrelevant. The claim to split nature from nurture is symptomatic of the greater epistemological fracture that begot the 'great divide' (Ducarme & Couvet, 2020, p.3) between the humanities and the natural sciences, which have as their highest objective "to secure the calculability of nature" (Heidegger, 1987/2001, p.105). Indeed, Husserl's foundational technique of epoché-reduction, central to the present study's method of phenomenology, originated as an attempt to bridge the divide between structures apparently-in-nature, which could perhaps be studied objectively, and structures apparently-in-our-nature, to which some transcendental access might be required. Perhaps Husserl arrives at his highest description of phenomenology when he calls it "the discovery and investigation of the

transcendental correlation between world and world-consciousness” (Husserl, 1954/1970, p.151) – we might say, between the natural world and our natural worldedness.

Does the adoption of the ancient perspective help us to transcend the division between natural-scientific and anthropocentric views of nature? On the contrary, it reveals that even in the age when the Asclepieia were in daily use, the divergence of Platonic and Aristotelian worldviews meant that being-in-nature was already a contested mode of being-in-the-world.

Plato’s *Timaeus* describes a god who creates worldly space and time to simulate the forms of eternity. Space simulates eternal indivisibility by its contrasting opposition between sameness and otherness (Plato, c.350BCE/1888, , §37a-c), while time simulates (by revealing its worldly absence) the presence of “that which is ever changeless without motion” (§38b). For Plato, nature is god’s “creative adventure into time and space” (Wattles, 2006, p.448). We might imagine that Platonic being-in-nature is revelatory (and perhaps therapeutic) in that it discloses the existence of eternal beauty and order encoded in our worldly temporality.

But for Aristotle, by contrast, nature isn’t principled by an eternal principal. Rather, “those things are natural which, by a continuous movement originated from an *internal principle*, arrive at some completion” (Aristotle, c.320BCE, , §9, italics added). This teleological view (of things having their own purposes) offers that Aristotelian being-in-nature is a (not necessarily conscious) process of being-in-the-world for-the-sake-of one’s purposes. Aristotelian ontology opens up the space in which Heidegger can speak of Dasein’s *possibilities*, and its *being-towards* (which for Aristotle was the ‘continuous movement ... [towards] some completion’).

For Heidegger, the space between the Platonic view of nature (in which existence is principled and therefore calculable) and the Aristotelian view of an unprincipled and incalculable nature (such that there can be no ‘natural science’ of a human being’s being) is the central, living question of ontology. He writes that “Aristotle and the ancient Greeks are not ‘finished’ or ‘outdated’. On the contrary, we have not yet begun to understand them” (Heidegger, 1987/2001, p.17). Nor is Heidegger the first to call attention to the ontological tension between Platonic and Aristotelian views of nature. Borges observes that in the 17th Century Pascal wrote: “*Nature is a fearful sphere*, whose centre is everywhere and whose circumference is nowhere” (Harries, 1975, p.5, italics added), but that in fact it was a 12th-Century theologian

who first coined the expression as: “*God is an intelligible sphere*, whose centre is everywhere and whose circumference is nowhere” (p.5, italics added). Somewhere in the centuries between ‘*God is an intelligible...*’ and ‘*nature is a fearful...*’ lies the human condition, or the gap between Plato and Aristotle, or what Holzhey-Kunz calls humanity’s “originary ontico-ontological conflict” (Holzhey-Kunz, 2014, p.48).

The above considerations suggest that doing natural science is itself a mode of being-in-nature: an ontic mode in which that-which-is-measurable may appear correlated with that-which-is-therapeutic. Can existential ontology offer a different conceptualisation of the relationship between being-in-nature and its therapeutic phenomena, perhaps one that goes beyond simple correlation?

Aho (2016) offers a bridge with his scholarly and insightful exploration of Heidegger’s engagement with the question of technology. Aho focuses on Heidegger’s view that the ancient Greek *technē* described a cooperative relationship with nature in which a craftsperson would bring forth something that *purposed* (note the Aristotelian usage) to be brought forth in that way. (Heidegger gives the example of a wooden bridge that allows the river its course). Ancient *technē* was a harmonious mode of being-in-nature. By contrast, modern *technē* is a forcing of nature (Heidegger gives the example of a hydroelectric dam). Modern technology forces nature to show up perceptually only as a resource whose value can be *calculated*. (To give current examples: a tree becomes a countable unit of a carbon offset credit; a minute becomes a cotton-picking minute; humans become human resources.) *Calculation* begets nihilism “when we no longer ask the ontological question concerning the being of beings – of how and why beings manifest or show up *as they do* – and are instead totally occupied with consuming, exchanging, and producing beings” (Aho, 2016, p.27).

Calculation is the first of a triumvirate of tendencies of technological being that Heidegger warns of. The second – a tendency towards *massiveness* – arises from calculation when technological being can no longer engage with any intrinsic (incalculable) value in nature, so that things lose their uniqueness for us and become interchangeable. (A current example is fast fashion: the massive production of garments without personal meaning or known provenance for the wearer.) *Massiveness* prevents any authentic relationship with entities in the world. And since calculation includes a counting not only of spatially-available entities in nature, but also of time (since ‘time is money’), calculation also gives rise to *acceleration*. Acceleration

describes the frantic attachment to speed in living, to not being able to bear stillness or ‘boredom’, to needing to rush from the present into past or future, to needing always to be surprised by novelty. It is this last phenomenon, of acceleration, that Aho identifies as a therapeutically-relevant pathology of modernity. For Aho “the accelerated self is in danger of living a fundamentally barren life, one that pathologically seeks to fill an underlying emptiness” (Aho, 2016, p.34).

Oyarzún rather beautifully describes this pathology as the ubiquitous haste of our era that is “nothing but the desperate flight from the non-disposable sediments that [...] memory [...] brings to the present” (Oyarzún, 2021, p.31). Marramao concurs, describing our modern accelerated experience as being “marked by a profound and invisible wound” (Marramao, 1992/2007, p.ix). The wound is a fracture between ‘proper time’ (*Kairós*), our authentic but inexpressible sense of duration, and ‘improper time’ (*Chronos*), an inauthentic but calculable time that can be given spatial expression in technologies such as sundials and clocks. This wound splits time:

“between an endless projection towards the future, and an atrophy and fossilization of the past, which progressively deprives the present of the space of its existence. The temporal bifurcation that is created between experience and expectation, between the finite nature of time and the infinity of desire, also describes the impossible correspondence between individual life and the temporal course of the world” (Marramao, 1992/2007, p.ix).

Heidegger’s formulation for this ‘impossible correspondence’ between *Kairós* and *Chronos* is his idea that the accelerated making-present of experience “is abandoned more and more to itself” (Heidegger, 1926/1962, p.398), until “the distraction of not-tarrying becomes *never-dwelling-anywhere*” (p.398).

So: being-in-nature, ontologically, is more than just happening, at present, to be in measurably green or blue space. Being-in-nature, existentially, is a mode of being that resists the technological acceleration of *Chronos* time and rejects the calculation of the value of place. Being-in-nature means abandoning ‘the distraction of not-tarrying’ in favour of dwelling somewhere. Dwelling doesn’t require a particular duration so much as a sensibility *to* duration. A later Heidegger, himself increasingly prone to abandon second-order language in favour of the recognisable terms of worldedness, writes of the landscape of the Black Forest that:

“The gravity of the mountains and the hardness of their primeval rock, the slow and deliberate growth of the fir-trees, the brilliant, simple splendour of the meadows in bloom, the rush of the mountain brook [...] all of this moves and flows through and penetrates daily existence [...] and not in forced moments of ‘aesthetic’ immersion or artificial empathy, but only when one's own existence stands in its work” (Heidegger, 1934/1981).

In a series of practical experiments making new rock pools in a Scottish bay and observing over years while they are colonised by littoral flora and fauna, Nicolson explores the Heideggerian idea of dwelling and finds that both space and time reveal an infinitude, in the Mandelbrotian sense, when one makes a place the object of one's existence. He writes:

“Any examination of anything becomes an ever-growing, ever-inward plunge into the indefinable. Pause for a moment and a place will pool out around you, not as an illusion but as a fact, in details it would not have had if you had not stopped to look” (Nicolson, 2022, p.66).

Thoreau would concur. *Walden*, chronicling a two-year dwelling near his own pool in Massachusetts, concludes that we are poisoned by city time and that consequently “we need the tonic of wildness... we can never have enough of Nature” (Thoreau, 1854/2004, p.317). Countless authors follow Thoreau in making a therapeutic case for dwelling in nature's time, whether they state the case light-heartedly – “Buddha, Jesus and Reese Witherspoon all went to the desert to seek wisdom” (Williams, 2018, p.41) – or seriously – “Walking [in nature] is... the first meditation, a practice of soul primary to humankind” (Snyder, 1990, p.18).

From *Three Men in a Boat* (Jerome, 1889/2008) to *The Revenant* (Iñárritu, 2015), popular fictions show protagonists experiencing themselves differently beyond the pale of civilisation. A deep tradition of auto-ethnographic studies chronicles consciously-therapeutic experiences of being-in-nature. Broke and marooned in Ceylon, a Swiss traveller is experiencing a mental breakdown and can't bear human society when he adopts a dung beetle whose comic stoicism returns him to himself (Bouvier, 2014, pp.121-123). An alpinist summits a route on the Eiger, names it *Metanoia*, and reports that the connection with nature produced a “fundamental change of thinking and subtle transformation of heart [that] rewarded me with a deeper understanding of myself and how life operates” (Franz, 2017). A Londoner struggling after romantic rejection experiences countryside as “an agent of consciousness-expansion” (Papadimitriou, 2013, p.7) and goes on to re-experience himself through writing a

psycho geography of the hills surrounding the city. All such unmediated experiences of being-in-nature would be accessible self-therapeutic experiences in this study's terms.

If being-in-nature is a mode that renounces temporal acceleration and dwells instead in a place, then being-in-nature is an orientation rather than a situation – and a natural dwelling-place doesn't have to be far from home. Harkness argues that “the where of our lives – the places where we eat, sleep, breathe, feel and relate to our ourselves and each other – is too often missing from the equation and evaluation” (Harkness, 2019, p.18) of what is therapeutic.

How does dwelling in nature ‘work’, therapeutically? What are some phenomena of being-in-nature as a therapeutic disconnection from technological being?

One answer recurrent in the literature is the observation that people experience *ambivalent* emotional reactions to being-in-nature. Commonly, this shows up as a mix of “fear and fascination” (Sonti et al., 2020). The ambivalence is revealed both in people's reported experience, and in real time: one innovative phenomenological study interviews participants as they walk with the researcher through a local forest, revealing complex and dynamically-shifting ambivalences in personal tension between “forest fear and forest dear” (Skår, 2010, p.115).

A widespread existential-motivational accounting for such observations of ambiguity is that nature reminds people uncomfortably of their own mortality (van den Berg & Konijnendijk, 2018), but perhaps one can be too quick to read ultimate existential anxiety into every interim anxiety of our lifetimes. A subtler case is made in the work of researchers who look carefully at the small-but-significant details of individuals' embodied interactions with nature. Thorgeirsdottir, for example, notes that for her participants being-in-nature involves “giving in to the element in order to... master being in it... such metaphysical experiences are therefore not characterized by pure awe, wonder or delight. On the contrary, they are highly ambivalent” (Thorgeirsdottir, 2010, p.18). These atmospheres of needing to somewhat-but-not-wholly surrender one's body to nature favour “certain emotions (that Heidegger called *Stimmungen*) that trigger metaphysical questioning” (p.18).

This subtler suggestion – that it isn't the confrontation with death-anxiety that is transformative, but rather the ontological questioning precipitated by the ambivalent states

activated by being-in-nature – is echoed in Jewkes et al’s (2020) study of prisoners with a sea view. One inmate reported that the vista “puts my head back to where I’ve come from and where I am now” (p.392) – an experience that exactly recalls Heidegger’s admonition against allowing the present to become disconnected from past, yet which is characterised by “unwelcome physical and sensory intrusions and negative connotations associated with memory and loss” (p.395). Being-in-nature, then, is a partial surrender of intentional being that creates a state of wonder and dread, and indeed “for Plato and Aristotle, the moment of wonder (*thaumazein*) was decidedly a troubling experience... the insight into the finiteness of our knowledge makes the world uncanny to us” (Gutschmidt, 2020, pp.408-409). It is the finitude of our knowledge, not of our lives, that is suddenly visible. We are not speaking here of near-death experiences, after all. We are speaking of walks in the forest, swims in wild rivers, exposures to sunlight and rain. It feels measured to suggest that the literature is most convincing when it finds that it is the not-at-homeness of our dwelling in nature – rather than our death-anxiety – that precipitates a renegotiation of being.

Just as with being-in-transit, it’s important to ask how people make a therapeutic *integration* of being-in-nature. For some, writing is the integration. Papadimitriou recalls that while writing about landscape: “...my internal balance would oscillate between the ego’s surrender in the face of a larger entity – the land that contained me – and a desire to gain ownership and mastery of that same entity through cultural production” (2013, p.8). For the deep ecologist E.O. Wilson, the essence of writing about nature is synecdoche, the careful choosing of a part of being-in-nature to stand for the whole. This synecdoche is what makes manageable – and potentially therapeutic – the un-knowing-ness of engagement with nature. Like vocative phenomenology (van Manen, 2016, pp.260-263), the aim of such writing is, as Wilson puts it, “not to show how or why an effect is produced... but literally to produce it” (Wilson, 1984, p.62) in the mind of the person who had the experience, and in the mind of the reader.

For visual artists integrating the encounter with nature, the analogue of synecdoche is perspective. Painting – which Merleau-Ponty calls “the indirect language” (1969/1973, p.47), requires that “each thing ceases to demand the whole visual field for itself and... agrees to occupy no more space on the paper than the others leave it” (Merleau-Ponty, 1969/1973, p.52). In this way, painterly retelling of an experience of being-in-nature – as a therapeutic integration – is both conservative and metamorphic of the lived experience of nature.

The literature of therapeutic being-in-nature is incalculably vast. In this necessarily brief survey, the methodological difficulties of quantitative research into being-in-nature revealed a deeper epistemological division between Platonic/natural-scientific modes of being-in-nature on one hand, and Aristotelian/postmodern modes on another. Rather than natural-attitude ‘nurture’, a Heideggerian view of modern *technē* was offered as nature’s dialectical antagonist. This opened an ontological possibility for therapeutic being-in-nature to involve the healing of an ‘invisible wound’ between *Kairós* and *Chronos* time, and to rely on a *dwelling* in nature characterised not by duration, but by *attunement* to authentic duration. Therapeutic experiences of dwelling in nature in popular literature and in formal research were surveyed, revealing ambivalence as a primordial response to being-in-nature. Embodied ambivalence, inasmuch as it provoked a state of ontological not-knowing, was offered as a possible existential rationale for a therapeutic or mutative effect of being-in-nature. Finally, writing and painting were briefly considered as modes of therapeutic integration of experiences in nature – and these will be more fully treated in the section on *Being-witness*.

5.4 Being-in-alterity: ‘longing differently for happiness’

Visitors to the original Asclepieia would sleep in the sacred space of the *avaton*, attending to any dreams that came. Sleep was natural or “induced by either drugs or suggestion” (Buckley & Galanter, 1979, p.119). This ‘holy sleep’ or *enkoimesis* could include wakeful altered states (Askitopoulou et al., 2002, p.14). It could be ‘incubated’ using hypnosis or psychoactive concoctions including nepenthe (Limneos et al., 2020, p.2179), a tincture of opiate poppy. Early Asclepieian practice around alterity was underpinned by a mythology of darkness: a submission to the gods Hypnos (son of night) and his twin brother Thanatos (god of death) who transmitted sleep and its portentous dreams (Melfi, 2010, p.335). But Askitopoulou (2015, pp.73-74) makes a persuasive case that later Asclepieian sleep practice drew on the rational doctrine of Hippocrates, in which dreams and altered states weren’t divine visitations but intrinsic therapeutic states, the interpretation of which could make personal meanings available to waking consciousness. During the late Classical and early Imperial period, these views were in conflict.

Being-in-alterity, then, was and remains a contested mode of the original therapy-in-the-world. At various times dreams and induced states seemed to be either meaningfully-interpretable or intrinsically-therapeutic. This historical difference of opinion foreshadows a timeless split in humanity's conceptualisation of being-in-alterity. In recent times this split shows up in distance between post-Freudian and early-Daseinsanalytic *interpretive* stances (Binswanger, 1947/1963; Bion, 1967; Boss, 1958; Freud, 1899/2008; Jung, 1928-30/2013), and later-Daseinsanalytic and existential-therapeutic positions (Cannon, 2012, pp.103-107; Holzhey-Kunz, 2014, pp.123-132; Moustakas, 1996; Schneider, 2008, pp.80-84; Spinelli, 2015, pp.205-211) that value a more collaborative *exploratory* investigation of the meaning of a dream for itself and for its dreamer. Cannon represents this later therapeutic sensibility when she writes:

“The dream is not a substitute formation but another kind of consciousness, perhaps more connected with artistic creation than with rational discourse. Hence the dream's ‘existential message’ is not deciphered in terms of universal symbols or repressed childhood wishes [...] Instead dreams are allowed to speak for themselves. We enact and embody rather than interpret the dream” (Cannon, 2012, p.103).

This later existential-therapeutic position (inasmuch as it values the way in which a person enacts, embodies and relates to their own dream, rather than presuming to interpret the dream's content) offers the possibility for being-in-alterity to be ‘therapeutic’ outside formal therapy, too.

Throughout this necessarily-concise review, ‘dreaming’ must stand in for the self-therapeutic potential of *all* modes of being-in-alterity, including psychedelic and meditative states. And there are good grounds for allowing it to stand-in in this way. ‘Dreaming’ gets primacy here since it has the longest philosophical tradition of inquiry – but dreaming isn't a rigorously-defined state: it has *conceptual* continuity with reverie, fantasy, meditative states, daydreaming, looser thinking and focused wakeful thinking (Hartmann, 2010; van Heugten-van der Kloet et al., 2015). It also has *measurable* continuity with lucid-dreaming, meditative states and psychedelic states in neurophenomenology (Kraehenmann, 2017), neurobiology (Barrett & Griffiths, 2018) and behavioural research (Griffiths et al., 2019).

Psychologists disagree about whether the continuity of these states is limited to ‘emotion’ or whether it extends to ‘cognition’ (Kahn, 2019), and neuroscientists debate whether the continuity arises because all these states share neurological structures (Scarpelli et al., 2022,

pp.3-5). But rather than seeking evidence of overlap or difference between various states of being-in-alterity, an existential position (favouring world rather than neural essence as the basis of existence) need not distinguish between them. Merleau-Ponty writes:

“If I sought to distinguish my perceptions from my dreams through some set of ‘criteria’, then I would miss the phenomenon of the world. For if I am able to speak about “dreams” and “reality,” to wonder about the distinction between the imaginary and the real, and to throw the “real” into doubt, this is because I have in fact drawn this distinction prior to the analysis [...] the problem is to make explicit our primordial knowledge of the “real” and to describe the perception of the world as what establishes, once and for all, our idea of the truth. Thus, we must not wonder if we truly perceive a world; rather, we must say: the world is what we perceive” (Merleau-Ponty, 1945/2014, p.lxxx).

How, then, to focus a critical narrative account of the self-therapeutic potential of being-in-alterity without ‘missing the phenomenon of the world’?

A Gadamerian perspective proves useful here. For Gadamer, following Heidegger, the past “is not something which follows along after Dasein, but something which already goes ahead of it” (Heidegger, 1926/1962, p.41), informing its being. Consequently, for Gadamer, we cannot separate any mode of being-in-the-world from the historically effected consciousness that is itself “an element in the act of understanding itself” (Gadamer, 1960/2004 p.301). For our purposes, then, we can consider being-in-alterity from the perspective of the dreamer’s sociohistorical worldedness, which may not only inform how the dreamer *treats* their dreams, but *how they dream* in the first place.

In the Greek historically-effected consciousness pre-Hippocrates, dreams had a clear external (divine) provenance supported by a universally-known mythology (da Silva Macedo et al., 2023). There was no suggestion that dreams revealed interiority. They were prophetic (Vaschide & Piéron, 1901, pp.205-211), and therefore therapeutic only to the extent that they might assuage (or enhance) one’s anxiety about the future. Even when prophetic dreams were revealed as false, this was considered to be an extrinsic deception by gods (Almqvist, 2021). Usually a dream’s prophesy was unambiguously presented to the dreamer, requiring no interpretation, while in fact it was significant *wakeful* experiences – omens – that were considered symbolic and that required personal or specialist interpretation (Stockdale, 2019, p.11). This is a striking inversion of the present-day’s historically-effected expectation of

alterity, in which it is dreams that are widely considered interpretable, while wakeful experience is rarely considered symbolic.

Post-Hippocrates, dreamers expecting diagnosis or prognosis would experience that too (Laios et al., 2016). The dreamer who agrees in advance “that if he dreams of his right hand moving he will recover from his illness, and if he dreams of his left hand he will not recover” (Vaschide & Piéron, 1901, p.167) is primed to dream accordingly.

Just as the Greeks’ evolving historically-effected expectation of dreamlike states informed the quality of their being-in-alterity, anyone falling asleep (or entering any state of alterity) does so today with an inherited expectation for that process. In current Western society, that expectation is pervasively informed by Freudian theory.

Illouz ascribes Freud’s enduring cultural legacy to the sheer glamour bestowed on everyday life by his “cultural move [to make] the un-meaningful, the trivial, and the ordinary full of meaning” (Illouz, 2008, p.38). We fall asleep primed with the inherited expectation that our dreams make our small lives vast through their revelation of mysterious unconscious material in symbolic forms. Freud writes that:

“on the threshold between [the unconscious and the preconscious] a watchman performs his function: he examines the different mental impulses, acts as a censor, and will not admit them into the drawing room if they displease him” (Freud, 1916-17/1977, p.331).

Since Freud, we *expect* dreaming to bring forth inadmissible wishes and fears in a form sufficiently disguised to fool the watchman. We inherit the expectation that our dreams have no meaningful existence at face value, and are therapeutic only insofar as they are unmasked or further revealed. We expect that dreams aren’t therapeutic without a skilled decoder, be that a psychoanalyst or an influencer: on TikTok, for example, the hashtag #dreaminterpretation currently has 308 million views and a vibrant interpretative community (TikTok, 2023).

Every age is fascinated by dreams, but each age is fascinated differently. Why has ours been fascinated to the point of ensorcellment by Freudian and post-Freudian dream interpretation? Auden calls our times an *age of anxiety*, in which “the prudent atom simply insists upon its safety now” (Auden, 1947/2011, p.7). Perhaps *The Interpretation of Dreams* (Freud,

1899/2008) “marks the transition from the confident energy of the nineteenth century to the anxious introspection of the twentieth” (Price, 1986, p.3).

If we consider the quality of dreaming to be at least partially determined by historically-effected expectation, then we can ask: what was it like to dream before Freud ever wrote? Nietzsche belongs to the last generation who knew, and he is arguably the philosopher who most embodies Price’s ‘confident 19th-Century energy’. Writing after the middle period of history in which dreaming and Christian theology were inseparable (Kruger, 1992), but before humanity’s stranding by the outgoing tide of divinity had become anxiogenic, Nietzsche’s feeling for dreams is terrestrial and startlingly pragmatic. Eschewing mystification or any appeal to psychological structures, he simply writes: “We do the same when awake as when dreaming: we only invent and imagine him with whom we have intercourse and forget it immediately” (Nietzsche, 1886/1929, p.85, Aphorism 138).

Consequently, Nietzsche abjures the idea that being-in-alterity necessarily requires analysis or decoding. For Nietzsche, a dream simply belongs to the dreamer. Its content becomes part of “the general belonging of our soul as [much as] anything ‘actually’ experienced” (Nietzsche, 1886/1929, p.104). And like anything we experience, the dream *directly* informs our subsequent being. Thus, a dream may be profoundly ‘therapeutic’ without being shared, discussed or interpreted at all. Nietzsche puts this thrillingly:

“Supposing that someone has often flown in his dreams, and that at last, as soon as he dreams, he is conscious of the power and art of flying as his privilege and his peculiarly enviable happiness; such a person, who believes that on the slightest impulse, he can actualise all sorts of curves and angles, who knows the sensation of a certain divine levity, an ‘upwards’ without effort or constraint, a ‘downwards’ without descending or lowering – without trouble! – how could the man with such dream-experiences and dream-habits fail to find ‘happiness’ differently coloured and defined, even in his waking hours! How could he fail – to long differently for happiness?” (Nietzsche, 1886/1929, p.104, Aphorism 193).

For the current study, the relevance of Nietzsche’s freeing conceptualisation lies not only in its specific view of dreaming, but in its general applicability to a therapy-in-the-world that allows clients to experience for themselves a different way of being-in-the-world, rather than insisting on the interpretation their material. If a longing for happiness is often what brings clients to

therapy – either to a therapist, or to attend to themselves – then perhaps Nietzsche’s invitation ‘to long *differently* for happiness’ might be the highest therapeutic goal.

Where do we land if we frame recent research findings within Nietzsche’s view of being-in-alterity rather than Freud’s? If we take this perspective, the research suggests eight ways in which dreams and other forms of being-in-alterity can be mutative, freeing or self-therapeutic *without interpretation*:

- (i) **Play:** A large body of research supports a conceptualisation of dreaming and other alterities as imaginative play (Bulkeley, 2019; Mageo, 2022). For Gadamer, “the being of all play is always self-realization, sheer fulfilment, *energeia* which has its *telos* within itself” (Gadamer, 1960/2004, p.112). In a Gadamerian view, dreaming-as-playing is a dynamic ontological process requiring no interpretation. (And not to be confused with its by-product – the remembered dream – which has the same relation to dreaming as a match report has to playing football.)
- (ii) **Emotional continuity:** Diary studies find that the emotions with which dreams leave us persist into the day, and directly influence the way we live it (Schredl & Reinhard, 2010).
- (iii) **Thymophor:** Studies across dreaming and other forms of being-in-alterity, including deep engagement with poetry and visual art, show that the central images arising in these alterities contain emotional states that become portable into other modes of our being (Hartmann & Kunzendorf, 2013) – the authors give the example of Munch’s *The Scream* as a thymophor translating an unlanguageable emotional state from dreaming into wakefulness.
- (iv) **Disruption:** Large-scale surveys show that dreams which shock or stimulate dreamers to do something different in life increase their self-reported ability to engage creatively with the world (Schredl & Erlacher, 2007).
- (v) **(Im)possibility:** ‘Impossible experiences’ within states of alterity such as dreaming and computer gaming correlate, across a wide range of studies, with

an increased creative ability to imagine new possibilities in waking life (Wiseman & Watt, 2022).

- (vi) **Visibility of our concern:** The evolving focus of our dreams over months and years (from the material to the interpersonal, for example) can help us to notice the ways in which our concerns in life are evolving (Androutsopoulou, 2011, pp.482-483).
- (vii) **Resilience:** Dreams felt to have transpersonal origin (to originate from Gaia, for example) can increase our confidence in our worldview and our resilience to the mores of society (Hauk, 2015).
- (viii) **Sharing:** Accounts of dreams and other products of alterity may be therapeutic inasmuch as they invite space for mutual empathy when we share them with others (Blagrove & Lockheart, 2022). Dreams are also gifts when we share them, and the giving connects us with others in subtle ways that engage us in therapeutic and containing social structures (Leonard & Dawson, 2019). The practice of social dreaming (Lawrence, 2003, 2018) extends from simple sharing and giving into a collective creative space in which dreams are developed together. More prosaically, dreams simply make us more likely to contact the people we dreamed about (Schredl & Göritz, 2022).

The literature has shown how each generation meets its dreams differently, and that inasmuch as we are able in our generation to meet our dreams without interpretation by another, being-in-alterity might be integrated as self-therapeutic. These findings now open up a new existential enquiry: in the absence of an external, interpretive other, can we meet ourselves otherly in alterity?

Here, in the context of therapeutic relevance, an illuminating split emerges between the Sartrean and Merleau-Pontian feelings for being-in-alterity. Just as Merleau-Ponty warns (above) against making an arbitrary separation between ‘wakefulness’ and ‘dreaming’, or between ‘dreaming’ and other induced forms of alterity, so he cautions against making a simplistic distinction between ourselves (a being who might be known), and the Other (a being who is inaccessible to us). Of alterity induced by mescaline he writes that “my own consciousness,

insofar as it exists and is engaged, [does not] reduce to what I know of it” (Merleau-Ponty, 1945/2014, p.353) – in other words: an intrinsic otherness inheres in us. He continues:

“What is given [in alterity] is not myself here and others over there, nor my present here and my past over there, nor healthy consciousness and its *cogito* here and the hallucinating consciousness over there – with the former being the sole judge of the latter and reducing it to its internal conjectures – rather, what is given is the doctor *with* the patient, me *with* another person, and my past *on the horizon of* my present” (Merleau-Ponty, 1945/2014, p.353)

Merleau-Ponty, then, allows a possibility that in being-in-alterity we encounter ourselves as other: we are *with* ourselves otherly.

It should be said that Sartre might balk even at this minimal interpretation of Merleau-Pontian possibility, since it makes (for Sartre) an unacceptably close approach to solipsism. For Sartre the significance of the Other is that they bring into our awareness their internally-consistent system for representing the world, a system that is not ours, and which refers to experiences outside anything experienceable by us (Sartre, 1943/2020, p.315). So, for Sartre, “the Other is the indispensable mediator between myself and me... I recognise that I *am* as the other sees me [...] I need the Other in order to fully grasp all the structures of my being” (Sartre, 1943/2020, pp.308-309). Sartre’s Other relates to us concretely through the medium of world, in which we and others are mutually embodied. But in my interiority, the Other exists only as an ontological negation (that-which-I-am-not); a negative co-constituent of my being. Sartre (who presumably would loathe the term ‘self-therapeutic’ but allow ‘self-liberating’) passionately and politically believes that “any liberation which proposes to be *total* must start with a total knowledge of man by himself [...] that we can *first* reach ourselves in both the deep and manifest unity of our behaviour, our emotions, and our dreams” (Sartre, 1948/1988, p.341). He therefore rejects any treatment of existence that puts our *unity* out-of-bounds.

Sartre particularly abhors the idea that we might positively constitute the Other in our dreams, imaginations, and other states of alterity. He is fascinated and appalled by Breton’s extraordinary Surrealist work *Communicating Vessels* (Breton, 1932/1997), which he understands as showing how “dream and waking are communicating vessels; that means that there is a merging, an ebb and flow but not a synthetic unity [...] Thus, surrealist man is an addition, a mixture, but never a synthesis” (Sartre, 1948/1988, pp.342-343). Perhaps Sartre’s

profoundest contribution to existential therapy is his insight that to dodge the ontological work of synthesis is precisely to duck the obligations of freedom.

But Breton's translator understands *Communicating Vessels* differently. For Caws, being-in-alterity is not one of Breton's 'two vessels' – instead, dreaming is “the enabling ‘capillary tissue’ between the exterior world of facts and the interior world of emotions” (Caws, 1988, p.91). Being-in-alterity as ‘capillary tissue’ between world and lifeworld recalls Husserl's mission for phenomenology to uncover “transcendental correlation between world and world-consciousness” (Husserl, 1954/1970, p.151). Understood in this way, being-in-alterity is not *exactly* the un-synthesised vessel so anathematic to Sartre. It is closer to the being-with-ourselves-otherly that Merleau-Ponty reserves space for when, latterly, he explicitly rejects Sartrean philosophical realism by writing that “the other's visible is my invisible; my visible is the other's invisible; this formula (that of Sartre) is not to be retained” (Merleau-Ponty, 1968, p.216). Merleau-Ponty offers instead that we meet ourselves otherly not in the cartesian space of concrete selves-and-others, but rather in an aesthetic “space of transcendence, a space of impossibilities, of explosion, of dehiscence [the splitting-open of a pod, or wound], and not as objective-immanent space” (p.216).

Perhaps, despite their vocal differences, there is in fact a close approach between Merleau-Ponty's and Sartre's apparently opposed views of being-in-alterity if we allow that being-in-alterity is a dynamic attempt at synthesis between the mutually co-constitutive Others of our worlded and unworlded (interior) selves. Surrealism, in these terms, would be one example of a therapeutic integration of being-in-alterity: an aesthetic therapeutic integration of an insight that we are nothing if we are not a being-with our own and others' Others.

The difference between waking and dreaming, thus framed, is the ontological distance between ourselves and ourselves necessary in order that we might become visible to ourselves. Being-in-alterity, in Merleau-Pontian aesthetic space, is analogous to a Husserlian transcendental-phenomenological mode of being-in-the-world. It also overlaps with being-in-suffering in Weil's sense, in which suffering is “the infinite distance between God and God, this supreme tearing apart” (Weil, 1951/1973, p.123) that is necessary in order for (im)mortal being to perceive itself.

If this review has afforded so much space to being-in-alterity, it is because all five potentially-therapeutic modes of being-in-the-world in the present study contain aspects of alterity – since we meet ourselves otherly whenever we experience an unaccustomed mode of being-in-the-world. At issue is *how* being-in-alterity might be integrated as therapeutic, outside formal psychotherapy. The literature has shown that each generation experiences being-in-alterity differently, primed by different historically-effected expectations. One particular historically-evolving expectation – that alterity must be interpreted before it can be therapeutic, versus that being-in-alterity may be intrinsically therapeutic – has been framed as a three-thousand-year old living dialectic most recently revealed in the division between Freudian and Nietzschean positions.

Extending from the Nietzschean view has opened a further existential question about what it is like to meet ourselves in alterity. This revealed a useful tension between Sartrean philosophical realism and Merleau-Pontian openness to being *with* ourselves as other. In a Sartrean view, dreaming and altered states are a sideshow that may nonetheless usefully inform the integrative work of self-therapy (Sartre would probably say ‘self-liberation’). From a Merleau-Pontian perspective, being-in-alterity may *be* the therapeutic work, and aesthetic space may *be* an integrative therapeutic dimension in which we can “long differently for happiness” (Nietzsche, 1886/1929, p.104, Aphorism 193).

This review of literature has now begun to draw together three key existential strands of the present study’s concern with therapeutic modes of being-in-the-world:

- (i) First, that we stand in history. Our modes of being-in-the-world may be self-therapeutic in the historically-effected ways in which our era allows or expects them to be – and thus, it is important to hold space for the possibility of a felt continuity, discontinuity, *or both*, between ancient and present-day therapeutic uses of being-in-the-world.
- (ii) Second, that we are worlded by our worldview. Modes of being-in-the-world-with-others may usefully be understood scientifically as being in measurable space and time, and may also be understood existentially outside ‘Chronos’ time or ‘objective-immanent’ space – and thus, our personal expectations (scientific, ontological, or aesthetic) for understanding a mode of being-in-the-world may determine its therapeutic possibilities *for us*.

(iii) Third, that therapeutic integration extends beyond its ordinary mode of being-in-the-world. Sartrean liberation-through-synthesis, Surrealist aesthetics, ‘learning to be free’ upon returning home from pilgrimage, and writing synecdochally about nature, to name just four, have all been revealed as self-therapeutic integrations of modes of being-in-the-world – and later we will meet more.

Our self-therapeutic experiences of being-in-the-world, in other words, are multi-layered – and the way we expect and question and historically contextualise those layers is a layer in itself. As Merleau-Ponty writes, our experience includes:

“everything that is given to the natural man in the original in an experience-source [...] whether we are considering things perceived in the ordinary sense of the word, or his initiation into the past, the imaginary, language, the predicative truth of science, works of art, the others, or history. We are not prejudging the relations that may exist between these different "layers," nor even that they are "layers"; and it is a part of our task to decide this, in terms of what questioning our brute or wild experience will have taught us” (Merleau-Ponty, 1968, p.158).

This review’s focus moves now to our very means for having original ‘wild experience’ – the body.

5.5 Being-in-the-body: healing from the ‘traumas of severing’

Physicality was inseparable from mentality in the original Asclepieia. Embodied practices included “mud bath, thirst and hunger cures, medicinal herbs, hearing the sound of water, keep fit exercises every day, [and] putting on weight” (Angelakis et al., 2020, p.8). Exercise took place in onsite gymnasiums, stadiums and *palaestra* (wrestling schools), after which nutritious food was eaten in communal halls (Christopoulou-Aletra et al., 2010, pp.260-261). The body’s relationships with ambient temperature and with water (both to drink and to bathe in) were carefully attended to (Voudouris et al., 2023, pp.23-24). Ceremonies were physical expressions in which participants danced and chanted (van der Ploeg, 2016, p.192). Evidently, embodied practices were a key mode of being in the ancient therapy-in-the-world.

Therapeutically, bodies still matter – in life and even beyond. In her moving study of the exhumation of genocide graves, Hagerty (2022) finds (contrary to the natural attitude that such events provide *closure*) that “the return of bodies to families may be more generatively conceived as *opening* memories, old wounds” (p.1). While this review will later concur that being-in-the-body may be therapeutic inasmuch as it holds possibilities for *opening* to personhood, it will also find that we live, nevertheless, in a culture of *closing* to the body. To the pathogenic consequences of technological modernity reviewed earlier – *calculation*, *massiveness* and *acceleration* – the literature will suggest that we must now add *disembodiment*.

Axiomatically, antitherapeutic factors in the modern technological franchise are most evident in the lives of disenfranchised people. It is illuminating, therefore, to review Black experiences of embodiment first of all. Taylor writes that transatlantic slavery (and its ongoing sequelae) took bodies and:

“applied technologies to sever them from being and personhood... [These technologies] included philosophy – the Cartesian mind split from the body; the Kantian black body [that] has no useful mind [...] The severed bodies are sutured to technologies that transform grind into wealth [but not for the benefit of the grinders, who instead] accumulate the traumas of severing” (Taylor, 2023, p.110).

With this expansive synthesis, Taylor horizontalizes slave ships, plantations, capitalism and dualist philosophies as mutually-enabling technologies in the service of depersonalisation. She thereby holds space for the idea that mind-body dualism, which has outlasted chattel slavery in the West, remains a functioning equipment of Western alienation: a keystone technology of an antitherapeutic social environment.

Gordon (2022) goes further, adding language itself to the nexus of depersonalising technologies. Noting how acute Fanon’s *Black Skin, White Masks* (Fanon, 1952/2021) remains on the 70th anniversary of publication, Gordon writes that “The separation of person from the body is not a feature of many non-European languages, and it was not historically so for many European languages. The process of people becoming ‘things’ was crucial for historic practices of colonization, enslavement, and violence” (Gordon, 2022, p.1577). Colonisation creates language that depersonalises bodies, and “so long as the colonized, the damned, remain locked in a consciousness of being created by a creator who rejects them, they would suffer the

melancholic reality of nonbelonging” (pp.1581-1582). Gordon draws a parallel between Black personhood and Frankenstein’s creation, both condemned by a constructed embodiment and “left praying to his/her/it/their body for the potential of openness – to become questions, possibility, human” (p.1582).

Regarding self-therapeutic possibilities of being-in-the-world, we can ask how people ‘become human,’ in Gordon’s terms, within a depersonalising society. The literature suggests that to show up in society *sōma kai psychē* (in body and mind) requires an intricate navigation of society’s mores and codes. The more objectified and othered a body, the more challenging that navigation. In this regard it is illuminating to focus next on women’s embodied experiences, and here in particular not on the ubiquitous violence and sexual aggression that women experience far more frequently than men, but on the microaggressions that non-male bodies experience in the societal everyday.

Once in every day, women must “negotiate an authentic self in daily makeup rituals relative to myriad social relations, materiality and cosmetic industry advertising” (McCabe et al., 2017) that value – yet also shame – the body. (This is also true for women who negotiate that authentic self through the choice to not apply makeup.) Women also dress, which Machado identifies as nothing less than an effortful (and costly) daily ritual of asserting personhood within patriarchy. Of one black-draped boutique she writes:

“The lack of color is to show off the dresses. It terrifies our patrons into an existential crisis and then, a purchase. [...] ‘The black,’ she says, ‘reminds us that we are mortal and that youth is fleeting. Also, nothing makes pink taffeta pop like a dark void’” (Machado, 2017, p.74).

Once in every month many women menstruate; once in every life most women experience menopause. De Beauvoir sardonically observes that in navigating these everyday situations, a woman’s lot “is heavier than that of [non-human] females in just about the same degree that she goes beyond [non-human] females in the assertion of her individuality” (de Beauvoir, 1943/1956, p.59). In other words, for a woman to assert personhood within patriarchy requires an effortful navigation of situations including the-body-menstruating, the-body-gestating, the-body-breastfeeding and the-body-menopausal: efforts that are not required of men and for which little space outside disgust (Cook, 2016) and stigmatisation (Nosek et al., 2010) is afforded in society. In order to establish personhood in such extreme conditions, women may

feel forced to collude with dualism through a degree of self-objectification (Morris et al., 2014) and self-alienation (Kelland et al., 2017); identifying as *psychē* while objectifying the body.

For women in a society that pathologizes their ordinary embodied existence, could an embodied therapy-in-the-world address these ‘traumas of severing’?

Savidaki et al (2020) find that dance offers women a possibility to re-inhabit the body following the extreme severing experienced in eating disorders. Rhodes (2015) discovers that yoga offers women a similar re-integration of bodily experiencing that has been severed following trauma. Jackson & Scott (2008) find that women’s experiences of orgasm can bridge the socially-necessitated divide between personal and depersonalised aspects of gender and sexuality. Studies of women long-distance athletes find that running is reparative “in patriarchal, dualistic cultures that split mind and body, and denigrate the female body, women’s experiences of being bodies are commonly impacted by interpersonal trauma and insecure attachment” (Ludwig, 2019, p.346).

It isn’t only society’s *attitudes* to women’s bodies but its *call* on their bodies that is antitherapeutic. Studying athletes, Boudreau & Giorgi (2010) find that women disproportionately experience themselves with carer responsibilities, at the service of others. Endurance sport allows women a rare respite from being-for-others, releasing “a dormant sense of self” (p.237). Women talk about running “as meditation, therapy, quiet time” (p.239). Female marathoners who later incorporate the running as therapeutic disclose “a mental state in which a woman completely loses focus on what time it is” (p.257) and a rare chance to notice themselves.

In all these accounts of self-therapeutic embodied experiencing, there is a common thread: a matching of a societal wound to a personal means of healing through “direct encounter with the core of the body and psyche... the place that trauma and insecure attachment can destabilize, leaving the disembodied self vulnerable to psychopathology or a pervasive sense of disease” (Ludwig, 2019, p.355).

But *how* are such embodied experiences integrated as therapeutic? Which philosophical and theoretical perspectives can help us to consider them? So far we have focused on the antitherapeutic social environment that encourages disembodiment and depersonalisation. To

address these new questions it will be useful to move from societal to personal accounts of woundedness and healing.

One self-navigated practice connecting personal narrative to personal embodiment is whole-body mapping (Cochrane et al., 2022; Jager et al., 2016), which invites episodes of life story to be visually associated with bodily loci. In the tradition of van der Kolk's influential model, in which trauma is conceptualised as residing in the body until it can be languaged (Van der Kolk, 2014), many researchers consider body mapping therapeutic inasmuch as it connects people to embodied trauma that might otherwise be inaccessible (Crawford, 2010). In Collings et al's (2022) study of mothers whose children were removed, the authors go further by suggesting therapeutic possibilities for body maps as communication vectors for the enduringly unsayable, "a visual map of the impact of complex systems on the individuals who encounter them" (Collings et al., 2022, p.892).

It is useful here to challenge an assumption contained in these trauma models: that of the body as a mute reservoir for inarticulable experience. In compassionately framing the body as a wise and longsuffering ally, these models nevertheless risk colluding with the Cartesian severing of body from mind that precipitates much of the suffering in the first place. That the conceptual severing is executed in a framework of empathy rather than scorn shouldn't numb us to the dualist worldview encoded within such therapeutic claims for distance-walking, for example, as: "the body in motion is capable of evoking or 'speaking for' several wounds that have remained in the realm of the unspeakable" (Egan, 2010, p.127).

Existential philosophy offers a different conceptualisation of the embodied dormancy of originary experiences (good and bad) that people carry with them until a precipitating event allows therapeutic incorporation. Merleau-Ponty always places the body in relatedness, arguing that "memory or voice are rediscovered when the body again opens to others or to the past, when it allows itself to be shot through by coexistence" (Merleau-Ponty, 1945/2014, p.168). For Merleau-Ponty the body is not a dumb silo for experience, but rather "gives the form of generality to our life and prolongs our personal acts into stable dispositions [...] The body is our general means of having a world" (Merleau-Ponty, 1945/2014, p.147).

Here this part of the review returns to its first finding: that an embodied therapy-in-the-world might be concerned with *opening* to worlded experience, within an antitherapeutic dualist

culture that is closed to the body. From a Merleau-Pontian perspective, embodied experience may be therapeutic inasmuch as it offers an *opening* to possibilities for self-with-others or self-with-the-past. In Merleau-Pontian ontology, the therapeutic is associated with existential possibilities trapped in the world until we open to it, rather than with essential experiences trapped in the body until we language them.

But how can the therapeutic key to wounds associated with our personal history possibly be found in the world, not in us?

The literature suggest that an answer must include “the existential concept of time, [which] sees past, present and future not in linear succession but as multidimensional. The past is still present in a present that anticipates the future” (Cohn, 1997, p.26). This is close to Gendlin’s therapeutic conceptualisation of how experience carries itself forward in the body: “We *feel* our life events because our bodies are a continuous experiencing of the whole situation that we are living” (Madison & Gendlin, 2012, p.82) – a situation that includes our present narrative of our past and our present positioning towards our anticipated future. The body as a thinking-feeling-synthesising situation does not exist in a discrete *chronological present*. It is not separate from a future that might-or-might-not unfurl as planned, nor from a past that exists only as formatted memory that might be accessed on-demand, stored in the body or mind as if it were a USB stick. Rather, the body exists in a *lived present*. The lived present “contains a past and a future within its thickness [...] At each moment we know the place of an event in the thickness of our past without any explicit recollection” (Merleau-Ponty, 1945/2014, p.288). To open to the world in an embodied sense within the lived present, therefore, allows an existential therapeutic possibility for the self in which memory and voice can be *rediscovered*, not *recalled*.

Concretely, for example, in her persuasive phenomenology of the therapeutic possibilities of movement, Purser finds that the act of dancing “allows us to explore the primacy of movement in our interactions with the world and thus reacquaints us with feelings of self-determination, intentionality and purposiveness” (Purser, 2021, p.170). The therapeutic claim is to reacquaintance, not retrieval. And Purser goes further, finding that embodied practices such as dance not only allow a therapeutic rediscovery of personhood, but also offer a therapeutic “epistemological untethering” (p.171) from the depersonalising culture of Descartes’ dualism.

To know human being is not to know that one *thinks*, but to know that one *moves* (p.169). Therapeutic being-in-the-body, in these terms, is the therapy-in-the-world of movement.

This part of the literature review began with the observation that the phenomena and therapeutic possibilities of being-in-the-body are most evident in the case of bodies excluded from the societal franchise. Focusing on Black and non-male experiences of embodiment, it identified Western dualism as a causal factor in life-distress, and a confounding factor in therapeutic models of embodied practice that value the body while nonetheless othering it. This led to the exploration of a Merleau-Pontian framework for considering the therapeutic possibilities of being-in-the-body as worlded discovery, rather than personal retrieval. Rather than ending here, though, as if some authoritative conclusion has been reached about what therapeutic being-in-the-body really ‘is’, it is appropriate to return to one final category of disenfranchised bodies that invites a more metaphysical focus into the inquiry. This is the category of bodies that are disabled, dying and sick.

In a beautifully-conducted phenomenology of coming to terms with the onset of Type-II diabetes, a disease which must stand-in here for the onset of every person’s awareness of the seriousness of their mortality, Gammeltoft (2022) notices her participants’ profound ambivalence about the therapeutic possibilities that the disease precipitates. The greatest possibility is that of deeper connection with others, as the connection with their own vital agency becomes less reliable. And yet “the transformation they experienced was tentative and hesitant, one that they submitted to with scepticism and reluctance” (p.15). Sufferers found themselves “caught in an uneasy state of ambiguity, living with a persistent inner nervousness, an affective tone of mild discomfort. Their shift was, it seemed, a shift into another, more complicated and troubled way of being” (p.5).

Gammeltoft’s key existential insight is that the ‘scepticism and reluctance’ with which bodily disintegration is integrated therapeutically is not to be glossed over, but rather understood as revealing a complexity in which the relation between selfhood and society is changing. Diabetes “threatens to undo people in a quite literal, bodily sense, and in a moral, emotional, and existential sense. And yet, people would insist on the ordinariness of their lives; they insisted that despite their disease, life continued as before” (p.7). Sufferers resolved the paradox by increasing their care for others, and in so doing “held on to their place in the collective,

contributing to and upholding it... Fearing that their own bodies might fall apart, they struggled to keep social bodies together” (pp.13-14).

With Gammeltoft’s finding, this part of the review has come full-circle. If our body is our “general means of having a world” (Merleau-Ponty, 1945/2014, p.147), then it is also a means that we must ultimately surrender to our society – a society which (in no small part to cope with the grief of losing us) tends to separate earthly life from eternal soul, ‘mortal’ body from ‘immortal’ mind, in such a way as to create depersonalising conditions for the living – most poignantly for those whose bodies are especially despised.

How beguiling is Plato’s idea, echoed by Descartes, that the body is only our earthly prison (Dinkelaar, 2020, p.43), yet how cruel are the living consequences of that severing of body from soul. On the other hand, how unpromising for our immortality is Aristotle’s idea that “just as the pupil and sight make up an eye, so the soul and body make up an animal” (Aristotle, c350BCE/2002, p.10, 412b27) – and yet how valorising of embodied life. Ultimately the question of how being-in-the-body might be ‘therapeutic’ is a metaphysical question about suffering and (im)mortality.

Schopenhauer, for whom we are “The bird in the cage / [who] Sings not from pleasure, but from rage” (Schopenhauer, 1851/2015, p.267), might laugh at the idea of ‘therapeutic’ modes of being-in-the-world, suggesting instead that earthly life is a penal colony in which the correct way to address one another should be “socî malorum, compagnon de misères, my fellow sufferer” (Schopenhauer, 1851/2015, p.273). Weil might concur, observing that in the foundational narrative of Western society, the *Iliad*’s sufferers reach a point of no-return when “the very idea of wanting to escape the role fate has allotted one – the business of killing and dying – disappears from the mind” (Weil, 1940/1956, p.20). In the Judeo-Christian canon, Adam and Eve experience a similar modal shift (we might say: from existing to suffering) upon expulsion from paradise. Milton’s downcast Satan expresses not only the distinctness of suffering-being in the Jacobean mind, but also the unremitting gravitational odds against re-ascending from the embodied state when he curses: “O sun, to tell thee how I hate thy beams / That bring to my remembrance from what state I fell” (Milton, 1667/2005, p.106). Centuries of theological hermeneutics concern the theodical problem of embodied suffering as “a boundary... which sets limits to our process of becoming and raises the question of the meaning of human existence” (Long, 2006, p.141).

What's new, in fact, is the existential assertion that blessed people and suffering people experience a mutual being-in-the-world: a shared potentiality. Therapeutic language can't accommodate this existentialist monism. We still use pre-Heideggerian terms for what might 'be' therapeutic: *acceptance*, *interpretation* and *healing* are even pre-Enlightenment concepts. The deracination of these terms conceals an important ontological loss, since they are uprooted from their embeddedness in Stoic and Judeo-Christian metaphysics, where they stood in relation to divinity: to that which is absent from present experience.

Eckhart channels this metaphysics when he writes that sufferings "are good for me, that I well know. But ask God to give me his grace in order to suffer them willingly" (Eckhart, 1308/1994, p.91). Camus retrieves Eckhart's orientation six centuries later, writing that "the important thing... is not to be cured, but to live with one's ailments" (Camus, 1942/1975, p.37). But Camus rejects divinity as an escape from life's absurdity, levelling at Kierkegaard the accusation that his faith reveals his hope of having suffering cured (Camus, 1942/1975, p.37).

Perhaps the early Camus misunderstands Kierkegaard, for whom it isn't the role of the divine to help us live with suffering, but the role of suffering to help us live with the divine. Years before being reluctantly drawn (Rosen, 1979) to Weil's spirituality, the young Camus is still a zealous inheritor of Heidegger's ontology – a philosophy of plenitude, of a foundational presence-at-hand. Heidegger's world is so replete, in fact – so full of hammers and tables and Theys to relate with – that the primary problem for Dasein is how to live authentically amid the crowd. Within the existential approach, to live authentically to one's potential has come to define therapeutic being-in-the-world. By perhaps furious Schopenhauer, distraught Achilles and suffering Weil had a different problem: they couldn't live inauthentically if they tried. To live as a suffering mortal, then, is the challenge of embodiment. While noticing existential philosophy's usefulness in framing therapeutic being-in-the-body in this world, the literature of three thousand years suggests that we should be humble in the presence of those whose eyes are fixed upon the next. It should be no surprise that to have our bones returned to us opens more questions than it closes.

5.6 Being-witness: the ‘total liberation of the constrained heart’

Being witness to one’s own and each other’s experience of being was an intrinsic mode of the ancient therapy-in-the-world. Fragments remain of song lyrics that visitors to the Asclepieia would sing together, including to “the untiring Sun, the waxing moon, and all the stars that crown the sky” (Melfi, 2011, p.319). Wonderfully, some fragmentary musical notation survives of this singing, revealing melodies pitched for tenor voices, accompanied by seven-stringed cithara, and sounding somewhat like modern Icelandic epic songs (West, 1986, pp.43-44). The singing was a collective acknowledgement and witnessing of nature’s beauty, gods’ power, and humans’ sagas.

Galvin (2019) offers a compelling account of the ontological functioning of such poetising therapeutic forms as these by connecting Gendlin’s idea of bodily felt sense (Levin, 1994) with the later Heidegger’s concept of dwelling as being with the fourfold (Harman, 2009). Poetry engenders an *attunement* to wellbeing by bringing disparate aspects of being into unity: “In the interplay of earth, sky, divinities and human mortals *an openness is stirred up*” (Galvin, 2019, p.4). This part of the literature review will examine the ontological basis of that openness, and explore the many artistic and collective forms in which ancient and more recent people have experienced the stirring.

In the Asclepieia, poetry and collective singing was just one of the therapeutic modes of artistic expression that were practiced. In multi-purpose gymnasia or dedicated *ekklesiasteria* (an *ekklesia* is a popular assembly), theatrical re-enactments of myths related to healing would be staged, and visitors would also re-enact their own healing journeys on stage (Melfi, 2011, p.322), either as poetry or drama, for their peers to witness. It is plausible (Mata, 2018) that Sophocles, a visitor to the Asclepieion at Athens, developed his method of dramatic catharsis (in which the audience witnesses and thereby also *experiences* the characters’ emotional transformations) through engagement with Asclepieian theatrical enactment. Visual art was also used therapeutically: Gutzwiller (2009) finds multiple contemporary sources recording the solidary or cathartic emotional responses of visitors upon witnessing lifelike paintings at

Asclepieia. Evidently music, performance, poetry, drama and painting all found place in the ancient therapy-in-the-world.

Writing and reading are particular forms of testifying to and witnessing lived experience, and indeed one of the first recorded bibliotherapies is the reading practiced by the sick in the library of the great Asclepieion at Epidaurus (Melfi, 2010, p.335). We know that the Asclepieion at Pergamon had a large library too, lined with bookshelves and holes for scrolls (Christopoulou-Aletra et al., 2010, p.260). Visitors would also read votive tablets detailing the therapeutic cures received by grateful earlier visitors (Buckley & Galanter, 1979, p.119), which necessitates that visitors must have reflected upon and recorded their own experiences of suffering and therapy. Petridou quotes Aristides's experience of the attendants at an Asclepieion "commanding me to speak and write when I found it difficult to breathe... people cured in this way can boast a little bit about it" (Petridou, 2019, p.183). While it would be a stretch to claim this as an early example of therapeutic journaling, it is clear that reading and writing were intrinsic to the mode of being-witness that was central to the ancient therapy-in-the-world.

Why did the ancients afford such a central therapeutic place to witnessing representations of human lived experience, and of bearing witness to it? How might we understand this mode of being-in-the-world when investigating the therapeutic possibilities of being-witness today?

The literature answers first by reminding us that ancient ontology didn't decouple psyche from world. For the Greeks the narratives, myths and enactments bearing witness to worlded existence *were* metatheories of being, just as Torahic and biblical narratives were to the middle period of history, and as the intrapsychic metatheories of psychology and psychotherapy are to our own. If we choose to read the Greek myths as existential therapeutic texts bearing witness to embodied worldedness, then we can notice that each of the five therapeutic mode of being-in-the-world foregrounded in this review finds a corresponding narrative in the Greek canon:

- (i) For a metatheory of being-in-transit, characterised here as 'learning to be free' through the difficult integration of liminal being back into everyday life, the Greeks had Homer's *Odyssey* (see earlier).
- (ii) For being-in-nature, characterised here as grieving a 'profound but invisible wound' caused by the splitting of Kairos from Chronos time, or natural from technological

being, Greece had the myth of Prometheus – who, with the primal gift of fire, introduces technological being to humankind and whose resulting torment foreshadows our own (Cucu & Lenta, 2019).

- (iii) For being-in-alterity, characterised here as ‘longing differently for happiness,’ the ancients had the myth of Persephone, whose underworld sojourn others her from herself. Glück expresses this powerfully:

“is earth / ‘home’ to Persephone? Is she at home, conceivably, / in the bed of the god?
/ Is she / at home nowhere? [...] They say / there is a rift in the human soul / which
was not constructed to belong / entirely to life” (Glück, 2006).

- (iv) For being-in-the-body, characterised here as addressing the ‘traumas of severing’ of body from spirit, the Ancient Greeks had the canon of myths later poetised by Ovid as the *Metamorphoses*, which we know is intended as an allegory of human being since Ovid called it “a better likeness of himself than any portrait” (Curran, 1972, p.71). Each Greek narrative of metamorphosis is the story of a breakdown in the ability of the embodied self to be-in-the-world. In existential terms, we might say that “with [each] disturbance, a new way of Daseining comes into being” (Dreyfus, 1991, p.70).

- (v) Finally, for the mode of being-witness itself, the ancients had an embarrassment of narratives – the best-known being that of Arachne, who incurs Athena’s ire by weaving an exquisite tapestry bearing incontrovertible witness to the tragedy of mortal being. They also had a tradition of performing these tragic narratives with therapeutic intent. Indeed Aristotle’s definition of tragedy, in traditional translations, is given as something like:

“the imitation of an action that is serious and also, as having magnitude, complete in itself; in language with pleasurable accessories, each kind brought in separately in the parts of the work; in a dramatic, not in a narrative form; with incidents arousing pity [eleos] and fear [phobos], wherewith to accomplish its catharsis of such emotions” (Aristotle, c335BCE/1984, p.2320, 1449b24-28).

There is a centuries-long debate (Vöhler, 2016) over whether Aristotle meant ‘catharsis’ in a moral, aesthetic or clinical sense – and in the current context of the therapeutic mode of being-

witness, the distinction matters. Gadamer (1960/2004, pp.125-130) navigates this controversy by translating Aristotle's *eleos* and *phobos* not as 'pity' and 'fear', as is traditional, but as *commiseration* (literally sharing the misery of the afflicted characters) and *apprehension* (for what the characters are about to face). For Gadamer these are modes of *ecstasis* (standing outside oneself; transcending oneself).

It is this ecstatic involvement of the witness in the drama that elevates witnessing from an act of detached (aesthetic or moral) consciousness to one of transcendental consciousness. When the apprehended tragedy does finally play out, Aristotle offers that the emotions of commiseration and apprehension are *purified*. Gadamer takes us closer to a feeling for what might be therapeutic about being-witness by suggesting that what Aristotle means by catharsis (or 'purification') is that the *ecstasis* set up within the witness is a form of dissonance or dissociation: a refusal to accept that the dreaded events could really be happening. When the dreaded events do ultimately happen, we are *pensively* returned to ourselves. For Gadamer, in this pensive moment:

“the effect of the tragic catastrophe is precisely to dissolve the disjunction from what is. It effects the total liberation of the constrained heart. We are freed not only from the spell in which the misery and horror of the tragic fate has bound us, but at the same time we are free from everything that divides us from what is” (Gadamer, 1960/2004, p.127).

But what does that mean, therapeutically, to be 'free from everything that divides us from what is'? Could it not perhaps be *anti*-therapeutic to free ourselves from our functional everyday dissociation from what is? Isn't it exactly this useful dissociation that permits us to read the news without going mad with grief, and that allows us to exist without the constant apprehension of our own tragic prognosis (illness, loss, diminishment and death)?

Heidegger might suggest that *resoluteness* is the therapeutic invitation offered by the challenging moment in which catharsis frees us from our useful everyday dissociation.

“In resoluteness, the Present is not only brought back from distraction with the objects of one's closest concern, but it gets held in the future and in having been. That Present which is held in authentic temporality and which thus is authentic itself, we call the 'moment of vision'. This term must be understood in the active sense as an *ecstasis*. It means the resolute rapture with which Dasein is carried away to whatever

possibilities and circumstances are encountered in the Situation as possible objects of concern, but a rapture which is held in resoluteness” (Heidegger, 1926/1962, p.387).

In these terms, to witness tragedy is precisely to be carried away into ecstatic distraction with the objects of one’s closest concern (involving our terrifying prognosis), but then to be brought back by the tragic denouement into what Gadamer calls a moment of ‘total liberation’ and Heidegger calls a ‘moment of vision’. Existentially and therapeutically, there is potential for that moment to endure. Gadamer stresses that witnessing tragedy – or the depiction of human being in any of the other arts – isn’t:

“a temporary intoxication from which one reawakens to one’s true being; instead, the elevation and strong emotion that seize the spectator in fact deepen his continuity with himself [...] [it is] a self-encounter [...] the viewer is never simply swept away into a strange world of magic, of intoxication, of dream; rather, it is always his own world, and he comes to belong to it more fully by recognising himself more profoundly in it” (Gadamer, 1960/2004, pp.128-129).

Existentially, then, the literature contains a strong case for the therapeutic potential of being-witness to representations of the human tragedy. But beyond tragic catharsis, are there other therapeutic possibilities of being-witness? How do more recent researchers describe the processes arising when witnessing other people’s representations of being?

In our modern age, in which the overwhelmingness and complexity of living is arguably as noticeable as its tragic dimension, a consistent finding is that to be witness to *ambiguity* may be as therapeutically important as to be witness to tragedy. In a meticulous study of participants’ experiences with art, for example, Funch (2021) finds that the experience “*reawakens an emotion from a previous existential encounter* when the emotion was not constituted by a sensate form because circumstances *at that time* had been indistinct or ambiguous” (p.5). Similarly, studies into transformative incorporation of musical experiences find that participants “spoke of rather vague affective states that were sometimes difficult to describe” (Schäfer et al., 2013, p.537) and that became languageable via music. A signifier of transformation through philosophic reflection itself may be that it “cannot be communicated or construed” (Gutschmidt, 2020, p.408) until witnessed in some catalysing way.

What are the qualities and the therapeutic possibilities of this being-witness to one’s own or each other’s ambiguous experience – via painting, music, philosophy, or the other arts? In order

to consider the question at depth, the review will now focus on the particular acts of being-witness that are reading and writing. Witnessing through visual, performance or musical arts could equally serve as a focus, but space here requires that one form of witness must stand in for the others – and the written arts are chosen because they are the most studied as vectors of therapeutic witnessing. Indeed, the idea of witnessing-through-reading as *bibliotherapy* is an ancient one, with a logical basis captured neatly by Proust’s observation that:

“Every reader, as he reads, is the reader of himself. The work of the writer is only a sort of optic instrument which he offers to the reader so he may discern in the book what he would probably not have seen in himself” (Proust, 1923/1960, pp.265-266).

From such observations arises a hope that books can be “silent therapists” (du Plock, 2005a, p.301) that normalise some ambiguities of the reader’s struggle and contextualise it within a “community of suffering” (p.305). Many curators prescribe specific texts as therapies for specific ills – *The Reading Cure* (Freeman, 2019) is a popular example. Others describe specifically therapeutic perspectives from which general fiction might be read: *All Things Shining* (Dreyfus & Kelly, 2011), for example, takes an existential perspective. However, both approaches risk glossing the possibility that “the relationship between... clients and the text is idiosyncratic and defies assimilation into a specific and concrete ‘Bibliotherapy method’” (du Plock, 2005a, p.305). This accusation might particularly be levelled against current North American traditions of prescriptive bibliotherapy, which “do not offer an appropriate vehicle for those working with therapeutic approaches outside the broadly cognitive-behavioural” (du Plock, 2016b, p.44).

Detrixhe (2010) offers a thoughtful review of these prescriptive approaches, in which the orthodoxy is represented by Pardeck and Pardeck’s (1984) three-stage model of a client’s therapeutic engagement with a text. This and subsequent evolutions from Coleman and Ganong (1990) and Pardeck (1994) all posit, at base, that a reader’s identification with themes and characters results in insight into their own experience. From a phenomenological perspective, these models of therapeutic witnessing-through-reading are problematic in that they allow little room for researchers’ consistent findings (see earlier) that it is the ambiguity (rather than the specificity) of experience for which readers may seek witness.

In this context it is relevant to look at what readers *do* with the troubling experience of reading. When reading as a form of being-witness is researched as a “social practice” (Griswold et al.,

2005, p.127) rather than an intrapsychic act, the possibility opens up that ambiguous experiences can reveal individual meanings through social witnessing and social construction (Childress & Friedkin, 2011). Some researchers (Browne & Madden, 2020; Medina et al., 2021) have investigated social reading groups that explicitly incorporate dramatic performance into the interpretive and meaning-making process in which the group bears witness to a text. Other studies (Ariail Broughton, 2002) consider aspects of book groups in which meaning construction is implicitly performative. But in both cases the act of witnessing becomes a group hermeneutic process, rather than a self-contained self-therapeutic act.

The literature suggests that this group hermeneutic may take as many forms as there are groups. Women may use book groups in gender-specific ways including to negotiate the reception of ambiguous cultural transmissions (Burwell, 2007), to explore gendered sexuality (Craig, 2015), and to construct gendered racial identities (Kabba, 2013). There is strong support for the possibility that this collective witnessing may be therapeutic in processing ambiguous or complex experience for groups identifying as LGBTQI+ (Meixner & Scupp, 2020), groups living with intellectual disabilities (Hollins et al., 2016), groups for people imprisoned (Green, 2018), groups for people experiencing neurological conditions (Henriksson & Laakso, 2020), groups for adolescents living in inner-cities (Polleck, 2010), and even for groups who cannot read text at all but who connect through picture books (Hollins et al., 2016). Cross-culturally, there are studies of social processing of ambiguous experience in book clubs in Spain (Álvarez-Álvarez, 2015), Australia (Clarke et al., 2017; Clarke & Nolan, 2014), and the Arab world (Chaaban & Sawalhi, 2018; Elsayed, 2010). Consistently in this literature, the therapeutic possibilities of being-witness centre on collective processing of difficult or ambiguous experience.

Pulling back from the tight focus on the literary mode of being-witness, we can now return to the phenomenon observed across multiple modes of witnessing: that people cannot always explain ambiguous experience alone, instead seeking out others – witnesses to their own witnessing – to negotiate a “dialogic connection between primary and secondary process” (Cataldo, 2019, p.120). In a society that validates the first-order language of being-in-the-world less readily than the second-order language of received taxonomies of human experience (see *Introduction*), having one’s witness-to-being acknowledged by other witnesses may hold the therapeutic possibility that “societal demands, norms, and values lose their meaning and people

are not afraid of potentially going against them. This enables them to become entirely involved with themselves; they start to discover their own self” (Schäfer et al., 2013, p.538).

Here, though, is an ontological difficulty: if our discovery of self through ambiguous primal experience itself requires witnessing in order to be reified, what in fact is the role of a ‘self’? Are we condemned to the haunted metaphysics to which McCarthy gives powerful voice in *Blood Meridian*, in which meaning only exists beyond the self – a universe of intentions that one can notice but never author, where “every man is tabernacled in every other and he in exchange and so on in an endless complexity of being and witness to the uttermost edge of the world” (McCarthy, 1985/1990, p.141)? McCarthy is writing of the Old West, but the words could equally describe the more prosaic situation of present-day social media – the vastest and most complex system yet developed by humankind – whose functioning is exactly this recursive testifying and witnessing to a lived experience whose meanings are collectively policed.

Sartre, characteristically, offers no way out of this view of being as endless recursive witnessing. In his essay *Why write?* he notices that the act of writing (and by extension of painting, dancing, acting, testifying...) is a form of self-conscious witnessing in which:

“I fix my dream [...] I transpose it to canvas or in writing. Thus, I interpose myself between the finality without end which appears in the natural spectacles and the gaze of other men. I transmit it to them. It becomes human by this transmission” (Sartre, 1948/1988, p.60).

But this apparent fixity of what is claimed by the self as a proof of humanity always seems more real to the recipient than to the author, who remains “at the border of the subjective and the objective without ever being able to contemplate the objective arrangement which [they] transmit” (p.60).

For Sartre, then, the act of witnessing others testifying to their being has the effect of reifying the concept of selfhood itself, while the act of testifying has the converse effect of derealising the fixity of one’s own self. As van Manen puts it:

“Writing that searches for the inception of meaning, therefore, can be a profoundly unsettling experience. In the space of the text we witness the birth of meaning and the

death of meaning – or perhaps inceptual meaning becomes indistinguishable from the dark” (van Manen, 2016, pp.143-144).

Somewhere in-between testifying and witnessing, then, may reside a therapeutic (albeit unsettling) possibility for being. Here this review again comes full circle, since what is implied by effortful witnessing and bearing-witness to being is nothing other than phenomenology in Husserl’s terms: “the discovery and investigation of the transcendental correlation between world and world-consciousness” (Husserl, 1954/1970, p.151).

Qualitative research itself, of course, is a form of witnessing – and bearing witness to – human being. Here it is significant that later phenomenological researchers have largely (and perhaps lamentably) abandoned Husserl’s aspiration to transcendental disclosure in favour of relational revelation. Current phenomenological research has much in common with catharsis in the Aristotelian sense, in that it concerns “the subjective experience of the patient *as it can be re-experienced by an empathic listener*” (Stanghellini & Aragona, 2016, p.3, italics added). The claim of phenomenology in the hermeneutic tradition described by van Manen, from which the current study draws its method, is not that it may discover something transcendently true about being, but that it may reveal something resonant between the researcher’s interpretation and the reader’s experience as the reader witnesses, through the proxy of the researcher, the bearing-witness of the participants.

5.7 Summary of the literature review

A hermeneutic critical narrative account has been offered of the literature of five modes of therapy-in-the-world that are commonly reported in the present-day, and which were also concentrated by the original Asclepieia. By focusing on the existential literature of each mode and including recent research as necessary to reveal therapeutic potential, the review arrived at a description of the existential invitations contained within each mode. These may be summarised as follows:

Mode of being-in-the-world	Mythological correlate	Ontic state	Ontological state	Existential-therapeutic invitation
Being-in-transit	Odysseus	In movement	In liminality	To 'learn to be free', through the difficult integration of liminal being back into everyday life
Being-in-nature	Prometheus	In proximity to green-blue-ness	In ambivalence	To 'heal the invisible wound' between Kairós and Chronos time inherent in technological being
Being-in-alterity	Persephone	Outside one's everyday mode of cognition	With oneself-as-other	To 'long differently for happiness'
Being-in-the-body	<i>Metamorphoses</i>	Trapped in a body	Freed through movement	To address the dehumanising severance of body and mind
Being-witness	Arachne	In witness to tragedy or ambiguity	Without separation from 'what is'	To effect 'the total liberation of the constrained heart', individually or with others, by integrating with <i>resoluteness</i> the ec-static moment in which separation from 'what is' is lost

6 Methodology

6.1 Insufficiency of quantitative approaches

In the literature review (see especially 5.3) we saw how the quantitative analysis of data from population samples has no provision for idiosyncratic relationships between ordinary distresses and modes of addressing them. This wouldn't matter if the present concern were with the mass provision of built environments, for example, for which quantitative findings are vital. But the current study cannot rely on a quantitative approach, since the concern of therapy is exactly to notice idiosyncratic relationships between ordinary distresses and modes of addressing them. And these relationships defy reduction. Any direct measurement of therapeutic outcomes is plagued by the "Everything's Problem" (Johnstone & Boyle, 2018, p.148):

- Aetiologically, distress arises from multiple life difficulties: everything (to an extent) causes everything.
- Intersectionally, it isn't possible to establish groups or individuals who haven't been somewhat exposed to every potentially distressing and therapeutic situation: everyone (to some degree) has experienced everything.
- In terms of comorbidity, distresses are neither unitary nor distinct: everyone (to an extent) suffers from everything.
- And therapeutically, everything (to a greater or lesser extent) is a possible treatment for everything – a situation captured by the 'dodo bird' finding (Wampold & Imel, 2015) that quantitative evidence supports multiple psychological interventions roughly equally.

Compounding this intrinsic immeasurability of therapeutic potential is the problem that what is measurable isn't necessarily meaningful. As Yalom puts it:

“Woe to the researcher who tries to measure the important factors, such as the ability to love or care for another, zest in life, purposefulness, generosity, exuberance, autonomy, spontaneity, humour, courage or engagement in life. Again and again one

encounters a basic fact of life in psychotherapy research: the precision of the result is directly proportional to the triviality of the variables studied” (Yalom, 1980, p.24).

Instead, studies such as the current one should be concerned with each individual’s way of being. Since “each Dasein constitutes its own world; to study all beings with some standard instrument as though they inhabited the same objective world is to introduce monumental error” (Yalom, 1980, p.23).

6.2 Evolving basis of phenomenological research

The epistemological contention that we don’t all know the same objective world is the basis of phenomenological research, following Husserl’s foundational distinction between *life-world*, a “universe of what is intuitable” (Husserl, 1954/1970, p.127), and *objective-true world*, a “nonintuitable logical substraction” (p.127). But Husserl’s further insight is that the intuitive quality of human subjectivity, and the consequent immeasurability of human outcomes, needn’t excuse us from investigating human being in a systematic way.

Phenomenological research begins in our own subjectivity with a question that animates us. We *leap ahead* of ourselves to systematically explore that question using our own *being-with* it, first alone (in literature-reviewing and reflexivity), then alongside participants (in interview), then alone again (in the analytic phase). Heidegger distinguishes leaping ahead from “the kind of ‘logic’ which limps along after” (Heidegger, 1926/1962, p.30). Leaping ahead discloses ways of being that we can then make “available to the positive sciences as transparent objects for their inquiry” (p.31). Phenomenology is a structured practice in which the invisible experience of the life-world is made discoverable in the factual world. For example, Western science ‘knew’ for centuries that there were only four flavours – sweet, sour, salt, and bitter. Only when one researcher (through phenomenological self-study) identified the ‘umami’ flavour could empirical science know to seek (and indeed find) receptors for umami on the tongue (Proctor, 2015). This example shows that we can and should be optimistic about the potential of phenomenological research to affect, and perhaps even improve, people’s everyday lives.

Present-day phenomenological research does have a branch, Descriptive Phenomenology (Giorgi, 2009, 2012), which still adheres to a Husserlian view that bracketing of the researcher's subjectivity is somewhat possible and can produce more-or-less 'objective' descriptions of life-world phenomena. As discussed earlier though (5.6), much life-world research no longer reaches for Husserlian transcendental revelation of universal truth. In adopting a more intersubjective, interpretive position following Gadamer (1960/2004), phenomenology nevertheless remains a systematic investigation of objects that are not yet transparent, delimited or measurable. That systematicity is baked-in to several proven phenomenological approaches, which all have in common a stance adopted by researchers such as Finlay (2002a, 2002b, 2008), who place less emphasis on the possibility of bracketing the researcher's interpretation, and more on making it visible – both to the reader and the researcher themselves – through transparent reflexive practice.

6.3 Selection of a phenomenological approach

This post-descriptive family of phenomenological research approaches offers at least three tested and credible methods that would all provide a good-enough basis for the current study. Like any relationship, it is the researcher's love for and commitment to the method that makes it work. In choosing between Interpretive Phenomenological Analysis (Smith et al., 2009), Structural Existential Analysis (van Deurzen, 2014a) and Hermeneutic Phenomenology (van Manen, 1990, 2007, 2016; van Manen & van Manen, 2021b) I established five criteria specific to this study's requirements, and made judgements about whether each approach met a criterion not-at-all (score 0) or well (score 5) on an unscientific scale of 1 to 5. These judgments are captured in the following table.

The approach should...	Interpretive Phenomenological Analysis	Structural Existential Analysis	Hermeneutic Phenomenology
...uncover what is happening ontologically for individual participants, both in their life-distress and in their ‘therapeutic’ mode of being-in-the-world.	5	5	5
...be capable of noticing resonances and dissonances with modes of therapy-in-the-world as construed in the literature review.	4	4	4
...transparently acknowledge and appropriately include the researcher’s own judgements as a practicing therapist for the weighting and interpretation of the participants’ material and the historical material.	2	4	4
...be consistent with this study’s aim (4.3) not to use language that “builds up beyond nature a humming, busy world of its own” (Merleau-Ponty, 1969/1973, p.3), but instead to tell the story of the phenomenon.	1	2	4
...allow each phenomenological step to be a logical and creative response to the findings of the step that preceded it, such that the method can develop as it learns.	1	2	4
Overall percentage fit	52%	68%	84%

6.4 Assumptions and teloses of Hermeneutic Phenomenology

On the basis of this assessment of fit, the approach retained is that of Hermeneutic Phenomenology (HP) as developed by van Manen (1990, 2007, 2016; van Manen & van Manen, 2021b). HP is the name used here, since it is how the research community most commonly refers to van Manen’s method. Van Manen himself calls it “human science” (van Manen, 1990), “phenomenology of practice” (van Manen, 2007), “meaning-giving methods” (van Manen, 2016), or simply “doing phenomenology on the things” (van Manen, 2019). In

fact HP is very different from Heidegger's hermeneutic phenomenology (on which it nevertheless draws deeply), since (as van Manen's critics note – see 6.5.1 below) HP is concerned with producing readable hermeneutic accounts of practical everyday lived experience, rather than producing fundamental ontology.

Additionally to the assessment of methodological fit, HP also has two primary assumptions and two unique teloses that differentiate it from other interpretative phenomenological approaches in a way that makes it particularly suitable for the current study. These assumptions and teloses will now be examined.

6.4.1 Sufficiency of writing-and-rewriting as an analytic technique

HP's first distinctive assumption is that writing-and-rewriting is a necessary and sufficient interpretative analytic, when practiced upon the outputs of structured epoché-reductions selected for their revelatory potential. When participant and researcher mutually create (in the research interview) a form of words that fits a phenomenon, they have worlded that phenomenon through language. When the researcher uses structured epoché-reductions to assist in writing-and-rewriting that dyadic worlding until it is returned to its most resonant form for the reader, then the researcher, through language, is “mediating in a personal way the antinomy of particularity... and universality” (van Manen, 1990, p.23) as revealed in the triad of participant, researcher and reader.

With its signature practice of writing-and-rewriting, HP explicitly situates the contributions of participants within a linguistic inheritance. Aagaard neatly distils this peculiarity of HP:

“Because this method is anchored in the hermeneutic tradition, it places great emphasis on the poetic qualities of language and is very concerned with the textual presentation of its findings. It opts for creative forms of writing and its results are offered to readers as insights. When producing such insights, hermeneutic phenomenologists do not adhere strictly to the given (i.e. transcriptions), but also seek to evoke understanding through the use of examples from literary novels, short stories, painting, and poetry” (Aagaard, 2016, p.524).

This study, for example, incorporates creative retellings of interview encounters (9.4) alongside ancient texts of therapy-in-the-world (5) and philosophical interpretations of participants' contributions (9.9).

6.4.2 Reawakening as a criterion of validity

HP's second distinctive assumption is that a phenomenological description should "reawaken" (van Manen, 1990, p.10) a corresponding lived experience in the reader. Thus, HP's principal claim to validity is neither objective description, nor transcendence, nor reproducibility, but rather that the research should bring something to life for some (but likely not all) readers. HP is unique in this respect, in that it combines the structured methodical approach of the sciences with the validation criterion of the arts. HP is first-and-foremost a "poetizing activity... [written in] language that authentically speaks the world rather than abstractly speaking *of it*" (van Manen, 1990, p.13). HP (and therefore this study) explicitly aims to produce knowledge in the language of being, which Merleau-Ponty calls the "prose of the world" (1969/1973). If the researcher is able to transpose the phenomenon into the 'prose of the world', then the study's findings are known as a "phenomenology of practice" (van Manen, 2007) – a democratising text that uses our shared practice of worlding lived experience through language, rather than the researcher's 'trained' expertise or the method's presumed effectiveness, as its predicate.

6.4.3 Teloses of ordinariness and of mutative potential for the researcher

In addition to these two distinguishing assumptions, HP has two signature teloses that make it particularly suitable for the present study. The first is its special preoccupation with non-technical, non-specialist experience. HP is explicitly attuned to producing knowledge about "the nature and meaning of *our everyday experiences*" (van Manen, 1990, p.9, italics added). This is reflected in the preoccupations of HP's canonical researchers: the superstitious activity of touching wood (van Manen & van Manen, 2021a, p.85), the experience of a child's first smile (p. 61), a curiosity about why some things make us laugh (p. 146). In this way HP aims to be an accessible "science of examples" (van Manen, 2017, p.814), suitable for this study's aim (4.1) to investigate accessible processes in an accessible way.

HP's second distinctive telos is its foundational intent "through textual reflection on the lived experiences of everyday life... to increase [the researcher's] thoughtfulness and practical resourcefulness or tact" (van Manen, 1990, p.4). HP characterises research as a caring act of service (van Manen, 1990, p.5) by a researcher who cannot afford the 'scientific' attitude of disinterestedness (p.33), and whose moral courage is the methodology's criterion for rigour (p.17). Perhaps a less grandiose way of putting it is that HP needs the findings to matter to the researcher in their own everyday life. As discussed in the introduction (4.1), I know why this matters to me.

6.4.4 Further advantages of HP for the present study

In addition to these two distinctive assumptions and two signature teloses, HP has the advantages of being...

- **...epistemologically rigorous**, allowing for structured enquiry that defines and applies specific epoché-reductions in order to produce desired knowledge types.
- **...methodologically flexible**, allowing for chosen epoché-reductions to be practiced in an order and degree appropriate to the study.
- **...intrinsically communicative**, since its principal hermeneutic practice of writing-and-rewriting targets the reader's experience.
- **...comprehensively documented**, both through exposition (van Manen, 1990, 2016) and exemplification (van Manen & van Manen, 2021a), making it an accessible approach for the researcher to learn and practice reliably and accountably.

6.5 Serious issues with Hermeneutic Phenomenology as a research approach

Notwithstanding its distinctiveness and advantages, HP has serious issues as a research approach, and these must now be acknowledged and resolved. The problems can be divided into two categories: methodological and methodical.

6.5.1 Methodological objections, and why the present study recognises them

Zahavi (2019) makes a well-reasoned case that HP is insufficiently radical in regard to Husserl's original project. He argues that by its preoccupation with revealing what it is like to experience everyday occurrences *in terms of the lived meaning of that experience*, HP trivialises phenomenology's project of revealing phenomena in their own terms. For Zahavi:

“When thinkers like Husserl, Scheler, Sartre, Heidegger, and Merleau-Ponty engaged in phenomenological philosophizing, they most definitely were not simply seeking to offer fine-grained descriptions of the qualitative character of different experiences; they were not simply seeking to attend to hitherto unreflected and unnoticed aspects and details of lived experience” (Zahavi, 2019, p.901).

Rather, Husserl's transcendental phenomenology delivers ontological discoveries such as that “a hue can only exist as part of a colour, and a pitch only as part of a sound. Analyses like these are not about what various experiences are really *like*” (Zahavi, 2019, p.902, italics added). The true epoché and reduction aim instead to “make us aware of the extent to which our own subjective accomplishments are at play when worldly objects appear in the way they do” (p.903) – in other words, to help us notice the natural attitude in which we perceptually frame phenomena, in order to transcend that natural attitude, rather than to describe what it is like, psychologically, to experience those phenomena.

For Zahavi, phenomenology is an ontological investigation that is necessarily transcendental, rather than psychologically-oriented. Its telos, in other words, is to reveal a truth deeper than “the nature and meaning of our everyday experiences” (van Manen, 1990, p.9).

Van Manen (2019) provides an emotive refutation of Zahavi's critique, suggesting that phenomenology is not short-changed when adapted to investigate concrete phenomena. Van Manen argues (2019, p.911) that it isn't lacking radicalism to be concerned with lived experience (rather than with abstract philosophical problems). He suggests (p.912) that Zahavi undervalues the later Husserl's increasing preoccupation with concrete experience, and even chides Zahavi for forgetting "that professional practitioners and clinicians have real-world concerns – for example, the practical concerns of living with serious medical issues of infants and young people" (p.912).

Such valid admonitions don't in fact address Zahavi's argument. This is unfortunate, since Zahavi's criticisms can be viewed as a helpful way of orienting a researcher who nevertheless chooses HP as a powerful approach; an approach that is contextualised rather than negated by Zahavi's honest exposition of its limits. I argue that to understand the seriousness of Zahavi's point is in fact vital if the HP researcher is to know what they are doing, why they are doing it, and how not to claim fundamental ontological discovery by it. I can best illustrate this point by giving an example of phenomenology of the type that does conform to Zahavi's vision of the early Husserlian telos. Merleau-Ponty's phenomenology is always a phenomenology *of perception* rather than *of the lived experience of perceiving*. Thus, Merleau-Ponty is able to write:

“Caudel has a phrase saying that a certain blue of the sea is so blue that only blood would be more red [...] this red is what it is only by connecting up from its place with other reds about it, with which it forms a constellation [...] it is a certain node in the woof of the simultaneous and the successive. It is a concretion of visibility, it is not an atom [...it is...] a punctuation in the field of red things, which includes the tiles of roof tops, the flags of gatekeepers and of the Revolution, certain terrains near Aix or in Madagascar...” (Merleau-Ponty, 1968, p.132).

The passage continues at length and in beauty so exceptional that I find it painful to abridge. It's a transcendental phenomenology of redness, so far abstracted from lived experience that it appears to be condensed from the logical structure of perception rather than distilled from the testimony of humans. Such is the result of a skilled philosopher's radical application of epoché-reduction in the spirit of the early Husserlian telos. Its unabashed goal is transcendence, as Merleau-Ponty expresses so hauntingly when he offers that “on the far side of phenomena, God has forever been thinking himself” (Merleau-Ponty, 1945/2014, p.375).

This example powerfully illustrates Zahavi's point: that by contrast, HP is not phenomenological in the transcendental sense. And yet it also perfectly illustrates van Manen's point: that strict Husserlian phenomenology is more beautiful than it is clinically applicable. (The distinction matters, of course, in the context of the current study's aim of relevance to therapeutic practice.) It is only by recognising the honesty of both sides of the Zahavi/van Manen impasse that the researcher who chooses HP can become aware of the ontological register within which their phenomenology is valid.

The poetic force of transcendental phenomenology such as Merleau-Ponty's is also a useful challenge to the researcher aspiring to practice HP as "poetising activity" (van Manen, 1990, p.13). It serves as a threefold reminder:

- (i) That the bar for poetising is set high.
- (ii) That HP does not own a monopoly on poetry.
- (iii) That true transcendental phenomenology can also reawaken something vital in the reader – perhaps something in a register *beyond* lived experience.

6.5.2 Methodical objections, and how the present study addresses them

The second category of objections to HP is methodical. Applebaum, a foremost detractor of HP, quite wrongly and unjustifiably states that van Manen represents "epistemological-methodological questions as being only a secondary importance, the implication being that methodological clarity is not a prerequisite for qualitative research" (Applebaum, 2015, p.5). Van Manen has, on the contrary, devoted literal volumes (van Manen, 1990, 2007, 2016) to the careful and systematic exposition of the epistemological and methodological basis of HP (see 6.4). Reasonable people may disagree (as Zahavi does, and I do not) with van Manen's epistemological view of the occasional sufficiency of an aestheticizing phenomenology focused on lived experience. But no one should pretend (as Applebaum does) that van Manen fails to make a vigorous and supremely effortful epistemological case.

Applebaum is correct, however, in another serious assertion he makes, which relates not to methodology but to method. He rightly complains that van Manen “offer[s] procedures for conducting research while disclaiming that they are to be used in a procedural way” (Applebaum, 2012, p.50). How true! Van Manen’s gnomic declaration that “the method of phenomenology is that there is no method” (1990, p.30) is perplexing coming from an author who later calls phenomenology “a method of methods” (van Manen, 2016, p.74) and finally uses 194 consecutive pages (2016, pp.88-282) to detail methods including four epoché-reductions and five reductions-proper, plus fourteen philological methods ranging from the humble anecdote to the risky provocative. What are we to make of the apparent dissonance between the early van Manen’s view that the tradition of phenomenology provides a kind of methodological jurisprudence, a canon of writing such that “the method is scholarship!” (1990, p.29), and the later van Manen’s provision of definite methods?

We cannot simply consider van Manen’s earlier position to be superseded by his later. Firstly, since van Manen has not rescinded it, and secondly, since his later position in fact remains true to his earlier. This is so because the carefully-detailed methods of the most recent expositions of HP aren’t presented as stepwise procedures, but rather as a toolkit from which the researcher may select tools in any order to get the work done. Far from renouncing his insistence on the researcher’s freedom to select methods appropriate to their theme, van Manen redoubles his original commitment to the principle that through scholarship the researcher should attune their sensibility until they “can become a participating member of the tradition” (1990, p.27). He does this by publishing a canon of “classic writings” (van Manen & van Manen, 2021a) that establish a vocative centre, rather than a regulatory boundary, for HP. This elegant and effortful solution to the problem of defining its own method is entirely consistent with HP’s epistemological view, and ironically highlights the rigour of HP’s methodological grounding. Whether one considers this well-designed solution *sufficient* is really the open question. Here, it is useful to consider HP’s solution within the terms of the objections to it. Applebaum makes the reasonable pragmatic case that:

“A balance between form and formlessness is required. To constitute a viable research method, a given approach must have adequate procedural form while being executed in a self-conscious manner that avoids reification, and on the other hand, it cannot be so flexible as to lack coherence, clarity, and repeatability [...] *Method is perhaps best*

envisioned as a shared framework within which discovery can occur” (Applebaum, 2012, p.50, italics added).

Stated thus, Applebaum’s case is not in fact antithetical to van Manen’s. Instead, I interpret it as an invitation to carefully document and explain the particular method I derive from the methodology of HP. Every study’s method of HP is different, so it is particularly important to justify and document the unique method used. It can then become that ‘shared framework for discovery’, transparent to the reader and accessible to future researchers. The following section provides this transparency.

7 Method

The present study comprised six steps:

7.1 Step 1: Literature review

As discussed (5.1.1), in HP the literature review is not a preamble to the research but the first arc of the hermeneutic circle. It is therefore listed here as a step in the method.

7.2 Step 2: Documented reflection on methodology

The hermeneutic method is “interpretation interpreting itself” (Caputo, 2018, p.33), which includes reflection on the methodology in which the study’s interpretations are grounded. The documentation of methodological reflection (6) is therefore also listed here as a step in the method.

7.3 Step 3: Documented reflexivity

Once conceptual pre-understandings are brought out by the literature review, and epistemological pre-understandings are brought out by the reflection on methodology, it remains for personal pre-understandings to be brought out through reflexivity. In this study, the third step of the method was reflexivity through documented self-interview. (See 8, below.)

7.4 Step 4: Recruitment of a sample

7.4.1 Sample size

An 8-person sample was recruited. Dworkin (2012) offers a thoughtful analysis of sample sizes in qualitative research, suggesting that it is difficult to predict in advance when saturation will be reached in a novel research area. The choice of eight participants here is pragmatic,

representing the maximum that can be properly analysed using HP within the restricted word-count of this study. It holds open the possibility of further research.

7.4.2 Sample diversity

Only UK-residents were recruited, meeting an ethical duty for signposting following any distress arising during the study. Participants could not be trained or training as psychologists, counsellors or therapists. Participants were selected from responders who answered ‘yes’ to the question: ‘Have you had an experience in your life that felt therapeutic, but that didn’t happen in therapy?’ Responders answered the research call via a website built by the researcher and shared through the researcher’s personal and professional networks, plus the community inclusion organisations Black Minds Matter (<https://www.blackmindsmatteruk.com/>), Scope (<https://www.scope.org.uk/>), and Stonewall (<https://www.stonewall.org.uk/>). This targeted participants who identified on dimensions of ethnicity, disability, sexuality and neurodiversity likely to produce a sample with diverse experiences and perspectives. Over 200 responses were received over a three-month period. Irrespective of the thematic content of their ‘therapeutic’ experience, responders were retained as participants if they were the first who allowed the 8-person sample to achieve one of its following inclusion targets, which were all met. These targets were established to achieve a demographic breakdown similar to the researcher’s home city (London):

- 4 participants identifying as women, 4 as men
- 3 identifying as people of colour / mixed heritage
- 2 identifying as gay / bisexual
- 3 disclosing mental health conditions
- 1 identifying as neurodivergent
- Full range of socio-economic backgrounds, from poverty to relative privilege

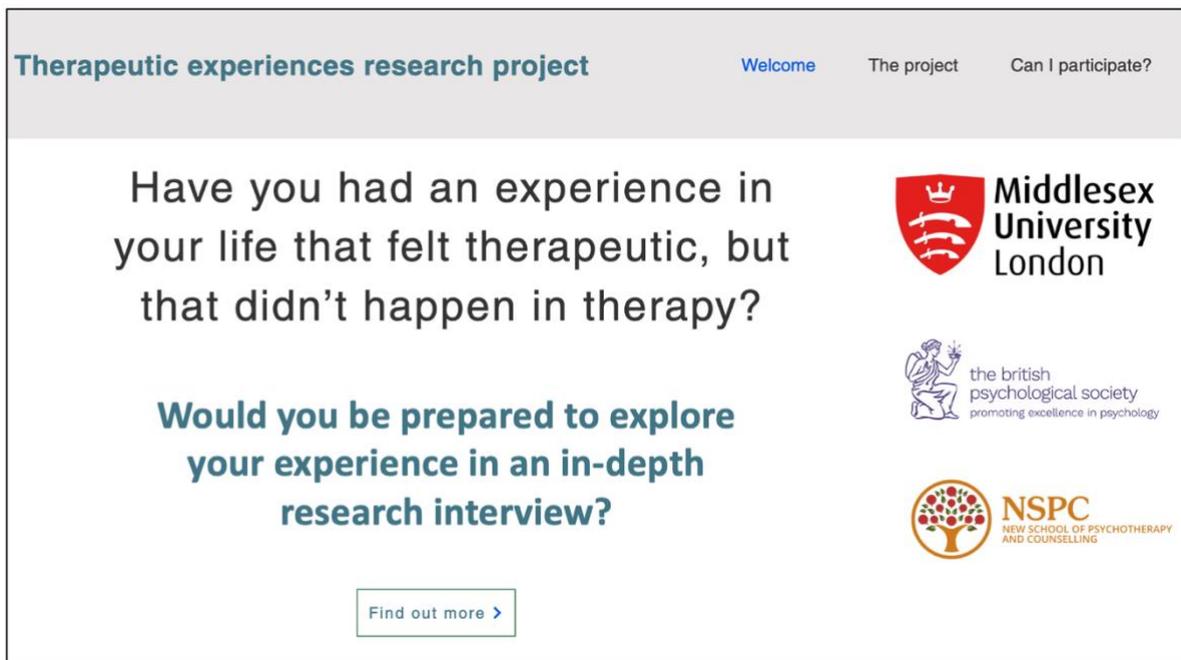


Figure 3: Welcome page of this study's recruitment website

Image: Chris Cleave

7.4.3 Sample bias

This sampling method was certain to introduce a significant bias. Bias is “our cutting edge on the world” (van Deurzen, 2014a, p.71), and this study consciously chooses an inclusion bias in order for its findings to be societally relevant (4.1). Often discounted in psychological research, diversity hasn't informed ‘evidence-based’ clinical practice (Wilk, 2014) and certainly isn't sufficient in the ancient literature or the recent existential perspectives predominantly represented in the literature review (5). To actively recruit a diverse sample is a choice about inclusion of experience – in this case a necessary choice to support this study's aim for relevance to the professional dialogue about what therapy ‘is’ in present-day diverse society (4.1). The pro-inclusion sampling choice also maximises the potential for discovering with present-day participants something unheralded in the literature review. Although the sample of UK residents aimed to replicate London's demography, this was an arbitrary target implying neither that such a sample ‘represents’ London or the UK, nor that the phenomenon would be less ‘represented’ by some other sample. HP's claim to validity is vocativeness, not representativeness.

7.5 Step 5: Interviews with participants

Phenomenological interviews were conducted, following Herder (Edwards, 2013), through *Einfühlung*, or dialogically feeling-one's-way into the experience of the other. Interviews were conducted between 8 May 2022 and 21 Feb 2023. Interviews lasted between 48 minutes and 86 minutes, with a median length of 56 minutes and a mean of 60 minutes. Interviews were conducted with cameras on, over Zoom, in observance of Covid protocols in force at the time of ethical approval. Interviews were audio-recorded, not video-recorded, and notes about non-audio data such as body language and facial expression were made immediately after each interview. Audio recordings were manually transcribed and anonymised by the researcher. Participants were invited to choose a pseudonym, and all did so. Ethical clearance was sought, and granted by the Middlesex University / NSPC Ethics Panel on 8 April 2022. The usual ethical protocols were followed for research with human participants, and these are detailed in Appendices E-K. A full risk assessment was conducted for the interview process, and this is detailed in Appendix L.

7.6 Step 6: Three phases of structured epoché-reductions

A three-phase phenomenological process was developed, incorporating targeted epoché-reductions enacted through writing-and-rewriting. The combining of epoché with specific reductions into targeted epoché-reductions draws from the most recent exposition of van Manen's evolving vision of HP (van Manen & van Manen, 2021b). It aims to be true to Husserl's identification of epoché as abstention (from the natural attitude), and reductions (from *re-ducere*: to lead back) as a set of returns to the phenomenon via consciously-chosen paths (van Manen, 2016, p.215).

The aim of the three-phase process was to establish a balance between beauty and structure that would allow something of the phenomenon to emerge by degrees. HP is an aestheticizing phenomenology: it is a poetising activity, but (as a novelist and occasional poet I must remind myself of this often) *it is not poetry*. It remains a formal investigation of lifeworld phenomena, a systematic return 'to the things themselves' that has as its aim to make invisible truth visible

by means including (but not limited to) poetry. Todres and Galvin (2008) express this desired outcome of HP well. The aim is:

“to evocatively facilitate a particular kind of emotional ‘homecoming’. We use the term ‘emotional homecoming’ as a metaphor for the emotional recognition of a truth that is also deeply personal, familiar, meaningful and authentic.” (Todres & Galvin, 2008, p.569)

For me (as I detail in Reflexivity), emotional homecoming arrives through a balance between beauty and structure, poetic expression and philosophical insight. Truth inheres in structure as much as it does in content. Or, to put it in a way that poets and architects might agree on: structure is also aesthetic.

A text that gives me the feeling of homecoming is Tomas Tranströmer’s *Midday Thaw*, which begins with simple, precise statements:

“The morning air delivered its letters with stamps that glowed.
The snow glistened and all burdens were lifted—a kilo weighed 700 grams, no more.”
(Tranströmer, 2023, p.121)

The poem builds carefully through structured metaphysical levels until it ends with a statement that is almost mystical, though no less precise:

“But the jet curtsying in its thundering skirts
intensified the strength of silence on Earth.”
(Tranströmer, 2023, p.121)

By patiently balancing beauty with structure, the poet achieves the phenomenological result of helping me to understand noise as the revelatory agent of silence – and, by extension, helping me to understand how all my absences are revealed by presence. I realised that for me, the ‘emotional homecoming’ of phenomenology inheres in this patient balance between structure, precision, and occasional flashes of beauty. This is the balance I have tried to build into this study’s three phases of phenomenological analysis.

Taking as its model Tranströmer’s text, which escalates through levels of precise unfolding, each of the three phases of this study’s phenomenological analysis targeted escalating modes of understanding. But while a poet begins with a recognition of truth and delivers a text, a

lifeworld researcher begins with a text (the participants' contributions) and hopes to deliver a recognition of truth. For this reason, the most 'creative' of this study's three phases is the first, the opening stage, and in the subsequent stages a more formal naming and mapping of the phenomenon is introduced by degrees.

7.6.1 1st phenomenological phase: 'Opening to wonder and openness' using the Heuristic and Hermeneutic epoché-reductions

The two modes of understanding targeted in the first phase were an opening to wonder at the phenomenon of the self-therapeutic experience, and an opening to the way the study itself is opening to the phenomenon. The reason for including this phase was to methodically integrate a reflexive separation of the researcher from the phenomenon, and in the process to provide the reader with a vocative narrative account that introduces and deepens perception of the phenomenon, while presenting and honouring the generous contribution of each participant.

To achieve this phase, a précis of each interview was progressively written and rewritten in a creative mode, beginning by expressing the natural attitude and then selectively separating from that attitude, first by applying the Heuristic epoché-reduction (van Manen, 2016, p.223), which seeks to "clear our minds of garbage" (p.223) by locating our sense of wonder at the phenomenon, and then by applying the Hermeneutic epoché-reduction (van Manen, 2016, p.224), which seeks to locate the way in which we are opening to the phenomenon.

The findings of this first phase were the product of a great many iterations of writing-and-rewriting, ordering and re-ordering. HP's claim to validity is vocativeness, not representativeness or repeatability, and so the findings were presented in narrative sequence, written to be read in the given order.

7.6.2 2nd phenomenological phase: ‘Imaginal variation’ using the Eidetic epoché-reduction

The mode of understanding targeted in this phase was a delineation and diagramming of the phenomenon of therapy-in-the-world as it exists for the study’s participants. In this phase, a series of imaginal variations on the phenomenon were created through writing-and-rewriting, in order to establish which aspects were inseparable from the phenomenon. This is an application of the Eidetic epoché-reduction (Merleau-Ponty, 1945/2014, pp.lxxviii-lxxxii).

The method of the Eidetic epoché-reduction (*eidōs* = form, type) is a “phenomenological variation in imagination” (van Manen, 2016, p.290) that deliberately contrasts the phenomenon as expressed by participants with the researcher’s imaginal variants. This can reveal what is ‘non-essential’ to the phenomenon. In existential philosophy there *are* no essences, and yet a deliberate phenomenological close-approach to essentialism is used to reveal the inquiry’s own conceptualisation of the phenomenon. In this phase the study notices how it is conceptualising the phenomenon of self-therapeutic being-in-the-world. It offers its interpretation as an interpretation, not as ‘reality’.

Merleau-Ponty suggests that this useful flirtation with positivism “is what polarizes all of our conceptual fixations” (Merleau-Ponty, 1945/2014, p.lxxviii). ‘Polarization’ (as ever with Merleau-Ponty) is exactly the right word – it evokes an image of bringing a paper sheet covered with loose iron filings towards the poles of a magnet. The approach rearranges the filings. It doesn’t reveal their ‘essence’, but it reveals something about the ways in which filings can change and still be filings. The magnetic field reveals that they can move, for example, and still be iron filings. The magnetic field doesn’t reveal everything that could potentially be known about filings – for example whether, if some different field were applied, they could change colour, or turn into ladybirds, and still be iron filings. But if we now apply all the other fields we can imagine, and the filings still don’t change colour or turn into ladybirds, then we might assume that their appearing to us with an iron-like colour and a zero resemblance to ladybirds is inherent to the phenomenon of our relating to iron filings.

For Merleau-Ponty, then, essences are the method and not the goal of the Eidetic reduction. The goal is to notice how (not what) we are seeing. In this phase we can imagine that we hold

the interview transcript close to the magnetic pole of essentialism, and the iron filings of the words reveal a repositionability with regard to their ontic referents, since “our existence needs the field of ideality in order to know and to conquer its facticity... The eidetic method is that of a phenomenological positivism grounding the possible upon the real” (Merleau-Ponty, 1945/2014, pp.lxxviii-lxxxix).

The findings of this second phase were worked up into written-and-rewritten responses to a set of questions developed to delineate the phenomenon by inviting imaginal variants in the form: *‘Is it still the phenomenon if...?’*

Taken in total, these second-phase findings allowed for a preliminary understanding and diagramming of the study’s conceptualisation of the phenomenon to be developed. This diagramming became the basis for the 3rd phenomenological phase, which could now take a deep dive into each part of the phenomenon.

7.6.3 3rd phenomenological phase: ‘Dwelling and making-available’ using the Ontological epoché-reduction

This final epoché-reduction could have its place only once the study’s interpretation of the eidos of the phenomenon had been diagrammed in the preceding phase. The mode of understanding targeted in this final phase was an interpretation of each part of the phenomenon of therapy-in-the-world in order to make it available to the reader, and to future researchers, as a construct that they can critique, research, reject or develop. Again, the thing that is made available is not ‘reality’, but the researcher’s interpretation of the phenomenon.

Heidegger extends from Husserlian phenomenology to offer two concepts particularly relevant to this mode of phenomenology: *dwelling* (Heidegger, 1926/1962, p.89) and *leaping-ahead* (Heidegger, 1926/1962, p.30). Since in existential ontology there’s no cartesian separation between researcher and researched, inquiry can be conceptualised as worlded being-with, in which “Dasein dwells alongside the object to be known” (Heidegger, 1926/1962, p.89). Through dwelling, “Dasein achieves a new status of Being” (p.90) that Heidegger calls *knowing*. Knowing, for Heidegger, is not “a process of returning with one’s booty to the

‘cabinet’ of consciousness after one has gone out and grasped it” (p.89). Rather, existential knowing is that which discloses new possibilities of being. Heidegger writes of inquiry based on dwelling-with that “such research must run ahead of the positive sciences, and it *can*” (Heidegger, 1926/1962, p.30). Dwelling-with means *leaping ahead* to disclose ways of being that we subsequently make “available to the positive sciences as transparent objects for their inquiry” (p.31).

In this phase, through dwelling with the interview transcripts alongside theoretical and ancient expositions of the phenomenon, attunements to the phenomenon were allowed to surface, and an interpretive ontology of the phenomenon was developed and documented through writing-and-rewriting. In this iterative process, every interview transcript was first coded in detail using MAXQDA2022, software that allows the researcher to tag transcripts with codes and to manage and group those codes. The codes developed in this study are given in Appendix C (13.3) and discussed in more detail below (9.9). The codes related to which parts of the phenomenon were being revealed (now that the parts had been identified by the 1st and 2nd phenomenological phases). A narrative account of each part of the phenomenon was then produced by writing-and-rewriting a story of that part, using excerpted and embedded fragments from multiple participants’ transcripts in order to create a single vocative account. This is an application of the hermeneutic-phenomenological technique of story crafting developed by Crowther et al (2017). Since the stories thus produced are interpreted stories *about the phenomenon*, constructed from the stories *of the participants*, they represent an ‘interpretive leap’ (Crowther & Thomson, 2020) from description to phenomenological exegesis. As such, theoretical constructs were also embedded into the narrative accounts as required to ground each interpretation.

7.6.4 Summary table of the three phenomenological phases developed for this analysis

Phenomenological phase	Phenomenological methods used	Modes of understanding targeted	Description of this step	Rationale for including this step
1: 'Opening'	<p>Heuristic epoché-reduction (van Manen, 2016, p.223)</p> <p>Hermeneutic epoché-reduction (van Manen, 2016, p.224)</p>	<p>An opening to wonder at the phenomenon itself.</p> <p>An opening to openness through reflexivity.</p>	<p>A précis of each interview was progressively written and rewritten, beginning by expressing the natural attitude and then selectively separating from that attitude.</p>	<p>To reflexively separate self from phenomenon, and to return to the phenomenon in openness and wonder</p>
2: 'Imagining'	<p>Eidetic epoché-reduction (Merleau-Ponty, 1945/2014, pp.lxxviii-lxxx)</p>	<p>A diagramming of the study's interpretation of the modes of being of the phenomenon.</p>	<p>A series of imaginal variations on the phenomenon were analysed and encapsulated through writing-and-rewriting, in order to establish which aspects are inseparable from the phenomenon.</p>	<p>To delineate the phenomenon of self-therapeutic experience as it exists for the study's participants, rather than relying on malleable etymological or philosophical delineations.</p>
3: 'Dwelling'	<p>Ontological epoché-reduction through <i>dwelling</i> (Heidegger, 1926/1962, p.89) and <i>leaping-ahead</i> (Heidegger, 1926/1962, p.30)</p> <p>Story crafting (Crowther et al., 2017) as phenomenological interpretation (Crowther & Thomson, 2020)</p>	<p>An interpretation of each part of the phenomenon.</p>	<p>Now that the parts of the phenomenon had been identified in the previous step, every line of every participant transcript could be coded for which part it corresponded to. An interpretative 'story' of each part of the phenomenon could now be developed through writing-and-rewriting, embedding participants' contributions into a narrative account.</p>	<p>To make the interpretation of the phenomenon available to the reader and to future researchers to critique, research, reject or develop.</p>

8 Reflexivity

8.1 Purpose of documented reflexivity

Finlay calls the phenomenological attitude “the process of retaining a wonder and openness to the world while reflexively restraining pre-understandings” (Finlay, 2008, p.1). The process of documenting reflexivity has two purposes: to make pre-understandings more visible to the researcher, and to make them transparent to the reader of the study, who can interpret any perspective or bias appropriately. In this section the researcher’s reflexivity is presented in the format of self-interview.

8.2 Self-interview

8.2.1 Does your Western & white identity matter here?

Yes: it seriously restricts what I can understand as lived experience, and it means that this study’s findings can have no claim to universality. There is no cosy ‘view from nowhere’ in research (Davies & Burgess, 2004). I am aware that I know very little of therapeutic and healing traditions beyond the Western, nor would I know how to begin knowing them at the lived-experience level. In this study I am consciously going deep into one tradition that I have studied and trained in for many years. I think this is more respectful and more honest than an attempt to speak about traditions that I can never know as deeply. As a historically-situated point of perspective from which to begin thinking about self-therapeutic experiences in the present-day, do I think the ancient Greek Asclepieia are any more special than the therapeutic traditions of the East or the Global South, for example? No. I think there are many ancestral traditions that would suggest something like the multi-modal, embodied engagement that I conceptualise here as therapy-in-the-world. I only begin with the ancient Greek tradition because I know it. I think of it as my tradition, my roots, a source of my culture.

8.2.2 Is it your culture, though?

Only as a witness, but witnessing is meaningful. By right Ancient Greek culture is not mine, just as the Parthenon Sculptures are not the rightful property of the British Museum. The difference is that the Parthenon Sculptures are stolen property that should be returned immediately, whereas the Ancient Greek culture is something that I witness rather than take. My own most authentic mode of being-in-the-world is that of being-witness. As a writer I have lived by my culture's stories. And the stories and philosophies of my culture begin in Greece.

8.2.3 What is therapeutic for you, outside the therapy room?

I am probably like many people in the technologized West: I feel restless, unconsolated, and guilty about what my existence is doing to others and to the planet. Some days I'm like a ghost looking for his head, other days like the Tin Man looking for his heart. I'm deracinated, unless I adopt a tradition. I'm despiritualised, unless I find spirit where I can. I search for it constantly, in poems, in pop songs, in people's faces. So this is my therapeutic mode of being-in-the-world, I think: the mode of being-witness. As a writer I have found that writing a novel allows me to separate from myself, reflect on themes that move or trouble me, and return to myself somehow differently. For me, being-witness to the wider human story and the deeper human condition is therapeutic because it releases me from the anxiety of only being my own creation. I belong to the world and the world to me. We hold each other.

I have also noticed how non-therapists have held worlded space for me. Five years ago while traveling I suffered a burst appendix and regained consciousness in an Italian hospital ward, recovering from lifesaving surgery. The nurses, although untrained as therapists, recognised my disorientation. They worked across a language barrier to reorient me as well as tending to my physical wounds. Only after my subsequent training as a therapist did I realise how skilfully the nurses, without psychological training, had held space for me.

8.2.4 Does your own life-distress matter in this study?

Yes, because due to breakdowns in my early-twenties and early-forties, so much of my life has had to be concerned with self-therapy and ontological self-inquiry. In fact since childhood it has always been hard for me to fit in or to belong. This despite the fact that I love people, I have feelings, and I feel very human. People sometimes say I'm intense, or too much. I overcompensate for that by making myself disappear. I dial myself down, I avoid some situations, and even when I'm present I hide in plain sight – often, ironically, through fluent or impressive communication. I am successful in formal roles – as writer, teacher, speaker, psychotherapist – but I struggle in unstructured social situations, and twice in my life I have experienced complete breakdown. I consider myself a very fortunate and privileged person, surrounded by people whom I love and who love me, so none of this is a complaint. But I have a sensitivity to people's suffering and vulnerability because I find those things easy to notice.

Being-with is an intense thing, and rarely an effortless or unconscious thing for me. So, I think I am very tuned-in to the ways in which particular modes of being-in are held by particular ways of being-with, and this makes me very aware of everyday worlded experience as both highly charged, and potentially therapeutic. So yes, I do think my own distress matters in the context of this study. It somehow increases the separation between myself and others, and thereby makes that separation visible as a phenomenon, and thereby makes possible the observation of therapeutic possibilities for closing the gap. I am always trying to close the gap.

Therapy-in-the-world, for me, is about noticing the gap in being-with. This observation suggests that I need to be mindful of my bias towards reifying 'therapy-in-the-world' (which after all is just my hypothetical construction) as a way of closing that gap. I must take great reflexive care to present my interpretations as interpretations, not reifications.

8.2.5 Are there further research implications of your life-distress?

Yes. I find that my way of being, which has included effortful recovery from breakdown, seeks the comfort of structure and meaning. And yet that is 'my stuff': I also know that often there is no order, structure, meaning or purpose – just people doing their own things for their own

purposes. But I notice myself always searching for pattern and order behind the chaos, and so the tension between Platonic and Aristotelean worldviews (5.3) is something I experience vividly. Another thing I notice is that I want the patterns I perceive to be authentically mine, rather than ‘Theirs’. Sartre writes that just as a prisoner become free when they oppose the will of their guard, our consciousness constitutes itself in our *no*, “as the nihilation of a possibility projected by some other human-reality as its possibility” (Sartre, 1943/2020, p.87). Is my own ‘no’ revealed in my rejection of psychological metatheory in favour of therapy-in-the-world? Does my rather hard-earned way of everyday being-myself work only inasmuch as I choose to say ‘no’ to therapeutic possibilities manualised by others? I must remain open to this possibility of freedom-seeking as a bias.

8.3 Orientations discovered through reflexivity

1. My identity as a white Western researcher informs what I can and can’t know about therapy-in-the-world. The ‘world’ I’m researching is only a Western interpretation of a Heideggerian conceptual space. It isn’t the whole world.
2. My desire for therapy-in-the-world implies that during phenomenological interviews and analysis I may be prone to collude with my participants’ conviction that their experiences were ‘therapeutic’ – rather than (for example) neutral, irrelevant, damaging, or tangential.
3. My desire for structure implies that I may be prone to reify a therapeutic mechanism where perhaps there is none to be found.
4. My desire for freedom implies that I may be liable to overweight the structures ‘discovered’ in my research, and to underweight the structures inherited from my forebears who have done such discovery work already.

I made extensive changes to this study in light of these four points. Having understood the last one, I returned to the literature review and re-wrote it at a deeper level of philosophical engagement, and at double the length. I was able to welcome the work of my forebears more

open-heartedly, and to gladly understand my study as a footnote to theirs. I hold the first three points in awareness as biases that are neither adaptive nor maladaptive per se. They animate this study and it wouldn't exist without them. On the other hand, it mustn't now be consumed by them. This is the reflexive dance that Finlay describes "between bracketing pre-understandings and exploiting them as a source of insight" (Finlay, 2008, p.1).

9 Findings and preliminary discussions

9.1 The participants and their therapeutic journeys

All eight participants were warm, engaged, generous with their time and energy, and committed to communicating their highly individual experiences. A formal study such as this cannot do justice to such participants in their fullness. A phenomenological interview, however in-depth, only captures a glimpse of a life. And a phenomenological analysis, however careful, will always be so recursive that it obsesses about details at the risk of not seeing the whole person, and so expansive that it invites associative inclusions at the risk of de-centring the person. I apologise deeply to my participants for these and other ways in which I won't have done them justice here, and also for the many errors and misunderstandings I must surely have made.

9.2 Overview of participants

Every participant described life situations of nuance and complexity. Their therapeutic journeys featured multiple stages and modes of being-in-the-world. For reference purposes, the participants are represented in the following table by a reductive statement of their life crisis, and a preliminary description of their therapeutic experience.

The pseudonym they chose	Their life crisis	Their noticeable distress	Their therapeutic experience	Major therapeutic modes of being-in-the-world within those experiences	One key quote describing their therapeutic modes of being-in-the-world
Peter	His child stillborn at term	Panic attacks	Being in football crowds; playing music in a quartet; writing about those experiences	<ul style="list-style-type: none"> • Being-in-the-body • Being-witness 	<p>"Maybe these are RELEASED places"</p> <p>(Peter,§246)</p>
Rhiannon	Her own needs silenced by her responsibilities	Anxiety	A silent weekend retreat; integrating that experience into writing and art	<ul style="list-style-type: none"> • Being-in-alterity • Being-witness 	<p>"That was a really UNUSUAL state to EXIST in"</p> <p>(Rhiannon,§65)</p>
Andrea	Hidden fear	Extreme busyness	Learning to paddleboard	<ul style="list-style-type: none"> • Being-in-the-body • Being-in-nature 	<p>"[The fear was] invisible. Invisible"</p> <p>(Andrea,§280)</p>
Bill	Becoming 'manic'	Bipolar II diagnosis	A journey around the UK	<ul style="list-style-type: none"> • Being-in-transit • Being-witness 	<p>"The point of the trip is to take the trip"</p> <p>(Bill,§257)</p>
Sam	His experience of racism and poverty	Non self-acceptance	Practicing stand-up comedy, then poetry	<ul style="list-style-type: none"> • Being-witness • Being-in-the-body 	<p>"It's choosing a different ratio of things to make strangers laugh versus things that make you cry"</p> <p>(Sam,§111)</p>
Sophie	Her non-acceptance	Episodes of depression	Long-distance cycling journeys	<ul style="list-style-type: none"> • Being-in-alterity • Being-in-transit • Being-in-nature 	<p>"I have to come to terms with the discomfort of being comfortable"</p> <p>(Sophie,§225)</p>
Helen	Her child born with undiagnosed Down syndrome	Initial inability to love her child	Making a graphic novel	<ul style="list-style-type: none"> • Being-witness 	<p>"It gave me a moment to really appreciate how gorgeous she was"</p> <p>(Helen,§257)</p>
Rainer	His carrying of early trauma	Flight into the intellect	Nonverbal heart practices	<ul style="list-style-type: none"> • Being-in-alterity • Being-in-the-body 	<p>"Everything in nature is healing itself, the nature of life is healing"</p> <p>(Rainer,§237)</p>

9.3 Reminder of the 3-phase phenomenological method used here

For convenience, the summary table of methods used in this study's 3-phase phenomenological analysis is reproduced here. Please see 7.6 for the fuller statement of method.

Phenomenological phase	Phenomenological methods used	Modes of understanding targeted	Description of this step	Rationale for including this step
1: 'Opening'	Heuristic epoché-reduction (van Manen, 2016, p.223) Hermeneutic epoché-reduction (van Manen, 2016, p.224)	An opening to wonder at the phenomenon itself. An opening to openness through reflexivity.	A précis of each interview was progressively written and rewritten, beginning by expressing the natural attitude and then selectively separating from that attitude.	To reflexively separate self from phenomenon, and to return to the phenomenon in openness and wonder
2: 'Imagining'	Eidetic epoché-reduction (Merleau-Ponty, 1945/2014, pp.lxxviii-lxxx)	A diagramming of the study's interpretation of the modes of being of the phenomenon.	A series of imaginal variations on the phenomenon were analysed and encapsulated through writing-and-rewriting, in order to establish which aspects are inseparable from the phenomenon.	To delineate the phenomenon of self-therapeutic experience as it exists for the study's participants, rather than relying on malleable etymological or philosophical delineations.
3: 'Dwelling'	Ontological epoché-reduction through <i>dwelling</i> (Heidegger, 1926/1962, p.89) and <i>leaping-ahead</i> (Heidegger, 1926/1962, p.30) Story crafting (Crowther et al., 2017) as phenomenological interpretation (Crowther & Thomson, 2020)	An interpretation of each part of the phenomenon.	Now that the parts of the phenomenon had been identified in the previous step, every line of every participant transcript could be coded for which part it corresponded to. An interpretative 'story' of each part of the phenomenon could now be developed through writing-and-rewriting, embedding participants' contributions into a narrative account.	To make the interpretation of the phenomenon available to the reader and to future researchers to critique, research, reject or develop.

9.4 1st phase: Opening to wonder and openness, using Heuristic and Hermeneutic epoché-reductions

The following sequence of epoché-reductions with each participant is the product of many iterations of writing-and-rewriting, ordering and re-ordering. They are presented here in narrative sequence, to be read in the given order.

9.4.1 PETER: ‘Maybe these are released places’

Peter, an energetic, amiable and eloquent participant in his fifties, fixes me with a bright regard throughout the interview. He’s quick to smile, agile and light in his movements. His body language is cautious at first, like a cat investigating a stranger.

9.4.1.1 *Peter, written in the natural attitude*

Peter is a prominent scientist who self-identified on the autism spectrum during interview. His life-distress was precipitated when his son died at full-term. Peter’s wife spent two weeks in ICU and was severely unwell for months. “My wife and I had gone through rather different EXPERIENCES. I think there was an element of DISTANCE that happened, because we were HAVING very different experiences” (Peter,§62). She was the focus of care and support, while Peter had to manage his & his surviving son’s distress, alongside intense professional and public responsibilities. “I had to hold myself together, I had to not be angry, I had to not... be” (Peter,§14).

Talking-therapy was less useful for Peter than for his wife, as language and emotions don’t map for him in a simple way. “This question *How do you FEEL?*... I just don’t know how to ANSWER it... I just don’t HAVE the equipment to... You know, I’ve even printed out something off the internet sometimes, which is like an emotional ring or something. And so I know what the emotion is. It’s this CLASSIC kind of autistic behaviour” (Peter,§150). Eventually a crisis came when Peter experienced panic episodes so intense that he believed he

was having a heart attack. “I phoned 999 for an ambulance on one occasion where I REALLY thought I was... conking out” (Peter,§14).

Peter’s prominent self-therapeutic modes of being-in-the-world were being-in-the-body and being-witness. Attending football matches, yelling when the crowd yelled, was “a very kind of HELPFUL experience to just LET off steam in an acceptable manner that was kind of TOLERATED” (Peter,§14). Playing music in a string quartet was also “sort of cognitive, but it's physical as well” (Peter,§118), and included being-witness to each fellow member’s experience of the group and the music. Writing about his experience, in order to help others, was another mode of being-witness.

During phenomenological exploration, Peter proffered eight evolving hypotheses concerning *how* the process had been therapeutic. He theorised as follows:

- (i) That vocalising with the crowd was cathartic (Peter,§76).
- (ii) That experiencing live football modelled living with uncertainty (Peter,§76).
- (iii) That a football crowd was a safe space to surrender control (Peter,§100).
- (iv) That strangers provided a therapeutic social connectedness (Peter,§112).
- (v) That both music and football allowed for mindfulness in the here-and-now (Peter,§116).
- (vi) That they allowed social recharging without the concomitant depletion of having to converse (Peter,§116).
- (vii) That they non-verbally languaged emotions that needed to be felt but that weren’t precipitated by verbal language due to his neurodiversity (Peter,§148&156).
- (viii) That they constituted ‘released places’ (his own term), allowing the pent-up emotional world to just *be* (Peter,§244).

Peter was articulate and contemplative throughout the interview. Time didn’t feel pressured. Peter focused deeply on his therapeutic process. He was philosophically interested by his own insights during the interview. He said little about how things were now, within his feelings or within the relationship with his wife.

9.4.1.2 Peter, written using the Heuristic epoché-reduction to find Wonder

In mid-life a rational master agreed to speak with me. All creation shone in the mirror of his extraordinary mind. We spoke concerning a sobering mystery: whether one can ever return from heartbreak. This is the most serious of all human questions, since the answer tells us whether this life is heaven or hell. Can we transform our suffering into some flighted and more beautiful form? This is the knowledge that the master held inside his mind: the miracle of the phoenix.

But there was a difficulty. Although the master had the knowledge, it had been hidden from his own sight. He created many explanations but couldn't settle on one. The trouble was that the master had been struck by a curse. Evil had entered his life, taking his son at birth, afflicting his wife, darkening his own days with anguish. The perfect mirror of his mind was dulled by that darkness, and for a while he couldn't even see himself.

So great was his trust in the beauty and order of the universe that when the darkness came, at first it appeared to him that his physical heart was failing. But the doctors examined his heart and found it well. No: the attack had been metaphysical. There was no known cure but the talking-cure. He tried it, but words failed him.

In the months that followed, the master left behind his robes and academic towers, put on everyday clothes and walked for a while in the world. He joined great crowds where he screamed aloud at fate. He played music with people who were strangers to him at first. And as fate became deafened by the crowd, and as chaos became attenuated by the music, the master discovered that he was no longer lost. We spoke of the cure that had found him. Language came to him for a while. Theories expanded like ripples in a scrying bowl, before settling back into stillness.

9.4.1.3 Peter, written using the Hermeneutic epoché-reduction to find Openness

Two middle-aged men meet, one skilled in reasoning and the other in listening, to settle an ancient question. Why shouldn't we, between us, find something that neither of us could find alone? But our groundlessness horrifies us both. The terror of chaos, versus the faith that some

kind of meaning is nevertheless available in our suffering. My participant is a scientist: for him, being ought to be predictable. I am a writer: for me, being ought to be narratable. Our mutual horror is that our being may reach a crescendo beyond predictability or narrative. The stakes could not be higher. This is the ground on which we meet. This is our opening to the phenomenon of therapy-in-the-world.

9.4.2 RHIANNON: ‘That was a really unusual state to exist in’

Rhiannon, a warm and empathetic participant in her early 40s, laughs readily during the interview and her body language has a light, self-deprecating aspect that invites the interlocutor to be at ease. The impression is of resilience. Her body appears to hold some of the tension of her busyness without being burdened by it, and when she speaks her words seem to be produced with the right amount of weight: there is a sense of her speech finding a natural resonance in the unnatural room of the Zoom call.

9.4.2.1 Rhiannon, written in the natural attitude

Rhiannon is a “busy mum, a working mum, and I don’t have much time to tune in to myself... [which is a] bit of a scary thing to do” (Rhiannon,§21). All her life she has “been super, super busy. And that may have been by DESIGN” (Rhiannon,§29). There was also an element of obligation to it, since Rhiannon was “in caretaker mode” (Rhiannon,§137) for her younger siblings since the age of five. The pressure continues to be ceaseless – “I will literally have one child going: 'I need this right now!' And the other one going: 'I need this!'” (Rhiannon,§113). A crisis showed up in Rhiannon’s life as anxiety, for which she was receiving talking-therapy, but felt she needed to try something different.

Rhiannon’s prominent self-therapeutic modes of being-in-the-world were being-in-alterity and being-witness. She participated in a weekend silent retreat: “a really UNUSUAL state to EXIST in” (Rhiannon,§65), a “deep, intensive, surprising” (Rhiannon,§245) state. In this altered state the ordinary consciousness in which “my BRAIN was just continually NARRATING to myself” (Rhiannon,§69) was suspended. Following that experience of

alterity, Rhiannon reconnected with a creativity that had lain dormant since early childhood (Rhiannon,§125), through the witnessing activities of writing and art.

During phenomenological exploration, Rhiannon proffered five evolving hypotheses concerning *how* the process had been therapeutic. She philosophised as follows:

- (i) That in the alterity of silent-being she was “able to kind of tune into feeling quite LOVED” (Rhiannon,§77)
- (ii) That in alterity she was able to notice a feeling of calm that was present but not noticeable in the everyday (Rhiannon,§98-101)
- (iii) That to “NOT be focusing on really, really small details, and just kind of giving in to a particular emotion was really, really powerful for me” (Rhiannon,§121)
- (iv) That following the experience she had been able to tune back into it through writing and art (Rhiannon,§125)
- (v) That the alterity of silent-being bypasses an “emotional block [that means] I can't voice how I'm feeling at all. And I THINK the silence gives me almost that time to kind of FILTER how I'm feeling” (Rhiannon,§209)

Rhiannon was energetic and engaged during the interview. At 44 minutes it was the shortest of the eight interviews. Perhaps there was a parallel process here. Rhiannon’s account of her busy life seemed to bring time pressure into the field, and there was a sense of us both rushing to extract the insights and meanings of her experience.

9.4.2.2 Rhiannon, written using the Heuristic epoché-reduction to find Wonder

My notes immediately after the interview reveal that I was left with a sudden wry understanding that we hadn’t really dwelled with the phenomena of Rhiannon’s silence; hadn’t given her silence the opportunity to seep into the spaces between our words; hadn’t given it time to quieten the babble between our two worlds. Two hours after the interview I recalled and jotted down this observation from Holzhey-Kunz (following Heidegger): that “the ontological meaning of human phenomena is not merely random but actually necessarily concealed” (Holzhey-Kunz, 2014, p.253) from those experiencing them.

In my rush for us to notice the meaning of Rhiannon's silence, in my hurry to understand the roots of busyness and clamour in her personal history, in my zeal to quantify how hard it is for a working mother to reserve a moment of quiet, and in my haste to notice the creative ways in which she had integrated silence back into her daily life, the silence itself had gone largely unspoken. We had talked the silence to death.

How subtle is this phenomenon by which the thing itself hides itself! Even – perhaps especially – when we're looking directly at it. When the thing itself is our therapy-in-the-world, perhaps that thing can be perfectly elusive in our lives until the moment it reveals itself. For Peter, the life of the mind was everything. His whole being-in-the-world was minded-being. Being-in-the-body was so perfectly hidden by his mind that the body needed to resort to extreme measures to be noticed. Finally it needed to simulate a heart attack in order to be found. And for Rhiannon, the always-present silence (and its attendant always-available serenity) had hidden itself from her, in plain sight in her life, for 35 years. The silence had become expert in hiding itself. The silence had evolved. The silence had become cloaked in a silence of its own. If the silence could hide from this insightful woman for 35 years, then how trivial to hide itself from me, the busy researcher, for a mere 44 minutes. They say that when a housefly notices our hand moving to swat it, the fly is so much quicker that it has time to plan its whole week before leisurely preparing for take-off. Apparently it's like this when silence notices the phenomenologist moving in to investigate.

9.4.2.3 Rhiannon, written using the Hermeneutic epoché-reduction to find Openness

I notice the way I am noticing. I'm noticing that I noticed little of the phenomenon during the opening-towards-it of the interview, and more of the phenomenon in a secondary openness that arose in the hours following the interview. Only then did I notice what hadn't been noticed, and how significant the not-noticing was. Next a tertiary openness arose when I began to notice: *Something is hidden here. Something is hiding.* Perhaps the phenomenon is not that this-or-that mode of being-in-the-world is therapeutic for this-or-that person. Rather, perhaps the deeper phenomenon is *the hiddenness from the person* of their therapeutic mode of being-in-the-world.

Only within this tertiary openness, arising in the days following the interview, could questions such as the following arise: Does the hidden mode of being-in-the-world *actively* hide itself?

Is that how Sartre's *for-itself* or Heidegger's *Dasein* hides itself? Not only in the *They*, but in self-concealing modes of *I*? Or do other modes of being-in-the-world, perhaps more dominant or comforting or seductive modes, *accidentally* mask or hide the therapeutic mode? And what happens when a hidden mode is finally found? Is it delighted, like a rescued castaway? Is it resentful, as in: *Why did it take you so long?* (I recall from the literature review the profound ambivalence of people's therapeutic experiences of being-in-nature – the “fear and fascination” (Sonti et al., 2020), the tensions between “forest fear and forest dear” (Skår, 2010, p.115)).

And what happens once the mode has been found? Do we leave it behind like a holiday romance – in which case, can it still be therapeutic in the sense of Nietzsche's dream that enables us “to long differently for happiness?” (Nietzsche, 1886/1929, p.104, see section 5.4 above). Or do we bring the mode home with us? I notice my bias towards wanting the found mode to be brought home – to be integrated back into daily life – to be brought back from the forest to the castle, like Snow White, to live happily-ever-after with the prince. But perhaps the hidden mode would become lifeless through domestication? Perhaps it hides for the same reason that, once found, it must be surrendered again to the wild – the reason being that it is free?

These are the questions to which this analysis must return in its later phases. Such are the questions of a tertiary opening to the phenomenon, an opening that became available despite – and even *because of* – the failure of the primary opening of the interview.

9.4.3 ANDREA: ‘The fear was invisible. Invisible’

Andrea, a focused and accomplished participant in her forties, has the athletic bearing and the shining gaze of someone who, she later reveals, does two or three hours of exercise every day before work. Her body language is poised, careful and alert. She's prepared for this interview. She leans in to the camera and says “I HAVE had an experience like that that I want to share” (Andrea, §13). The interview isn't so much begun as released like a greyhound from its trap.

9.4.3.1 Andrea, written in the natural attitude

Andrea reported perhaps the most unexpected therapeutic journey of all. It hadn't occurred to her that she needed therapy. Things were going extremely well. A UK citizen, Andrea found herself living in a British seaside town but commuting weekly to her high-powered job in an American city. "All the stuff you want, when you've got an executive working at a PLC, or running a team of 200 people globally, or doing whatever it is that was needed to do" (Andrea,§300). On Mondays she would take her son to school and then the train to Heathrow, returning jetlagged each Friday to fit a week's worth of marriage, parenting and fitness into the frenetic weekend before recommencing the cycle. Following back surgery, Andrea's surgeon suggested physiotherapy and her physiotherapist suggested paddleboarding. Andrea engaged a paddleboard instructor, arrived oceanside, and suddenly recalled that she was terrified of the sea. She couldn't set foot in the water.

Only now did Andrea remember what this was about. "What I HADN'T realised, and it's only taken me the last year-and-a-half, believe it or not, to realise this was that... THAT incident of DROWNING ... I'd been HOLDING back and HOLDING back" (Andrea,§25). Eight years earlier, Andrea had nearly drowned while swimming on holiday. Cramping, she'd sunk deep underwater, thinking: "Nobody's ever going to get to me in time. I'm a goner'. And as I'm thinking that I feel my back hit what I thought was the bottom. And I just think: 'I might as well give up now'" (Andrea,§180). Later, Andrea learned that the bump she'd felt was a turtle who held her up in the water long enough for her son, swimming down, to drag her to the surface.

Andrea explained that her fear of the water never announced itself as fear. Rather, increasing commitments had suffused her life with busyness until the activities she once loved – swimming, sailing with her family – occurred less frequently, then never at all. Andrea recalled that she'd originally "dragged" (Andrea,§128) her London family to live by the sea because she loved it – yet somehow she'd completely disconnected from it. The paddleboard instructor was hugely patient, and supported Andrea through a gradient of increasing exposure and committedness until finally she was able to paddle to a nearby beach. Andrea reported that her fear never left. Rather, her relationship with fear changed. Realising how fear had shaped her existence, Andrea abandoned her transatlantic commute and began an effortful project to

live, work and socialise in her local area. Andrea's life, then, was completely transformed through her engagement with self-therapeutic modes of being-in-the-body and being-in-nature.

9.4.3.2 Andrea, written using the Heuristic epoché-reduction to find Wonder

A metaphysical shock: my astonishment at witnessing not just coincidental hiddenness of fear, but fear's active camouflage. The hairs standing up on my arms now as I write. It is awesome – in the old-fashioned sense of the word – to apprehend the possibility that some ancient, clever, unknowable aspect of ourselves dogs our steps, watching our lives from a distance, waiting for a moment when it might allow itself to be known. And, in the meantime, hiding. Is it our pain itself that hides its means of address – is our pain an active malediction whose telos is to torment us? Or is our pain a consciousnessless thing, an accident of the universe, like a meteorite strike or a bicycle puncture? And is it then only our wisdom that hides itself from us, not revealing our pain's mode of address until our worlded lives have become wise enough to know it? *Soci malorum, compagnon de misères, my fellow sufferer...* the metaphysical question arises again: are we in heaven or in hell?

Brilliant, rational Peter: his heartbreak had skilfully hidden itself from language until his body could no longer hold it; until it revealed itself by speaking literally from the heart, as pain. Rhiannon's being-in-silence had hidden itself from her for 35 years and from me for 44 minutes. It had shown up as its antithesis, as speech. It hadn't just passively hidden: it had actively blazed with camouflage, like a cuttlefish scrolling through colours. And now again: Andrea's fear had concealed itself in her life with the ingenuity of a spy. Knowing itself to be the least-tolerable emotion in one so courageous, fear had instead adopted the forms of the things most acceptable to her: the pursuit of success, the virtue of independence, the satisfaction of accomplishment. Fear had killed them and worn their skin.

9.4.3.3 Andrea, written using the Hermeneutic epoché-reduction to find Openness

I notice that I think I'm really discovering something: this emerging sense of how our deeper distress hides itself, this growing feeling that therapy-in-the-world is about worlded unconcealment before it is about intrapersonal engagement. I notice myself rushing to this conclusion, seduced by the heady acceleration of discovery. But wait. This thing my

participants were searching for, that the ancients searched for, that I am searching for: it is subtle. It will hide itself from me, too. Here it is now, disguising itself as a finding: a thing most acceptable to me. To be open to the emerging phenomenon I must be closed to the early discovery. I must make an opening through dwelling, not a closing through concluding.

9.4.4 BILL: ‘The point of the trip is to take the trip’

Bill, a smart, funny and creative participant in his fifties, has a fine expressive face with creases that slip naturally into their valleys of origin when he smiles. Which he does spontaneously and often. There are other creases too, around the brow. Although these are rarely exercised during the interview, they attest to a ghost of suffering. Bill’s body language is restless, rhythmic and somewhat contagious even over Zoom. Bill is a tune you want to tap along to.

9.4.4.1 Bill, written in the natural attitude

In his forties Bill experienced “two bouts of horrible depression. The first one, I was off work for three months. The second one, I was off work for four months. I pulled out of that. But I pulled out the OTHER way. And I went from the depths to real highs?” (Bill,§13). Bill remembered thinking “*THIS is what it's LIKE to be a ROCK STAR. I feel BRILLIANT the whole time.* And I even registered some URLs, and one of them was *EVERYTHING-IS-BRILLIANT*” (Bill,§37). A diagnosis of Bipolar II followed, and medication helped, but “I realised that I needed to quit my job [...] I needed to get out and do something else. And because I was still a bit sort of manic [...laughs...] I went on a trip” (Bill,§13).

With a loose plan, Bill temporarily left his wife and children at home and took to the road, blogging as he went, and the blog “was GOOD. It was [...] really CHARGED and really IMMEDIATE [...] If you look at that, if you know what you're doing, you think: *Oh, a manic person has written that*” (Bill,§85). On a budget, Bill hiked, hitched and rode buses and trains from England’s southeast to Scotland’s far northwest. “I felt I was like a character in a Kerouac novel” (Bill,§269). The mode of transport was less important than simply being on the road.

Time became a creative medium in Bill's hands. In the interview he brought present, past and future into thematic alignment rather than chronological order. Music has a vital place in Bill's life, and during the interview he landmarked the account of his therapeutic experience with songs as much as with places. "I was listening to various stuff and it was on random. And at the EXACT moment that I went past a little memorial garden to John Lennon, *In My Life* came on?" (Bill,§17). Later: "I remember being in the back room and writing one thing. On a really warm day. And I had the music blasting. I was listening to Dennis Wilson, *River Song*. And I thought: 'Yeah, I'm an actual writer now!' [Laughs]" (Bill,§97). For Bill, music "MOVES you AND it ALIGNS with where you ARE and what you're doing in your HEADSPACE" (Bill,§241). Music for Bill is another dimension, a timeless structure for the soul. "I think it helps you forget YOURSELF? It just takes you to a different PLACE? And so I guess it's almost... with music... it's got a soundtrack, isn't it? It's another ELEMENT" (Bill,§233).

Fittingly, the signature element of Bill's unplanned pilgrimage was a moment of wonder upon visiting a cathedral and accidentally finding himself in confession, and later hearing the cathedral choir rehearse. "The ACOUSTICS were just PERFECT. And it's just something that THEY do every day [...] but for me, it's like this HUGE, uplifting, ALMOST religious experience" (Bill,§193). Later, hundreds of miles further north, wearing headphones while watching the sunlight ripple up from water onto the walls of a sea cave, "Florence and the Machine came on [...] There's a line in *Dog Days Are Over* saying 'Happiness hit her like a freight train coming down the tracks'. And I thought, *OHHH!*" (Bill,§17). "I remember thinking at the time: 'Do you know what? THIS is the point, this is the EXACT point that I've recovered'" (Bill,§201).

To paraphrase, although it wasn't quite yet the beginning of the end, it was the end of the beginning of Bill's successful journey. His primary self-therapeutic modes were being-in-transit and being-witness (both in the sense of witnessing music and bearing-witness to his experience through blogging). Bill's homecoming reflected the soul-searching difficulties of re-integration foreshadowed in the literature review (5.2). With impressive creativity and effort, Bill learned to bring the freedom of the road into his everyday. He has subsequently experienced more stable moods, returned to work, and become a skilful visual artist. Bill offers no hypotheses of his own regarding how his experience was therapeutic. Instead he leans in, with a twinkle in his eye, and says "You know what? It DOESN'T matter that I'm not going to make it. The point of the trip isn't to get there, the point of the trip is to take the trip" (Bill,§257).

9.4.4.2 *Bill, written using the Heuristic epoché-reduction to find Wonder*

They call it ‘mania’ but perhaps it is really an uprising. A jailbreak, a breath-taking fugue from Chronos. Our freedom is out there to be found, outside time’s perimeter fence. And an accomplice is waiting for us on the outside: the accomplice is space, vast and undirected. Every now and then, one of us breaks through the wire. And not always the one who plans their escape meticulously, who places a papier-mâché head on their pillow to fool the night guards. Sometimes an alert person just notices the slightest gap in the timing of the sentries, and makes a breathless run for it. Out there on the road they experience the infinite freedom that Sartre knew in his youth until, bug-eyed and strung out on mescaline, he lost courage and came to a halt. Whereupon an army of punctilious crabs marched up and escorted him through the alleys of the Rive Gauche, back into captivity. Their claws on the cobblestones clacking out the seconds. After that, he only wrote about freedom. The difference between Sartre and Bill is that Bill was never captured. Bill stayed out there long enough to see the light, a rippling light on the walls of a sea cave, and in that moment he learned how to be free. He would take that moving reflection of the endless journey of earth and sea and sun, and he would let it ripple within him. He would become an artist: a soul who has learned to take the road home. No, Bill was never captured: he turned himself in. And ever since, the freedom of the journeying sun shows up in his eye as a twinkle.

9.4.4.3 *Bill, written using the Hermeneutic epoché-reduction to find Openness*

How am I opening, with Bill, to the phenomenon of my participant’s self-therapeutic use of certain modes of being-in-the-world? How is the phenomenon being noticed?

I notice that with Bill I don’t have the detached, analytic feeling of noticing the phenomenon mostly from without. My noticing doesn’t have the quality it did with Rhiannon: that of noticing the phenomenon through the way it *didn’t* want to be noticed by me; through noticing my difficulty in connecting with it; through my sense that the phenomenon had actively hidden from me. Nor does my noticing have the quality it did with Andrea, where I was noticing the phenomenon by noticing the way it hid itself from her. And nor does my noticing have the quality it did with Peter, where I was noticing the phenomenon through noticing the ways in

which he was noticing and hypothesising about the phenomenon. Rather, with Bill, I notice that I'm noticing the phenomenon from within it. I am swept along by Bill's evocation of his fugue. I'm noticing the phenomenon by experiencing it with him; by experiencing as my own his intoxication with a fugitive mode of freedom.

What is the evidence for this claim of an experiential opening to the phenomenon? It is that my writing-and-rewriting of Bill's account using the Heuristic epoché-reduction was the first not to discover wonder at the *hiddenness* of the phenomenon. Instead it found wonder in the *being* of the phenomenon: in its ephemerality, its beauty, and its anarchy. In those moments of writing I was swept away. Phenomenology became escapology. With wild, complicit, partisan delight I absconded for a while from these structured pages. And now here I am, like Bill, with a wry grin, turning myself back in. In-transit, I experienced my own freedom for a moment out there. And now, in-witness, I attest to it. In this parallel process of escaping from these pages and voluntarily returning to them, I learned alongside Bill how to bring some of being's rippling light back with me into the world of doing.

9.4.5 SAM: 'It's choosing a different ratio of things to make strangers laugh versus things that make you cry'

Sam, a thoughtful and eloquent mixed-heritage man in his early fifties, has a handsome and soulful face marked by vigilance. There's a stillness and a watchfulness about him in the moment after he speaks. He leans back slightly from the Zoom screen and blinks once, twice while he observes my reaction. His body language is enigmatic: sometimes it seems to be the tranquillity of a sage, sometimes the immobility of a deer in the moment before it bolts.

9.4.5.1 Sam, written in the natural attitude

Sam grew up experiencing extreme racism and poverty. "That whole thing of race CUT THROUGH ME and left a SCAR and a RESIDUE" (Sam,§13). Hungry to the point of desperation, but knowing that the racist abuse worsened when his skin darkened in summer, Sam "would spend my paper round money on two things. Predictably, chips, and less predictably, sunblock" (Sam,§21). Conversations about race were unwelcome in the family,

and so “I didn't talk about it to my parents... I felt very ALONE with it” (Sam,§25), and “I REALLY HATED my colour” (Sam,§41).

Sam navigated racist nicknames by feigning acceptance. “Because at the time, that was what I had to do, to appease the er... the sons of the colonial masters. To get by in school. And so that left a great SHAMING thing [for] not standing my GROUND” (Sam,§33). Many years later it's still something Sam becomes “depressed about. So anger turned to inactivity, depression, or shame” (Sam,§33). Anger shows up, too: “I think I'm resentful about... how it's changed ME. How the system and CULTURE has managed to infect me” (Sam,§41).

Racist bullying continued into adulthood. Sam worked in law enforcement, “a white, quite right-wing culture” (Sam,§45) that he navigated by concealing aspects of his ethnicity. When his full surname was discovered, colleagues “were imitating trying to say it in an 'ethnic' accent. And so I realised that there were things that either needed to be suppressed, or I needed to find when I was going to take them to a battleground” (Sam,§45).

Sam's self-therapeutic battleground was stand-up comedy, a highly charged and often confrontational space in which he used being-witness as an art form. He was astonished to discover his skill with the microphone: “People can HEAR me. I'VE got a voice. I didn't know I was funny [...] I just couldn't believe I could silence a whole room. I'm an introvert. And I'm used to it being people silencing me” (Sam,§49). There followed a skilful turning-of-the-tables on the oppressive culture. Sam became an accomplished stand-up, performing material about race that might make his largely white audiences uncomfortable – although he was careful to show more concern for their feelings than his past tormentors had shown for his. “There's quite a lot of JOY in that? As long as you're remembering that people... you know, they're in a comedic setting to be entertained, and not... not kind of wretched” (Sam,§41).

In those moments where “I've got the audience with me, then I feel complete ACCEPTANCE and a complete EUPHORIA” (Sam,§53). Feeling accepted allowed Sam to explore the possibility of accepting himself. But the integration of that experience has been complex and nuanced. Sam reflects that “I'm still relying upon the validation of strangers. I'd love to be able to do that for myself. And that's something I'm WORKING towards” (Sam,§57). Some anger returns when Sam considers how he has compromised authenticity in order to get laughs: “I

don't want to be the monkey, or somebody else's organ grinder. I don't want to let an audience off the hook. I don't want to APPEASE or WOO, I want to just be ME” (Sam,§69).

Accordingly, Sam’s therapeutic integration of his being-witness is now moving into other forms of being-witness. “Into more provocative poetry. Into OTHER forms [...] that were just raw. Because I'd done the audience laughing thing, I'd done the love thing. There's a lot more truth in me that I wanted to get OUT” (Sam,§73). Poetry became part of Sam’s integration of his self-therapeutic experience following the realisation that he hears his own voice best in the mode of being-witness. Thus, to extend the format of that mode is to expand the frontier of his self-acceptance. Sam’s self-therapeutic movement has been from a space of public being-witness into a space of personal being-witness, in which honesty and self-insight trump laughs. “WHY am I giving my happiness over to a roomful of drunk strangers? [...] If I can make MYSELF cry, I'd prefer that to making a room full of strangers laugh” (Sam,§85).

9.4.5.2 Sam, written using the Heuristic epoché-reduction to find Wonder

What is it to stand up? It’s to dare to emerge from the refuge of our thoughts, and to be in the world as flesh. We stand up before the other’s gaze not as a thought but *as a body*. As a racialised body, as a sexualised body, as a body more-or-less desirable, more-or-less able, more-or-less unacceptable to other bodies and even to itself. To stand up has nothing to do with the simple straightening of hip and knee. People who use wheelchairs do stand-up. No: to stand up is to stand for something in the gaze of the other. It is precisely not to stand being silenced. It’s a public stand. Before a body can speak, it must first dare to stand up. A mind can get away with merely writing, which is less than standing up.

What is it to be comic? It’s to dare to take truths from the refuge of our selves, and to invest them in other people’s bodies. When I dare to bear witness to life’s absurdity, the body of the other might shake with the sudden inrush of truth. The body contorts and wordless sounds come, involuntary and foreign to reason. We call it laughter and will pay to experience it.

Here, then, is the phenomenon of stand-up comedy: When thought dares to be-in-the-world, it can stand up as a body. It speaks, and is heard, and other bodies answer it. The comic’s body trembles with the fear of standing up. The audience’s bodies quake with the relief of being witnessed. We all shake together.

Within the oyster of this wonder nestles the pearl of another: Sam's integration of that shakenness as therapy. Because laughter, really, is only the second-best medicine. From silenced child to stand-up comic: that's a merely a story about transforming adversity. But from stand-up comic to poet: that's a story about therapy-in-the-world.

9.4.5.3 Sam, written using the Hermeneutic epoché-reduction to find Openness

I notice that as interviews accumulate I'm noticing the phenomenon (of therapeutic incorporation of participants' experience of certain modes of being-in-the-world) less by its particulars as related by each participant, and more by the different roles that the phenomenon casts me in as its interpreter. Rhiannon, for example: her backstory was clamour and her therapy-in-the-world involved silence. With Rhiannon, my opening to the phenomenon was through noticing (after the interview) the way it hadn't wanted to be heard by me. The opening was through my sense that the phenomenon had hidden from me. Or Bill: his backstory was bipolar depression and his therapy-in-the-world involved an ebullient expansivity. With Bill, my opening to the phenomenon was that of experiencing it *with him*.

Sam's backstory was society's silencing of his self, and his therapy-in-the-world involved speaking himself into being. But self-performance is a fight, gladiatorial and dangerous. When they lose the room, comedians say: 'I died out there'. There's existential truth in this: the person you were has been publicly destroyed and now can be no more. It dawns on me, rereading the interview transcript, that *Sam cannot afford to lose the room with me*. Just as he needed the stand-up audience to begin his journey of therapy-in-the-world, and just as he needs the readers of his poetry to continue it, so I have become the audience for the account of the journey itself. Sam is testing the truth of his process by trying it out on me. I notice that Sam's insights are delivered with skill, grace and timing far exceeding my small ability to resist such things. I notice that I approve with the closest thing an interviewer has to applause. Right on cue I say things like: "That's so helpful. Thank you for unpacking that a bit for me" (Sam,§111). I even say: "Sam that's beautiful" (Sam,§147).

The opening, with Sam, is that I am the phenomenon's audience. The phenomenon stands up and tests how it will be noticed.

9.4.6 SOPHIE: ‘I have to come to terms with the discomfort of being comfortable’

Sophie, an eloquent and thoughtful participant in her thirties, leans forward to the screen and speaks with seriousness and precision. Her body language is one of strength and sufficiency; an earned assurance attends her movements. But there’s no swagger or performance in her bearing. Her strength neither displays nor conceals. It accompanies. It shows in her laughter and her vulnerable expressions equally. When she gestures with her hands her movements are balanced, expressing a muscle memory of suffering and perseverance.

9.4.6.1 Sophie, written in the natural attitude

Sophie was once “a shy, nerdy, book-obsessed person who doesn’t really exercise” (Sophie,§25), and this self-image sometimes persists even now that her long and subtle self-therapeutic journey has involved several ultra-distance cycling journeys, across continents, solo and unsupported. She feels that “I’m not the sort of person who could do this. And even though I’m doing it, I’ll probably always be an outsider, because I’m not really doing it very well. And nobody will take me seriously. And then quite often, almost always, [...] realising I’m right at the centre of it. And that comes as quite a surprise to me. Um... repeatedly” (Sophie,§41).

Sophie’s therapy-in-the-world involves an extremely radical and literal being-in-the-world: a serious projection of will into the physical space of vast peopled and unpeopled regions. During the year planning for her first big journey, Sophie “was very stressed, and frightened all the time” (Sophie,§41). She navigated her fear through meticulous preparation: of route, equipment, languages, equipment and self. Even so, when the boat dropped her at the starting point, “I. Did. Not. Want. To. Get. Off. The Ferry. I did not want to be there. I wanted everything to stop existing because I didn’t want to do this [...] I can feel my brain just PANICKING and starting to throw things and trying to... trying to pull the plug (Sophie,§25)”. Even now, a veteran of many journeys, “the fear is this great big, blank, vague blurry thing” (Sophie,§53).

Sophie described facing that fear, and thereby discovering her sufficiency, as central to how her early journeys were therapeutic. But as her therapy-in-the-world evolves, the fear is now just the “preliminary emotion [...Once you’ve] put a name on it, you can see more” (Sophie,§61). Now, Sophie describes a therapeutic journey as a more balanced one that “gives me challenge *and* it gives me comfort” (Sophie,§13). The challenge includes the fear of the intimidating and the unprecedented, while the comfort includes the monastic simplicity of the road. “All you have to do is just ride your bike fairly steadily, eat and sleep, and occasionally deal with admin. MUCH easier than real life” (Sophie,§13). The road also offers the therapeutic opportunity that strangers in remote places provide. As someone unusually self-sufficient, the occasional exhaustion of the journey and the kindness of strangers gives “a chance to be a different sort of person, really, and to take what people offer me and to BE cared for” (Sophie,§97).

So important were these comforts of the road that Sophie’s fear now related not to the journey but to the notoriously-dangerous task documented earlier (5.2), of returning from liminality into the demands of societal life. When she came home:

“Everybody wanted to meet me and talk to me. And I was in SUCH a state, I was SO... depressed, basically... that at times, I could BARELY TALK. I couldn't give them what they wanted. And I couldn't... I couldn't BE the person that they wanted me to be. And ACTUALLY, I was very angry [...] I was this exhausted limping animal who was being WHIPPED to keep going.” (Sophie,§117)

Antithetically to the tentative and growing realisation that she could let herself be cared for, as soon as she got home “I was a very useful person for people to offload their OWN sort of crises and traumas and mental health difficulties on to” (Sophie,§121).

So, in-between journeys, Sophie sometimes withdrew from the world. “I was out of touch with most people [...] I went to work five days a week. During the weekend... I just sat in my room and cried [...] I was SO unhappy and struggling SO much [...] I couldn't do ANYTHING. It was... the world was excruciating. It's probably one of the worst episodes of depression I've had” (Sophie,§121-125).

That episode passed, and Sophie went back to the road. On her next return home, she navigated differently. Writing about her journeys was a way of integrating transformative experiences

that allowed her to control what and how she shared. Gradually, Sophie has come to realise that her solo journeying “has really helped me but [Silent, 10 seconds] I think I am now at the stage where [Silent, 5 seconds] I'm having to do all of this stuff with actual people in the actual world” (Sophie, §181). Sophie is aware that her therapy-in-the-world is evolving, and that “now I'm in a new episode and I have [laughs] to come to terms with the discomfort of being comfortable” (Sophie, §225).

9.4.6.2 Sophie, written using the Heuristic epoché-reduction to find Wonder

How very far we must sometimes go, in order to return. Here is someone who went all the way around the physical world, one pedal stroke at a time, and returned to her own front door as a stranger to herself. Only in that state could she see what she needed. This, truly, is a life lived as a phenomenology of practice. Sophie's is a phenomenology of muscle and heart, of mind and will, of courage. The epoché is her pedalling out, over thousands of miles, over high mountain passes and endless sun-parched plains. The reduction is her homecoming. What, then, is the phenomenon of which Sophie's life is such a radical investigation? The phenomenon, for Sophie, is the agony of being – “the world was excruciating” (Sophie, §125).

How similar is Sophie's journeying to Weil's sense of the created world! Weil describes “the infinite distance between God and God, this supreme tearing apart” (Weil, 1951/1973, p.123) that is necessary in order for being to perceive itself (see 5.4). Even when we walk to the corner shop we create a little distance between ourselves and ourselves. We return home somewhat new. But when we return after a solitary journey of many months, an effortful ride of endurance, then that distance is almost infinite. It's as our own other that we return to the comfort of home. Our being is known in our own estranged gaze. The first few times Sophie returned, she didn't know how to be with what that gaze saw. And so each time, she rode out again. Now, though, she is preparing to ride into that gaze itself. The next great journey, she explains, will not be to ride around the world, but to be in it.

9.4.6.3 Sophie, written using the Hermeneutic epoché-reduction to find Openness

With Sophie I notice that I am opening to an understanding of therapy-in-the-world as personal phenomenology. When the phenomenon is our own life-distress, we are too enmeshed in the

phenomenon to understand it. This is the natural attitude of suffering. But through dwelling in a non-habitual mode of being-in-the-world, we may separate from ourselves in order to return newly.

I notice that when I ask my participants ‘*have you had an experience in your life that felt therapeutic, but that didn’t happen in therapy?*’, what they invariably describe as ‘therapeutic’ is their epoché: ‘I went on long cycling journeys’, ‘I did stand-up comedy’, ‘I spent a weekend in silence’. (The structures of language and communication almost require such a response, since it is conventional to depict discrete events rather than longitudinal *sequalae*: this is why there are wedding photographers but not marriage photographers.) But in every case, the process participants describe also includes a *reduction*, an effortful integration of their epoché experience back into their everyday. If this study is a phenomenology of therapy-in-the-world, then it is a phenomenology of the personal phenomenologies lived by its participants. With Sophie, then, the opening is to an understanding of phenomenology as an object, not just a method, of this study.

9.4.7 HELEN: ‘It gave me a moment to really appreciate how gorgeous she was’

Helen, an energetic and engaging participant in her fifties, speaks to me from her artist’s studio. Behind her on the Zoom call are work surfaces covered with brushes, lamps, and jars. She makes her very successful living in here: simple plyboard walls, a few photos and sketches pinned up, multiple projects in progress. The space is utilitarian and unpretentious: her studio exists to put work into the world, not up on its own walls. Helen’s body language has the same energy. Elegant and serious as she leans in to the camera, she punctuates her speech with animated gestures. This hour was hard to find between the deadlines of the publications she works for, and during our time she is urgently concerned with the work of communicating.

9.4.7.1 Helen, written in the natural attitude

At 35, Helen’s third child was born with undiagnosed Down syndrome. Helen initially “found it REALLY difficult to love her. And that was very problematic for me” (Helen,§37). Helen

came from a family with a “big premium on intelligence and articulacy, and so HAVING a child with a learning disability, and also NOT KNOWING where she was going, having NO experience whatsoever, was HUGELY challenging” (Helen,§85). In the first months: “I feel so guilty, I... I walk into her bedroom... uh... in the morning and hope she's died of cot dead. That's quite fucking heavy” (Helen,§161).

There was little support, and “the MEDICAL profession treated us in a very sort of DISTANCING way” (Helen,§105). In the darkest moments Helen kept wondering “when does it get better? [...] Can you just tell me WHEN it will get better?” (Helen,§157). But later, “when her personality emerged, I fell in LOVE with her. It's difficult NOT to, and then THAT'S how it got better” (Helen,§161).

Years later, with her much-loved daughter growing towards the teenage years, Helen realised that the turbulent and distressing emotions of those early years were still unresolved. Her therapeutic process involved dwelling in the mode of *being-witness*, by drawing a graphic novel about that period of her life. “I re-VISIT myself [...] and I SAY to myself... if you did it NOW? WHAT would you do differently?” (Helen,§157). One category of difference would be to hold feelings such as guilt in a different way. Helen realised through drawing that “I LOOKED after her and I loved her, and even when I DIDN'T love her, you know, I breastfed her and CARED for her. So... [draws breath] but I felt... VERY angry with her... as well” (Helen,§161).

As well as literally re-framing the emotions that Helen experienced, the frames of the graphic novel boxes allowed for her being-witness to the unexperienced-but-wished-for, a “sort of fantastical version of what one would have LIKED to happen” (Helen,§141):

“I have the midwives gathering round, and instead of them saying, ‘I don't know,’ they will say, ‘OH! My goodness, she's so beautiful. Isn't she lovely?’ And... and then I've her sisters fighting over her saying, ‘I want to hold her,’ or ‘I want to hold her,’ and then me saying: ‘No, I want to hold her she's my...’ ...it's quite... [LAUGHS TEARFULLY] ‘No, I want to hold her she's my beautiful baby’” (Helen,§141).

Re-framing also allowed for being-witness to the energy of revenge, directed against those who'd excluded Helen's daughter. “There was a HUGE PLEASURE [...] in AVENGING [laughs], in taking my revenge” (Helen,§109). Re-framing also allowed being-witness to the

energy of forgiveness; to notice that “people HAD been kind, you know, but [...] people get it WRONG” (Helen,§109).

Finally, Helen related (during what I experienced as the most moving moment of this study) that being-witness allowed for the experiencing of emotions that had been blocked at the time:

“It gave me a moment to really APPRECIATE how GORGEOUS she was. Because when she was LITTLE I used to think: I don't want her in the picture because she'll RUIN the picture. And so LOOKING back on these photographs and DRAWING HER and sort of, um.... it felt like an opportunity to LOVE her, you know, uh... love her as a BABY that I hadn't really ALLOWED myself to... to... INDULGE in [Participant and researcher both tear up]” (Helen,§257).

9.4.7.2 Helen, written using the Heuristic epoché-reduction to find Wonder

To be witness to our lives: is this not the strangest capacity we are given? This facility we all have and that artists in particular develop until it becomes unwavering: this ability to hold up our days like amber drops. At first it seems that our unchanging life is trapped in memory for eternity, like the ant who was in the wrong place when the pine sap fell. But humans have time in our gift. We can hold up our days to a later light. This accumulative light of years is the light our lives have earned; the glow that attaches to our ethos. In this light we can see that our darkest days were trapped in the gem of memory not so the things we could see at the time would be preserved – our pain, our shock, our fear – but so that in this subtler light we would notice everything else that was captured alongside. Love, for example, whose glassy being we couldn't always notice in the light of original time, was nonetheless there all along. In being-witness to our days we can see the translucent bodies of things other than pain – yearning, vengeance and love. When we notice they are there, we can feel them. And so we bear witness to our being not as reporters on the facts, but as survivors rocked by benevolent aftershocks. To be witness is to experience the miracle of emotions breaking free from fossilised light.



Figure 4: Ant inside Baltic amber

Image: Anders L. Damgaard - www.amber-inclusions.dk – CC BY-SA 3.0

<https://commons.wikimedia.org/w/index.php?curid=16792582>

9.4.7.3 Helen, written using the Hermeneutic epoché-reduction to find Openness

I notice now that with all the previous participants, my noticing was anchored in the here-and-now of their accounts. But with Helen, my hours of writing-and-rewriting in the Heuristic mode finally delivered this temporal metaphor of amber. With Helen I notice that for the first time my noticing is combining with an ancient way of noticing the phenomenon. I had separated from this perspective in order to meet my clients as they were, and now I reflect on why Helen's account has recalled me to it.

Helen finds truth for herself beyond the here-and-now, by connecting creatively with past time: she is an artist. In ancient Greek thought, surprisingly to me at least, the mother of all creative muses is not Aphrodite, goddess of love, nor Demeter, goddess of fertility. Instead, the deity who gives birth to poetry, tragedy, history, comedy and dance is Mnemosyne, goddess of memory. Thus, the knowledge encoded in the ancient narrative of Western culture is the insight that it is from remembrance, not from passion or inspiration or beauty, that all creation comes. To create is not to imagine better but to remember harder than those who do not create.

Dwelling with Helen's account, the opening to the phenomenon is an opening to the memory of the phenomenon. It is an opening to the creative practice of memory as therapy-in-the-world in the mode of being-witness. It is also an opening to the memory of therapy-in-the-world: Mnemosyne was invoked at the Asclepieia, since "without the basic gift of memory from Mnemosyne, the supplicant might have experienced something during incubation, perhaps even a cure, but none of the process that happened after waking... would be possible" (Ahearne-Kroll, 2014, pp.102-103).

The opening here, then, is to therapy as memory.

9.4.8 RAINER: 'Everything in nature is healing itself, the nature of life is healing'

Strikingly, Rainer's first responses in our interview make a complete contrast to the deep attunement to memory inspired by the previous participant's account. Asked to recall his self-therapeutic process, Rainer says: "You know, one of the wonderful things about REALLY deep healing, [laughing] is that not much memory stays" (Rainer, §33). A bright-eyed and gentle participant in his forties, Rainer has a calm, fluent body language that is generous in the way it includes his interviewer. There's an attentiveness in the way he inclines his head. His hands and shoulders acknowledge, process and release the energy of each question put to him. Light and self-deprecating, there's a sense of unpossessiveness, of ideas allowed to flow through.

9.4.8.1 Rainer, written in the natural attitude

The word 'healing' shows up 32 times in our interview, and Rainer also uses 'liberation' and 'therapy' almost synonymously. He says: "probably my whole life, my heart has been praying for liberation" (Rainer, §169), and he's eloquent about the self-therapeutic journey he's taken from an academic to an embodied engagement with that liberation.

Rainer recounts a gradual discovery that he was carrying trauma from childhood. He mentions, almost in passing, "growing up with domestic violence" (Rainer, §191). That he chooses not to speak further of it during the interview is consistent with his model of therapy-in-the-world.

When the mind is “repeating things from memory, that are traumatic, then our whole system will go into protective mode” (Rainer,§197). Instead, by befriending the mind rather than taking it back to painful memories, “we can transform the sense that we NEED to be defensive and protected” (Rainer,§197). A kind of mindful therapeutic forgetting is important in Rainer’s therapy-in-the-world, and indeed his account shines with lively metaphors of this letting-go of memory.

He says: “why would you hang on to a bad dream?” (Rainer,§41). And later: “when you've finished washing the dishes, you don't study the dishwasher, you know? [Laughing] You don't carefully sieve it and keep track of the bits of broccoli and grains of rice. It just, it goes into the compost or away, you know?” (Rainer,§69). He conceptualises a difficult memory as a rock you don’t need in your backpack: you “chuck it over the side of the mountain and keep climbing. You don't look back and wonder about what the rock was” (Rainer,§77).

This is Rainer’s evolved position, but his self-therapeutic journey first took an opposite course. He once engaged with his pain “like a puzzle to solve” (Rainer,§97), contextualising it within sociological and societal constructs. This began in childhood with questioning consensus mores, asking “Why does that friend's mum clean the other friend's mum's house? Why do we divide people into boys and girls and have different kinds of clothing?” (Rainer,§169). It grew into high-level academic engagement with Queer studies:

“I think, like many people who have a strong intellect, and who grew up with a lot of trauma, identifying with the intellect seems like a safe path and an obvious one [...] I was keeping things so abstract, to feel safe. It’s interesting, because I was writing about intimacy [...] I was writing about intimacy in a way that was making it abstract [...It’s] not surprising, growing up with domestic violence, that the closeness would not feel safe. And so creating distance through the intellect is one way to kind of... like PRETEND to feel safe, I think for me. Because it's not... it's like... it's the kind of... it's just denial, isn't it? In a way? [Laughs] It's pretending that the thing isn't THERE” (Rainer,§93-117).

Is Rainer’s letting-go of memory simply another mode of ‘pretending that the thing isn’t there’, equivalent to his earlier flight into the intellect? This is a question hanging between us throughout the interview, and Rainer answers it in two ways.

First, he answers via his experience not of *psyche* but of *soma*. Recalling the person who persuaded him that heart meditation, not mental striving, could hold his healing process, he explains: “the very first time I met her, she offered me a hug, and I couldn't move afterwards. And she laughed and said: 'Oh, you've been [her name]-ised!' And I thought: 'Oh, this is normal for you. It's not for me. [Laughs] This is very interesting” (Rainer,§53). During such embodied experiences, “I SOBBED and sobbed and sobbed. Then I had all these FLASHES of MEMORY play through my mind REALLY quickly. About family stuff that was very painful. I don't remember what any of it was” (Rainer,§61).

For Rainer, then, heart meditation began as an unaccustomed mode – as being-in-alterity – but through chosen practice became a familiar mode of being-in-the-body. Rather than talking-therapy, which addresses trauma “by turning it INTO a thing that can be talked about, [heart meditation brings a] more ecological awareness, which is: there's a pattern and a system that's uncomfortable [and] there are ways that that pattern can be transformed through practice and awareness and love? And bringing those ELEMENTS into the system, so the system HEALS. And that's a very different way of BEING. And that shift is, you know, ONGOING” (Rainer,§121).

Rainer's account of the integrative nature of this ongoing shift is the second way in which he answers the question about whether his evolution into heart meditation might be just another fugue. On the contrary, Rainer has been reconnecting with the academic groups he distanced himself from. Rather than denying the cerebral path, he is “trying to listen and offer something different and explore things with people. And that feels good. Like, you know, the way the word 'healing' and 'wholeness' are, at the same root. Not having to exclude some things” (Rainer,§149).

9.4.8.2 Rainer, written using the Heuristic epoché-reduction to find Wonder

Ours can be an avaricious existence, acquisitive and holding. Our minds, defended against their own finitude, are bowerbirds hoarding experience into a nest. Bottle tops and peony flowers, pine cones and pen lids: we defend our precious objects in the safety of our fortress. We arrange them into covetous geometries of meaning. This disconnected flotsam of the universe, this jumble of life experience, this miscellany of our memories: if we can make all this chaos mean something for us – the mind hopes – then our life will feel like something we own. In this light,

the materialist trying to comfort themselves with possessions is no different from the researcher trying to bring a reassuring logos to therapy-in-the-world.

Even in phenomenology, which eschews the unexamined orientation, the hardest thing to bracket is the covetous grasping for meaning. While I was developing the literature review along the purest phenomenological lines I could conceive, I still unconsciously defended the idea that I wasn't simply quarrying a stone here and a stone there from the infinite quarry of everything, but rather that, like the subject of Längle's anecdote, I was "working on a cathedral" (Cleave, 2022). And even now, witnessing the wonder of a participant whose therapy-in-the-world is to let go of the mind's meanings, and to release the ball of memory from the chain that binds it to his ankle, I find myself trying to categorise this uncommon wonder by colour, size, and material, and to place it seductively in my nest. But as Rainer teaches me, I could let that go. I could simply observe a moment of wonder that the phenomenon of therapy-in-the-world inheres equally in Helen's radical creative engagement with memory, and in Rainer's radical letting go of it. The wonder is that we can return to ourselves via either of these paths, and countless others. That therapy-in-the-world might be less like a reluctant engine and more like water: an endless cycle impossible to stop rather than difficult to start. As Rainer says: "It seems to me that the nature of healing is that it's organic, and it spreads itself naturally. You know, everything in nature is healing itself, the nature of life is healing" (Rainer, §237).



Figure 5: Bowerbird nest

Image: Phil_from_Sydney. Creative Commons 2.0 license.

https://commons.wikimedia.org/wiki/File:Bowerbird_bower.jpg

9.4.8.3 Rainer, written using the Hermeneutic epoché-reduction to find Openness

I wrote that there were two ways, somatic and integrative, in which Rainer answered whether his letting-go of memory was just a different flight from trauma. But in truth there was a third, nonverbal answer, which I will report as straightforwardly as I can. I felt such a curious thing happening to me during the interview, such an opening to love and calm, that near the end I felt it might be useful to share my impression with Rainer to see what he made of it. I said:

“I noticed a parallel process going on in this interview... I started out by INTELLECTUALLY trying to interview you. Right? And you met me halfway very kindly by answering my questions at the intellectual level and then opening them out into another way of being with my curiosity? I felt? And so I noticed in this interview, like a, a healing, I'm going to call it... And I felt something change within me. And I don't know what I do with that as a question [Laughs]” (Rainer,§223).

After an initial self-deprecating aside, Rainer responded:

“Hearts talk to each other DIRECTLY. So when one heart is a light, and someone else who's open to that is in that presence, they'll feel their heart light up too. And that heart light is healing. And so I'm not surprised that you're finding the conversation healing for you. Even though there was no conscious intention for that to happen” (Rainer,§241).

With Rainer as a participant, then, the opening is to therapy-in-the-world as unexpectedly experienced by me. I don't know what 'heart' is, in its non-biological sense. I'm ready to leave room for mystery here, for things that my own existing doesn't yet know how to know. I simply notice that I felt something wordlessly change within me, and I notice that my participant wasn't surprised. This opening to the phenomenon is not the same as the opening with Bill, in which it was as if Bill's flight also gave me wings. Instead, with Rainer, I noticed that there was no need to fly: that the phenomenon flew through me.

9.5 Summary table of wonders and openings found in the 1st phenomenological phase

The pseudonym they chose	Major therapeutic modes of being-in-the-world within their experiences	Mode of wonder at the phenomenon	Mode of opening to the phenomenon
Peter	<ul style="list-style-type: none"> • Being-in-the-body • Being-witness 	That the phenomenon must be met 'out there' in the world, not 'in here' in the mind.	Noticing the ways in which he was noticing and hypothesising about the phenomenon.
Rhiannon	<ul style="list-style-type: none"> • Being-in-alterity • Being-witness 	That the phenomenon can disguise itself as its opposite.	Noticing the ways in which the phenomenon was hiding itself from me.
Andrea	<ul style="list-style-type: none"> • Being-in-the-body • Being-in-nature 	That our maledictions can also disguise themselves, perhaps as benefits or abilities.	Noticing the ways in which the phenomenon was hiding itself from her.
Bill	<ul style="list-style-type: none"> • Being-in-transit • Being-witness 	That the phenomenon is subversive and rebellious (within an antitherapeutic culture).	Noticing how I was experiencing the phenomenon through him.
Sam	<ul style="list-style-type: none"> • Being-witness • Being-in-the-body 	That the phenomenon inheres in daring to stand up (for ourselves; as ourselves).	Noticing how the phenomenon made me its audience.
Sophie	<ul style="list-style-type: none"> • Being-in-alterity • Being-in-transit • Being-in-nature 	That the phenomenon requires a metaphorical journey out and journey home (but that only the journey out is usually reported as the phenomenon).	Noticing that phenomenology is an object, not just a method, of this study.
Helen	<ul style="list-style-type: none"> • Being-witness 	That the phenomenon inheres in dwelling with memory.	Noticing memory <u>in</u> the phenomenon, and memory <u>of</u> the phenomenon.
Rainer	<ul style="list-style-type: none"> • Being-in-alterity • Being-in-the-body 	That the phenomenon also inheres in letting-go of memory.	Noticing how the phenomenon was expressing itself through me.

9.6 Preliminary discussion of 1st-phase findings

The first phenomenological phase produced one key finding that was hypothesised, and four that were unexpected. Since these findings directly inform the 2nd and 3rd phenomenological phases, it is methodologically important to collate and reflect upon them here. This preliminary discussion is limited to reflections that directly shape the process of the 2nd and 3rd phenomenological phases. (The discussion of the 1st-phase findings' relevance to the practice of therapy, and their philosophical contextualisation within the overall findings of the study, is deferred to the Main Discussion.)

9.6.1 Hypothesised finding: Therapy can be 'in-the-world'

Each participant experienced an accessible self-therapeutic way of dwelling in one or more modes of being-in-the-world *other than the mode of dialogue*. These observed modes corresponded in every case to the five modes of being-in-the-world that this study conceptualises as having been concentrated by the Asclepieia.

This confirmation of the study's exploratory hypothesis was an unforced finding: participants were recruited because they reported having had an experience that 'felt therapeutic, but that didn't happen in therapy', and not because their experiences conformed to the Asclepieian modes of being-in-the-world.

Nor is it the case that this study couldn't have diluted or disconfirmed its own hypothesis. There are many other modes of being-in-the-world that could conceivably be reported as 'therapeutic', but which these participants didn't in fact report. *Being-in-competition*, for example, is widely held to have beneficial life-effects (for example in the sports inclusion movement), but wasn't reported here. *Being-for-others* (altruism), *being-in-extremis* (peak experience), *being-distracted* (escapism), and *being-without* (abstinence, fasting) are also modes of being-in-the-world that might be considered therapeutic, but which weren't reported by these participants. Doubtless a larger study might have discovered the use of these and other modes too. Yet eight participants, while less than exhaustive, is more than one random dart in

the dartboard. It is noteworthy that all these participants' modes of therapy-in-the-world cluster as did the ancient Greeks'.

Methodological consequence: The next phenomenological phases retain the concept that participants' therapy-in-the-world involves idiosyncratic ways of dwelling in one of five general modes of being-in-the-world; modes that were emphasised in ancient therapeutic practice and which are universally-accessible in the present-day.

9.6.2 Unexpected finding: Distress and therapy-in-the-world can seem actively to 'hide' in the ontic

The ontological component of life distress, and the means of separating from life distress, are both able to hide themselves from participants (and consequently from the researcher) by taking the form of their ontic correlates. It was eerie to feel that the phenomenon was actively hiding in the here-and-now, such that I was only able days and weeks later (when analysing the transcripts and noticing my own missing of the phenomenon) to detect the way it had presented. Fear, for example, disguised itself as busyness. Loss camouflaged itself in theorising. Silence cloaked itself in talk. These were unexpected and striking in-the-field observations of the Heideggerian theoretical prediction that "the ontological meaning of human phenomena is not merely random but actually necessarily concealed" (Holzhey-Kunz, 2014, p.253).

Methodological consequence: The 2nd (Eidetic) phenomenological phase becomes particularly important, since the technique of imaginal variation is exactly designed to disclose (by their shadows in various oblique lights) the presence of aspects of the phenomenon that were invisible (hiding) in direct light. The imaginal variations used in the 2nd-phase must be chosen for their potential to 'flush out' aspects of the phenomenon that seemed hidden from the researcher.

9.6.3 Unexpected finding: Therapy-in-the-world can be conceptualised as experiential phenomenology

In a living self-therapeutic process analogous to phenomenology, each participant discovered a mode of being-in-the-world that allowed them to separate from their habitual life-world in order to return to themselves otherly. Although the separation phase ('I performed stand-up', 'I spent a weekend in silence', 'I went to football matches') is what participants cite as the 'therapeutic experience', in fact their therapy-in-the-world is the total arc of separation and return. Every participant reported a separation and a return in a way that suggested both were integral to their experience.

Methodological consequence: This crucial finding will become the structuring principle of the 3rd (Ontological) phenomenological phase. The metaphor of therapy-in-the-world as experiential phenomenology with phases of 'separation' and 'return' will constitute this study's principal means of structuring its exploration of the being of the phenomenon.

9.6.4 Unexpected finding: Therapy-in-the-world can inhere in memory and in forgetting

It was startling that the study found seemingly antithetical relationships between memory and therapy-in-the-world. Helen's artistic mode of being-witness involved a deep engagement and reworking of memory, while Rainer's mode involved a conscious letting-go of memory. Since memory has such a central place in any conceptualisation of selfhood, these apparently contradictory findings cannot be glossed over. Either they must be reconciled here, or the method of the next phenomenological phases must be adapted to focus on the disjuncture.

The therapeutic engagement with memory was discussed above (9.4.7.3) in the metaphorical context of the Asclepieian invocation of Mnemosyne, goddess of memory, and now it is useful to consider Plato's treatment of Mnemosyne's antagonist. By drinking from the underworld river of Lethe, souls forget their worlded lives and thereby enter their new way of being. It is

the surrender of memory, not of embodiment, that prefigures transcendence in the Platonic tradition. Scott puts this beautifully:

“Drinking [Lethe’s] water, souls cease to remember their lineages and lives. They assume a flowing transience, lost to their own permanence, lost, strangely, to their own source. [...] Lethe embodies the soul’s self-forgetfulness, its withdrawal from itself as it lives out of itself. [...] In this account the *benefit* of Lethe... is found in the loss of life’s disaster” (Scott, 2000, p.145).

It is this conscious therapeutic surrender of ‘life’s disaster’ that unifies the apparently antithetical memorial modes of Helen’s and Rainer’s therapy-in-the-world. Mnemosyne and Lethe are *both* vital to a process of “giving illumination and letting disappear” (Scott, 2000, p.145). This is the famously difficult balance we must strike in our lives since, as Kundera concludes in *The Book Of Laughter and Forgetting*, “We must never allow the future to collapse under the burden of memory” (Kundera, 1978/1981, p.187).

How do Helen and Rainer avoid that collapse? Both participants do so by actively recalling and engaging with memory, separating from it, then returning differently and anew. Helen’s artistic separation from the past involves literally reframing it in a graphic novel, which enables her to return to herself with a chosen past. Rainer’s meditative separation from the past precedes a chosen return in which he can be otherly with friends and colleagues he frequented in his past incarnations. Thus, while one account emphasises remembrance and the other forgetting, in fact both participants are describing a process of separating from the memorialised self in order to return. The apparent dissonance in fact reaffirms the finding that therapy-in-the-world can be conceptualised as experiential phenomenology, involving the total arc of separation and return.

Methodological consequence: No adaptation of method is required, beyond an enhanced attunement to memory not just as a resource on which participants draw to describe their experience of therapy-in-the-world, but as a potential theatre in which therapy-in-the-world’s journey of epoché and return is observed.

9.6.5 Unexpected finding: Therapy-in-the-world is therapeutic to witness

Again it was unforeseen and remarkable that in every case there was a mutative effect *on the researcher* of witnessing the participants' therapy-in-the-world. This extended beyond simple wonder *at* the phenomenon. A personal opening *to* the phenomenon took an amplified form with two participants in particular: there was a vicarious therapeutic resonance with the ontological exploration of freedom in Bill's fugue, and an unbidden therapeutic ingression by the ontological condition of wholeness discovered in Rainer's heart-meditation. This was an unexpected discovery of a vital aspect of therapy-in-the-world perhaps intrinsic to the communal Asclepieian practice, but which this study of individual participants in isolation was not designed to (and thus cannot) fully explore. In the Asclepieia the mode of *being-witness*, especially through the sub-modes of theatrical catharsis and bibliotherapy, was the mode in which the therapeutic effect of witnessing others' therapy-in-the-world was formalised. And yet this unexpected finding suggests a possibility that *every* mode of Asclepieian practice, since conducted in company, contained potential for this vicarious, transmissible, almost contagious opening to therapy-in-the-world.

Methodological consequence: This finding has no methodological consequence for the current study of individuals in isolation, but reveals the limit of its ability to investigate the transmissibility of therapeutic orientation *within community*. It therefore indicates an opportunity for future study (see 10.2.3.5) and for society (see 10.3.2).

9.7 2nd phase: 'Imaginal variation' using Eidetic epoché-reduction

Please see above (7.6.3) for a full account of the rationale, process and format of this Eidetic epoché-reduction.

As ever in this study, 'the phenomenon' refers to the self-therapeutic integration of accessible experiences occurring outside formal psychotherapy. Imaginal variations on the participants'

journeys could be infinite, so for reasons of space they are restricted here to those which illuminate the answers to just two vital questions that most directly delineate the essence of the phenomenon: (i) *Is it still the phenomenon if a different distress precipitates it?* And (ii), *Is it still the phenomenon if a person's therapy-in-the-world takes a different mode?*

The first question is answered through a deep dive into the exemplary experience of one participant, while the second question is answered through comparing the experiences of every participant.

9.7.1 Is it still the phenomenon if a different distress precipitates it?

This question illuminates because it asks whether a participant's therapy-in-the-world is somehow intrinsic to them, or whether it is adapted (as a medicine might be) to a particular distress, and therefore might be prescribed to others.

All participants were eloquent about their life-distress. Peter's experience is chosen as the focus here because it contains an especially detailed account of the enduring ontological context of his topical life-distress.

Would Peter's journey or recovery, which included attending football matches and playing in a quartet, have been therapeutic for Peter if his child had been lost in infancy, say, rather than at birth? First, we can note that it's intrinsic to Peter's distress that it was relationally asymmetric before, during and after the death. Pregnancy, birthing, physical pain, ICU traumatisation, subsequent illness, hormonal readjustment and being-the-primary-focus-of-concern are experienced uniquely by the mother who carried the child. "The emphasis is all on HER because... the loss was majorly HERS. And also, HEALTHwise, it's hers" (Peter,§8). Meanwhile vigil, survivor-guilt and care responsibility for survivors are experienced uniquely by Peter. His crisis is experienced subsequently to his wife's: "My wife and I have gone through rather different EXPERIENCES. I think there was an element of DISTANCE that happened" (Peter,§64). Intrinsic to the crisis is that a factual death has occurred *within* the main relationship, with the attendant existential death *of* that relationship in its current form. "One

of the issues was feeling very ALONE in the reaction to what was going on... I didn't have any SHARED experience with anybody” (Peter,§112).

In fact no Other could be imagined whose experience would feel both significant and shared, since it's precisely the source of the most significant shared experience that has suffered the existential wound. The poison isn't distal to the wellspring of being-with; rather, the well itself has been poisoned by trauma. The fellow-parent, the only person with whom one could conceivably metabolise the alone-being of shared loss, has been existentially destroyed by it and for now exists only in a kind of Sleeping Beauty state: viewed eerily through ICU glass, distant and incommunicado.

Movingly, Peter reaches out by writing a newspaper article about his experience. He says: “I wanted other people... to know that they weren't alone in that kind of trauma of being a PARTNER of somebody who's lost...” (Peter,§112). He tails off. Is it difficult to verbalise what, exactly, the somebody has lost? Or is the trauma *that* the somebody is lost? It's intrinsic to Peter's therapy-in-the-world that it is a solution to the ontological crisis of being-alone.

Imaginably, some other event could precipitate Peter's therapy-in-the-world, but it would need to be one that contained this unavoidable, unconsolated confrontation with being-alone. Peter's therapy-in-the-world involves progressively reconnecting with others, first through visceral embodied witnessing in football crowds, then through the shared embodied experience of playing music in a quartet. His therapy-in-the-world wasn't required before the loss of his child, since lifelong feelings of aloneness could be contained with coping strategies. All his life, Peter says, he's been “a bit of a LONER [...] you know, that makes things hard to deal with [...] All my external JOB stuff is a kind of COVER in a way” (Peter,§118). The only event that can necessitate Peter's therapy-in-the-world is one which blows that cover and transforms a lifelong manageable tendency towards alone-being into a personal ontological emergency.

Similarly, we can imagine Bill's self-therapeutic fugue into being-in-transit getting precipitated by something other than a Bipolar-II diagnosis, but that ‘something other’ would need to exceed Bill's life-learned capacity to manage extremes of affect in-situ. He says: “I only got this diagnosis when I was [...] 46. But when I look back I think, 'Oh... yeah!' I've had this before in my life where I've gone 'Oh! Wayhay!' And then down like that” (Bill,§41). Bill's therapy-in-the-world is a creative response to an enduringly turbulent relationship with emotional-

being. It is necessitated *by* a manic episode but it is not a cure *for* the manic episode. It is a therapy-in-the-world for his being, not for its snapshot presentation.

Other participants' accounts would equally have supported this finding. For example, Rhiannon's crisis of anxiety precipitates her self-therapeutic experience of silence, but imaginably it could have been a crisis of depression instead, or the loss of her job. It would need to exceed her lifelong strategies (busyness, caring for others) for sidestepping human being's unbearable confrontation with nothingness. Again, Rhiannon's therapy-in-the-world is a courageous and creative attendance to her being (with silence, with stillness, with the void), not a cure for a topical anxiety.

The accounts of every participant let us understand that therapy-in-the-world is only necessitated by conditions that create an ontological crisis by the arrival of that with which our lifelong ontic strategies cannot cope. We could answer the question, then: Yes, the phenomenon of therapy-in-the-world could be precipitated by any number of ontic events so long as they exposed the enduring ontological ache. But that is not to say that a person's therapy-in-the-world inheres uniquely in their person, like some script or subroutine in the cogito patiently waiting to be triggered by circumstance. Rather, these participants' accounts show therapy-in-the-world inhering in their being-in-the-world: in a worlded conjunction between the person's enduring ontological situation and a moment in their thrownness that both exposes their ontological ache *and* provides opportunities for modes of being-in-the-world that allow a therapeutic separation-from and return-to their existence.

9.7.1.1 Is life-distress to be welcomed?

As a sidebar here, we should ask: does this study therefore find that life-distress is actually a *welcome* as well as a necessary aspect of the phenomenon?

It is a seductive but unexamined idea in the natural attitude that 'every bone heals stronger at the broken place'. Remaining in the Eidetic mode, we can ask: *does it?*

We can imagine that the conjunction universally reported by this study's participants (between an event that reveals enduring ontological distress, and the circumstances that allow therapeutic

dwelling in a mode of being-in-the-world that resolves the distress) is actually rare in human lives. For every person whose existential crisis precipitates a therapy-in-the-world, we can imagine many others whose crisis only deepens or remains unresolved. For this reason we must be careful not to imagine that life-crisis is somehow a gift, a temporary agony that automatically precipitates therapy-in-the-world.

Nietzsche, that nuanced interpreter of being, is ceaselessly misquoted in support of a false assurance of personal recovery or renaissance. Yes, he writes that “Whatever does not kill me makes me stronger” (Nietzsche, 1888/1998, p.5), but in a satirical context, indicating that this way of thinking comes “from the military school of life” (p.5). We must not militarise therapy-in-the-world by insisting that it follows life-distress as surely as a soldier follows orders. We must suppose that life-distress is not always welcome. In an unequal and competitive society that creates life-distress and then blames or abandons its victims, life-distress is more likely to leave us sinking than swimming. So yes, the phenomenon of therapy-in-the-world as reported by this study’s participants requires precursory life-distress in order to precipitate an ontological good. But no, this study does not find that life-distress is necessarily a good.

9.7.2 Is it still the phenomenon if a person’s therapy-in-the-world takes a different mode?

Now it has been found that a person’s therapy-in-the-world addresses their enduring ontological situation rather than their topical life-distress, this new question extends by asking whether dwelling with a particular mode of being-in-the-world is remedial for a particular ontological situation.

Immediately we can answer that nothing in these participants’ accounts supports the idea that particular modes of being-in-the-world cure particular ontological wounds according to a universal ‘recipe’. Not only does the study’s evidence not support it, but its mode of inquiry could not generate such a conclusion. In a hermeneutic-phenomenological approach, just as dream images cannot be universally interpreted by means of ‘dream dictionaries’ but can instead be explored in terms of their resonance *for the dreamer*, so ontological wounds have an idiosyncratic rather than a universal correspondence to useful modes of worlded experience.

Imaginably, it would be possible for these participants to have self-therapeutic experiences if they swapped their self-therapeutic modes of being-in-the-world. Sam might address his ontological situation (around belonging) through being-in-the-body, by engaging in heart meditation, while Rainer might address his ontological fracture (of early trauma) through being-witness, by performing stand-up comedy. Helen's therapy-in-the-world could conceivably involve long-distance cycling, while Sophie's could involve writing a graphic novel. These imaginal possibilities feel disrespectful to the participants, since they violate a cardinal principle that a person owns their life story; that it isn't to be edited, even imaginably. These imaginal narratives also feel less likely than the real narratives, since each participant's therapy-in-the-world adopts a form potentiated by talents and proclivities that were present before their life-crisis. Nevertheless, these participants' accounts cannot rule out the possibility that their therapy-in-the-world could have reached the same ontological ends by differently-worlded means.

So, *what would not change* about the phenomenon if the participants did 'swap' their therapeutic modes? Pursuing this inquiry reveals three vital aspects of the phenomenon that are universal to every participant's account, irrespective of their particular mode of being-in-the-world, and which could not be different for this still to be the phenomenon of therapy-in-the-world. These aspects are as follows:

(a) Deceleration into *Kairós* time

Every participant, when speaking of their self-therapeutic mode of being-in-the-world, reported some version of what Rhiannon noticed in her silence: that "you're just LITERALLY in that MOMENT, and you CAN'T be anywhere else... all of the mind chatter [gave] way to... not feeling like I needed to rush and do everything" (Rhiannon,§117-121). Peter concurs, saying of his merging with football crowds that "you're there just EXPERIENCING the MOMENTS, rather than having spent a lot of time thinking about the FUTURE, thinking about the PAST and things" (Peter,§16). Helen's being-witness retrieved her from the conflicted past and immersed her in a present-time "moment to really APPRECIATE how GORGEOUS [my daughter] was" (Helen,§257). Andrea's temporal fracture from the episode in which she nearly drowned was resolved in a present-moment when "all I did was focus on... following him, and not the fact that the world had just opened up" (Andrea,§240). For Bill, music crystallised the

tormented temporal experience of Bipolar disorder into appreciable self-chosen moments. The use of ‘crystallisation’ is Bill’s own:

“**Researcher:** The music that came on at that moment. It feels like that brought all of those things TOGETHER? Into a MOMENT. Is that right?”

Bill: It crystallised it. It crystallised everything into that: ‘Happiness hit her like a freight train’” (Bill,§223-225).

‘Crystallising’, ‘appreciating’, ‘experiencing’: these participants’ terms all describe a universal aspect of the phenomenon in which participants separate from what Aho, following Heidegger, calls “the accelerated self” (Aho, 2016, p.34). (Acceleration and the pathologies associated with an exclusive dependence on *Chronos* rather than *Kairós* time are treated earlier – see 5.3). This study’s participants all experience a deceleration into *Kairós* time, where *Kairós* is characterised not only by its temporal aspect but also by a certain minimalism of experience. The decelerated moments that participants describe aren’t bursting with ontic content. Resonating with Wilson’s elegant description of the non-temporal aspect of *Kairós* as “the opposite of excess” (Wilson, 1980, p.179), these participants’ *Kairós* moments are simple: ‘I followed him’, ‘I appreciated her’, ‘all of the chatter gave way’.

(b) Ambivalently surrendering to dwelling in the mode

A second immutable aspect of the phenomenon is revealed in every participant’s description of *surrendering* to the mode of being-in-the-world that characterises their therapeutic experience. For Peter, “there’s something about the voluntary SURRENDER of... responsibility” (Peter,§62-64). Bill, realising that he had accidentally joined the queue for confession, resigns himself to the process rather than fleeing (Bill,§13). Sophie, after weeks of fierce independence on the road, finally surrenders herself, exhausted, to the kindness of strangers and discovers that “one of the things I missed is... [pauses, breathes out, tears come]... is being looked after” (Sophie,§97). Surrendering is “a chance to be a different sort of person, really, and to take what people offer me and to BE cared for” (§97). For Rhiannon, the experience of surrendering to being-in-alterity, “to NOT be focusing on really, really small details, and just kind of giving in to a particular emotion was really, really powerful for me” (Rhiannon,§121).

The surrender isn't always immediate, and indeed every participant reports turbulence or ambivalence in the transition between the *Chronos* of their habitual lives and the *Kairós* of their therapeutic mode. For Rhiannon, "it took me a long time to go: [laughing] 'Nobody gives a shit what you're doing. They're there for themselves. You just need to be here for yourself.'" (Rhiannon,§61). Andrea was extremely reluctant to surrender to the mode of being-in-nature that eventually transformed her life: "I said: 'On water?' And she said: 'Yes'. And I was like: 'Are you joking?'" (Andrea,§336). For Bill, there were shockwaves of doubt as he reached the threshold of surrendering to being-in-transit: "I'd gone from being REALLY excited about the TRIP... to thinking, 'Ah, mmm, I'm in a pretty tricky situation here'" (Bill,§17). And for Sam, even once he had experienced the benefit of surrendering to the mode of collective being-witness that is stand-up comedy, he often thought: "WHY am I giving my happiness over to a roomful of drunk strangers?" (Sam,§85).

Again the finding is not of any universal correspondence between an ontological wound and its mode of treatment. Rather, an aspect of the process is universal to every account of the phenomenon. Here, it is the aspect of surrender to (and ambivalence about) the therapeutic mode.

(c) Risking uncertainty in the mode

Every participant, regardless of their therapeutic mode of being-in-the-world, reported that to dwell in the mode was to strongly notice uncertainty of a kind that went unnoticed in habitual life. Very specifically, the therapeutic mode is unscripted. For Peter "there's something very strange about WATCHING a football match, because you don't know what's going to HAPPEN. And so it's not like going to a PLAY... it doesn't feel like ANYBODY has control on it" (Peter,§76). Indeed, the self-therapeutic mode is often first discovered *as* a mode exactly because it blindsides a participant. For Sam, improvising comedy on the school bus, "the whole coach stopped and LISTENED. And some people LAUGHED. And I remember being eleven, thinking: 'Oh, my God' (Sam,§45).

The unexpected is essential to every participant's experience of their mode. Recalling his being-in-transit, Bill reflects: "I can't think of another experience LIKE that. That had lifted me SO high [...] and I hadn't PLANNED and hadn't EXPECTED before" (Bill,§13). Movingly, for

Rhiannon, whose habitual expectation was negative, being-in-alterity “was really interesting, just to NOTE that the things that came up for me were POSITIVE as well” (Rhiannon,§121).

But to dwell with the unexpected and the uncertain, even when eventually integrated as therapeutic, is also a risky and frequently unpleasant experience. When Sophie noticed dark thoughts suddenly surfacing in her being-in-alterity on the road, thoughts that weren't habitually allowed to surface, she thought: “Oh, my goodness, this is terrible. This is really bad. Oh, gosh” (Sophie,§137). In his being-in-alterity Rainer was unsettled by a completely unanticipated and “very STRONG memory of my father shouting: *Don't you dare say NO to me!*” (Rainer,§25), which was disturbing before being integrated therapeutically. The mode brought a flood of unexpected experience: “I had all these FLASHES of MEMORY play through my mind REALLY quickly. About family stuff that was very painful (Rainer,§61). Helen's being-witness was equally risky and uncertain, coming with “all these sorts of HORRIBLE... THOUGHTS... that I just felt REALLY bad about having and particularly about my own CHILD, and [that] took me a REALLY long time to UNTANGLE” (Helen,§85).

A crucial understanding following from this finding is that the uncertain, risky and frequently negative aspect of therapy-in-the-world is what distinguishes it from self-care. Self-care might sometimes be risky at the ontic level (jogging risks knee injury; taking ‘me-time’ risks leaving duties undone). But this study's findings suggest that therapy-in-the-world is risky, and inherently so, at the ontological level. Separating from oneself, by dwelling in the unaccustomed mode of being-in-the-world, risks exposure to uncertainty so profound that a therapeutic return to oneself might not be quick, neat or even possible. As Sophie puts it in retrospect, after successful and unsuccessful returns, her self-therapeutic mode “is like a very powerful drug. And it can really help you, but it can also be abused. And one thing you need to figure out is the correct dosage and the correct route and all the rest of it” (Sophie,§9). For Peter, the therapeutic mode of being-in-the-world must be “safe enough that one could walk away from it, if everything went horribly wrong” (Peter,§100).

How should we interpret ‘safe’ in this context, given that we have found therapy-in-the-world to be inherently risky? The nature of the safety is important here. For Peter, the originary wound has been suffered in the main relationship, which has the property of not-being-able-to-be-walked-away-from. It's this property that renders ontologically ‘unsafe’ anything that ‘goes horribly wrong’ within the main relationship, and ontologically ‘safer’ anything that ‘goes

horribly wrong' outside it. This is not the same as saying that the therapeutic mode is safe. The risk is that one might become confused, entangled, or disorientated by the shock and groundless uncertainty of the mode. Far from effecting a neat experiential-phenomenological return to oneself, one could become traumatised and stuck in the mode.

What makes the phenomenon a self-therapeutic process, rather than (benevolently) a hobby or a pursuit, or (malignantly) an obsession, addiction or downward spiral, is the *necessity* of the safe existential death of the therapeutic activity, not just *if* it goes horribly wrong, but *when* it goes strongly right. Oneself must be returned to.

A frequently-encountered supposition within the natural attitude is that therapy is a 'safe space'. This seems unlikely, or at least unexamined, in the context of the finding that therapy-in-the-world contains inherent ontological risk. This important finding will be unpacked in depth in the Main Discussion (see 10.3.1.2; 10.3.1.7), where the role of the professional therapist will be conceptualised as a facilitator to a person's therapy-in-the-world: a facilitator whose task includes the identification and safe(r) navigation of ontological risk.

9.8 Preliminary discussion of 2nd-phase findings

The principal objective of the Eidetic epoché-reduction is the precise characterisation and delineation of the phenomenon. Through engagement with imaginal variation, this 2nd phenomenological phase did produce nine important characterisations and delineations. These are collated and discussed now only inasmuch as they shape the process of the 3rd phenomenological phase. (A broader discussion of their relevance to therapy, and their philosophical contextualisation within the overall findings of the study, is deferred to the Main Discussion.)

Through a process of writing-and-rewriting that eventually discounted numerous imaginal variations as superficial or incidental, and to which no space is therefore given, the Eidetic epoché-reduction isolated two questions likely to delineate the essence of the phenomenon: (i) *Is it still the phenomenon if a different distress precipitates it?* And (ii), *Is it still the phenomenon if a person's therapy-in-the-world takes a different mode?*

By dwelling with these core questions, this phase found:

- a) That the phenomenon of therapy-in-the-world is uniquely precipitated by conditions that create an ontological crisis for us: by the arrival of that with which our lifelong ontic strategies cannot cope.
- b) That nevertheless, the phenomenon doesn't inhere uniquely in the person. Rather, it inheres in a worlded conjunction between the person's enduring ontological situation and a moment in their thrownness that both exposes their ontological wound *and* provides opportunities for modes of being-in-the-world that allow a therapeutic separation-from and return-to their existence.
- c) That since the exposure of the ontological wound might not coincide with opportunities for self-therapeutic being-in-the-world, the phenomenon is not necessarily triggered by life-distress, which is therefore not necessarily a good.
- d) That the phenomenon does not include a curative link between particular modes of being-in-the-world and particular ontological wounds according to a universal 'recipe'.
- e) That the phenomenon is universally characterised by deceleration into Kairós time.
- f) That the phenomenon is universally characterised by (ambivalent) surrendering to dwelling in an inhabital mode of being-in-the-world.
- g) That the phenomenon is universally characterised by an ontological risk of uncertainty in the inhabital mode of being-in-the-world.
- h) That the phenomenon of therapy-in-the-world is differentiated from self-care by the frequently negative and ontologically risky character of its experience.
- i) That the phenomenon of therapy-in-the-world is delineated from hobbies, pursuits, obsessions, addictions or downward spirals by the necessary existential death of the therapeutic experience: oneself must be returned to.

These findings now join with and extend the findings of the 1st phase, allowing the following key epistemological structures to be carried forward as the basis of the 3rd-and-final phenomenological phase:

- (j) Therapy-in-the-world is precipitated by conditions that create an ontological crisis *for us*: by the arrival of that with which our lifelong ontic strategies cannot cope.

- (k) Therapy-in-the-world is characterised by *idiosyncratic* ways of dwelling in one of five *general* modes of being-in-the-world; modes that were emphasised in ancient therapeutic practice and which are universally-accessible in the present-day. Although each process of therapy-in-the-world is unique to the individual, exposure to the therapy-in-the-world of others may nevertheless be inspiring or catalytic for one's own therapy-in-the-world.

- (m) A particular mode of being-in-the-world is not a cure for a particular distress, nor is it even 'therapeutic' in itself. Rather, therapy-in-the-world can be modelled using the metaphor of experiential phenomenology: as an epoché-reduction of the life-world, with phases of 'separation-from' and 'return-to' oneself which are jointly essential to the phenomenon.

Adopted terminology: Because the 'separation-from' phase includes a separation from the aspect of being known as acceleration (see above), this study will refer to the 'separation-from' phase as '**deceleration**'. Because the 'return-to' phase includes the resumption of habitual modes of being, this study will refer to the 'return-to' phase as '**everydaying**'.

- (n) What is separated-from and returned-to is the habitual life-world, which is the locus of both the precipitating life-distress and the enduring ontological situation, both of which are able to 'hide' from the person. In this habitual

life-world there is an attunement to *Chronos* time and a vulnerability to the generalised distress of acceleration.

Adopted terminology: To reflect both the emergency of the precipitating life-distress and the imperative experience of acceleration, this study will refer to these habitual conditions of being as **‘the urgent-now’**.

- (o) Between separation-from and return-to the life-world in the mode of ‘the urgent-now’, what is dwelt in is the life-world in one or more inhabital modes of being-in-the-world. Entering-into and returning-from these inhabital modes may include the adoption of altered relationships with memory and forgetting. Dwelling in the inhabital mode(s) is characterised by an attunement to *Kairós* time and by a surrender to the ontological risks of groundlessness and uncertainty. These risks differentiate therapy-in-the-world from self-care, while the necessity of returning-to-oneself differentiates it from hobbies, passions, addictions and obsessions.

Adopted terminology: To reflect the deceleration required to surrender to being-in the inhabital modes, to reflect the altered relationships with memory in the inhabital modes, to acknowledge the shift in attunement from *Chronos* to *Kairós* time, and in recognition of the finding that these inhabital modes experienced by present-day participants were exactly those used in the ancient *Asclepieia*, this study will refer to these inhabital conditions of being as **‘the ageless-now’**.

9.8.1 Preliminary diagramming of the phenomenon

Using the above findings and terms, the study’s preliminary understanding of the phenomenon of therapy-in-the-world can now be diagrammed as follows:

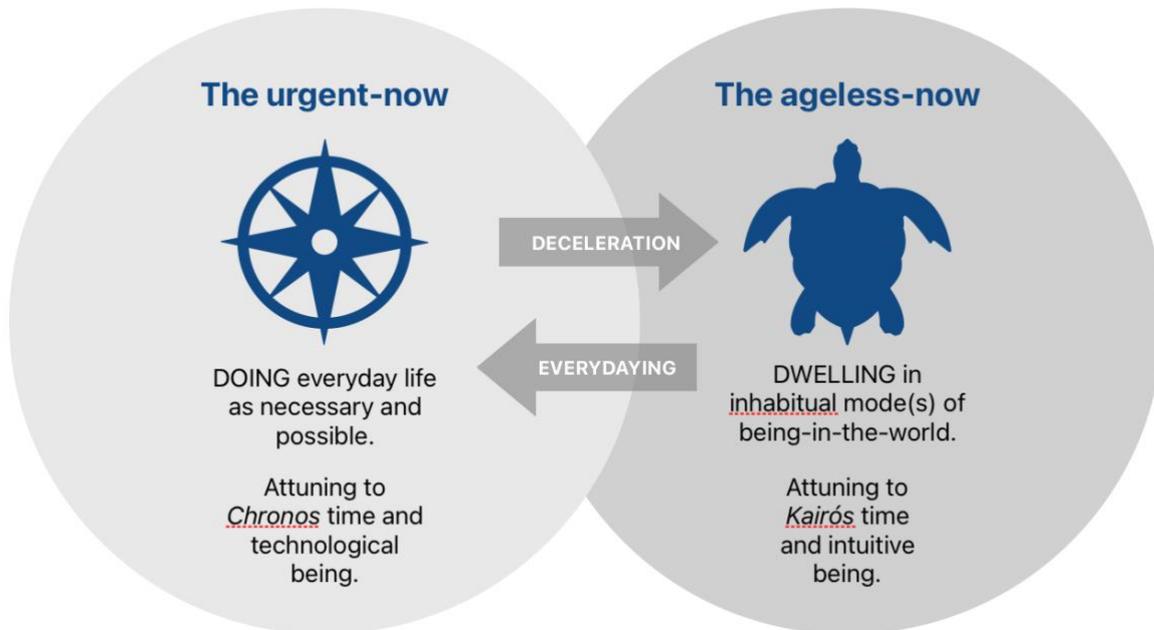


Figure 6: Preliminary diagramming of the study’s interpretation of the phenomenon of therapy-in-the-world

Image: © Chris Cleave

It is important to note that this diagramming and these terms (urgent-now, deceleration, ageless-now, and everydaying) are not offered as a statement about reality. Instead, like the conceptualisation of therapy-in-the-world itself in this research, they are offered as an interpretation: a structuring metaphor to enable evocative presentation and discussion of this study’s findings.

9.8.2 Existential significations of compass and turtle

Appendix B (13.2) shows how the symbols of compass and turtle were chosen to represent ‘urgent’ and ‘ageless’ ways of being. This is presented as an appendix since the study works without it, but it is recommended as a rich and interesting sidebar. Existentially, the turtle

represents a way of being-in-the-world that is endangered exactly by the dominance of its symbolic alternative, the compass. This study's finding is that both ways of being are equiprimordial to therapy-in-the-world, and so the annihilation of one by the other is anathematic to therapy-in-the-world.

9.9 3rd phase: 'Dwelling and making-available' using Ontological epoché-reduction

From the 1st and 2nd phenomenological phases we now have a preliminary understanding of the structure of the phenomenon of therapy-in-the-world. What we still lack is a deeper understanding of its being. Looking at the above diagram, we can now ask: What is it like to be in 'the urgent-now' and 'the ageless-now'? What is it like to experience life-distress in the urgent now? How is 'deceleration' experienced? And how is 'everydaying' experienced as the journey of returning-to one's 'urgent-now' is realised?

While asking these 'how?' and 'what is it like?' questions, it is important to stay attuned to the possibility that by asking 'how?' and 'what is it like?', we may discover that we find no convincing evidence with which to answer such questions. In such a case, the preliminary understanding and diagramming of the phenomenon would need to be revised, perhaps radically. Thus, while focused on deepening our understanding of the being of the phenomenon, this 3rd phase of Ontological epoché-reduction also serves to test the hypothetical understanding derived from the findings of the 1st and 2nd phases. This ongoing testing acknowledges Popper's warning that in later stages of research we must stay alert to "the a priori possibility that positive or confirming evidence notwithstanding, a universal hypothesis might [still] be falsified" (Jones & Perry, 1982, p.97).

This 3rd phenomenological phase was structured to dwell systematically with each part of the phenomenon as diagrammed above, in order to make those aspects available to understanding or further inquiry.

While in the preceding phenomenological phases the epoché was effected through reflection and reflexivity, here it was effected through systematicity. The phenomenon was broken down thematically into its smallest components, which were minutely examined. To achieve this, a coding system was developed from the findings of the 1st and 2nd phenomenological phases, which enabled key moments in every interview transcript to be mapped onto the self-therapeutic process of:

- i. experiencing life-distress in the urgent-now
- ii. separating from oneself-in-the-urgent-now (‘deceleration’)
- iii. dwelling in the ageless-now
- iv. returning to oneself-in-the-urgent-now (‘everydaying’)

This coding system, with its multiple subcategories, is provided in Appendix C (13.3).

Next, the reduction was achieved through a dwelling process of writing-and-rewriting of the material from each subcategory, producing the following findings.

9.9.1 What is it like to experience life-distress in the urgent-now?

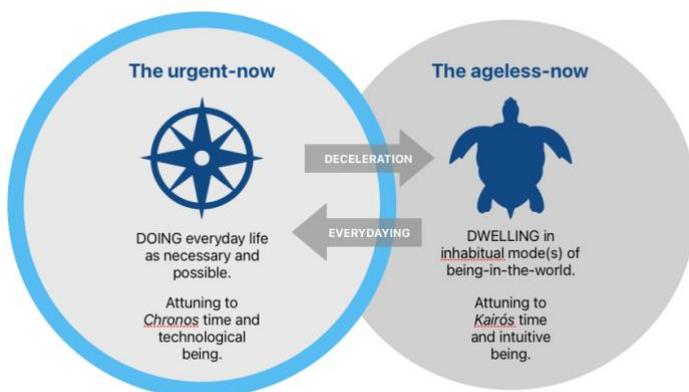


Figure 7: Reminder of the part of the phenomenon of therapy-in-the-world under consideration in this section

Image: © Chris Cleave

9.9.1.1 *Caveat: This study cannot observe the experience of the urgent-now without life-distress*

This study concerns the phenomenon of therapy-in-the-world as it is disclosed through being-in-the-world. For Heidegger, *Being-in* is a primordial phenomenon: it is not to be derived from the analysis of other phenomena of Being (for example by breaking them down into parts). But this doesn't mean that Being-in is itself indivisible. Instead, "a multiplicity of characteristics of Being may be constitutive for it. If these show themselves, then existentially they are equiprimordial" (Heidegger, 1926/1962, p.170). This study has found that two such characteristics of Being seem to 'show themselves' in the phenomenon of self-therapeutic Being-in: being-in the urgent-now and being-in the ageless-now. Following the Heideggerian terms of fundamental ontology, these two constitutive items are equiprimordial.

Before presenting this next analysis of the interviews, then, it is important to notice that while the study gives these two constitutive items equal existential weight, its participants are primed not to give them equal emotive affect. Every participant met the study's inclusion criteria because they had a self-therapeutic experience. Their experience of the urgent-now was therefore invited by the interview format to consider their distress in it. This tints the study's observation of the urgent-now, which risks appearing as an unenviable way of being-in-the-world, full of distress and suffering. The 1st and 2nd phenomenological phases, however, found that the urgent-now and the ancient-now are equiprimordial characteristics of being – at least insofar as this study is capable of finding – since the phenomenon of therapy-in-the-world requires successful integration of both ways. We must recognise the vast literatures of crafts, travels, pursuits, medicine, business, architecture, science, and countless other domains of human experience as constituting evidence for the *positive* character of the urgent-now. The urgent-now is the locus of weddings and mitzvahs, not just of funerals. The urgent-now is the characteristic being of heart surgeries, not just of heart attacks. This study has explored a certain stillness or silence as an attractive sensory metaphor for the ageless-now. But if the urgent-now had its own sound, it would be an equally attractive sound: the ontological buzz of humans furthering human life.

9.9.1.2 *The urgent-now fears unproductivity*

Every participant's experience of the urgent-now bears witness to the social inequality and financial insecurity in which contemporary lives are experienced. Sam identifies his family's poverty as a consequence of racial discrimination, and discovers that his greater fear "wasn't actually fear of being non-white, it was fear of being POOR" (Sam,§13). Precluding any possibility of self-therapeutic engagement with the wounds of racism was the urgency that "I've GOT to DO SOMETHING. I've GOT to start working and earning and doing something. I've GOT to make myself SECURE" (Sam,§45). The urgent-now can be inimical to self-therapy and self-care. Even performing stand-up comedy, which eventually became therapeutic for Sam, was at first antitherapeutic due to its urgent requirement to produce what the crowd was paying for: "I would go on stage and still be HIDING who I was, in search of three laughs a minute" (Sam,§121).

Rainer, too, notices that urgent-being initially subverts his self-therapeutic discoveries. When he first begins to experience the ageless-being of heart meditation:

"I saw it as an object that I wanted to POSSESS. 'I WANT that'. [Smiling] But that's the social conditioning I grew up with [...] The nature of capitalism and patriarchy and such is to own it, possess and control and define and all that. So unlearning that does take a long time." (Rainer,§105)

The countedness of every second inheres in urgent-now. Its 'doing' rather than 'dwelling' character brings a felt need to justify, even to oneself, the use of every moment: "I have to just WRITE everything down. So I have like THREE different books in my normal life [smiling] where I've got like: 'These my WORK tasks, this is my LIFE admin task...'" (Rhiannon,§65). Even when we are productive, the urgent-now is characterised by a feeling of the never-enoughness of our efforts: "I will literally have one child going: [child's shouting voice] 'I need this right now!' And the other one going: 'I need this!' And I'm like: [laughing] 'I can only help one person at a time! Just wait, who's the most urgent?' [laughs]" (Rhiannon,§113).

Behind the laughter, the fear is real. In the urgent-now Andrea instinctually knew that she needed dwelling-time in the place she lived with her family, "but I NEVER EVER ATTEMPTED to try to CREATE that in my life because I was SCARED I would lose work. I would lose MONEY. It just wasn't ACHIEVABLE" (Andrea,§29). And she was correct in her

fear of unproductivity: when she took six weeks off for major back surgery she was immediately made redundant, and the brutality of that outcome shocked even someone who was aware of the climate of fear. Her shoulders slumping for a moment, she says simply: “Why would you do that to someone?” (Andrea,§402).

9.9.1.3 The urgent-now can be alienating

Every participant reports some version of a societal effect in the being of the urgent-now that becomes instantly alienating as soon as one falls out of productivity. For Peter, “one of the issues was feeling very ALONE in the reaction to what was going on in REAL life, because NOBODY seemed to be having quite the experience I had. I didn't have any SHARED experience with anybody” (Peter,§114). Peter's use of the term ‘REAL life’ illustrates the severity of the alienation. Like Auden's bereaved inclination to “stop all the clocks, cut off the telephone” 141 (Auden, 1936/1994, p.141), it isn't that Peter feels excluded *by* people; he feels excluded *from* ‘reality’.

Alienation, for all these participants, produces a deep sense of separate-being. For Rainer, who experienced early trauma, “I think somehow, from a very young age, I knew that what was presented as reality wasn't reality” (Rainer,§169). Reflecting years later on that derealisation, Rainer suggests that:

“we can become very UNGROUNDED. And like: 'Right, I don't really want to be on Earth'. When we feel a bit floaty, a bit dizzy, a bit dreamy, and you know, people say our heads are in the clouds. There can be a real disconnection from... from LIVING on Earth. And of course, you know, only half-being-here can lead to all kinds of problems physically, emotionally, financially.” (Rainer,§213)

Every participant identifies a different mechanism by which alienation is produced in the urgent-now, such that *how* alienation arises is less universal than *that* it arises. When Helen's daughter was born with complications of Down syndrome, becoming the ‘problem’ that the productive being of the urgent-now is there to ‘solve’ meant that “the MEDICAL profession treated us in a very sort of DISTANCING way” (Helen,§105). For Sam, however, alienation began not when he suddenly became ‘the problem’, since for racist elements of society he had already been ‘the problem’ since birth. This enduring alienation radically modified Sam's sense of existing within urgent-being:

“I just had this impostor syndrome, and this outside of being, and this real sense of hiding, kind of like all my life, assimilating. And even to the sense that I've got a tribal name. And I don't use it, I use my second name, which is my Anglicised name. And I kind of like hid who I was for a long time.” (Sam,§13)

Sophie's alienation had a different mechanism but a similar sense of it arising as a self-produced response to hostile societal mores. She was initially in denial about being gay, since “back then, it was a disgusting thing or it was a hilarious thing. But it was NOT a thing that you would want to be, or anymore would want you to be, so there's the fear of you know, being rejected by everyone” (Sophie,§205). Bill's alienation had a similar aetiology in the sense that it arose as a response to the urgent-now's difficulty in dwelling with otherness: “when you're depressed you go into a shell and you don't want any connection AT ALL” (Bill,§101).

Whether experienced from birth, or arising when one suddenly becomes ‘other’, in all cases alienation in the urgent-now compounds the difficulties of recovering from life-distress. “I think that, you know, we're social beasts. And so being on your own DOES get to one” (Peter,§134).

9.9.1.4 In the urgent-now, emotions can block (rather than reveal) aspects of one's being

Without exception, participants reported a characteristic aspect of emotions when experienced alongside life-distress in the urgent-now: that they had the effect of blocking access to awareness of (or possibilities of) being.

Rhiannon, who was able to self-therapeutically connect with her emotions when she dwelled in silence, experienced the opposite in the urgent-now: “There's like an EMOTIONAL block somewhere that I can't voice how I'm feeling at all” (Rhiannon,§209). In the being-in-alterity of her silent retreat, when she is feeling strong emotions such as stress or overwhelm, she responds by “kind of tuning into it, and going: 'Well, WHY am I feeling stressed about that?'" (Rhiannon,§213). But in the urgent now, she won't be “even THINKING about that. It just is not that STRUCTURED in my mind at that time” (Rhiannon,§213).

For Andrea, the strong emotion of fear in the urgent-now was not merely unstructured or inaccessible, but positively hidden – which made the sudden onset of eight years' avoidance of water completely inexplicable to her:

“Researcher: In that eight years, what was that fear LIKE? What was it like to LIVE with it? How did it feel in your mind and in your body?

Andrea: Invisible. Invisible.

Researcher: Ah!

Andrea: It wasn't at the forefront. I just wasn't comfortable. In... in my mind, not comfortable in the water anymore so I'm not gonna do it.” (Andrea,§278-284)

Sophie reports something very similar: that in the urgent-now, the emotion of fear was not experienced as an emotive precursor to a blocking behaviour, but *as that blocking itself*:

“You wouldn't immediately RECOGNISE it as fear. It would be just kind of very inspecific anxiety... or... just being worried about everything or being worried about small particular things. There is also the great big ‘Stop doing this, get out of here, turn away’ impulse.” (Sophie,§53)

Sophie’s inexplicable blocked-ness was heartbreakingly incapacitating: “I was SO unhappy, I couldn't do ANYTHING. The world was excruciating” (Sophie,§125).

Every participant reports some version of this experiencing of emotion in the urgent-now as a blocking or self-limiting behaviour, rather than as a ‘feeling’. Sam says: “I think my ANGER, kind of like showed up in low self-esteem... I think it turned into sort of like... self-HATRED. And then the SHAME turned into a kind of THOUGHT pattern” (Sam,§37). Interestingly, these blocking and self-limiting proxies of emotion in the urgent-now can also be experienced as positive. In Bill’s manic periods, “I was writing and writing and writing and writing and writing... I remember thinking, 'THIS is what it's LIKE to be a ROCK STAR’” (Bill,§37). That this blocking was experienced with positive affect doesn’t negate the fact that the behaviour (of obsessive, euphoric writing) blocked Bill from entering into nuanced relation with his mania, just as effectively as Andrea’s behaviour (of avoiding the sea) blocked her from entering into authentic relation with her fear. For each participant it was only later, through self-therapeutic dwelling in the ageless-now, that emotions came to be experienced as feelings rather than as behaviours.

The significance of emotions not showing up as feelings in the urgent now is that they cannot fulfil their office of disclosing being. Once experienced as a feeling, they can reveal rather than

block. Andrea best expresses this revelatory potential of emotion, when she realises that “the fear of drowning had held back SO MUCH MORE in my LIFE than just not getting in the water and swimming any longer” (Andrea,§58).

9.9.1.5 The urgent-now is characterised by a pressure towards inauthenticity

Every participant experienced the urgent-now as a mode of being in which they couldn't be 'true' to themselves.

Amid his unbearable grief, Peter noted that “in everyday life, we're not PERMITTED the chance to just SCREAM, you know, sometimes scream OBSCENITIES... There was a lot of REPRESSION going ON. I had to hold myself together, I had to not be angry” (Peter,§10-14). What pressured Peter towards inauthenticity? He reports that “all my external JOB stuff is a kind of COVER in a way, a very nice space where I can stand up in front of 1,000 people and entertain them, but I think that's very typical of public performers, that they're actually using that as an excuse for a private introvert nature” (Peter,§118). For Peter, then, his productive societal role in the urgent-now was a useful mask for the quietness of his soul, until the arrival of life-distress revealed that the role was equally a prison for the loudness of his grief.

For Rainer, the urgent-now required the repression not of his grief but of his questioning nature: “The narrative, both that god is love, and that if you're not Christian, you'll go to hell [laughs] didn't make any sense to me” (Rainer,§169). What pressured Rainer towards inauthenticity? He reports that his culture of origin “is dominated by the narrative of original sin, right? [Laughs] And so there's this overlay of conditioning and FEAR that I've DONE something wrong, and I've LOST my place in heaven [if I speak up]” (Rainer,§181).

For Helen, the urgent-now required the repression of ambivalent feelings, which were inexpressible within social convention. Instead of her authentic ambivalence she experienced guilt. Society “made me feel GUILTY for FEELING ambivalent, because we have a lot of very sort of POSITIVE stuff about, you know, embracing disability” (Helen,§37). What pressured Helen towards inauthenticity? She identifies a double-bind within social mores: “It's a kind of ACKNOWLEDGED FACT that women don't WANT a baby with Down syndrome. But then, when you HAVE a baby with Down syndrome, it sort of like no one wants to ENTERTAIN that fact any MORE” (Helen,§37). Interestingly, it was being-with others that created Helen's

pressure towards inauthentic experiencing, and it was her experience that dwelling in solitude (in the mode of being-witness) allowed an authentic relation with her own emotions. Such findings add nuance to the widespread (and often well-founded) assumption that connecting with others is automatically ‘therapeutic’.

For Sam, faced with stark racism, the urgent-now required the urgent adoption of inauthentic strategies. With quiet understatement he recalls that “being black, there was a lot of people who weren't really ready for that” (Sam,§21). What pressured Sam towards inauthenticity? Fearing the potentially-lethal consequences of authentically *being* himself, he took measures on every level of being to *disappear* as himself. Physically, “I would spend my paper round money on two things. Predictably, chips, and less predictably, sunblock. Because I KNEW that every summer, the problems got exacerbated because my skin DARKENED and really QUICKLY, and I became MUCH more of the target” (Sam,§21-25). Socially, he colluded with racist nicknames he was given, pretending to enjoy them. Interpersonally, this resulted in him developing “a default MARTYR setting. So sometimes to ACCEPT hostility, and not stand my ground for NON race-based conflict in the workplace, for example” (Sam,§33). And emotionally, the forced inauthenticity became anger directed both inwardly and outwardly – and this anger, in turn, could neither be felt nor expressed authentically. Racism had manoeuvred Sam into an impossible ontological corner.

It is this realisation of the ontological impossibility of the forced inauthenticity of the urgent-now, when it meets life-distress, that precipitates every participant’s self-therapeutic journey. Rainer’s therapy-in-the-world began when he could no longer sustain inauthenticity, and impulsively made a self-disclosure during his introductory speech to his colleagues at a coveted new role. He told them: “You know, I'd like to say I'm happy to be here. But I'll be honest, when I arrived to my office, I sat on the floor and cried” (Rainer,§101). Peter went in search of self-therapeutic spaces when he realised that in the urgent-now “I didn't have an outlet for just the mental... just MESS that was happening” (Peter,§246) – the ‘mess’ being his authentic emotional trauma. For Sam, “I REALISED that there were things that either needed to be suppressed, or I needed to find when I was going to take them to a battleground” (Sam,§45). Andrea’s realisation of the forced inauthenticity of the urgent-now is perhaps the most salutary of all. Her therapy-in-the-world began when she realised that *every* authentic aspect of her being, from living with her beloved family through to valuing aspects of herself other than the successfully-productive, had been surrendered to the accelerated being of the urgent-now. It is

chilling to hear Andrea’s account of how this surrender of authenticity can feel so gradual to us that it goes hidden:

“**Andrea:** You just don't recognise those increments are getting bigger and bigger and bigger and bigger as time goes on. And that's technically what sort of happened to me over that eight year period. Does that make sense?

Researcher: Like a real sort of CREEPING up on you?

Andrea: Yeah.

Researcher: You didn't even realise how disconnected you'd become from these parts of your existence that you love?

Andrea: [Swallowing] Yeah.” (Andrea, §152-160)

9.9.2 What is it like to experience deceleration?

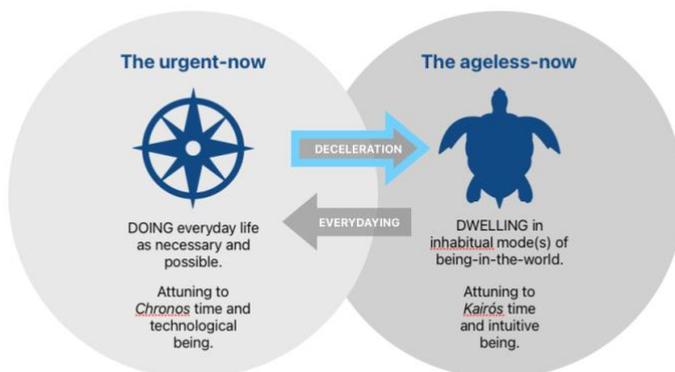


Figure 8: Reminder of the part of the phenomenon of therapy-in-the-world under consideration in this section

Image: © Chris Cleave

9.9.2.1 Deceleration involves a discontinuity of being-with

The 1st and 2nd phenomenological phases found that urgent-now and ageless-now are two distinct and equiprimordial ways of being, and that therapy-in-the-world can be conceptualised as experiential phenomenology, in which ‘deceleration’ describes an epoché-like process of separating from one’s everyday way of being, while ‘everydaying’ describes a reduction-like process of returning to oneself otherly. The above findings of the 3rd phenomenological phase indicate that the transition from crisis in the urgent-now to dwelling in the ageless now is

precipitated by an ontological emergency: the impossibility, when life-distress arrives, of sustaining inauthentic being. Deceleration, then, is a radical process characterised by a discontinuity of being-in, and a striking observation in the accounts of every participant is that the discontinuity of *being-in* is intimately connected with a discontinuity of *being-with*.

These discontinuities of being-with can be identified as follows:

The pseudonym they chose	As their mode of being-in shifts towards...	...they experience a discontinuity of being-with...
Peter	<ul style="list-style-type: none"> • Being-in-the-body • Being-witness 	...from being-with spouse to being-with 60,000 people (football crowd) and 3 people (string quartet)
Rhiannon	<ul style="list-style-type: none"> • Being-in-alterity • Being-witness 	...from being-with partner and children to being-with silent community
Andrea	<ul style="list-style-type: none"> • Being-in-the-body • Being-in-nature 	...from being-with colleagues to being-with paddleboard instructor
Bill	<ul style="list-style-type: none"> • Being-in-transit • Being-witness 	...from being-with partner and children to being-with strangers
Sam	<ul style="list-style-type: none"> • Being-witness • Being-in-the-body 	...from being-with family to being-with audiences
Sophie	<ul style="list-style-type: none"> • Being-in-alterity • Being-in-transit • Being-in-nature 	...from being-with partner to being-with strangers
Helen	<ul style="list-style-type: none"> • Being-witness 	...from being-with partner and children to being-with unmet readers
Rainer	<ul style="list-style-type: none"> • Being-in-alterity • Being-in-the-body 	...from being-with academic community to being-with yogic community

We can use two lenses to help us tighten up this finding of discontinuous being-with. The first is humanistic; the second Heideggerian.

Borrowing a term from humanistic psychotherapy, we can first notice who ‘holds the space’ for each participant in the urgent-now and then in the ageless-now. For Peter, for example, space in the urgent-now is held by himself and his wife. That space cannot hold their shared life-distress, but Peter finds that he *can* dwell with that distress in a different mode of being-in (being-in-the-body; being-witness). Space for the different mode is held by different people: first by a crowd of 60,000, then later by three fellow musicians. For Andrea, space in the urgent-now is held mainly by the high-powered professional colleagues with whom she spends the

majority of her week, until that space can no longer hold her life-distress. Andrea finds that she *can* dwell with that distress in a different mode of being-in (being-in-the-body; being-in-nature), and that space is held by a patient and sensitive paddleboard instructor with no psychotherapeutic training, but who nevertheless exemplifies Rogers' core conditions (Hayes, 2016) of empathy, congruence and unconditional positive regard.

It is moving to reflect on who 'holds the space' for each participant's self-therapeutic mode of being-in. For Sam, it is often "a roomful of drunk strangers" (Sam,§85), who must have no idea that they are holding a therapeutic space. For Helen, it is the publishers and ultimately the readers of her graphic novel who hold the space for her self-therapeutic mode of being-in, despite having no inkling that they are her providing her with a different being-with. For Bill, it is a multitude of unsuspecting strangers (a chaplain, a dozen ticket-inspectors, forty choristers, a hundred fellow-travellers, a thousand railway workers and highway-repairers, forty million taxpayers bankrolling the infrastructure) who hold the space. For Sophie, on her months-long solitary cycling journeys, her self-therapeutic space for being-in is held by a million strangers who literally make space for being-with her: a few by opening their homes, countless more by the small act of love in which they carefully steer their cars and trucks around her on unlit roads late at night.

This startling finding, then, is that if therapy-in-the-world exists, we are all holding therapeutic space for each other, knowingly or unknowingly, all of the time.

For me this is the most emotive finding of this study. Despite being a writer and an artist, I am quite a rigorous person who needs to see a mechanism before I can buy in to any metaphysical idea of 'healing'. Even when my inspiring participant offers such beautiful words as "everything in nature is healing itself, the nature of life is healing" (Rainer,§237), I am quite resistant to the construct, since I feel that this study's findings (and existential philosophy in general) suggest that we don't necessarily 'heal' or 'grow' from wounds, but perhaps that we learn to be ourselves differently following life-distress. So, as the following sections will confirm, I was – and continue to be – primarily fascinated by the changes individuals make to their being-in when confronted with life-distress. But here, in this finding (that we are all holding therapeutic space for each other by providing a mode of being-with that enables a person's self-therapeutic mode of being-in), I do acknowledge a mechanism that could underpin Rainer's intuition that 'the nature of life is healing'. As a therapist I intentionally hold

space for people's therapeutic journeys, but this finding makes me reflect on the space I hold for other people unintentionally, because of the values I hold and the choices I make and the ways that I am in the world. It also makes me overwhelmingly grateful when I notice how much space people have held for me.

The second lens we can bring to bear on this finding is Heideggerian. For Heidegger, the 'who' of one person is disclosed in the phenomena of their intersubjectivity with other 'ones' and in the phenomenon of their relation with the imaginal internalised everyone/anyone/no-one-in-particular that Heidegger calls *das Man*, commonly translated as 'the *they*'. For Heidegger there are "certain structures of Dasein which are equiprimordial with Being-in-the-world: Being-with and Dasein-with [Mitsein und Mitdasein]. In this kind of Being is grounded the mode of everyday Being-one's-Self [Selbstsein]; the explication of this mode will enable us to see what we may call the 'subject' of everydayness— the *they*" (Heidegger, 1926/1962, p.149). For Heidegger, being-in and being-with are equiprimordial, by which term we have seen (above) that he means 'co-constitutive of being, without themselves being reducible'. In these terms, we can notice that the present finding can't be reduced to a simple matter of saying that one's being-with others is what 'heals'. Rather, the finding is that a dislocation from one's everyday being-with is a major component of the epoché-like process of separating from one's everyday way of being-in, before returning to it. In the urgent-now, the space is held by specific others and by the *they*, and Being-one's-Self means relating more-and-less authentically with these. In the different mode of being-in that is the ageless-now, for these participants, being-with occurs in a space held by different others, so Being-one's-Self is experienced differently.

9.9.2.2 Deceleration is characterised by turbulence at the interface of two ways of being

Every participant reports ambivalence and unhomeliness during deceleration. Before treating the content of participants' accounts of deceleration turbulence, it is important to notice a methodological aspect of the production *of* that content. Since each interview is taking place in the urgent-now (being time-limited and task-driven), but recalls into the present moment the lived experience of deceleration, we can predict that there may be moments during the interviews when participants' task-driven, productive, urgent-now treatment of their own material gives way to that other way of being. And indeed, multiple instances of these moments show up with every participant.

Rainer smiles and gives a self-deprecating laugh every time he speaks of the turbulent transition between urgent-being and ageless-being. An example: “the security blanket of the intellect isn't just given up in one go. [LAUGHS] As much as I tried to pretend that it COULD be, you know?” (Rainer,§145). Peter also has a signature laugh, in his case quite sharp and seemingly uncontrolled, which appears every time he is re-experiencing his deceleration turbulence during the interview. An example: “[in everyday life] I'm able to socialise but not to have conversations [LAUGHS]. I have the conversations during the music” (Peter,§118). Helen's signature of turbulence is the expression of raw, uncensored emotion during her otherwise reflective and mannered interview. An example: “and I was like, you know, well fuck OFF actually, and stop staring” (Helen,§77). Bill's signature is an energetic nonverbal utterance. An example: “When I'm like, a bit more, RRRR... I'm thinking: 'Oh, fuck, I committed to that when I was this DIFFERENT BILL’” (Bill,§113). Meanwhile, Rhiannon's signature is a sudden pause, of between four and six seconds, during which her eyes cloud and she looks down.

Sam's signature is that when the interview turns towards his experience of deceleration, the first part of his response is to produce practiced, pre-reflected phrases that seem to give him a moment to cover or process his turbulence. An example: “WISHING I could play the white card, but being given the black spot” (Sam,§41). Or: “Now I'm the organ grinder. So I dance to my tune” (Sam,§121). Andrea's signature, which feels similarly self-protecting, is the production of a striking discontinuity in her flow whereby she interrupts herself to call attention to the researcher's imagined perception of her. An example: “I'm realising while I'm talking, I'm thinking: 'He's going to think this woman's lost her frigging mind!’” (Andrea,§374). Sophie's signature is again similar: when the interview turns to deceleration, she produces a discontinuity by calling attention to the interview format:

“Researcher: I saw how moving it was for you, when you said ‘one of the things that I really miss is being looked after’. And it felt like something really big came up for you then. Is that right?

Sophie: [Hesitates] Yes, yeah, I mean, this is, this is going a lot deeper into just my personal psychology, which I'm happy to do. If you want me to. I don't know how much of that you want.” (Sophie,§107-109)

Once perception becomes attuned to noticing each participant's unique signifier of their turbulent shift in ontological register, it is surprising how consistent and clear the signatures are in the interview transcripts. It is like looking for cowrie shells on the beach: one can search

fruitlessly until the eye learns to recognise their signature convexity against the similar-coloured sand, at which point one quickly finds a dozen.

9.9.2.3 Deceleration is characterised by ambivalence and unhomeliness

Proceeding now to treat the content (rather than the process) of participants' accounts of deceleration turbulence, a universal finding is of ambivalence about the experience of deceleration. On the threshold of his self-therapeutic road-trip, Bill went "from being REALLY excited about the TRIP... to thinking, 'Ah, mmm, I'm in a pretty tricky situation here'" (Bill,§17). For Sophie, on her own threshold, "there's a sort of grey area of thinking that something is completely impossible. And yet paradoxically, at the same time, kind of thinking I could probably do it if I tried. And that is terrifying" (Sophie,§25). For Rhiannon, hesitating the verge of what became her life-changing experience of dwelling in silence, there was "lots and lots of mum guilt... *Are they going to be okay, what happens if they're not okay?*" (Rhiannon,§61). Even as the experience began, she thought "Oh, my God, three days with just my brain for company might be a bit much. What have I done?" (Rhiannon,§121).

Accompanying participants' ambivalence is a sudden noticing of unhomeliness, the ontological realisation of which is conveyed through an ontic vector particularly noticeable to them. For the orderly Peter, unhomeliness is noticed in unscriptedness: "I think there's something very strange about WATCHING a football match, because you don't know what's going to HAPPEN. And so it's not like going to a PLAY" (Peter,§78). For the solicitous Rhiannon, whose habitual concern is for others, unhomeliness is noticed in not knowing how to be for-herself: "it was REALLY weird for me to exist in that SILENCE? So [laughing] I think for the first day-and-a-half, I was kind of looking around going: 'Am I doing this right? Should I be making eye contact with people? Should I be communicating with my body?... That was a really UNUSUAL state to EXIST in" (Rhiannon,§61-65).

Sophie's first experience of deceleration was into life on the road, and so unhomeliness was noticed in new places: "I had a VERY WEIRD SENSATION there. That... [Silent, 5 seconds] I've not often had before" (Sophie,§77). But after spending so long cycling that the road had become home, her greater experience of unhomeliness was noticed in homecoming: "I had never come home from a big trip before. And NOW I know that it's actually a really weird experience" (Sophie,§117).

While apparently paradoxical that both leaving-home and returning-home can feel unhomey, in fact this is entirely consistent with the idea of therapy-in-the-world as an experiential-phenomenological process in which both the epoché of leaving and the reduction of returning to oneself are eerie situations in which Dasein (being) can no longer disperse itself in the habitual. For Heidegger, the shock of noticing unhomeliness is one of the means by which “this listening-away must get broken off; in other words, the possibility of another kind of hearing which will interrupt it, must be given by Dasein itself” (Heidegger, 1926/1962, pp.315-316).

In the 2nd phenomenological phase it was found that its incorporation of ontological risk differentiates therapy-in-the-world from self-care. In this 3rd phenomenological phase we can notice that the real-time discomfort of participants while recounting their deceleration experiences, and the frequently ‘negative’ affective character of the ambivalence and unhomey associated with deceleration, further differentiate the phenomenon from the largely positive affective geography of self-care.

9.9.2.4 Deceleration includes surrender and release

Following the unsettling experience of deceleration turbulence, every participant reports a pleasurable (if sometimes overwhelming) sense of release upon surrendering to the mode of being-in-the-world in which they are to dwell in the ageless-now.

For Andrea, finally surrendering to the process of paddling across open water, “the world had just opened up and I felt like I was in the middle of nowhere” (Andrea,§240). For Bill, after his initial ambivalence, “it just felt like a really FREEWHEELING JOURNEY. And I felt... I felt... I felt I was like a character in a Kerouac novel” (Bill,§269). For Rhiannon, a “kind of self consciousness, I think, had to fall away before I could get a bit DEEPER?” (Rhiannon,§113). But once surrendered-to, she found a delighted release in the realisation that “Nobody gives a shit what you're doing. They're there for themselves. You just need to be here for yourself. Do what you want” (Rhiannon,§61). And for Sophie, the sense of release in finally surrendering to being cared for (while exhausted on the road) is so powerful that she re-experiences it emotionally during the interview: “Oh, my God, I missed this so much. And one of the things I missed is... [pauses, breathes out, tears come]... is being looked after” (Sophie,§97).

For Peter, “there was something just really WONDERFUL about LETTING myself go with whatever the crowd were doing” (Peter, §22). And then later, “it’s quite nice SURRENDERING yourself to being told what to do?” (Peter, §118). In contrast to the responsabilised, task-driven being of the urgent-now, Peter speaks simply and powerfully of the spaces he finds to dwell in the ageless-now, saying:

“Maybe these are RELEASED places. That whilst maybe TALKING about things can help, you know, THERAPEUTIC relationship, or whatever... but maybe with these I found a PLACE which allows the pent-up emotional world to just BE allowed to have its PLACE in a different way.” (Peter, §246)

9.9.2.5 Deceleration includes patiently and effortfully planning one’s own ‘living room’

This study has found that deceleration is precipitated by an ontological emergency: one’s life-distress becoming impossible to navigate in the urgent-now. But although deceleration is *precipitated* by that chaos, it isn’t necessarily chaotic in itself. On the contrary, every participant reports inventing, creating, planning or otherwise owning their way of deceleration. They *make the space* in which they are going to dwell therapeutically in the ageless-now. To conceptualise this self-owned process of making space for one’s therapy-in-the-world, this study adopts Taylor’s important idea of ‘living room’, the ontological space that one makes for oneself in the interstices of a life-space apparently already fully colonised by the capitalist/patriarchal demands so inimical to therapeutic being. Making living room is making a way to be in a space “when in theory the space is uninhabitable” (Taylor, 2023, p.22).

It is striking how carefully each participant created and curated their ‘living room’, even in the depths of their crisis. Far from responding to their ontological emergencies with blind urgency, participants’ accounts speak to a deep patience that seems to know what is needed. For some, making living room is straightforward but it requires a long wait before it can be realised. Sophie had to wait for many years, and for the justification of her 40th birthday, in order to book a simple weekend away from her children. It was her 40th-birthday “GIFT to MYSELF to give myself that SPACE and that FREEDOM to THINK and FEEL” (Rhiannon, §25).

Making living room seems in all cases to be a patient and effortful process. Sophie recalls that in order to spend just a few weeks on the road: “I spent an entire year researching and buying

kit, building a bike, creating a website, trying to plan a route, working on all the admin, doing research" (Sophie,§41). Sam's therapy-in-the-world included the discovery that stand-up comedy audiences could accept the wounded parts of him, but this hard-won living room came at the cost of writing, rehearsing and performing a huge volume of laughter-producing, less authentic material: "You know, it's one thing to do like a Netflix special, when at the end, you've got two minutes of truth coming out and everybody cries. But that's not a good RATIO, like in a 40 minute show" (Sam,§73).

Participants all reveal idiosyncratic relationships with the planning of their living room. None passively fell into their self-therapeutic experience; all actively planned a space that was both relevant to their distress, and safe for them. Peter, aware of his need for control, spoke of planning how to get a 'safe dose of chaos' (Peter,§102-106). He didn't stumble blindly upon match-attending or playing in a string quartet. He says: "I find safe spaces like that... I want to put myself in an environment where I'm not going to be completely out of my DEPTH" (Peter,§170). Once this possibility for his living room has been created, Peter explains that it must also be *curated*. He says:

"It's this sort of SAFE space where it didn't REALLY matter. You know, on the other hand, it DID matter, because you invest. If you want to get something OUT of the experience, you need to invest sort of emotional energy and CARING. But it was sort of safe enough that one could walk away from it, if everything went horribly wrong. [LAUGHS]. Interestingly." (Peter,§102)

For Peter, whose therapy-in-the-world involved the discovery of his potential for belonging and connection, what made living room relevant and safe was the ability to invest in, and escape from, human connection in a somewhat controllable way. For Bill, whose therapy-in-the-world involved the discovery of his potential for freedom, what made living room relevant was its ability to be spontaneous, and what made it safe was its ability to be planned. Bill thus creates living room by planning his trip lightly and loosely, and curates it by changing the plan when it feels safe to do so: "I planned it but not to the Nth degree... I had like, steps along the way that I knew I needed to do. And I hadn't really thought too much about how to do those different steps" (Bill,§85).

It requires extraordinary skill and effort even temporarily to escape the care responsibilities, financial constraints and productivity pressures of the urgent-now, and participants all spoke

of the cost of making living room. Bill journeyed for as long as he could, and then “I had to go home, because the money was running out, and I didn't want to stay away for TOO long” (Bill,§265). Helen, too, spoke of the enormous cost of making living room to dwell therapeutically (through making a graphic novel) in the mode of being-witness to her experience. She says:

“I've got four kids, and they were ALL at home at that time... So I got up at five every morning, and I'd work before everyone was up for two hours, and then I'd have after school stuff, picking them up and things like that. So I really MADE TIME for it, you know, in a way that was really disciplined and, um... and TOUGH, you know, getting up at five, and it took me about four years to complete the project. So it was a LONG and HARD piece of work” (Helen,§65).

The surprising and wholly unexpected finding, then, is that the phenomenon of therapy-in-the-world involves an *effortful*, *patient* and *planned* response to a personal ontological emergency. Between the demands of capital and care, it is an *effort* to make ‘living room’ within which one can dwell in the ageless-now. It requires *patience* to make and curate that space. And the space must be insightfully *planned*, both for its relevance to the ontological distress and for its capacity to (somewhat) safely contain the intrinsic ontological risk of therapy-in-the-world.

So: these participants haven't stumbled blindly upon their therapeutic means of being-in-the-world. There is nothing serendipitous about therapy-in-the-world as they describe it. It is intrinsic to therapy-in-the-world that it is personally created, not found. The person effortfully and patiently plans to make room in the ageless-now to dwell with their own potential. An important observation here is that effort, patience and planning are all aspects of being in the urgent-now. Here, then, we can directly observe the equiprimordiality of the urgent-now and the ageless-now within the phenomenon of therapy-in-the-world. Therapy-in-the-world cannot exist without dwelling space in the ageless-now, and that dwelling space can only be created by action in the urgent-now. We need the compass to plot our course to the turtle.

9.9.3 What is it like to dwell in the ageless-now?

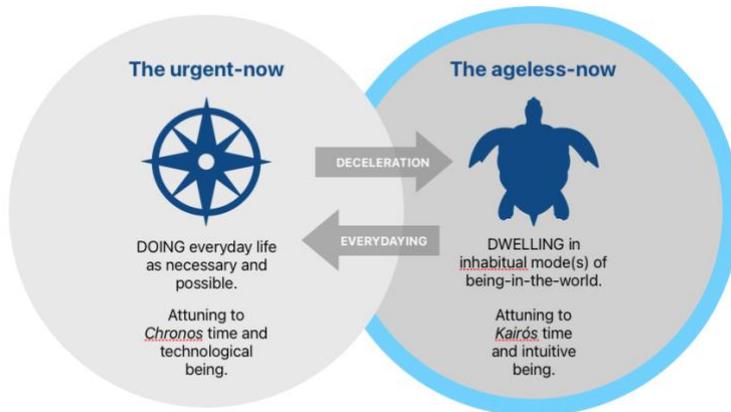


Figure 9: Reminder of the part of the phenomenon of therapy-in-the-world under consideration in this section

Image: © Chris Cleave

9.9.3.1 The ageless-now holds moments of changed awareness

Consistent with the earlier finding that the ageless-now features an altered temporality, all participants report a particular *noticing of moments* in their self-therapeutic mode of being-in. For Peter in his being-witness there “was a sort of WINDOW of PRESENT moment” (Peter,§22). For Rhiannon in her being-in-alterity, “you’re just LITERALLY in that MOMENT, and you CAN’T be anywhere else” (Rhiannon,§117). In these moments, participants report a new attunement or receptivity. For Rainer in his being-in-the-body there was “a deep AWARENESS that this isn’t all there is. That there IS something else” (Rainer,§181). Bill in his being-in-transit was stopped in his tracks by a new attunement to beauty: “I heard SINGING, and it’s like a choir of ANGELS. And I WALKED towards the singing... I suppose call it a religious experience. But I can’t think of another experience LIKE that” (Bill,§13).

These moments of changed awareness aren’t necessarily uplifting. Sophie for example, in her being-in-transit, reports that moments would arrive in which she would have “INCREDIBLY dark thoughts... and I was REALLY... a couple of times, I’d get to the end of the day and think: ‘There are some problems in my relationship with [family member]! Oh, my goodness, this is terrible’” (Sophie,§137).

9.9.3.2 *In the ageless-now, emotions may disclose rather than block*

It was found (9.9.1.4) that in the urgent-now, emotions may be experienced not as feelings but as automatic behaviours that block or restrict being. Conversely, in the ageless-now, participants report experiencing their emotions as feelings, which are more likely to be noticed and interpreted.

On finally noticing her fear *as the feeling of fear* rather than as automatic avoidant behaviour, Andrea is able to ask herself: “Hang on a minute! If I can do THIS, what else can I do?” (Andrea,§328). For Bill, it was beginning to experience the emotion of joy that led him to the interpretation: “Oh! That's... that's good... Do you know what? THIS is the point, this is the EXACT point that I've recovered” (Bill,§201). Sophie wonderfully describes this realisation of emotion as an interpretable, unblocking phenomenon when, in-transit, she feels that one place she rides to “has a BEAUTIFUL energy. OH my goodness, these PEOPLE are SO... like, I HAVE to hang out here I HAVE to stay here. It's almost as though it was it was the opposite of the fear. It was just this kind of... "WOW, this particular part of the world's surface is EXUDING wellbeing" (Sophie,§77).

Participants link the availability of emotions *as feelings* to the time available to feel them. This realisation of emotions becoming revelatory in ageless-now being is nowhere better expressed than by Rhiannon, who with insightful precision describes her dwelling in-alterity as:

“giving myself time to almost go back to my INSTINCTS, I think? So when I'm feeling tight in the CHEST, I just know I need to slow down my BREATHING and just sit in my room for a bit and, and BREATHE [said with a laughing exhale]. And I think that that instinctive feeling – that those instinctive feelings – and how I react to those, are so DIFFERENT if I allow myself TIME to... to calm down in a [laughing] natural, instinctive way, as opposed to someone telling me to calm down [laughs]. And it then gives me... yeah, the space to reflect on maybe how I've BEHAVED if I've flown off the handle about something. Which.... happens. And to think: 'Oh, yeah, that was weird. Why did I do that?' [Laughs]” (Rhiannon,§213)

9.9.3.3 *In the ageless-now, one's invisible ways of being may become visible*

As these moments of changed awareness signal their arrival in ageless-now being, all participants report a sudden visibility of aspects of their being in the urgent-now which were hitherto hidden to them.

It wasn't until Peter dwelled in the collective being of football crowds that he understood how much responsibility he was carrying in the urgent-now. There was "just a sense of RELEASE of being not being RESPONSIBLE for anything" (Peter,§22). Sophie only saw the quality of her unsafety and discomfort in the urgent-now from the perspective of her happiness in being-in-transit. Although cycling across continents is relentless and gruelling, "I'm happier doing that than I am being at home. It's easy and comfortable and feels safe" (Sophie,§13).

For Rainer, when he surrendered his intellectual way of being to the embodied embrace of another person, "she gave me a hug, and I just SOBBED and sobbed and sobbed. Then I had all these FLASHES of MEMORY, play through my mind REALLY quickly. About family stuff that was very painful... there's an awareness at some point [of] all that I'd been carrying" (Rainer,§61). For Bill, it isn't until his being-in-transit brings him, quite by accident, into a confessional situation that he realises he has something he wants to confess:

“Researcher: And so you didn't know you'd been carrying this thing and you weren't trying to offload it?

Bill: It was a couple of things, actually. And I hadn't been thinking about them a lot all the time. But they were THERE. You know, they were there... At that time in my life... I would describe myself as a nihilist.” (Bill,§155-157)

This study finds nothing to support the idea that noticing one's way of being somehow 'fixes' it. (Despite the natural-attitude idea that by facing one's fear, for example, one is somehow cured of it.) As discussed earlier, in the urgent-now Andrea's fear of the ocean had been "Invisible. Invisible" (Andrea,§280), but she didn't lose her fear when she learned to paddleboard. Rather, when dwelling in-the-body and in-nature made her realise that it *was* fear she'd been experiencing, she was able to notice her urgent-now mode of being as being-in-fear. In the ageless-now she could understand that "THAT incident of DROWNING, I'd been

HOLDING back and HOLDING back. Never went back in the water for eight YEARS. But it... it had MADE me hold back on so much MORE in my life” (Andrea,§25).

9.9.3.4 In the ageless-now, one notices one’s inauthenticity in the urgent-now

An earlier finding (9.9.1.5) was that the urgent-now is characterised by a pressure towards inauthenticity. Extending from that finding we can notice that it is when dwelling in the ageless-now that participants *notice* that habitual inauthenticity.

For Helen, her self-therapeutic mode of being-witness to her experience of mothering a child with Down syndrome discloses an “UNDERSTANDING that I didn't HAVE before... that I didn't even KNOW I didn't have... there was a level of prejudice that I wasn't really AWARE of” (Helen,§245). For Sam, his self-therapeutic mode of being-witness (through stand-up comedy) to his experience of racism included performing on a TV show produced for an Asian demographic. Of this experience he says:

“I watched this show growing up. I just thought, you know: 'This is like the Asian show. Don't wanna watch this, this is... I'm not Asian am I?' And I was kind of like performing on it, you know... nearly 20 years later. And to me, it was kind of like a moment of, er... 'I AM brown'.” (Sam,§13)

Andrea, whose dwelling in-nature and in-the-body brought the understanding that she had been living in fear, was then able to notice that her invisible fear had included a fear of financial failure so disproportionate that it had led her to be in a way that was completely inauthentic to her love of family, nature and local living. Though to live more authentically would make her much poorer, she was able to notice that “a lot of what I was making I needed to make because of the way that I had to work and live. Well, I don't have to work and live that way anymore” (Andrea,§54). Another exchange illustrates just how deeply her authentic being was missed:

Researcher: What did the sea represent for you, before the accident?

Andrea: [Sighs] Oh, my god, it was it was LIFE! It was what being down here was all ABOUT. Why would you move to a location right beside the sea and then not interact with the sea? What's the point? If you're going to sit and look at brick walls, you might as well stay in London. So our whole LIVES revolved around the water. Around the VIEWS. Around the coastal PATHS... So running down the road with

[name of son] and chucking him in the water with a li-lo when he was little. And finding crabs, prawning... muscles, scraping muscles from the harbour walls. Those are all the things you can't do, unless you're by the sea.

Researcher: Mm. So [the sea] for you represented the JOY and the FREEDOM of your life? All of the time you weren't working, the SEA is what represented the parts of your life where YOU got to choose?

Andrea: Yes. YES. Yes.” (Andrea,§142-148)

9.9.3.5 In the ageless-now one may rediscover a potential buried in the urgent-now

Andrea was not the only participant who began to connect with potentials, long buried, that felt authentic to them.

Bill describes discovering a “needing to reconnect with younger, freer, Bill” (Bill,§125). In-transit he rediscovered a long-buried potential for joy “on a narrow gauge railway, which is fantastic. It's like being a KID again, and going to a FAIR and going in one of those little trains. And I absolutely LOVED it. And on the way back... it wasn't butterflies or anything like that... they're like little fairies... I'm not good at biology. But they came in the carriage and went out again. And I thought: 'Oh, this is magical” (Bill,§69). Rhiannon describes moments when “All of the mind chatter [gave] way to... just a sense of being WELL, and being loved and feeling really calm and not feeling like I needed to rush and do everything” (Rhiannon,§121). When asked whether it felt as if that potential had been waiting underneath her everyday business, she responded affirmatively and added that “what's been really interesting for me is that when I've managed to kind of tune into that, since, what it's given way to is more CREATIVITY? So I want to go and MAKE something, or PAINT something or WRITE something. That DEFINITELY. I was quite a creative child” (Rhiannon,§125).

There is insufficient evidence here to strongly find that dwelling in the looser temporality of ageless-now being can reawaken potentials latent since childhood (and perhaps raise therapeutically-important questions about when and how on a person's timeline these potentials were buried), but this tentative finding is included here as a possible focus for future study.

9.9.3.6 *In the ageless-now, one's potentials may be disclosed through a new being-with others*

It was found (9.9.2.1) that for every participant during their deceleration from urgent-now being to ageless-now being, the discontinuity of *being-in* was intimately connected to a discontinuity of *being-with*. This finding was located within a humanistic interpretation (in terms of which others 'hold the space' for a person's therapy-in-the-world) and a Heideggerian interpretation (in terms of the equiprimordiality of being-in and being-with), and need not be expanded here. Instead, we can focus on participants' accounts of *how* they experienced their new ways of being-with as helpful.

Peter carefully explains that being-with football crowds "was very organic... people would just start CHANTING, and you picked up the chants, and you joined in, and so you weren't sticking OUT because you were part of that whole SOUND. I didn't hold BACK... [it was a space] where you could go for it and it wouldn't sort of draw ATTENTION to yourself" (Peter, §26). The new being-with didn't magically make Peter a different person. Rather, it allowed him to experience the unrepressed extent of his emotive potential.

It's interesting here to consider the relationship between Peter's football crowd and Heidegger's *das Man* (introduced earlier). For Heidegger "the particular Dasein in its everydayness is disburdened by the 'they' [...] By thus disburdening it of its Being, the 'they' accommodates Dasein if Dasein has any tendency to take things easy and make them easy. [And thus] the 'they' retains and enhances its stubborn dominion" (Heidegger, 1926/1962, p.165). The football crowd *does* hold some dominion over Peter: its chants are irresistible; its collective voice suborns his individual tongue. The crowd in its vastness could easily be mistaken for a proxy of the 'they' in relation to which the individual stands "in subjection to others" (Heidegger, 1926/1962, p.164). And yet, the thing of which the crowd disburdens Peter is not his being, but his inhibitions. He chants not in subjection to the crowd, but in communion with it. And he doesn't live and work within the mores of the crowd, or raise children within the society and extended family of the crowd's invisible diktats. No: he *chooses* the crowd on Saturday afternoons. He literally buys his ticket to the ageless-now using money he earned in the urgent-now. Far from being the 'they', the crowd is Peter's escape from it. The crowd sings with one voice, as one person sings. To Peter the crowd is anything but 'anyone': it is one other that lets him fully express the emotive potential of his own someone. He says:

“That kind of feeling explosive energy and WITH the crowd around you, you know, just HUGGING total STRANGERS. I can't think of ANYWHERE else where one would HAVE that sort of emotional FEELING being able to be generated during those two hours of being in the stadium” (Peter,§62)

The possibilities of the new being-with are chosen by participants to unlock a potential that is unavailable in their urgent-now. For Peter it is a potential for emotivity; for Helen (among other things) it is a potential for vengefulness that feels unsafe to express among the ‘they’. In being-with the future readers of her graphic novel, “there was a HUGE PLEASURE [laughs in response to researcher’s smile].... in AVENGING [laughs again], in taking my revenge...” (Helen,§109).

In the looser temporality of the ageless-now, past experience can be separated-from and re-experienced while being-with the new (real or imaginal) others. For Helen, while she dwells in her mode of being-witness:

“Researcher: You're HEARING things again, and experiencing things again?

Helen: Yeah.

Researcher: Things that happened?

Helen: Yes.

Researcher: And you're also SAYING things to people?

Helen: Yeah.

Researcher: That were impossible to say at the time?

Helen: Yeah, absolutely. Yeah.

Researcher: And so it's giving you ears again? And a voice again?

Helen: Yeah.” (Helen,§114-133)

In Sam’s mode of being-witness there was a similar re-experiencing, with the chosen others of a comedy audience, of painful events which had originally been experienced while being-with others who hadn’t enabled Sam’s potential for positive self-regard. Of choosing not just his

audience but his moment, he says: “I think it was ripe for me to talk about it. And in DOING so, I got LAUGHS and I felt a LOVE – a love that I didn't have for myself – from these strangers in a room. And it slowly kind of like REFORMS me [...] For those MOMENTS, where I'm on stage, and I've got the audience with me, then I feel complete ACCEPTANCE and a complete EUPHORIA” (Sam,§13-53).

While Helen and Sam in their modes of being-witness used the new being-with in order to re-experience past events differently, other participants used being-with new and chosen others to normalise experiences in the present. For Bill, the accidental presence of a confessor normalised the act of speaking deep truths: “there was a couple of things I wanted to get off my chest, that I hadn't told ANYBODY else before. She was SO GOOD at LISTENING that I TOLD her” (Bill,§13). For independent Sophie, the presence of others who were helpful – but not so effusively that their help felt burdensome – normalised the experience of accepting the care of others. She says: “It was just a really good feeling. I felt SAFE. The people there were very friendly and not overwhelmingly friendly. Just kind of really chill and unthreatening. ‘Of course you may camp here.’ You know, sometimes you meet someone that you have an affinity with, and you just kind of want to be near them and hang out with them. It was all those sorts of feelings” (Sophie,§85). And when fearful-and-courageous Andrea finally nosed her paddleboard towards open water, “I was just like: 'OH. MY. GOD.' And [my paddleboard instructor] said: 'I'm not going anywhere. I'm right here. Between my board, your board, and me, where do you think you're gonna go? Nothing's going to happen. I was like: 'Okay, fine'. And he said: 'Ready?' And I said: 'Don't ask me if I'm ready, just paddle!' [Laughs]” (Andrea,§236).

Something striking in all these participants' moving and down-to-earth explanations of being-with is how practical and straightforward is the need for others to help us be ourselves. Heidegger's fundamental ontological insight that ‘*Dasein ist Mit Sein*’ – that being-in-the-world is always already being-with-others – is far from esoteric: rather, it is navigated through these humble and observable interpersonal transactions. A paddleboard instructor lets me be one who is courageous. A confessor lets me be one who is honest. A football crowd lets me be one who is emotional. A reader lets me be one who is vengeful. A stranger lets me be one who can be cared for. An audience lets me be one who can love himself.

An important nuance of this finding is that these participants didn't choose their self-therapeutic mode of dwelling in the ageless-now *because* of the anticipated others they would be-with. When they are patiently and effortfully planning their 'living room' (9.9.2.5), participants are all choosing a mode of being-in, not a mode of being-with. Sophie plans a long-distance cycling journey because she wants to be-in-transit and be-in-the-body, not because she is keen to meet strangers exhibiting just the right degree of welcoming affect. Sam plans to do stand-up comedy because it's a potential route out of poverty, not because he knows in advance that a roomful of strangers will 'slowly reform me'. Bill plans a road trip because he has listened to Kerouac, not because he expects to be listened to by a chaplain. In every case, by planning to engage with an unaccustomed mode of being-in, participants experience concrete and observable therapeutic benefit through an unplanned and equiprimordial being-with.

9.9.4 What is it like to experience everydaying?

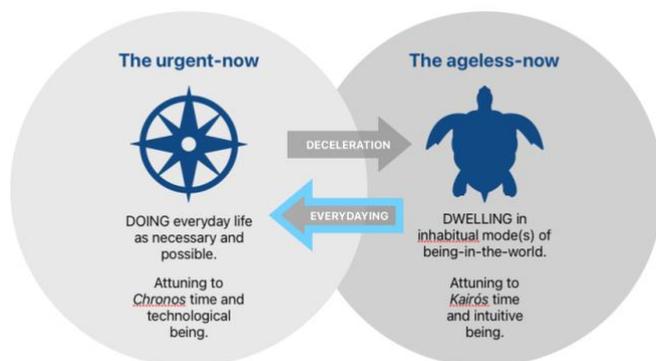


Figure 10: Reminder of the part of the phenomenon of therapy-in-the-world under consideration in this section

Image: © Chris Cleave

9.9.4.1 Why 'everydaying' rather than 'acceleration'?

As found in the previous sections, therapy-in-the-world can be conceptualised using the metaphor of experiential phenomenology, in which participants separate-from and return-to themselves via a dwelling in the ageless-now. It was decided to name the separation process 'deceleration', since such strong evidence was found for participants decoupling from the productivity imperative and rigid temporality of the urgent-now. But it was decided not to name the contrary process 'acceleration', which would carry the implication that 'deceleration' has merely been reversed. As will now be seen, the study finds that returning to oneself in the

urgent-now is not a simple abandonment of an ageless-now way of being. Rather, participants showed enormous inventiveness in returning to themselves in ways that allowed aspects of their newly-discovered ageless-now being to be brought home with them into their everyday lives. For this reason, deceleration's antagonist has been named 'everydaying'.

9.9.4.2 Everydaying is relational

It was found (9.9.3.6) that participants experienced therapeutic being-with as a serendipitous consequence of their choice to dwell in inhabital modes of being-in. Making that happy accident purposeful in their return to everyday life was a feature of every participant's journey. All report consciously choosing people with whom their newly-discovered potential for being would be possible.

Rainer makes a choice to reconnect with former friends and colleagues, but now "to really LISTEN to them, rather than: 'How do I try to work out how I want to present myself so that they will like me? [...]' [To] enjoy a real connection with someone who's also another human BEING, on their JOURNEY, [softly] in their own WAY" (Rainer,§221). Having discovered that his therapy-in-the-world involves connection with himself in a non-intellectualised way, he has been extending that connection to others by "reconnecting, trying to listen and offer something different and explore things with people. And... and that feels good. Like, you know, the way the word 'healing' and 'wholeness' are, at the same root. Not having to EXCLUDE some things" (Rainer,§149).

Sophie discovered through being-with hospitable strangers while being-in-transit that she could allow herself to be cared for. To allow that new way of being to return home with her, she brings those people home in her address book. She left on her journey thinking: "I WANT TO BE SINGLE FOREVER AND DON'T WANT PEOLPE". And not only did I get really looked after by people, I also met LOADS of people who are still friends" (Sophie,§133). One friendship has grown into a romantic relationship "where I feel safe and comfortable enough to think about what if I did share those sorts of things, you know, the anger and the vulnerability and the need to be looked after with another person" (Sophie,§185).

Helen gives her graphic novel to people who are in it: powerful or distancing people with whom being-with wasn't possible until she disconnected, was-witness, and reconnected. She says:

“One of the consultants that READ the book was very APOLOGETIC after he read it. [He] was very decent, and wrote a nice thing, you know... ‘all medical people should read this’. And he was ASHAMED about how he'd behaved” (Helen,§109). Helen also chooses connection with fellow parents of people with Down syndrome, with whom she couldn't previously relate: “A DAD read it and I bumped into him in the street... He gave me a big hug and went ‘I read your BOOK and I CRIED all DAY’ and it was like, aaargh!” (Helen,§357).

Choosing who to be-with, in order to allow one's newly-found ways of being to return with one into the everyday, is a powerful process. Sam, whose understanding that he could be loved and accepted came by being-with comedy audiences, chose to integrate his understanding by not being-with people in that mode upon return. By not inhabiting his comic persona, “I haven't got to be ready to DROP it if it's not going well. Because usually on stage, you're led by the audience 90%. You're just listening, listening and just sticking with stuff they like, and constantly dancing to their tune” (Sam,§121). Instead, Sam chooses to be-with (and to hold in mind) a few key individuals who nurture and allow him to be himself:

“They're your sort of CHAMPIONS, your mentors, your allies. The people that really saw value in you when you didn't... And they stay. And they sometimes shout louder than the voices of negativity that you carry from childhood. Your parents or people at school or whatever. So I try and have like, PHYSICAL tokens and icons that I can associate with these people. So that I can HOLD... hold that icon or whatever. And have this sense of like... well it's like having, you know, your 12 disciples or followers. Those people around you. So you know, they're part of your rich audience.” (Sam,§137)

All participants express some version of this insight that their fragile new therapeutic way of being-in-the-world needs to be held by the right others. All invested enormous effort and time in relational everydaying. Sensing that she needed to be in relation in the place where she lived, Andrea quit her high-powered international networks and “took a year OUT of work and I started NETWORKING. I spent a year LEARNING what was down here... did some time MAKING friends and tapping on DOORS” (Andrea,§50). With these effortfully-chosen new people, a new Andrea is permitted to be:

“I'm more tolerant. Because then, I didn't have the TIME. I was 90 miles an hour with my hair on fire to... you know, I had to DO as much as possible. That's how you're MEASURED in work and in life. How much you cram into a day makes you look

really successful. What rot! That's not what success is. Well, it's not what success is to me today.” (Andrea,§370)

Everydaying is relationally achieved when the new choice of *who* to be-with allows the expression of the newly-discovered potential for *how* to be-with. Rhiannon expresses this simply and insightfully. After discovering, through being-in-alterity, that “sometimes it's okay just to EXIST” (Rhiannon,§173), she chooses to be more with her children, and to be-with them in a way that is more “PRESENT in their LIVES. Because before I was kind of preoccupied with: 'We need to do this, and we need to get there, and they've got a swimming lesson at this time. And we need to make sure that we've got everything that we need for that.' Whereas now it's about: 'Okay, I'm going to go and watch them swim. And we're going to enjoy that time together'. So it's kind of like a complete shift of PERSPECTIVE, really” (Rhiannon,§177).

9.9.4.3 Everydaying is self-theoretical and ontico-ontological

During the phenomenological interviews, a perhaps-surprising observation is that, when describing the part of their self-therapeutic journey in which they ‘return to themselves otherly’, participants spontaneously reveal a self-theorising process that has been intrinsic to their therapy-in-the-world. This self-theoretical part of the phenomenon has a signature tripartite structure in which participants:

- 1) Theorise about how their being in the ageless-now has been therapeutic for them.
- 2) Theorise about how it reveals something about human existence in general.
- 3) Theorise about how this reveals practical ways to work with their life-distress.

This striking finding is that participants, with no existential training, have created for themselves a self-therapeutic process in which they spontaneously situate their distress within an ontic context *and* within a fundamental ontological context. They do not use this terminology but they very clearly identify *existentiells* (personal understandings of their own existence) and relate them to *existentiales* (aspects of Being itself) in order to identify practical ongoing self-therapeutic work.

In one flowing movement Sam, for example, explains the *existentiell* of his being-with comedy audiences, explains how he might practically apply his theoretical understanding, and relates his personal struggles in being-with to an *existentiale* (specifically, ‘the They’ (Heidegger, 1926/1962, p.167)) when he says:

“I’m still relying upon the validation of strangers. I’d love to be able to do that for myself. And that’s something I’m WORKING towards. But I think it’s part of the human condition that we’re all on a journey for that.” (Sam,§57)

Peter provides a similar example of this signature tripartite pattern of *existentiell-existentiale-practical*. His sentences have been interrupted here with annotations in square brackets, but in fact he spoke this in one flowing paragraph:

“Why was I getting panic attacks? [**Ontic observation**]

Because I didn’t have an outlet for the mental MESS that was happening. [**Ontic theorising**]

So maybe I FOUND these PLACES which are allowing things just chemically maybe, if one’s looking at it scientifically. [**Identifying his *existentiell***]

Maybe these are RELEASED places. [**Ontological theorising**]

Maybe I found a PLACE which allows the pent-up emotional world to just BE allowed to have its PLACE in a different way. [**Identification of the *existentiale* of making-room (Heidegger, 1926/1962, p.146)**]

So I think that might be something that I now RECOGNISE, so I know that I can go to this PLACE to help me. [**Practical application**]” (Peter,§246)

All participants, after dwelling in their self-therapeutic mode of being-in, return having experienced a therapeutic perspective in which they notice a relationship between their particular life-distress and the general distress of human life. In regard to their personal distress they have arrived, through self-therapeutic lived experience, at the theoretical understanding that their “idea of something isn’t the something. Our representation of ourselves isn’t ourselves. Our identity isn’t who we are, it’s a story” (Rainer,§137).

By self-theoretically relating their personal story to the universal story of being, and by deriving from that theory some practical actions they can take to further their self-therapy, participants

are situating not only their distress, but also their mode of attending to their distress, and their theoretical modelling of their distress, in-the-world and not in their heads. As Bill puts it, being literally out in the world “just HELPS. You're PHYSICALLY somewhere different. And that helps you to be MENTALLY somewhere different. You know, they're DEFINITELY linked” (Bill,§217). Rather than withdrawing into despair at the idea that their distress is a ‘mental health’ issue that is intrinsic to them, these participants’ spontaneous existential self-theorising allows them practically to re-inhabit and re-invest themselves in-the-world.

With her graphic novel Helen literally gives herself back a world to which she was not theoretically open the first time around. She says: ‘I re-VISIT myself. I've done it in black-and-white, I've just written the dates above. So you can SEE that it's me. And I SAY to myself, you know... HOW would you have done it differently? If you'd had the opportunity? If you did it NOW? WHAT would you do differently?’ (Helen,§157). Having rediscovered herself theoretically, Helen puts herself into practice.

This putting of self-theory into self-practice is an aspect of participants’ everydaying that is moving and often joyful to witness. Rhiannon re-engages with her everyday life on new terms, “just being HONEST about how I'm FEELING, and GIVING myself space to feel those things as well. I think if I was feeling stressed, I just would have pushed it to one side and powered through whereas now I would DEFINITELY go: 'Do you know what, guys, I'm feeling a bit stressed. [Laughing] I'm just gonna go take half-an-hour, just going to go and have a bath or relax, and then I'll come back to you’” (Rhiannon,§181). Sophie, having integrated a theoretical understanding of herself as needing a “correct dosage” (Sophie,§9) of being-with others, says: “I go out there to be on my own and to leave my life behind – not always in a bad way, in a joyful way. I love it, I enjoy retreating from life and then coming back to it” (Sophie,§93).

Andrea, with a huge smile, explains that once she has come to the (self-theoretically-derived, courageously-initiated, effortfully-planned, experientially-phenomenologically discovered) understanding that her (ontic) fear of water *is* a generalised, paralysing (ontological) dread, “there was a REALISATION that: 'Hang on a minute! If I can do THIS, what else can I do?'...Well look at me power paddle on the water in races, for god's sake! So what ELSE can I take on? You know? What ELSE do I want to CHANGE? So there was this WHOLE realisation that opened up. And I started softly, softly... changing” (Andrea,§328-332).

10 Main discussion

This discussion first provides an overall summary of the study's findings. It then analyses the study's weaknesses and strengths as academic research, relating them to possibilities for further study. Next it draws out the relevance of the study's findings, relating them to opportunities within the therapy room, and opportunities for wider society and its caring professions. Finally it returns to the initial structuring metaphor of ancient *therapeiā* to position the study's findings within a temporal context.

10.1 Overall summary of findings

In HP, a summary of findings can never equate to the findings themselves, since the method “is very concerned with the textual presentation of its findings. It opts for creative forms of writing and its results [...] seek to evoke understanding through the use of examples” (Aagaard, 2016, p.524). It is only as they were presented earlier that the findings exist in their vocative form. It is so convenient to summarise the findings prior to discussion that I will do so here, but please bear in mind when reading this summary that it's quite like the fossilised remains of an animal, displayed in a museum. It's only a stone record of the bones of the findings, separated from the colourful hide, the social behaviours, the contentment as the animal warms itself in the sun.

The phenomenon under investigation is untrained people's accessible self-therapeutic uses of inhabital modes of being-in-the-world. For short, this study names that phenomenon *therapy-in-the-world*.

The first phenomenological phase used the Heuristic and Hermeneutic epoché-reductions to find wonder and opening towards the phenomenon. It found that the phenomenon is truly located in-the-world, not in-the-mind (9.4.1). Participants' self-therapeutic modes of being-in-the-world corresponded in every case to the five modes of being-in-the-world that this study conceptualises as having been concentrated by the ancient Asclepieia, and this was an unforced finding (9.6.1). Participants used *being-in-transit*, *being-in-nature*, *being-in-alterity*, *being-in-*

the-body and *being-witness*, but they did not use other modes commonly held to have beneficial life-effects, including *Being-in-competition*, *Being-for-others* (altruism), *being-in-extremis* (peak experience), *being-distracted* (escapism), and *being-without* (abstinence, fasting) (9.6.1). Because of the finding that the Ancient Greek modes correspond to participants' present-day modes, this study can support its conceptualisation of self-therapeutic being-in-the-world as a lived-philosophical rediscovery, by participants, of therapy-in-the-world. This is presented as a conceptualisation, not a reification: the study finds that it is *as if*, not that it *is*.

In the first phenomenological phase I was struck by the ability of the phenomenon to disguise itself from the researcher and also from the participant (9.6.2). I noticed that the phenomenon has a rebellious aesthetic within an antitherapeutic culture (9.4.4). I strongly found that the phenomenon is infectious (9.6.5): I could experience the phenomenon via a 'contact high' with the participant (9.4.4), the phenomenon could make me its audience (9.4.5), and the phenomenon could express itself through me (9.4.8). I noticed that the phenomenon inheres in daring to be-in-the-world rather than withdrawing into ourselves (9.4.5). I noticed that the phenomenon requires dwelling-with memory and letting-go of memory (9.6.4). Extending from this, I noticed that the phenomenon requires a metaphorical *journey out and journey home*, but that only the journey out is usually reported *as* the phenomenon (9.4.6). This led to the first tentative interpretation of the phenomenon of therapy-in-the-world as experiential phenomenology, in which participants separate from their habitual mode of being-in-the-world in order to return to themselves otherly (9.6.3).

The second phenomenological phase used the Eidetic epoché-reduction in order, through imaginal variation, to delineate what the phenomenon is and is not. In this phase I found that therapy-in-the-world is uniquely precipitated by conditions that create an ontological crisis for us: by the arrival of that with which our lifelong ontic strategies cannot cope (9.8.a). I found that the phenomenon inheres in a worlded conjunction between the person's enduring ontological situation and a moment in their thrownness that both exposes their ontological wound *and* provides opportunities for modes of being-in-the-world that allow a therapeutic separation-from and return-to their existence (9.8.b). I found that the phenomenon does not include a curative link between particular modes of being-in-the-world and particular ontological wounds according to a universal 'recipe' (9.8.d). I found that the phenomenon is characterised by deceleration into Kairós time (9.8.e), by (ambivalent) surrendering to dwelling in an inhabital mode of being-in-the-world (9.8.f), and by accepting the ontological risk of

uncertainty of that inhabital mode (9.8.g). I found that therapy-in-the-world is differentiated from self-care by the frequently negative and ontologically risky character of its experience (9.8.h), and differentiated from hobbies, pursuits, obsessions, addictions or downward spirals by the existential death of the therapeutic experience: oneself must be returned to (9.8.i).

After the first and second phenomenological phases, I could be sure that a particular mode of being-in-the-world is not a cure for a particular distress; nor is it even ‘therapeutic’ in itself. Rather, I could be more sure that therapy-in-the-world can be modelled using the metaphor of experiential phenomenology: as an epoché-reduction within the experienced-life-world, with phases of ‘separation-from’ and ‘return-to’ oneself which are jointly essential to the phenomenon (9.8.m). The habitual life-world could be characterised as the ‘urgent-now’ (9.8.n) and the dwelling in the inhabital mode of being-in-the-world could be characterised as the ‘ageless-now’ (9.8.o). Entering-into the inhabital mode could be characterised as ‘deceleration’ (9.8.m), signified by ambiguity and ontological turbulence (9.8.b), including the adoption of altered relationships with memory and forgetting (9.6.4). Dwelling in the inhabital mode(s) is characterised by an attunement to *Kairós* time and by a surrender to the ontological risks of groundlessness and uncertainty (9.8.o). Returning to the habitual mode could be characterised as ‘everydaying’ (9.8.m). The study’s interpretation of the phenomenon could now be diagrammed (9.8.1). This diagramming was (and is) presented with the caveat that what is diagrammed is not ‘reality’ but this study’s interpretation of its phenomenon:

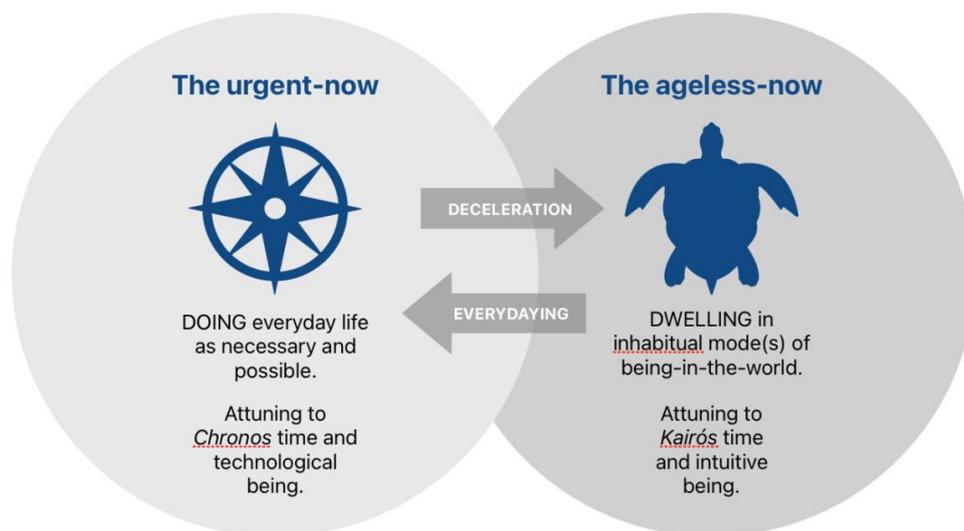


Figure 11: Interpretive diagram of the phenomenon

Image: © Chris Cleave

The visual shorthands of compass and turtle were chosen as accessible representations of the equiprimordial ways-of-being of urgent-now and ageless-now, and the existential significations of these semiotics were explored (9.8.2; 13.2), since they may be instrumental in the wider dissemination of the study's findings.

Now that the phenomenon was provisionally interpreted, each part could be dwelled-with in detail, in order to make it vocatively 'alive' and available as an object for future study. This third phenomenological phase used the Ontological epoché-reduction.

In the third phase the study found that the urgent-now way of being fears unproductivity (9.9.1.2), can be alienating (9.9.1.3), can produce emotions as blocking rather than revelatory phenomena (9.9.1.4), and is characterised by a pressure towards inauthenticity (9.9.1.5).

This phase also found that deceleration from the urgent-now involves a discontinuity of being-with, and I explored this in detail (9.9.2.1) since I found that the new *being-with* is equiprimordial to the new *being-in* of the phenomenon, despite participants originally reporting (and seeking) a new being-in rather than a new being-with. I found that deceleration, even during its remembrance in participants' accounts, was characterised by extreme ontological turbulence (9.9.2.2), by ambivalence and unhomeliness (9.9.2.3), and by surrender and release (9.9.2.4). I found that deceleration was not at all accidental or serendipitous, but actually involved participants effortfully and creatively planning their unaccustomed mode of being-in-the-world (9.9.2.5). This tends to support the study's conceptualisation of participants as philosophers of their own therapy-in-the-world, not accidental beneficiaries of it.

This third phase further found that dwelling in the ageless-now holds moments of changed awareness (9.9.3.1), that emotions in the ageless-now tend to reveal rather than block (9.9.3.2), that one's habitually-invisible ways of being can become visible (9.9.3.3), that one can notice one's habitual inauthenticity (9.9.3.4), and that one may rediscover one's long-buried potentials (9.9.3.5). Again, I found that although participants tend to report the new *being-in* as central to their therapy-in-the-world, in fact it is the new *being-with* others (associated with the new being-in) that tends to disclose these buried potentials (9.9.3.6). One moving aspect of the study was its finding that if therapy-in-the-world exists, then – trained or untrained – we are all

holding therapeutic space for each other in unexpected ways, all of the time, either intentionally or simply through our own ways of being-in-the-world (9.9.2.1).

When it came to everydaying (returning otherly to oneself in the urgent-now), again I found that being-with was equiprimordial with being-in (9.9.4.3). I found that everydaying is not a simple reversal of deceleration, but an inventive and creative process that further positions the study's participants as philosophers of their self-therapy rather than as serendipitous discoverers of it (9.9.4.1). Indeed, I found that everydaying is a deeply self-theoretical philosophical process that reveals pragmatic steps by which newly-discovered potentials for being can be returned with to everyday life (9.9.4.3).

10.2 Strengths and limitations; opportunities for further research

10.2.1 What the study got right

10.2.1.1 Meeting its aims and validity criteria

The study met its aim to be accessible, providing a hermeneutic narrative account that introduced key philosophical concepts as required. It stayed largely in the register of everyday language, and harmonised philosophical, literary and research sources with creative writing modes. In its findings it struck a balance between beauty and structure, and between being a readable account and a theoretical exegesis of the phenomenon. It stayed true to HP's aim to be an accessible "science of examples" (van Manen, 2017, p.814) rather than producing only theoretical generalisations.

The study met its aim to be inclusive, recruiting participants across demographics often excluded from psychology research (7.4).

The study met HP's specific validity criteria:

- As detailed earlier (4.1) it explored a phenomenon “which seriously interests us and commits us to the world” (van Manen, 1990, p.30).
- It offered its findings as a vocative account that demonstrably did “awaken primal experience through vocative and presentative language” (van Manen, 2016, p.356). I have presented the study’s findings four times: at Middlesex University’s Research Students Summer Conference 2022 (where it won a prize for ‘Outstanding Oral Contribution’), at the Society for Psychotherapy in April 2023, at the World Congress of Existential Therapy in Athens in May 2023, and at Existential Offerings in September 2023. In each case I was grateful for the generous and personal responses of delegates, who consistently reported that the findings resonated with their own life experiences and that they were ‘pushing on an open door’ for their client work.
- It stayed true to HP’s telos of investigating “the nature and meaning of our everyday experiences” (van Manen, 1990, p.9).
- It fulfilled HP’s telos of increasing the researcher’s “thoughtfulness and practical resourcefulness or tact” (van Manen, 1990, p.4) by increasing my openness to my clients as philosophers of their own therapy.

10.2.1.2 Applying a structured and rigorous phenomenological approach

The study successfully addressed methodological objections to HP (6.5.1) by consciously selecting (and consistently staying within) a register of phenomenology that makes a claim to vocative treatment of lived experience, but makes no claim to reify its findings as anything more than interpretations, and no claim to transcendental discovery.

The study successfully addressed methodical objections to HP (6.5.2) by carefully documenting and explaining the specialised method it developed within the generalised methodology of HP (7). With its three-phase phenomenological analysis, using distinct epoché-reductions to target specific modes of understanding (7.6), it unlocked the complementary strengths of HP as a highly creative method (7.6.1), a philosophically-engaged approach (7.6.2), and a rigorous analytic (7.6.3).

HP is an extremely challenging approach since it requires so much methodological work from the researcher, and then so much writing-and-rewriting, but the reward is an approach that tells

the story of the phenomenon at multiple interpretive levels: narrative, structural and ontological.

10.2.1.3 Producing strong, relevant, refutable findings

Even in stripped-back headline form (10.1) the study produced four pages of detailed and specific findings in a register of practical relevance for the therapeutic community and wider society (see 10.3). The findings are sufficiently concrete to be confirmed or refuted by further studies. While lacking the beauty and deeper insight of transcendental phenomenology such as Merleau-Ponty's (6.5.1), this is the advantage of a methodology like HP that focuses on lived experience: it is likely to be relevant to further research and practical interventions. This study makes important phenomena of the lifeworld "available to the positive sciences as transparent objects for their inquiry" (Heidegger, 1926/1962, p.31).

10.2.2 Opportunities for future studies

There are multiple opportunities for further research. Eight participants is not many, and a simple repetition of this study by other researchers would serve to increase or reduce confidence in the structure of the phenomenon as mapped here (9.8.1). If a consensus did begin to emerge that therapy-in-the-world can be conceived as an experiential-phenomenological process involving a separation-from and a return-to one's urgent-now way of being, then further studies could target each part of the phenomenon for deeper exploration.

In particular, researchers could explore eleven questions that the present study only partially treats, or leaves completely open:

- a) Do modes not found in this study, such as *being-in-competition*, *being-for-others*, *being-in-extremis*, and *being-without*, begin to show up in participants' accounts of therapy-in-the-world if the sample is larger or differently-recruited? (9.6.1)
- b) (In what ways) is therapy-in-the-world 'infectious'? (9.4.4; 9.4.5; 9.4.8; 9.6.5)
- c) How is wellness, and not just distress, experienced in the urgent-now? (9.9.1.1)

- d) (How) are emotions experienced differently in the urgent- and the ageless-now? (9.9.1.4; 9.9.3.2)
- e) (How) do we hold space for each other's therapy-in-the-world, in our relationships, jobs and everyday lives? (9.9.2.1)
- f) How does one's identification with one's productive work relate to the ambivalence and unhomeliness of deceleration into an 'unproductive' mode of being? (9.9.2.2; 9.9.2.3; 9.9.2.4)
- g) How do people conceive and plan their own therapy-in-the-world? (9.9.2.5)
- h) Does dwelling in the ageless-now change people's ideas about authenticity? (9.9.3.4)
- i) What interpersonal relationships are maintained, deepened, changed or dropped before, during and after an experience of therapy-in-the-world? (9.9.2.1; 9.9.4.2)
- j) What happens if a person becomes 'stuck' in their ageless-now mode of dwelling, at the expense of integrating the experience back into their urgent-now mode of living? At what point does the 'therapeutic' become obsessive? (9.7.2.c)
- k) How do people theorise about how therapy-in-the-world was successful or unsuccessful for them? How does that theorising interact with future engagements with therapy-in-the-world? (9.9.4.3)

10.2.3 What future studies could do better

10.2.3.1 Show more methodical openness to failures of therapy-in-the-world

In this study, participants were recruited with the question: ‘Have you had an experience in your life that felt therapeutic, but that didn’t happen in therapy?’ (7.4). Every participant reported the nuanced nature of that ‘therapeutic’. Sophie, for example, observed that her therapy-in-the-world was “like a very powerful drug. And it can really help you, but it can also be abused” (Sophie,§9), while for Sam his stand-up was a success in that it “reformed me” (Sam,§13) but a failure in that it relied on the approval of others. All participants positioned their experience within an evolving life that had episodes of relative therapeutic success and failure. Nevertheless, my recruitment question had an overall pro-therapy-in-the-world bias.

In my reflexive self-interview (8.3) I noticed my bias towards reifying therapy-in-the-world. I applied that insight during participant interviews in order not to collude with the idea that participants’ journeys had been therapeutically ‘successful’. I also applied it during the analysis, in which I was careful to notice that participants’ therapy-in-the-world was ontologically risky and often unpleasant (9.8.g-h), and that the conditions precipitating therapy-in-the-world were not necessarily to be welcomed (9.7.1.1). Yet, my bias had been introduced into the study earlier, at the recruitment level. A more neutral recruitment question would have been: ‘*Did you have an experience that felt therapeutic? Or that you hoped would be therapeutic, but wasn’t?*’. This question might have brought participants whose ‘failures’ of therapy-in-the-world had something to show about the phenomenon. From bridges to marriages, arguments to soufflés, the ways in which a thing fails reveal much about how it was made. It would have been useful to include this important potential source of evidence.

That said, I don’t believe this invalidates the study. In fact, I suspect that my recruitment bias unintentionally made the study workable. Eight was the maximum number of participants that could be accommodated (7.4.1), and to include accounts of ‘failed’ therapies-in-the-world would have come at the cost of reducing the number of participants whose experiences could demonstrate and delineate the phenomenon in its positive aspect. Eight ‘successful’ experiences allowed for just enough saturation, repetition and overlap to emerge such that a

degree of confidence could be established that the thing being observed *was* a phenomenon and that it had certain consistent aspects. Fewer ‘successful’ experiences wouldn’t have given the same confidence.

Rather than invalidating the present findings, what is revealed here is the desirability of a further study, recruiting participants who had planned experiences outside formal therapy that they hoped would be ‘therapeutic’, but in which they were disappointed or disillusioned. The findings of the further study, in conjunction with the present findings, would together constitute a more complete phenomenology of therapy-in-the-world.

10.2.3.2 Look at how the phenomenon is experienced across different embodiments

The study recruited an inclusive sample but it didn’t centre its analysis on the embodied differences between its participants. It didn’t, for example, analyse whether the non-heterosexual participants experienced the phenomenon in a different way from the heterosexual participants, whether non-white and white participants navigated their therapy-in-the-world differently, or whether men and women engaged differently with the modes of being inherent in their therapeutic journeys.

The logic behind the decision to analyse for shared themes was that the sample size was (necessarily) too small to permit a meaningful analysis of embodiment differences. This logic stands, and yet the assumption that one analysis fits all is possibly a Western patriarchal assumption. Whenever a phenomenon is researched through the lens of gender differences, for example, important findings often emerge:

- In the mode of *being-in-transit*, in a study of women’s incorporation of travel experiences, Ross (2019) characterises the incorporative pathway as “subtle and slow, which develops one’s abilities to be patient while encountering confusing and painful thoughts, feelings and experiences, be vulnerable and willing to surrender emotionally, immerse oneself in emotions, connect with others, be in stillness at home, accept support, and, most important, dwell in one’s internal darkness. These findings reveal how the [female] integration process is predominantly about *being* while the [male] transformative process is about *doing*” (Ross, 2019, pp.511-512).

- In the mode of *being-in-the-body*, in a study of women long-distance runners, Ludwig (2019) finds that “in patriarchal, dualistic cultures that split mind and body, and denigrate the female body, women’s experiences of being bodies are commonly impacted by interpersonal trauma and insecure attachment” (p.346). There is therefore a matching of the originary wound to its means of healing in the finding that “the embodied spirituality of women who engage in distance running provides... direct encounter with the core of the body and psyche... the place that trauma and insecure attachment can destabilize.” (p.355). Following women athletes, Boudreau & Giorgi (2010) find that therapeutic incorporation follows from a different relationship that women and men may have with time. Women may experience themselves in carer roles, with their time at the service of others. By inducing a state of flow in which the ordinary perception of time disappears, endurance sport retrieves for women “a dormant sense of self” (p.237).

Such studies suggest that every lifeworld experience, including things so apparently universal as the passage of time itself, must be considered as gendered or otherwise covariant with embodied differences.

Again, I do not feel that this invalidates the current study. Insofar as I know, there are no other studies that explore worlded self-therapeutic experiences across multiple modes of being-in-the-world. It was necessary for this study to provisionally map the phenomenon and make it available for further research. Now that the current phenomenon is nominally mapped, it feels essential for a future study to look for the differences between how people with different embodiments experience therapy-in-the-world, and in particular how different underlying cultural assumptions about distress and therapy influence people’s modes and integrations of worlded therapeutic experience.

10.2.3.3 Include offline people and off-grid populations

Covid protocols in place during the study required recruitment and interviews to be online. Using community organisations to disseminate the online recruitment invitation (7.4.2) increased inclusivity and broadened the demographic spread of the sample, but it couldn’t reach

offline populations. Ironically, the study used the archetypal instrument of modern *technē*, the internet, in order to recruit people whose therapy-in-the-world included a key phase that was quintessentially offline. This introduced a subtle but important bias: these participants had integrated their ageless-now experiences back into the urgent-now mode of being in which they were recruited. A future study could recruit people offline, and even target people living off-grid, in order to explore whether their therapy-in-the-world had a different quality of integration.

10.2.3.4 Include younger/older people

Regrettably, all the study's participants were in their 30s, 40s and 50s. I had hoped for a broader age range, but this was not eventually possible in a small sample that also had to meet other criteria for inclusivity. A future study could specifically recruit younger and older participants, whose experience of the phenomenon might be entirely different.

10.2.3.5 Explore how certain modes of therapy-in-the-world are experienced collectively

The study explored individual experience of therapy-in-the-world. It focused on inhabital modes of being-in, which brought with them changes in the equiprimordial mode of being-with (9.9.3.6). A future study could make being-with its primary focus. In Asclepieian communal practice, being-in was always already being-with. It would be interesting to investigate how groups collectively experience inhabital modes of being-in-the-world as therapeutic.

10.3 Opportunities for therapy, society and its caring professions

By establishing a primary locus of therapy outside the therapy room, in environments where the world (its space, its time and its people) is intensely encountered – situations like hospital wards, public transport, schools, creative practices, football crowds, and audiences – this study offers a detailed qualitative account of a form of therapy that can be conceptualised as *therapy-in-the-world*. It also highlights the roles of caring professionals such as nurses, teachers and

instructors who operate skilfully in spaces that are not formally therapeutic, but within which therapy-in-the-world nevertheless happens.

This study's account is evolutionary rather than revolutionary. Arguably the rediscovery of therapy as something like therapy-in-the-world is made afresh in every generation. From Nietzsche's realisation that dreams are intrinsically therapeutic (see 5.4), to Klein's understanding that children's play is a therapeutic mode (Klein, 1955), to Menzies' insight that large-scale interpersonal systems function self-defensively and self-therapeutically (Menzies, 1960), to Boss's discovery that "human illness *and its treatment* are both peculiarly rooted [...] in man's being-in-the-world and his inherent being-together with others in a shared world" (Boss, 1970/1983, p.283, italics added), the history of psychotherapy is a history of noticing that untrained people's worlded modes of navigating their distress can inform what therapy 'is'. Existential therapy's own greatest example of allowing untrained voices to change our understanding of therapy is Laing & Esterson's reframing of psychiatry's narratives of pathological process as descriptions of individual praxis (Laing & Esterson, 1964/1970). The rediscovery of something like therapy-in-the-world by these and countless other thinkers created the space for the current study.

In other words: I don't think this study is saying something new. I think its value and its relevance is that it says something old, with thoroughness and precision, at a time when much of society is looking to the new (to manualisation, medication and automation) to attend to life-distress as the Anthropocene dawns.

Although manualisation, medication and automation is indeed a hallmark of present-day psychology and psychiatry, it must be emphasised that the current study's findings don't support an anti-psychiatry or anti-therapy position. The findings are not anti-psychiatry, but rather pro-world. Their relevance is to suggest possibilities for trained therapist-clinicians to validate and enable therapy-in-the-world with our clients, and within society.

This study has listened to untrained people who made their lives into personal Asclepieia within which they could attend to their own distress. Its findings suggest ways in which therapists and psychologists might use our training to uncover and facilitate people's own worlded approaches. It thereby provides evidence relevant to a philosophical position proposed not by antipsychiatrists or anti-therapists but rather by nonconformists within the therapeutic

community including du Plock (2017, 2021) and Smail (Smail, 1998/1987, 2005, 2015), who respectively advocate for the therapeutic opportunities of everyday experience, and the therapeutic responsibilities of wider society. These positions aren't anti-therapy, but rather pro-therapist humility: a humility that may paradoxically free therapists to harness greater therapeutic forces than those available within the therapy room.

Du Plock channels a democratising and non-technocratic tendency within therapy when he writes: "I feel we need to take on board more fully what it might actually mean to attend to the whole person, both psyche and soma in indissoluble union, in a fellow-traveller rather than a top-down, expert-to-patient way" (du Plock, 2017, p.93). Du Plock has "even begun to question the notion of 'therapy' and to think about whether something more akin to 'self-care' might have a place" (p.93). He observes that clients "often have a strong sense of what they most need" (p.93). The current study finds strong evidence for these three views. It demonstrates the effective practice of worlded self-therapy by untrained people (9.4), it offers a nuanced description of the ways in which therapy-in-the-world is and isn't 'akin to self-care' (9.8.h, 9.8.i), and it strongly finds that people do indeed 'have a strong sense of what they most need', as evinced by the twin observations that therapy-in-the-world is effortfully planned rather than stumbled-upon (9.9.2.5), and that therapy-in-the-world is a self-theoretical philosophical process (9.9.4.1, 9.9.4.3) successfully undertaken by people untrained as philosophers or therapists.

Smail observes that "the exclusive concentration on what happens in the therapeutic microcosm tends to overemphasize the curative powers of the therapist" (Smail, 2015, p.59). Indeed:

"The whole thrust of 'therapy' [...] has been to suggest that the environment does not have a defining influence on individual psychology, and that not only can people somehow choose whether to be influenced by it or not, but that pretty well any damage done can be repaired [by the therapist]." (Smail, 2005, p.52)

While Smail doesn't discount the role of therapist, he suggests that clinicians might raise their eyes from peering "into the murky depths of a metaphorical psychic interior, populated only by the hypothetical constructs of our own imagination [and instead] get down to the much more difficult and demanding task of trying to tease out the ways in which environmental influences combine and interact to shape our subjectivity" (p.52). This is a radical invitation for therapists not to cease work, but to rise to the challenge of working on a broader canvas. The risk of

refusing the invitation is that “far from ‘curing’ people’s distress, psychology too easily serves to provide us with an excuse for continuing, as a society, to inflict it” (Smail, 1998/1987, p.47).

Du Plock, by observing individuals, and Smail, by observing the role assigned to therapy by society, together constitute a pro-therapy position in which therapists’ attention is directed outwards, into the world. The current study’s key finding is that people are always already in potentially therapeutic environments in that world. From a weekend in silence to screaming in a football crowd, from doing stand-up comedy to going on a road trip, people are always only a moment away from accessible modes of being-in-the-world that have been experienced as therapeutic since ancient times.

Worlded and accessible therapeutic possibilities matter hugely in our never-more-unequal societies (Tong et al., 2023) in which most people can’t afford psychotherapy, at least for very long. For psychotherapists who are interested in discovering, validating and furthering their clients’ self-therapeutic processes, and who take the humble view that in most people’s lives self-therapy will be some of the most important therapy there is, I now identify opportunities in two areas: for therapists, and within wider society. In both cases I indicate the relevance of the study’s specific findings to the opportunities identified.

10.3.1 Opportunities for therapists

Bracketing the 20th-and-early-21st-Century idea of technocratic psychotherapeutic approaches, we can reconceptualise the role of professional therapist as someone who attends to their client’s noticing of how and why they find certain modes of being-in-the-world helpful.

This study found that worlded ontic emergencies expose long-term ontological distress (9.8.a), and that the quality of this ontological distress corresponds to a helpful quality of being-with-others that people can experience within inhabital modes of being-in-the-world (9.9.3.6) and which they can learn to integrate back into their everyday lives as transformative (9.9.4.3). So while it isn’t a case of simple recipes (cycling for depression; stand-up comedy for racial trauma) (9.8.d), nevertheless these findings suggest a logic and an art to helping a person notice modes of being-in-the-world that address their life-distress, and to helping them notice

themselves as the philosophical planners (9.9.2.5) and interpreters (9.9.4.1) of their own therapy-in-the-world. This logic and this art can become a concern of the therapist.

Existential therapists will notice that this conceptualisation of therapist as enabler of therapy-in-the-world is radically existential. If being is being-in-the-world (not just being in our heads, or being in conversation with our therapist), then we should expect that therapy will often occur in the wild, in the worlded conjunction of a person's ontological distress and unpredictable experiences of being-with. (Therapy will also occur in the therapy room, of course, since this too is a real, worlded encounter – but this will only ever be a tiny subset of a client's worlded therapeutic potentials.) To inspire our client to recognise therapeutic moments when they occur outside therapy, and to encourage them to be open to their inevitable feeling of unhomeliness at such times (9.8.f;g;h) rather than recoiling protectively, is to validate the therapeutic journey of a person's own life. To deeply believe that deep therapy will happen outside the therapy room is to adopt a strikingly different position from that which believes that psychotherapy is required in order to equip someone for release back into the wild.

According primacy to therapy-in-the-world (as the Ancient Greeks did with the Asclepieia) could be seen as a logical next step in the evolving project of existential therapy. For Boss, an early pioneer, “it is the totality of the potential ways of being inherent in a person [...] that constitutes his human Da-sein, his being-in-the-world” (Boss, 1970/1983, p.251). If human being *is* its potential ways, then existential therapy tends to consider anything that blocks a particular mode of being-in-the-world as something that also blocks the discovery or expression of the potential way of being to which that mode corresponds. If something becomes available within the world, some corresponding potential becomes noticeable within us. This is existential therapy in its profoundest sense. And if the ultimate home of existential therapy is outside the therapy room, then the ultimate existential therapist is the self-therapist. If we understand our role like this then we understand that we, the trained psychotherapist, will never be practising quite as existentially as our client is. We aren't even Robin to their Batman. We are Alfred the butler, cheering them as they head out to do the real existential work, then welcoming them home for a debrief.

It was Freud's great act of healing, in the industrial age, to reclaim human being from the deafening factories, to give it back some of its dignity, mystery and individuality – to *listen* to human being again, in a small quiet room, until it could become conscious of itself once more.

As Woolf might say, Freud gave human being ‘a room of its own’. As the information age succeeded the industrial, new generations of therapists succeeded Freud. Post-Freudian, Humanistic and Existential approaches reformed what was done in that small quiet room. Now, as the information age gives way to the age of AI, a new reform is needed. To put it somewhat mischievously: just as Klein and Rogers, Boss and Laing rescued therapy from Freud, perhaps we now need to rescue therapy from the room.

Practically, how would we begin that task? This study’s findings suggest the following four ways in which we might work with our clients.

10.3.1.1 Correcting the misconception that a ‘therapeutic activity’ is therapeutic on its own

It is a frequently-encountered idea in the natural attitude that certain activities are intrinsically ‘therapeutic’. This misperception is amplified by popular media formats in which the focus is almost invariably on the nominally therapeutic activity itself rather than the nuances of the preceding life-distress (9.9.1), the unhomeliness around engaging with the activity (9.9.2), the being-with at relational depth with people encountered during the activity (9.9.2.1; 9.9.4.2; 9.9.4.3), or the effortful, lengthy, interiorised and uncomfortable process of subsequent integration (9.9.4). This study finds that the nominal therapeutic activity is just one component of an extended process of separating-from and returning-to one’s everyday (9.8) that becomes therapeutic through the integration of all its parts. But for news and social media, only the worlded activity itself is eventful, concisely-describable, temporally-contained, photogenic and clickable.

Popular media articles ignore the ‘Everything’s Problem’ (see 6.1) by suggesting unitary causal linkage between single activities and definite outcomes – “*How wild swimming helped my mental health*” (Lily, 2021). They commonly establish a false binary between a nominally therapeutic activity and the traditional therapy it supposedly renders obsolete – “*Forget the talking cure, take a walking cure*” (Betts, 2023). Indeed, any professionals who do get a mention tend to be ingenuous facilitators of the immediate activity – “*Field trip: inside America’s first magic mushroom school*” (Anguiano, 2024) – rather than those with the less glamorous and more involved role of helping people who are picking up the pieces afterwards.

This study strongly found that therapy-in-the-world involves a patient interpersonal (9.9.4.2) and self-theoretical (9.9.4.3) integration of separation-from and return-to one's everyday mode of being-in-the-world (9.6.3; 9.6.4; 9.8.m). For pilgrims, for example, the homecoming is often the difficult and therapeutically-significant part (see 5.2). For people being-in-nature, it's a fine (and retrospective) line between 'forest dear and forest fear' (see 5.3). For dreamers and psychonauts in-alterity there's the dream and the awakening, the trip and the comedown: both phases equiprimordial in meeting oneself otherly (see 5.4). In every case we visit an inhabital mode of being-in-the-world and we return to ourselves as others. This gives us the opportunity to learn how to be ourselves otherly – or as Nietzsche so beautifully puts it, “to long differently for happiness” (Nietzsche, 1886/1929, p.104, see 5.4 above). This *is* therapy, at least for the participants of the current study.

Helping clients to see beyond the oversimplification of popular narratives of 'therapeutic activities' and instead to understand therapy-in-the-world existentially and phenomenologically as a circular, integrative process of separating-from and returning-to ourselves – is a way in which therapists can empower clients to discover and further their self-therapeutic engagement with worlded experience.

10.3.1.2 Noticing the difference between self-therapy and self-care

A key finding of this study is the ontological risk inherent in the groundlessness of the inhabital mode (9.8.g). Therapeutic experiences, this study finds, are always potentially dangerous. They bring the risk that we will be shaken to our bones – and maybe even shaken apart – by our encounter with our own otherness. The study found that therapy-in-the-world is differentiated from self-care by its frequently negative and ontologically risky character (9.8.h).

The study also found that therapy-in-the-world, by requiring a separation-from and a return-to one's habitual way of being, necessarily requires a separation-from the inhabital mode. This was characterised as the necessary existential death of the therapeutic experience (9.8.i).

These two findings – of the necessary riskiness and the necessary existential death of therapy-in-the-world – differentiate it very clearly from self-care. Self-care is usually characterised by pleasant affects. It carries low ontological risk. Self-care practices can be returned to again and

again without losing effectiveness, whereas experiences of therapy-in-the-world are unrepeatable.

For therapists working with clients, there are two opportunities here. The first is to frame unpleasant deceleration phenomena (9.8.b) as potential invitations to continue with therapy-in-the-world, rather than to back off. Therapists should always be urging their clients into the world, to engage fully with worlded experience. A concrete way for therapists to facilitate clients' therapy-in-the-world would be to discuss and explore the ontological fears disclosed by unhomey or ambivalent affects during deceleration. The second opportunity here is for therapists to challenge clients to go beyond the reassurance of self-care practices by noticing the antitherapeutic aspects of routine and repeatability encoded into self-care. Of course there is an indispensable place for self-care within a life, but self-care should be recognised as homeostatic rather than therapeutic. Concretely, therapists can help clients to notice self-care practices as potential defences. By allowing the illusion that one is doing something therapeutic, self-care comes at the opportunity cost of a failure to engage with deeper ontological encounters.

10.3.1.3 Normalising the idea that the urgent-now is potentially antitherapeutic

This study strongly finds that the intense pressure to engage with productive being (in the mode it conceptualises as the urgent-now) leads to paralysing fears of unproductivity (9.9.1.2), a sense of alienation (9.9.1.3), an insensitivity to the messages and meanings contained within our emotions (9.9.1.4), and a blocking of the expression of authentic parts of ourselves (9.9.1.5). Existentially, the literature review considered this urgent pressure towards productive being in the context of a pathological tendency towards acceleration (5.3) that inheres in society's relationship with technology.

However, the study does not find that the urgent-now is 'bad' in itself. On the contrary, productive being is vital to human life (9.9.1.1). The urgent-now is equiprimordial with the ageless-now in the phenomenon of therapy-in-the-world (9.8.2; 13.2), and indeed it is within the urgent-now that this study's participants planned and expedited their own 'living room' in the ageless-now (9.9.2.5).

From the perspective of therapy-in-the-world, the danger of the urgent-now is that its intense pressure to remain in a productive mode of being will cause people to seek disembodied, unworlded modes of therapy that take place within the urgent-now, and which minimise time away from it. The disembodiment pressure applies to service providers and users equally. Ellis-Hill, Pound & Galvin describe this pressure in their call (Ellis-Hill et al., 2022; Galvin et al., 2020) for lifeworld (rather than only positivist) research to be allowed to form a basis for healthcare interventions:

“Healthcare staff caught up in this technical culture, where the focus can be seen as *Only-Doing*, can easily end up in a vicious circle of ongoing intellectual activity with negative emotional consequences, and a potentially reduced level of care for service users” (Ellis-Hill et al., 2022, p.1042).

The *technē* of healthcare, in the ‘doing’ not ‘dwelling’ mode that this study calls the ‘urgent-now’, extends to medication, manualised therapies and therapeutic interventions based on automated language models. Medication, while often helpful, also comes with the risk that a necessary-though-unproductive dwelling with the life-distress is postponed. Behavioural and cognitive therapies also risk postponement rather than engagement with ontological dwelling. And therapies delivered on apps, including AI therapies, not only exist entirely within the cognitive/corrective, disembodied being of the urgent-now, they also allow for the ‘therapy’ to be delivered in a hurry and squeezed into the interstices between productive tasks.

This study suggests that therapists can help clients to recognise life-distress as a signal that the urgent-now is not currently able to hold the ontological ‘wound’ that has been exposed (9.7.2; 9.8.b). Therapists can help clients to notice antitherapies disguised as therapies: the pill or the protocol that gets you back to work fast is also taking you away from therapy-in-the-world (from your pilgrimage, your alterity, your witnessing, your dreaming). This may be the right decision for you at a particular time, of course, given financial pressures. Therapy-in-the-world is often free, but the opportunity cost may be high. It is not suggested that therapists should push their clients into therapy-in-the-world. Rather, by helping clients to notice being-productive as a potentially antitherapeutic mode, therapists can assist clients in making the best therapeutic choices that their life circumstances allow.

10.3.1.4 Treating formal therapy as a microcosm of a client's therapy-in-the-world

This study finds that therapy-in-the-world can be conceptualised as an experiential-phenomenological separation from and return to oneself (9.8.1). Such a process could take place in the course of a venture and homecoming as vast as that of Odysseus (see 5.2), but it could also take place within one's weekly therapy session. Therapy with a therapist is also therapy-in-the-world. This study suggests that the extent to which therapists believe they are offering clients a bounded encounter with themselves-otherly, rather than delivering expertise, is the extent to which therapists are using therapy-in-the-room to model therapy-in-the-world.

Therapy, for our clients, is an inhabital mode of being. It invites the client to dwell in the mode of *being-witness* to their life. To be witness to oneself – to meet oneself otherly – can be profoundly destabilising. Indeed, the experience of formal therapy echoes this study's finding that therapy-in-the-world carries ontological risk (9.7.2; 9.8). As a microcosm of therapy-in-the-world, it is the skill and sensitivity of the therapist that lets formal therapy strike an adaptive balance between being a dangerous safe space and a safe dangerous space, ontologically.

Formal therapy, therefore, is already part of a client's therapy-in-the-world – it needs to do nothing extra in order to be a space in which clients choose to dwell; to separate-from and return-to themselves. But therapists can certainly inspire clients to notice the formal therapeutic space as a microcosm of their wider therapy-in-the-world. They can help clients to notice unhomely and ambivalent phenomena of deceleration (9.9.2) that occur in the interpersonal dynamics of the therapeutic relationship, and to relate them to similar feelings experienced in other worlded modes. They can help clients to notice themselves as philosophers of their own therapy (9.9.4.1; 9.9.4.3) – to notice that their decision to come to therapy and to enter into some chosen relation with the therapy *is* the therapy. They can also encourage clients to notice that it isn't the therapy session in-and-of-itself that is therapeutic, but rather the whole process by which the client plans to come to therapy, meets themselves otherly in the therapy session, and then integrates that experience back into their habitual mode of being. (Practically, this can be as simple as helping a client to notice that the bus trip home from therapy is also the therapy, or to help a Zoom client notice that they *don't* have a bus trip home, and what that means.)

This conceptualisation of formal therapy (as a microcosm within which therapists can model therapy-in-the-world) carries implications for practitioners of all therapeutic approaches. Existential-phenomenological approaches may naturally model and accommodate the relational process of separating-from and returning-to. Psychodynamic approaches may be equally useful inasmuch as their focus on transference processes provides a strongly alternative space in which the client can separate from their everyday ways of being-with. Across every therapeutic approach, this study's findings suggest that practitioners should reflect on the particular ways in which their approach is helping their client to meet themselves otherly.

10.3.2 Opportunities within wider society

10.3.2.1 Making way for the infectiousness of therapy-in-the-world

A key finding of this study is the inherent transmissibility of therapy-in-the-world. The literature review explored (5.6) how Ancient Greek drama originated as a therapeutic practice within the Asclepieia. Visitors would re-enact their own healing journeys on stage for their peers to witness. The review explored in detail the existential grounds for the transmissibility of therapeutic experience through the first-degree experience of the arts. Second-degree exposure to therapeutic experience was also found to be therapeutic. Asclepieian visitors seeking healing would read detailed accounts of the therapeutic experiences of earlier visitors, on scrolls or on votive tablets. In a culture that didn't separate psyche from soma these witnessed accounts of therapy-in-the-world, when taken together with the ancient mythological and narrative tradition, constituted an accessible, non-technocratic metatheory of therapy-in-the-world.

Significantly, then, the ancient tradition enshrined its therapeutic approaches in what this study's own methodology would call an accessible "science of examples" (van Manen, 2017, p.814). Not only was therapy in-the-world; its metatheory was also in-the-world, for all to know. This empowered untrained people to effortfully plan their own therapies-in-the-world (9.9.2.5) and to self-theorise about how certain modes of therapy had been helpful for them (9.9.4.1; 9.9.4.3). The ancient situation was fundamentally different from that of the present-day, in which technocratic meta theories of therapy are the purview of trained initiates,

inaccessible and incomprehensible to a wider public, and disconnected from the mythologies and meaning-making narratives of wider society. On every level, from the situational to the theoretical, this study's findings suggest that present-day psychotherapy has left the world behind.

Following from the literature review's exploration of the historical transmissibility of therapy-in-the-world, the study's findings with present-day participants uncovered ways in which worlded self-therapeutic experience could be 'infectious' (9.6.5). A self-therapeutic mode could be experienced through a 'contact high' (9.4.4) with someone recounting their therapeutic experience, through becoming an audience to that experience (9.4.5), and through becoming a channel of that experience (9.4.8).

These findings suggest a significant opportunity within society. If untrained people's accounts of their therapy-in-the-world are given exposure and framed by professionals as a present-day 'science of examples', rather than as 'unscientific' anecdotes in terms of the medical model, then the pursuit of deep therapy-in-the-world can become a legitimate pursuit within society. Such cultural shifts can happen rather quickly. Sixty years ago jogging was an eccentric activity, considered dangerous (Lathan, 2023) by a medical establishment that endorsed cigarette smoking as healthful (Gardner & Brandt, 2006). Today, jogging and many other modes of self-care are mainstream. Simply by harnessing its own infectious quality, society could see a similar embracing of therapy-in-the-world. All that might be required is for trained therapy professionals to endorse and disseminate the phenomenon. Rather than jealously guarding the role of therapist, and defending it with trainings and metatheories upon which we don't agree (see 4.1), we might instead accept a humbler role in facilitating and deepening the public's experience of therapy-in-the-world.

10.3.2.2 Valuing the holding of therapeutic space in the world

This study found a great many examples of untrained people, from local residents to paddleboard instructors, choir conductors to football fans, who knowingly or unknowingly held therapeutic space within which people experienced self-therapeutic processes. A strong implication of this study's findings is that if therapy is in-the-world, then we should celebrate and value *as therapists* any professionals and volunteers who hold worlded spaces in which

people intensely encounter themselves and others. These professionals include midwives, paramedics and police officers. They especially include nurses, teachers, social workers, care workers and prison officers; people who are likely to hold high-intensity space for individuals over prolonged periods of time. Not only should these professionals be recognised and valued for their parallel role as therapists-in-the-world; they should also be remunerated for it. This study's findings suggest that any high-human-contact role is a therapeutic role: responsible, emotional and committing. Perhaps society should stop claiming therapeutic labour for free. Just as phenomenology can make hitherto-invisible phenomena available as visible objects of enquiry for the positive sciences (10.2.1.3), so in this case it makes invisible work visible as work that should be remunerated.

This study's findings, and its corresponding identification of a societal need to value 'invisible' therapeutic work, apply not just to caring professionals but also to lay people. Margaret Thatcher foreshadowed (and arguably to some extent unleashed) the present-day right's 'war on woke' (C. Davies & MacRae, 2023) when she declared: "There is no such thing as society [...] there are only individual men and women" (Clarke, 2021). Today, pro-social elements are increasingly demonised as antipatriotic and abnormal (Cammaerts, 2022). But the current study's findings argue very strongly against Thatcher's vision of society. Among the study's most moving findings is its observation (9.9.2.1) that we are all holding therapeutic space for each other, knowingly and unknowingly, all of the time. Socially-enabled therapy-in-the-world is everyday, not exceptional. A comedy audience holds space for a young man who experienced extreme racism (9.4.5). A football crowd holds space for an older man who lost his son (9.4.1). A paddleboard instructor holds space for a woman who was so courageous that she didn't even know she was frightened (9.4.3). One hundred thousand motorists, by carefully driving around her, hold space for a woman who needed to cycle a long way in order to return to herself (9.4.6).

Holding therapeutic space is normal, and therapy-in-the-world is infectious. What immense hope is contained in these two simple findings! This study suggests that it could be worthwhile for therapists to identify people who have experienced therapy-in-the-world, and to encourage them to value and broadcast their experiences. If untrained people begin to hear what it means to 'hold therapeutic space' for others in the world, then they will notice that they are already doing it. With this awareness might come a pride. With this pride might come a transformation in how everyday activities such as football and music, car-driving and conversation are thought of by the wider public. 'Society' might start once again to notice its own existence, and to

notice that the mechanisms of that existence are therapeutic mechanisms: pragmatic not political, unselfish not unpatriotic, worlded not 'woke'.

10.4 Time for therapy-in-the-world

This study is Euro-centric and draws on the Ancient Greek tradition as a point in time at which the roots of therapy, and the roots of society, were one and the same. Therapy and society in Ancient Greece were rooted in the same supporting narratives, the same metatheories, the same worlded activities. The technological separability of the embodied self and the psychological self hadn't yet been claimed, and therefore there was no distinction between body and mind, world and life-world, society and therapy. This study's findings suggest that we might look to that ancient tradition of therapy-in-the-world as a model when asking how therapy can address the distress of the dawning Anthropocene age.

The Ancient Greek therapeutic and societal culture is, of course, only one of many ancient, worlded therapeutic traditions that predate the modern split between body and mind, and between individual and society. The African Ubuntu concept of collective embodied therapeutic being (Chigangaidze & Chinyenze, 2022; Hanks, 2007), the Naikan therapy (Kawahara, 2005) and Morita therapy (Morita, 1998; Sugg et al., 2020) grounded in early Buddhist traditions, the Sattvavajaya Chikitsa (Tripathi, 2012) based on Ayurvedic non-dualism: these and countless other ancestral lines could equally be a model for something like therapy-in-the-world. Rather than offering a superficial (and inauthentic) whirlwind tour of those ancient cultures, the current study has proposed a deep existential-phenomenological interpretation of the Ancient Greek *therapeiā*, and used that as its inspiration. Other therapist-researchers will look at therapeutic practice through the lens of other cultures' deep therapeutic traditions, and establish their own relationships between ancestral traditions and present-day worlded approaches to therapy.

The present study doesn't claim that the Ancient Greek therapeutic tradition is the best model for present-day therapy-in-the-world, but it does claim that *therapeiā* is worth noticing, cherishing and reclaiming. I imagine that therapists from multiple traditions in the UK and all over the world are currently looking to their own deepest therapeutic roots and feeling

something similar: that the ancient traditions have something urgent to say to us now. Because whatever we call it and wherever we find its roots, therapy-in-the-world is under threat of extinction from the same forces that extinguished every one of its originating cultures.

The Asclepieia are all in ruins today. They find a cynical echo in the billionaires' rehab retreats that dot the Swiss lakes. At a cost of £100,000 a week, these gated facilities offer personal live-in therapists who can invoke yoga teachers, zen instructors, dietitians and canapés à la carte (Elmhirst, 2023). But the original Asclepieia were for everyone, not just the 'billionaires' of the day. The facility at Kynortion "was quickly overwhelmed by a great number of visitors" (Psychogiou, 2012), necessitating its upgrade to the great Asclepieion of Epidaurus, founded in the 6th Century BC (Melfi, 2010, p.329). But this, too, rapidly reached capacity in an enduring way. Writing five full centuries later, Strabo remarks how the population of Epidaurus, "whose sanctuary is always full" (Strabo, 20/2014, p.372) still swelled with the influx of visitors.

What has become of the Asclepieian tradition, and all those other worlded and ancient therapeutic traditions, as vectors of therapy-in-the-world for those of us who aren't billionaires?

In the millennia since Ancient Greece, the attendance to life-distress in much of the world has been colonised by the discourse of the medical model, which separates body and mind. It places the locus of life-distress within the psyche of the individual, and vests authority to heal life-distress in the person of the doctor or psychiatrist. A portion of this authority is devolved to psychologists and psychotherapists – an occasionally awkward devolution, since therapy's clinical metatheories are (implicitly or explicitly) derived from philosophical positions rather than medico-scientific hypotheses. Cannon's therapeutic position, for example, is Sartrean (Cannon, 1999), Boss's is Heideggerian (Boss, 1970/1983), Rogers' is Aristotelian (Proctor et al., 2016), and Beck's is Stoic (Robertson, 2020). Contemporary existential therapists tend to derive therapeutic aesthetics or sensibilities, rather than strict metatheories, from a broad canon of existential philosophers. Deurzen's existential therapy is more structured (van Deurzen, 2014b) while Spinelli's is more exploratory (Spinelli, 2015), but both are explicit in establishing therapy as a philosophical intervention beyond the pale of medicine.

On the ground, though, it's hard for philosophical interventions to escape conceptual engulfment by the medical model, which has served society so well in matters of bodily illness.

Like doctors specialising in a particular branch of medicine, therapists are trained in a named therapeutic approach. These approaches – Existential, Integrative, Psychodynamic or CBT, for example – are superficially comparable since they usually describe dyadic, dialogical work in a room. Once therapeutic approaches are considered comparable, they can be ‘tested’ for their effectiveness against mental ‘disorders’ (6.1). Since the resulting ‘evidence’ supports the common approaches roughly equally (Wampold & Imel, 2015), an uneasy orthodoxy emerges in which ‘therapy’ comes to mean the practicing of the therapist’s chosen approach, while the client’s own therapeutic ‘approach’ isn’t usually a concept that is considered. Thus a non-medical therapy-in-the-world in the Ancient Greek sense – sensitive to people’s idiosyncratic modalities of healing – is engulfed by a well-intentioned medicalising society to become ‘evidence-based psychotherapy’. It is stressed here that the medical profession *is* well-intentioned, highly committed, and often effective in its treatment of life-distress.

Here, though, things take a darker turn. Medicalising distress necessarily involves a “cultural cleansing of patient narratives” (Bracken et al., 2021, p.422). By excluding the contextual dimensions of the client’s own modes of being-in-the-world, ‘evidence-based’ therapeutic approaches tend “to conceal the operation of power” (Boyle, 2020, p.29). This is why the question of the evidence for what therapy ‘is’, and whether people’s infectious descriptions of their therapy-in-the-world are considered admissible as evidence, is a question about power.

Power matters, and power is currently in a hurry to balance its books. UK mental health services are routinely described as “chaotic and severely underfunded” (Bannister, 2021, p.1) and “at the back of the funding queue” (Cooper, 2022, p.6). 95% of NHS service providers “do not believe that investment will meet current and future demand” (NHS Providers, 2019, p.5). By medicalising life-distress but failing to adequately fund medicalised treatment, government healthcare policy effectively transforms life-distress into an asset. The asset is realisable through outsourcing to tech disruptors “increasingly endorsed by governments and health professionals as a low cost, accessible alternative or adjunct to face-to-face therapy” (Parker et al., 2019, p.198). If therapists cannot resist the operation of that power by championing some affordable and accessible alternative – something like therapy-in-the-world – they will be surrendering the entire territory to AI, which is fast becoming the vector for delivery of ‘evidence-based’ psychotherapies (Graber-Stiehl, 2023).

This study suggests a role for therapists in popularising an ageless defence against the commercial disruptors of therapy. It suggests that we can step outside the frame of commerce by championing and facilitating therapeutic modes of being-in-the-world that are always already freely available. And it suggests that we can also step outside the frame of an accelerating technological timeline (see 5.3). That relentless timeline seems to require therapy to keep pace with technology; to adapt and somehow ‘move with the times’. But the idea that something must move with the times is just another unexamined idea in the natural attitude. Existentially, being is being-in-the-world, and worldedness has many dimensions other than the temporal. Human being is being-in-culture, being-with-our-ancestors, being-with-others – being, in fact, in a great many modes that aren’t greatly moved by time, and in which we might find therapeutic refuge from time’s three worst insults: hurrying, forgetting, and being informed of our human obsolescence by wealthy tech disruptors. Existential philosophy invites us to do none of those things: neither to rush to collude with a dehumanising vision of the future, nor to forget the human being of the past, nor to believe that an ontological fidelity to human modes somehow equals outmodedness.

An existential treatment of time “sees past, present and future not in linear succession but as multidimensional. The past is still present in a present that anticipates the future” (Cohn, 1997, p.26). The present study began (4.2) in anticipation of therapy’s future in the Anthropocene era of artificial intelligence – and it is in this anticipation that the study allowed material from the deep past of *therapeiā* to co-exist with the present-day material of participants. Existentially, this study took its time. The result is a conceptualisation of therapy-in-the-world, which I hope is made available with enough clarity and precision that its model can be examined, reformed or refuted as required. Perhaps the detailed findings (10.1) of this small study are less important than the note of hope I am left with when I reflect on two key findings of which I am completely convinced (10.3.3.2) – that holding therapeutic space is a normal thing untrained people do, and that therapy-in-the-world is infectious.

This study began with the observation that therapy must now accompany humanity on its journey into the Anthropocene, a name deriving from *Anthropos* (human) and *kainós* (fresh, unused, new). To extend this study’s metaphor (9.6.3) of therapy-in-the-world as experiential phenomenology: perhaps the challenge of this threshold moment is for therapy to separate from itself before it can return to itself. Perhaps therapy can separate from itself by giving itself permission not to rush immediately into a technologized future, but first to dwell agelessly in-

the-world, as the Greeks once did whenever their souls were exhausted. Via this most ancient of epochés, perhaps therapy can return afresh to the dawning Anthropocene, understanding itself and not just the age to be hopeful, unused, and new.

11 Acknowledgements and thanks

So many people have held space in the world for this work.

My first thanks go to my clients in therapy, who inspire me every day with their wise and creative responses to the difficulties and joys of being-in-this-world.

My primary supervisor Simon du Plock has guided me with insight, patience and skill. This study wouldn't exist without his influence. It was my engagement with Professor du Plock's work on bibliotherapy (du Plock, 2005a, 2005b, 2013, 2016a, 2016b) and Everyday therapy (du Plock, 2017, 2021) that led me to the ethical view underpinning this study: that existential-phenomenological research can be inclusive, accessible, and relevant to the worlded practice of therapy by trained and untrained people.

My secondary supervisor Dr Claire Arnold-Baker was inspiring and encouraging, and there for me when I encountered difficult obstacles. I am very grateful for her careful reading, her infectious passion for therapy, her wisdom and her experience.

Thank you to a great many colleagues at the 2023 World Congress of Existential Therapy in Athens, where I presented this study's initial findings. Their feedback was transformative for the study. I'm also indebted to everyone in the Society for Existential Analysis who has engaged with the project so enthusiastically.

Catherine Lemaitre and Andy Hayes were generous and helpful with my recruitment of participants. This study owes a lot to them.

Natalie Fraser was very kind to invite me to present the study's preliminary findings at the Society of Psychotherapy in April 2023 and then at her Existential Offerings series in September 2023. In both of these talks I had such useful feedback in the Q&A that I reconsidered or expanded important sections of the analysis.

My close cohort during training at NSPC has been a constant source of friendship and support. Thank you Amy Bramley, Belinda Donn, Catherine Lemaitre, Emma Hinkson, Emma Tullett, Marcie Boyer, Rina Kakad, Stella Duffy, Tali Lichtenfeld, Zander Levy, and everyone else I've trained with.

I thank all my excellent tutors and supervisors at NSPC, and in particular Anthony Stadlen, Danny van Deurzen-Smith, Gina di Malta, Julie McCarthy, Martin Adams, Miranda Clifford, Phoebus Ebbini and Simon Wharne for their encouragement for my evolving thinking around this study.

I thank my supervisors in clinical placements around London who have supported my enthusiasm for my clients' worlded self-therapeutic processes. Thank you Elv Moody, Helen Hayes, Jim Kuykendall, John Ng, Nancy Hakim Dowek, Naomi Stadlen and Rebecca Kirkpatrick.

I cannot overstate the support and wisdom of Brigitte Friedrich.

I thank my family and friends for their kindness, love and patience when my days were too full and my batteries too empty.

Finally and most importantly I thank the eight participants of this study for their generosity of time and spirit. I deeply admire their creative and inspiring engagement with the world. This study tries to do justice to their contribution, but inevitably falls short. I hope they will accept their ownership of the parts I got right, and my apologies for the parts I got wrong.

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13 Appendices

13.1 Appendix A: Please notice the empty space around 'Heidegger'

The writer, chemist and Auschwitz survivor Primo Levi is the reason I became a writer and, via writing, a therapist. At university studying chemistry, I picked up Levi's book *The Periodic Table* (Levi, 1975/2000). I expected it to be a history of the classification of the chemical elements. What I found instead was a collection of 21 stories about living before, during and after internment at Auschwitz. It is an extremely human document. Levi's book brought life into a different constellation for me. I was able to understand myself a little. I gave up the study of chemistry and exchanged my goal of becoming a scientist for what has become my lifelong project of engaging with human stories. It was Levi who showed me how big lives could be; how complex and beautiful, and how important for people to know about. It was Levi who taught me that being-witness to human being is a way to belong with humanity.

In *If This Is A Man*, Levi wrote of a 'double sense' of the name 'extermination camp' – not only are lives exterminated, but also people's sense of themselves. He writes:

“...we became aware that our language lacks words to express this offence, the demolition of a man. In a moment, with almost prophetic intuition, the reality was revealed to us: we had reached the bottom. It is not possible to sink lower than this; no human condition is more miserable than this, nor could it conceivably be so. Nothing belongs to us any more; they have taken away our clothes, our shoes, even our hair; if we speak, they will not listen to us, and if they listen, they will not understand. They will even take away our name: and if we want to keep it, we will have to find ourselves the strength to do so, to manage somehow so that behind the name something of us, of us as we were, still remains.” (Levi, 1958/2000, p.26)

These names matter. The name of Levi represents the greatest ethical influence on my life, while the name of Heidegger (at least in recent years) represents the biggest intellectual influence. Levi was a Jew while Heidegger, at least for a time, was a Nazi. As Levi says, 'our

language lacks words to express this offence', and in fact all I can do here is to hold space for it.

I am no longer satisfied with the argument that beautiful philosophies can grow, lotus-like, from ugly roots in the mud. It matters too much that Heidegger never apologised, never made reparations, never, in all his brilliant exposition of temporality, ever took one moment in time to offer a point at which we could say: here stops the bad root, and from here stems the good flower. Nor do I like the argument that we can use the helpful inventions of the Nazi era (Heidegger's *Existentialiaes*, Volkswagen's Beetle, Himmelheber's particle board) without entering into some relation with the philosophies of that era. Perhaps it's true that I can build my kitchen cabinets out of particle board without feeling that I am accepting too much philosophy into my home, but with Heidegger it isn't the same. His invention is his philosophy.

As a writer, every paragraph I compose is my intellectual and ethical home. Levi's name is welcome in that home, but I'm an uneasy host to the name of Heidegger. To afford Heidegger house room will require two things: first, to find a way of also acknowledging the lives exterminated by Nazism, and second, to establish exactly what relationship I am admitting between Nazism and Heidegger's philosophy.

Immediately we can see that there is at least one dimension in which Nazi philosophy and Heidegger's philosophy are inextricably, and for-all-time, linked. The Nazis exterminated six million Jews and millions of others – including Poles, Roma, Soviet prisoners of war, political dissidents, Jehovah's Witnesses, non-heterosexual people, gender non-conforming people, non-white people, people living with mental and physical disabilities, and neurodivergent people. Crucially, their philosophies were exterminated with them. I consider their interrupted philosophies, had they been allowed to develop, as the ones I might otherwise be citing here in place of Heidegger's. Just as history is written by the winners, so philosophy is stolen from the slain.

But there is a second troubling dimension in which Heidegger's philosophy is in profound relation with Nazism. Heidegger's is a brilliant philosophical light, but we must also notice the darkness within which his light shines, and which – existentially – allows it to *be* a light. The difficult darkness that links Heidegger's philosophy to his life, and makes the two somewhat inextricable, is his privilege. It was Heidegger's privilege that enabled him to be, among

brilliant things, a vile and inexcusable thing: a Nazi enjoying the patronage of the Nazi regime. It was also his privilege that allowed him to leave us with such a brilliant and comprehensive fundamental ontology.

Systematic philosophy is the privilege of those possessed of homeland, of time, of rectorships and unmurdered relations. Unsurprising, then, that systematic ontologies are the reliquaries of plenitude and presence, and that in the therapeutic systems they engender, suffering is seen as the result of some blockage, some lack of serene openness to (well)being. Heidegger offers that “the human being’s being-open to being is *so fundamental and decisive in being human* that... one can easily overlook it” (Heidegger, 1987/2001, p.74, italics added). To me this is a frightening and exclusionary sentence. I work every day with people who are somehow not-being-open to being. Heidegger’s implication is that as a therapist, I work with people *who aren’t even being human* in his terms. As a person, I also struggle with being-open to being and I retreat quickly into my shell if I feel overwhelmed by it. Does this mean I’m not being human?

I don’t ‘easily overlook’ Heidegger’s contention here; I effortfully disagree with it. My clients’ embodiments may be agony, their emplacements precarious, their relationships abusive – yet I think this makes them extremely human. Me too. Sometimes we are humans who aren’t existing in Heidegger’s terms but suffering in ours. We should know better than to let the serene speak for the suffering, or to let the privileged write the ontology of the dispossessed.

Unfortunately, suffering people don’t write systematic ontologies. They write too little, as Simone Weil did in failing health while she fled the Nazis alone. And so as therapist-researchers we must hold some space to ground our work not only in polished treatises of existence, but also in imperfect dispatches from reporters embedded with suffering. Despite being an accomplished philosopher, I believe that Weil is an excellent reminder of the philosophies exterminated by Nazism. We can imagine that they half-exterminated Weil as a philosopher. She died harried and maddened by her refugee existence and by her intense attunement to human suffering under Nazism. If she had lived beyond the age of 34, we can only imagine what her nascent, unsystematic but intensely humane philosophy would have become. Levinas, another Jewish philosopher, escaped by the narrowest of margins from being sent to the extermination camps when he was taken prisoner-of-war. Again, the humanity of his philosophy of the priority of the other (Floriani & Schramm, 2010) emerges from his

experience not of privilege but of suffering. Among the many millions exterminated by the Nazis, we can only imagine how many would have become philosophers of the calibre of Weil and Levinas, these giants of humanity who partially and barely escaped the Holocaust.

If Heidegger's philosophical privilege has an antithesis, it is to be found in Weil's philosophy of suffering, which reaches its apogee in *The love of God and affliction* (Weil, 1951/1973, pp.71-88). 'Affliction' is a degenerate translation of Weil's *malheur*, which is a darkly efficient French noun capturing something beyond commonplace *souffrance* (suffering), invoking *mal* (evil) and referencing the medieval idea of a separate state-of-being, a cursed state, augured at the hour (*heure*) of one's birth (Monier et al., 2021). *Malheur*, like Dasein, is both fundamental and best untranslated.

For Weil, *malheur* is the excruciating combination of social forsakenness, psychological distress and bodily agony (Weil, 1951/1973, p.73). There's a "boiling point" (p.73), an intensity at which *malheur* becomes a separate state from everyday existing. *Malheur* withdraws from the world, feeding on itself, attributing to itself a guiltiness for its own suffering (p.75). It "makes the soul its accomplice, by injecting a poison of inertia into it" (p.76). Sufferers "will never find warmth again. They will never believe any more that they are anyone" (p.78). The *malheureux* (sufferers) have ceased to be-in-the-world: to exist in the everyday sense.

But for Weil (as for Kierkegaard) this utter abjectness isn't a lack of openness to being, but actually a revelation of being; it's not a disaster but "a marvel of divine technique" (Weil, 1951/1973, p.86) in which "the infinite distance which separates God from the creature is entirely concentrated into one point" (p.87) so that it can be perceived. Encoded in all Weil's writing is an ontology of absence: of distance and of silence. It's an ontology of separation, in which the world is not a clutter of existentialia to be open to, but a distance placed between the embodied and the divine in order that both can be noticed. Weilean being, then, is fundamentally different from Heideggerian being, not a malfunction of it. It's fully-realized human being that isn't being-in-the-world, but being-in-absence.

How to be-in-absence? For Weil, such being is "a direction and not a state of the soul" (Weil, 1951/1973, p.87). Looking towards absence is gazing into a dimension "which does not belong to space, which is not time" (Weil, 1951/1973, p.87). I think the closest word for this kind of looking is *patience*. Weil's is a being of waiting-not-doing, tending-not-intending.

Extratemporal, it's not being-towards. Extraspatial, it's not being-with. For a stranger to *malheur*, its ontology would be no more possible to describe than "sounds, of which nothing can convey the slightest idea to anyone who is deaf and dumb" (Weil, 1951/1973, p.74). Heidegger *could not* get it. Weil was not able to enjoy the privileges of contentment or systematicity in her short life – just the opposite – and that is why her philosophy is radically different. Heidegger's fundamental ontology is an ontology of privilege, in that it is an ontology of plenitude. The Heideggerian world is so overflowing with homelands and someones and Anyones to be-with that he can cheerfully conclude that *Dasein ist Mit Sein*. Weil's ontology, on the other hand, is an ontology of suffering and loss. The being of suffering and loss is being-with-absence.

So, does this mean looking beyond Heidegger as an ontological guiding light for existential research and therapy? For me: no. He is too brilliant, too insightful, too influential to abandon. Without Heidegger there is no Sartre and so no Cannon. Without Heidegger there is no Holzhey-Kunz, no Ortega, no Aho. Without Heidegger (awkwardly, unfortunately) there is no Levinas and no Derrida. Without Heidegger there is no Gadamer and so no Van Manen (and so, for me personally, no method). And without Heidegger there is no Merleau-Ponty, and if there is no Merleau-Ponty then I am not really interested anyway in dancing with whatever disembodied thing still calls itself existential.

Here, then, is the difficult darkness. The darkness is constituted by the acquisitive, hasty, colonising, out-group-annihilating being of Nazism, which is being-with likeminded people, being-with territory, being-with the annexed existentialia of the dispossessed. The darkness is also constituted by the being of Shoah, which is being-with-absence. Weil is the philosopher of *malheur*: of the darkness that enables Heidegger to be a light. She notices that spiritual being is not being-with, but being-without. So whenever I rely on Heidegger's brilliant insights – his glittering ontology of presence – I try to become conscious that I am also using Weil's ontology of absence, fragmentary and lucifugous. It is only in the firmament of this epistemological dark matter that Heidegger can exist as a light. I understand Heidegger and Weil in dialectical tension, as mutually co-constitutive philosophers of existence.

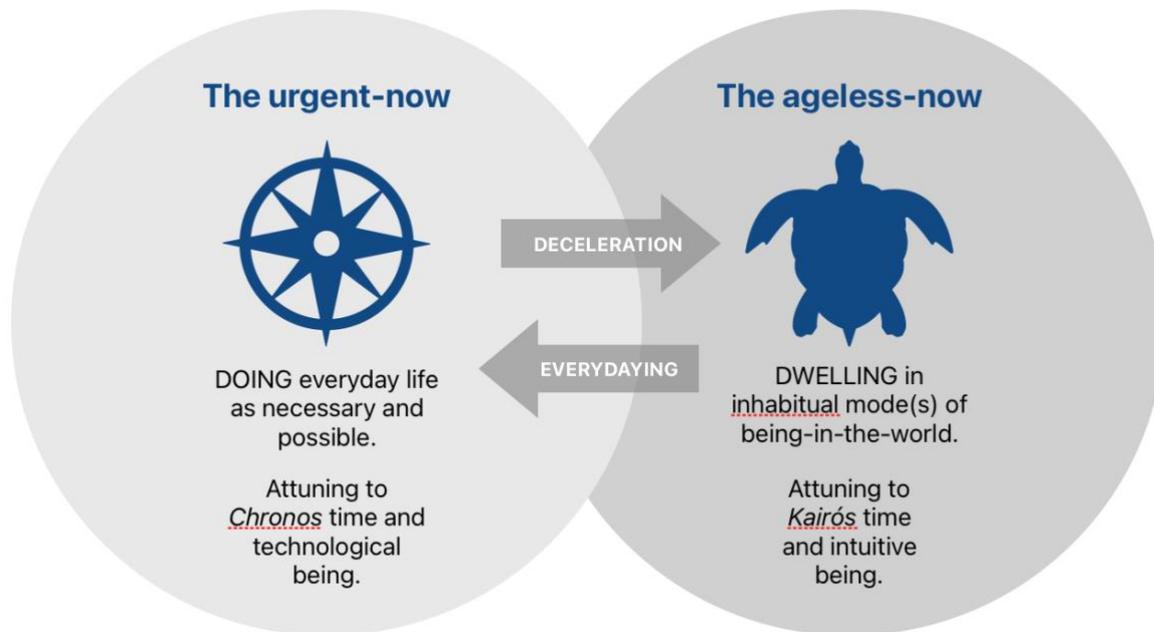
Existential therapy's major epistemological stances all stem from a Heideggerian ontology of presence that describes successfully-worlded being. Suffering, in these terms, results from a mishandling of presence. Weil, by contrast, wrote from deep inside suffering, and her work

contains an implicit, fragmentary and partially-murdered ontology of absence. It is an ontology of waiting-for, not being-with. It is a philosophy of patience. And since we do not know who exactly we wait for, our attunement should tend towards who we can include as philosophers, not who we must exclude in order to preserve the being-with that we currently enjoy as privileged members of the 'trained'.

How do I remind myself of this, not just once, but every time I write the name of Heidegger? I think of the empty space around the letters of his name. I think of the white space between the lines, between the paragraphs, in the margins. In this way I don't exclude Heidegger but I also include the inverse philosophy that enables his *to be* a philosophy. Every un-inked square millimetre of this text holds space for the partially-exterminated philosophy of Weil, the barely-escaped philosophy of Levinas, and the wholly-exterminated philosophies of six million murdered Jews and all those millions of murdered others. The white space between words is a constant interruption that represents their interrupted philosophies, which, had they been allowed to develop, are the ones I might otherwise be citing here in place of Heidegger's. I train myself to see the white space.

The white space reminds me of these truths. By asking you to notice it here, I try to honour the many millions of exterminated names we might have been noticing instead.

13.2 Appendix B: Why compass and turtle?



In diagramming the phenomenon, symbols were chosen to represent ‘urgent’ and ‘ageless’ ways of being, both of which are inherent to therapy-in-the-world. The two symbols are intended to be equally affirmative, since both ways of being are equiprimordial in the phenomenon: this study finds nothing to suggest that one or other is a ‘superior’ way. Rather, the phenomenon inheres in a worlded navigation *between* both ways, or perhaps in worlded discovery of overlap or superposition *of* both ways.

For the ‘urgent-now’ the symbol of the compass rose is chosen. As discussed earlier (5.3), Heidegger viewed the ancient Greek *technē* as a cooperative relationship with nature: a bridge allowing a river to run its course, rather than a dam impeding it. Accordingly, this study uses the image of the compass to represent a positive aspect of technological being, harnessing natural magnetic force in a non-destructive way to give direction. There is no suggestion that the ‘urgent-now’ is a way of being to be avoided. On the contrary, we earn money to feed our families, we care for others, we ‘change the world’, we research phenomena in a structured way, and we even make plans for our therapy-in-the-world, precisely by doing the urgent, rather than by dwelling in the ageless. Existentially, engagement with the urgent-now is vital

to human being. And phenomenologically, return to the urgent-now is vital to therapy-in-the-world.

But the toothed and circular form of the compass rose also calls to mind the cog, the gear and the wheel beneath which nature's subtle forms are crushed. Moreover, the compass's precise and uncompromising geometry hints at the later Heidegger's ominous view of modern *technē* as a forcing of the natural world, and the sometimes-inappropriate project of the natural sciences "to secure the calculability of nature" (Heidegger, 1987/2001, p.105). Thus, although meaning and direction inhere in the image of the compass, so do urgency, emergency, grasping and need.

For the 'ageless-now' the symbol of the sea turtle is chosen. This choice is inspired by the experience of Andrea, this study's participant who was saved by a turtle from drowning.

The turtle offers a particular alternative to the compass, since the compass is a technology of meaning only on the surface of things: on board a ship at sea, or on a back-country hike, where magnetic bearings correspond to courses to be steered or lines to be walked. The compass is a technology of the nomothetic, of visible light and consensual landmarks, of things which sighted people can all agree *that* we see, even if we don't agree *how* we see them. But the turtle in this study represents a way of being that can only be studied ideographically. A turtle, its blood bright red with the oxygen that saturates it, leaves the surface and dives to depths at which everyday light barely penetrates. Down there in the silence, turtles see only what they see in themselves: things which no other being can understand by extrapolation from the data of their own life's seeing. Down there turtles are alone with the depth of themselves, and they will be so for as long as one breath can sustain them: until the call of the urgent-now announces itself again in the ache of their deoxygenated blood. The turtle in this study represents the deep-dive of experiential phenomenology.

But that is only the beginning of the turtle's semiotics as they relate to this study. In the cosmogonies of multiple ancient cultures the turtle symbolises our embodied experiencing of the cosmos, its flat under-shell representing the earth beneath our feet and its domed over-shell echoing the vault of heaven above our heads (Rappenglück, 2006, p.223). The turtle in this study represents that cosmic experiencing, firstly, by its attunement to *Kairós* time. For a turtle, *Kairós* inheres in the period of an ocean wave, the tidal cycle of the moon, the surface current

of a season. Turtles undertake immense transoceanic migrations, navigating using magnetic fields, chemical traces, surface currents, prevailing winds and celestial bodies (Lohmann et al., 1999; Phillips & Diego-Rasilla, 2022). Thus, they use the same aspects of nature that are available to *technē*, but they use them intuitively in the service of a time-sense measured in ‘right-moments’ rather than ‘this-minutes’. And despite their long peregrinations, sea turtles always return to the place from which they first separated: the precise bay or cove of their birth. By always separating-from and returning-to themselves, turtles in this study represent the idea of therapy-in-the-world as experiential phenomenology, discovered in the 1st-phase findings.

Notwithstanding its positive resonances with the cosmic and the phenomenological, the turtle in this study is also chosen as a symbol of a troubled and precarious way of being. Firstly, because although in the natural attitude turtles and tortoises are commonly considered to represent independence and a certain imperviousness to threat (since they ‘take their houses with them’), in fact their shell is better understood as a sign of their enormous existential solitude and vulnerability. Pelagic and unconsolated, turtles are at home nowhere except in the return to their origins. During the vast in-between times that count for most of their lives, they are alone in the immensity of the ocean, risking everything with no pod or shoal to protect them from predators. The shell is never a home, only a limited defence against small or inexperienced sharks. Existentially, turtles are thus a symbol of the alone-being and ontological risk discovered in the 2nd-phase findings as a constant of the ‘ageless-now’.

Next, while representing an alternative to technological being, turtles are multiply vulnerable to the malign effluences of modern *technē*. Their celestial navigation is distorted by our light pollution (Kamrowski et al., 2012), they are distressed by low-frequency noise from the engines of boats (Samuel et al., 2005), they accumulate the toxic trace elements of industrial leakage (Sinaei et al., 2021), they are poisoned, strangled and choked by floating plastics (Bugoni et al., 2001), they are infected by antibiotic-resistant bacteria from untreated human sewage (Al-Bahry et al., 2011), they generationally accrue our heavy metals and pesticide toxins (Novillo et al., 2017), they suffer genetic pollution through mating with farmed anthropogenetic hybrids (Fong & Chen, 2010), and their embryos are deformed by microplastics (Zhang et al., 2021). In short, from navigation to healing, feeding to reproduction, there is no aspect of the turtle’s being-in-the-world that is unpolluted by human *technē*. Incredibly beautiful and miserably sick, the sea turtle is the canary-in-the-coalmine of the Anthropocene age.

Thus, while intuition, natural time, and a tendency to return inhere in the image of the turtle, so do ontological risk, vulnerability, and the gathering threat of extinction.

Existentially, then, the turtle represents a way of being-in-the-world that is endangered exactly by the dominance of its symbolic alternative, the compass. This study's finding is that both ways of being are equiprimordial to therapy-in-the-world, and so the annihilation of one by the other is anathematic to therapy-in-the-world.

13.3 Appendix C: Coding system developed for the 3rd phenomenological phase

Code	Frequency
(Total instances coded)	(744)
THE URGENT-NOW	
Alienation	11
Crisis	10
> Being at one's limit	4
> Main relationship can't contain crisis	15
A feeling of SEEKING healing / of NOT knowing to seek it	9
> Not knowing that healing was needed	5
Stuckness	3
Moods appear as a block rather than as a disclosing of being	5
Held in earlier patterns or self-perceptions	11
> Being a refugee in the intellect	3
> But noticing the insufficiency of the intellect	1
Fear of unproductivity	6
> Busyness	2
> Poverty	1
Inauthenticity	8
> Acceptability & normativity	7
> Anger's unacceptability -> self-blame / resentment / repression	8
> The Anyone / Sleepwalking	6
> Trapped in a version or mode of myself in the gaze of the Other	12
> Embodiment dysmorphia	2
> Racism	3
> Need to appear invulnerable	2
Craziness / chaos / crowdedness / smotheredness	4
Gendered experience of time	12
During-interview signifiers of turbulence	
> Rainer: self-deprecating laugh	5
> Helen: raw emotion	5
> Sam: practiced material	4
> Andrea: naming her awareness of the interviewer's perception	7
> Sophie: calling attention to the format	10
> Bill: energetic sounds; reported speech of internalised Other	14
> Rhiannon: silence	6

> Peter: nervous laugh	8
DECELERATION	
Resistance & ambivalence	15
A sense of release	9
Building / creating / planning my own 'living room'	20
Noticing Unhomeliness	7
Surrendering	10
THE AGELESS-NOW	
Noticing moments & being in them	11
A new attunement or receptivity	8
Being-with with others in a new way	34
> Belonging	4
> The Anyone as a healing space	2
> Negative expression of being-with in a new way	2
Things coming unexpectedly into the new space	11
Revising the narrative about my limitations	7
One's invisible way of being becomes visible	6
> Retrieving a Potential buried since earlier life	9
> Noticing my mode of being-in-the-world in the Urgent-now	15
> Noticing an emotion I carry unacknowledged in the Urgent-now	11
> Noticing my inauthenticity in the Urgent-now	7
> Noticing my unhappiness with the Urgent-now	2
> Moods become an opportunity for disclosedness	7
> "Shoulds" become visible as shoulds	2
For the first time	8
Physically noticing the way of being	6
Existential dialectics of Being-in	0
> Freedom - stuckness	8
> Challenge - comfort	3
> Beauty - ugliness	6
> Vulnerability - defendedness	1
> Silence / Stillness - noise	20
EVERYDAYING	
Repressurisation turbulence	3
LINGUISTIC everydaying	
> Theorising or tending to the wound now visible	20
> Within the interview	4
> In-interview Ontic insight: noticing an Existentiell	13

> In-interview Ontological insight: noticing an Existential	5
> Naming the thing that was once indeterminate	8
> Counterpoint (& paradox): eschewing the linguistic	5
RELATIONAL everydaying	
> Being-with self in the newly-available way	16
> Being-with others in the newly-available way	27
> Separating from the therapeutic other	1
> Negative manifestations of Being-with others in newly available way	2
> In-interview realisation that the interview is helpful	12
> Modelling for others a way of being	7
PRAGMATIC everydaying	
> Embodied	9
> Consciously re-applying the ageless-now experience	10
> And noting that it remains available as therapeutic	6
> And consciously NOT re-applying it	5
> Establishing a new baseline	2
> Integrating authenticity as a good	10
> But noticing the occasional inauthenticity of being 'cured'	3
> Renegotiating a relationship with 'my' time and 'my' space	12
> Renegotiating a relationship with feelings	5
CREATIVE everydaying	
> To hold the pain	1
> To retain control over the healing experience	2
> To understand or expedite the healing experience	8
> To connect with buried aspects of myself newly discovered	8
> To connect with others in a different way	5
> To benefit others (?)	5
Emotion's persistence and changing uses during therapy-in-the-world	
> Fear	22
> Misery and sadness	3
> Lightness-heaviness	8
> Joy	8
> Anger	10
Experiences of formal therapy	
> Chain of care before the ageless-now experience	8
> I wanted something different from what I was getting in therapy	5
> Therapy later helped me understand my ageless-now experience	5
> Therapy suggested the ageless-now experience	1

13.4 Appendix D: Search terms used in the literature review

Before listing the terms and modifiers used to search the academic databases from which this study's literature review sourced its studies, it is important to explain why the list of search terms is so extensive and broad. The short explanation is that 'self-therapeutic worlded experience' is rarely tagged as such, so it proved necessary to cast the net wide with multiple search terms, and then to rely on a painstaking screening process with systematic exclusion criteria (see 5.1.3) in order to retain relevant studies. (I had to kiss a lot of frogs.)

The longer explanation (feel free to skip to the list) is that 'search terms' are – or should be – considered extremely problematic in hermeneutic phenomenological research. For Heidegger, phenomenological inquiry is what makes invisible lifeworld objects “available to the positive sciences as transparent objects for their inquiry” (Heidegger, 1926/1962, p.31). By definition, then, phenomenology is the investigation of objects that aren't yet transparent, indexable, or findable with search terms. Meanwhile, hermeneutics is the process of tentatively assigning textual objects to categories of meaning within which they might be indexed, and then immediately, awkwardly, questioning that assignment. In hermeneutic phenomenology, then, I am always more certain that I awkwardly think I have found something than that I know how to look for it.

To give an example, Thoreau doesn't use the word 'therapeutic' anywhere in *Walden* (Thoreau, 1854/2004). He simply recounts his lived experience – so it is my interpretation of his text, not its indexing, that brings it into my hermeneutic circle of inquiry in section 5.3. I cannot know why it came into my mind as the right text with which to engage the later Heidegger's concept of dwelling. All I know is that my long engagement with the theme of the worlded therapeutic within the Western tradition brought the text to awareness in that context. This is absolutely not to claim a kind of mysticism in literature reviewing, nor to deny the value of making literature searches using search terms. It is simply to suggest that search terms cannot be expected to do all of the work in hermeneutic phenomenological literature reviewing. The personal library, by which I mean the whole body of what we have read in our lives (whether we have it on our own shelves or not), must also be a source for us – and that personal library is indexed by intuitions, not by terms. This is really why researchers are not interchangeable in HP, whose method is “scholarship” (van Manen, 1990, p.29).

In fact, this non-equivalence of the personal library is:

“radically problematic for the phenomenological researcher attempting to establish precise relations with a literature that is indexed upon positivist principles. Every major taxonomy of knowledge, from Dewey Decimal to Google’s Knowledge Graph (Monea, 2016) is based upon the ‘deceptive realism’ (Friedman & Thellefsen, 2011, p.645) of the representationalist assertion that a text can be said to be about something, and that this aboutness-relation between a text and its theme is factual rather than interpretive. But it is precisely in the lifeworld that the facticity of an aboutness-relation breaks down. When vocative phenomenology produces an ‘experiential awakening’ (van Manen, 2016, p.356), it is often because a text ‘about’ something in the world becomes ‘about’ something else in us. An example is the attunement to poignancy that arises for some (but not all) readers when they parse Hemingway’s six-word story ‘For sale. Baby shoes. Never worn’ (Wright, 2014). That attunement is not findable by searching with keywords that capture the putative advertisement’s factual about-ness.” (Cleave, 2022, p.329)

I hope the foregoing gives context to the following list of search terms and modifiers used in the preparation of this study’s literature review:

1. Acceleration +therapeutic/therapy +/- existential
2. Aesthetic experience +therapeutic/therapy +/- existential
3. Arts +therapeutic/therapy +/- existential
4. Asclepieion / Asklepion
5. Bibliotherapy +/- existential
6. Blue space +therapeutic/therapy +/- existential
7. Body maps +therapeutic/therapy +/- existential
8. Boredom +therapeutic/therapy +/- existential
9. Camino de Santiago +/-phenomenology +/- existential
10. Camino de Santiago +therapeutic/therapy +/- existential
11. Catharsis +therapeutic/therapy +/- existential
12. Creativity +therapeutic/therapy +/- existential
13. Dance Therapy +/- existential
14. Drama +therapeutic/therapy +/- existential
15. Dream sharing
16. Dreams / dreaming +therapeutic/therapy +/- existential

17. Endurance athletes +therapeutic/therapy
18. Everyday experience +/- existential
19. Everyday spiritual experiences +/- existential
20. Everyday therapeutic
21. Experience +therapeutic/therapy
22. Fasting +therapeutic/therapy
23. Forest experiences +/- existential
24. Green space +therapeutic/therapy
25. Illness +therapeutic/therapy +/- existential
26. Intense experience +/- existential
27. Interpersonal relationships +therapeutic/therapy
28. Life-changing event +/- existential
29. Life-changing experience +/- existential
30. Music +therapeutic/therapy
31. Mystical experiences +/- existential
32. Myth / mythological +therapeutic/therapy +/- existential
33. Nadir experience
34. Nature Therapy
35. Peak experience
36. Performance +therapeutic/therapy
37. Personal change +/- existential
38. Personal growth +therapeutic/therapy +/- existential
39. Pilgrimage +therapeutic/therapy +/- existential
40. Psychedelics +therapeutic/therapy +/- existential
41. Race / racism +therapeutic/therapy +/- existential
42. Self-discovery
43. Self-discovery
44. Self-transcendence
45. Sexuality +therapeutic/therapy +/- existential
46. Social dreaming
47. Somatic experience +therapeutic/therapy +/- existential
48. Spiritual experiences +therapeutic/therapy +/- existential
49. Theodicy +therapeutic/therapy
50. Therapeutic landscapes

51. Therapeutic reading
52. Therapeutic writing
53. Tourism +therapeutic/therapy +/- existential
54. Transformative experience
55. Travel narratives +therapeutic/therapy
56. Wilderness Therapy

13.5 Appendix E: Ethical approval

Application for Ethical Approval

Section 1 – Applicant Details

1. Details of Applicant

Given Name Chris

Family Name Cleave

1.1 Is this an application for a student research project?

Yes

No

Resubmission

1.2 Please indicate below:

This is a NEW Application, not submitted before.

This is a RESUBMISSION of the application to address issues raised by the reviewers.

This is a resubmission to address MINOR AMENDMENTS.

Co-investigator/collaborator details

1.3 Are you the Principal Investigator? (Supervisors are usually the PI, unless the applicant is a doctoral student)

Yes

No

Section 2 – Details of proposed study

2.1 Project Short Study Title (max of 5-6 words)

Therapeutic experiences – qualitative – psychotherapy

2.2 Project Full Time (This should be consistent on all documents relating to this research study)

A phenomenological inquiry into how people experience everyday therapeutic events

2.3 Proposed start date (This must be a minimum of 10 working days after submission of your application to allow for the review process.)

1/5/2022

2.4 Proposed end date

31/12/2023

Aim(s)

2.5 Please state the main aim(s) and research question(s) with references and citations (where applicable.) (The word limit is 250 words)

I aim to produce a limited phenomenology of everyday therapeutic experiences: experiences that people have outside formal psychotherapy but report as feeling ‘therapeutic’. Examples might include experiences of relationships, nature, gender, arts, sport or spirituality that result in a lasting shift in the way a person feels. It’s du Plock (2017) who suggests the everyday as an important therapeutic locale. I aim to explore how such experiences come to be felt as therapeutic.

My study aims to be radically inclusive, explicitly including cultural and spiritual dimensions often discounted in psychological research, and which therefore may not have informed the epistemology of ‘evidence-based’ clinical practice (Wilk, 2014).

I will be adapting a hermeneutic approach aiming for a practical phenomenology (van Manen & van Manen, 2021b, pp.1069-1070) that stays close to everyday lived experience, since my research’s ethical basis is the important idea that “the aim of generating psychological knowledge should be to support beneficial outcomes” (Oates et al., 2021, p.8). I aim to research and disseminate in a way that is relevant to counselling psychology within primary mental health and low-cost services.

Counselling psychology can be pluralistic (Cooper & McLeod, 2011), placing the client’s uniqueness above any single epistemological claim to know what therapy ‘is’. But pluralism is stressful (Rizq, 2006) for therapists weighing and justifying their interventions in an evidence-based culture. I believe that phenomenology can be the evidence base of pluralism, and I hope knowing more about people’s everyday self-therapeutic patterns will help practitioners to justify idiographic counselling within public health systems.

2.6 Would you like to include a document with further information?

Yes

No

Section 2 - Summary of research study and rationale

2.7 Please provide full details of the method(s), study design, data to be collected, how data will be obtained, with rationale and information about participants, hypotheses, data analysis and benefits of the research, with references and citations (where applicable)

RESEARCH QUESTION

How do people experience everyday therapeutic events?

RESEARCH ETHOS

As outlined in Section 2.5, this study has its roots in the everyday and the non-specialist. Its claim to relevance within that very ordinary domain must be an extraordinary attunement to the way people experience everyday events, and to how their experience might be carefully heard by the therapeutic community. Therefore, this study's ethos is one of inclusion – inclusion of participants, and of the way participants choose to be in the world. It aims for systematic attunement between the interests of the project and the interests of participants.

RESEARCH AIMS

My study aims to produce a limited phenomenology of everyday therapeutic experiences: experiences that people have outside formal psychotherapy but report as feeling 'therapeutic'. Examples might include experiences of relationships, nature, gender, arts, sport or spirituality that result in a lasting shift in the way a person feels. It is du Plock (2017) who suggests the everyday as an important therapeutic locale. My study aims to explore how such experiences come to be felt as therapeutic.

My study aims to be inclusive, explicitly including cultural and spiritual dimensions often discounted in psychological research, and which therefore may not have informed the epistemology of ‘evidence-based’ clinical practice (Wilk, 2014).

My study aims to be relevant to counselling psychology within primary mental health and low-cost services. Following Cohen (2016), Moncrieff (2019) and Smail (1998/1987, 2005), my study aims to provide pluralistic and nurturing-oriented practitioners with phenomenological accounts of how people integrate experiences therapeutically outside the therapy room.

My study aims to heighten my own personal focus on, and sensitivity to, the self-therapeutic processes of my clients in my practice as an existential-phenomenological therapist. It thus aims to help me deepen the empathic connection that can “bridge the gap between research and therapy” (Wharne, 2021, p.4) and hopes “through textual reflection on the lived experiences of everyday life... to increase [my] thoughtfulness and practical resourcefulness or tact” (van Manen, 1990, p.4).

METHODOLOGY

Why not quantitative?

It is important in my study to allow participants to explain in their own terms what felt therapeutic in their everyday experiences, rather than for the study to begin with metatheoretical ideas about what a therapeutic process ‘is’. Thus quantitative methodologies, which would typically begin with hypotheses about what was to be measured, were not suitable for my purposes. Instead I turned to the qualitative traditions.

Why not narrative?

I was initially drawn to narrative inquiry, which has many advantages but which I reluctantly ruled out because I felt that it might draw my study too far down the path of situating my participants’ experiences within socially constructed narratives about the therapeutic, rather than really homing in on my participants’ unique, idiosyncratic lived experience. I began to be drawn to methodologies developed by phenomenological researchers to investigate experience “as we live it rather than as we conceptualize it” (van Manen, 1990, p.30). Of course narrative inquiry can be deeply

phenomenological (Hiles & Cermák, 2008), but its twin allegiance (to the individual and to the socially constructed) tends to make it more suitable, in my opinion, for the deconstructionist treatment of established phenomena (concerning which there is perhaps a consensus overdue for re-examination), rather than for the preliminary investigation of relatively unexplored phenomena, such as people's therapeutic experiences in the everyday.

Why interpretative phenomenology rather than descriptive phenomenology?

The next consideration informing my methodological choice was the issue of interpretation. My study aims to explore whether it is my participants' everyday experience *per se* or their interpretation of that experience – perhaps after significant time has elapsed – that is therapeutic. This project, then, is best viewed as an interpretative inquiry into my visitors' interpretations. Leaving aside the issue of whether there can be any such thing as purely 'descriptive' or even 'transcendental' phenomenology, I found that my study was best served by a methodology that was explicitly interpretative, and which therefore emphasised the non-interchangeability of researchers and the centrality of reflexivity.

Which interpretative methodology?

Having established the suitability of my research question for a phenomenological and interpretative treatment, the issue now became whether the reflexive approach I adopted should depend on systematisation or sensibility. In the former group I considered approaches including IPA (Smith et al., 2009), SEA (van Deurzen, 2014b) and SPPA (Vos, 2020). I rejected IPA as too methodical for this study, which relies on a particular attunement to participants' own terms and processes. I felt that SPPA was too strong a method for this particular study: since I do not have the resources to run a larger, more systematic study, it would be a sledgehammer to crack a nut. I was strongly drawn (and still am) to SEA, and I feel that it will likely be the right methodology for a follow-up to the present study. It seems to me that SEA is adapted to ensuring that phenomena are deeply explored and then systematically considered, once the existence of those phenomena has first been established and somewhat delineated. By contrast my study's theme is only provisionally delimited by people's internally-felt sense of the therapeutic. I need to demonstrate the bounds of that phenomenon, before systematically exploring it (in a further study) if appropriate. I therefore need a method that is provisional, exploratory, and light on its feet. I began to feel that van Manen's approach to hermeneutic phenomenology (HP) (van Manen, 1990, 2007; van Manen & van Manen, 2021b) would give the study what it needed.

In order to confirm this feeling, I applied an epistemological analysis derived from Willig (2008) that established a good fit between my research aims and HP. This is an extensive analysis that I think is probably outside the scope of the current document, but I am happy to supply it if required.

Another important factor in my decision stemmed from the inclusivity and relevance aims of the study. By adopting a hermeneutic approach aiming for a practical phenomenology (van Manen & van Manen, 2021b, pp.1069-1070) that stays close to everyday lived experience, I could marry my study's everyday ethos and its ethical basis in the important idea that “the aim of generating psychological knowledge should be to support beneficial outcomes” (Oates et al., 2021, p.8). These outcomes include dissemination beyond the academic community, into the community of practitioners. This favours HP's own evaluation criterion that the analysis itself should “awaken primal experience through vocative and presentative language” (Van Manen, 2007, p.355). Because HP's analytic is intrinsically “lively and suggestive” (Hakim Dowek, 2019, p.75), it is an ethical match with my outcome aims.

A final consideration is that HP is a workable match for my skill set as a writer and researcher. HP is “a poetizing activity” (van Manen, 1990, p.13) in which “the fundamental model... is textual reflection... on lived experiences” (p.4). My study's interpretive analytic will thus centre on documented writing and rewriting (pp.111-131) in order to produce vocative description in an iterative and transparent process. The reflexive production of vocative description has been the heart of my work as a novelist over two decades. I believe that HP sounds like a simple idea but that in practice it will be hard to do well, since it relies on the structure and feeling of language itself to give the analysis validity and containment. I am not underestimating the challenge of producing a vocative phenomenology, but I feel competent to try.

RECRUITMENT

I will recruit participants who...

... report having had an experience outside formal therapy that felt therapeutic in their sense of the word.

... confirm that they feel they would enjoy exploring the experience and their wider life in an in-depth research interview.

Why the word ‘enjoy’ is important from an ethical and a methodological point of view

Although I’m inquiring about events that have been experienced as therapeutic, the recollection and phenomenological deepening of any experience has the potential to be distressing. I will also be inquiring about the participant’s life before and after the event that was felt as therapeutic – and there is a possibility that it could be distressing to talk about those phases of their life. Thus, my study’s ethical duty to minimise harm to its participants (Oates et al., 2021, p.9) is not just a ‘debrief issue’ or a requirement to be sensitive in the interview – it begins at the recruitment stage. But there is another aspect to establishing the principle of ‘enjoyment’ even before I meet the participant. I have mentioned (above) that this is a study into the ordinary. My research shares philosophical counselling’s ordinary and beautifully-expressed aim to become “a specialist for the non-special” (Achenbach, 2023). Its validity must therefore rest on extraordinary attunement between researcher and participant. In Derrida’s concept of hospitality (Floriani & Schramm, 2010) the host, through perfect interest in the visitor, discovers themselves hosted in turn in the lifeworld of their guest. This hospitable phenomenological practice is my aim as a researcher, and it begins with establishing the interview as an enjoyable process. This is one of the aspects that make a research interview different from a therapeutic encounter. The latter may be experienced as useful but not necessarily enjoyable. The former, if I establish a mood of enjoyment, may facilitate attunement.

Why don’t I define ‘therapeutic’?

HP aims to be an accessible “science of examples” (van Manen, 2017, p.814) rather than producing theoretical generalisations. Since my review of the literature suggests that studies of therapeutic change within formal therapy tend to make the epistemological error of beginning with a metatheory of what constitutes therapeutic movement before allowing participants’ own conceptualisation of the experience to emerge, I am committed to allowing participants to self-define what constitutes a ‘therapeutic’ experience outside formal therapy.

Then how will potential participants know that this study is targeting them?

I will provide an inexhaustive list of potential sequelae of therapeutic events, to help people decide whether they’ve had the kind of experience that will likely make their involvement with this

research enjoyable. In my recruitment material I'll suggest to potential participants that the sequelae of a therapeutic event could include, in an enduring way:

Thinking or feeling differently about your self, life or relationships.

Being able to face or do something you couldn't before.

Being more able to accept, or more ready to address, a situation you were troubled or conflicted by.

I will also give illustrative examples of everyday events that have been experienced as 'transformative', 'life-changing', 'spiritual', 'mystical', 'peak', 'intense' or 'therapeutic' by participants in the studies I have considered in my review of the literature. I will paraphrase and list these examples in a spacious, suggestive way that is intended to be vocative, "to bring about pathic forms of knowledge and understandings that transcend the common cognitive function of language" (van Manen, 2007, p.243). I will suggest:

A connection with nature. An experience of running. The limits of you. Wildness. Falling ill. An experience with music. An encounter with silence. Something that was too much. Someone you couldn't get enough of. A spiritual experience. Encountering a piece of art. Seeing a familiar thing as if for the first time. Finding a brand new thing familiar. Travel. Hunger. A mystery. Encountering a soulmate. Scaring yourself. Reading something and then nothing was the same. A woundedness. A healing. Like finding yourself. A moment being you.

Thus my recruitment material will give potential participants a 'feel' for whether they might include themselves and enjoy participating, rather than a definition. This also honours the core ethical principle of respecting the dignity of participants (Oates et al., 2021, p.4) by elevating their lives to theatres of profundity rather than mere objects of study. This creates the conditions in which participants may feel able to use their own terms to define their own experiences. My inquiry will reveal something about how people idiosyncratically inhabit the word 'therapeutic', as well as the process by which this inhabitation comes about.

Inclusivity in recruitment

A parallel reason for allowing participants in the recruitment stage to define what they mean by 'therapeutic' is that this is calculated to promote inclusion and increase diversity within my sample,

in line with the ethical principle to “respect individual, cultural and role differences” (Oates et al., 2021, p.7). Any definition of ‘therapeutic’ movement that I – a white, male Londoner immersed in existential thinking – might come up with would risk being exclusionary, since there is so much I do not know about what might feel freeing, empowering, or mutative within other embodiments and cultures. To give one simple example: to define a therapeutic event as one that leads us to ‘think differently’ about our lives might be exclusionary of people whose primary way of being-in-the-world is not predominantly cognitive.

I will present my recruitment materials in everyday language, and I will provide an audio version of my recruitment poster, since I am also committed to making my study inclusive of the dyslexic community.

Inclusion and exclusion criteria

I’ve already stated that I will recruit participants who report having had an experience outside formal therapy that felt therapeutic in their sense of the word, and who confirm that they feel they would enjoy exploring the experience and their wider life in an in-depth research interview.

Sadly I will exclude participants who are not resident in the UK, since I would not be able to offer appropriate signposting during debrief to non-UK residents in the event that they reported distress.

Further exclusion criteria derive from a requirement to rigorously limit the scope of the study. I have pursued a line of reasoning based on existential philosophy that establishes the everyday as a wild space, and defines wild experiences as unguided and uncharted in an ontological sense. That ontological analysis is outside the scope of the present document, but I am happy to supply it if required. By defining the everyday experiences in question as unguided and uncharted, I exclude experiences that occur within any mediated or tasked system of healing. I therefore exclude any experiences with therapeutic communities, organised religious activities, mainstream healing practices, support groups and programmed self-help. I certainly don’t suggest that these experiences aren’t also therapeutic. Rather, I hope to delimit the phenomenon currently under investigation in a way that is philosophically rigorous. I summarise my study’s inclusion and exclusion criteria in the following table:

INCLUSION	EXCLUSION
Visitor...	Visitor...
Is > 18	Has formal therapeutic training
Has fluent English	Is directly known to researcher
Reports an experience in the past that "felt therapeutic"	Is not UK resident
States that they feel likely to enjoy being interviewed at depth about that experience and their wider life	Visitor's experience was...
Feels, having read the recruitment materials, that their involvement in the study would be appropriate	Mediated
Can have any religious, cultural or spiritual beliefs†	Tasked
Contributes to a diverse and inclusive sample in terms of	Within organised religious practice ‡
	Within mainstream healing practice ‡
	Within programmed self-help ‡
	Within therapy
	When visitor was <18
	Ongoing at time of recruitment
<p>† Although <u>experiences</u> within certain religious and other frames are excluded, <u>visitors</u> with religious, cultural and spiritual beliefs are explicitly included and welcome.</p> <p>‡ Experiences within groups and social settings are admitted to the extent that a group's convening purpose wasn't explicitly therapeutic.</p>	

Will potential participants be offered any incentives for taking part?

No. Participants will automatically receive a copy of the study's findings in accessible form unless they choose to opt out of this, and they will also receive a copy of my final dissertation upon request. This is the only material benefit participants will receive, and it is intended as an act of respect and transparency rather than as an incentive to participate. Since I am offering the option of online interviews, I do not feel it necessary to offer to pay travel expenses as I do not feel that the study will thereby be excluding any potential participants for financial reasons. And since I will be offering interviews at multiple times of the day and evening, including weekends, I do not feel it necessary to compensate for loss of earnings.

How will the study recruit participants?

I will publish recruitment announcements through anonymous accounts on social media channels (Twitter, Instagram and LinkedIn) that I will establish for the purpose, in accordance with the policies of those platforms. I will also recruit through word-of-mouth and snowball sampling. These recruitment efforts are reasonably inclusive but, since they all have a demographic point of origin that is me, they are highly likely to produce the kind of sampling bias that has rightly been

castigated as White, Educated, Industrialised, Rich, and Democrat – or WEIRD (Henrich et al., 2010). Therefore I will also ask multiple UK-based organisation whose demographic points of origin are different from mine for their help in publishing my recruitment announcements on their social media channels. I anticipate that many of these organisations will be prepared to assist, since what I am asking for is their help in ensuring that the voices of their members are not excluded. The organisations that I am planning to include are:

Trade unions: Unison, the TUC, Unite, the Transport & General Workers Union, and the NASUWT.

Cultural and ethnic societies: British Chinese Society, the London Japanese Language Meetup, The Adobo Rice Filipino Community, the Bengali Cultural Association, the Pakistan Society, the Arab British Centre, the Afghan Association of London, The Africa Centre, JW3, the Polish Social and Cultural Association, the Anglo-Portuguese Society, and the Anglo-Brazilian Society.

Disability advocacy groups: Disability Rights UK, World of Inclusion, DPAC, and CHANGE.

LGBTQ+ organisations: Stonewall, LGBT Foundation, Mermaids, Families and Friends of Lesbians and Gays.

What will happen when potential participants respond?

People responding to my recruitment announcements will be directed to a web version of my recruitment poster, which will contain the information mentioned above. This stand-alone website will be built using the standard secure WordPress platform. It will not link to any other website, and its URL will be a short version of the title of the study. The website will inform respondents whether recruitment is ongoing and, if so, invite them to check boxes to indicate alignment with the inclusion and exclusion criteria. Respondents retained after this checkbox screening will be directed to a secure online form inviting them to supply their email address and first name only, and to accord the researcher permission to contact them. If respondents submit that form, it will generate an email to my Middlesex University email address containing the respondent's email address and first name. I will then email respondents to arrange a brief telephone call to discuss their participation and availability for interview. If availability is proffered, I will then verbally explain the participant's rights to confidentiality, anonymity and withdrawal, before emailing them the Participant Information Sheet and Informed Consent Form to read at their leisure. Upon receipt of their signed Informed Consent Form, I will contact participants to offer an interview date and time that corresponds to their availability. During this contact I will remind participants that they

are free to withdraw at this point, or at any point before or during the interview, without having to give a reason. I will also inform participants about their right to withdraw following their participation, and about the study's debrief offering.

How is this study determining the appropriate sample size?

Dworkin (2012) offers a thoughtful analysis of sample sizes in qualitative research, suggesting that it's difficult to predict in advance when saturation will be reached when working in an untried research area. Taking into account the limitations of word count in the final doctoral dissertation, and in line with canonical phenomenological research (van Manen et al., 2016; van Manen & van Manen, 2021a), I will recruit a sample of eight-to-twelve, and be open to the possibility that further research is indicated for a future study.

DATA COLLECTION

How will data be collected?

Data collection will be via audio-recorded one-to-one semi-structured phenomenological interviews of up to 90 minutes duration between the participant and myself (a trainee therapist in my third year of training at NSPC and my second year of clinical practice). There will be one interview per participant. Before the start of the interview I will remind the participant of their rights to confidentiality, anonymity and withdrawal. I will explain my debriefing offer (see later). I will remind the participant that they have signed consent to participate, and I will offer them the opportunity to withdraw participation consent. If the participant is happy to continue, I will remind the participant that they have signed consent for audio recording, and offer them the opportunity to withdraw that consent. If they are still happy to continue, I will then ask them if they consent for me to begin recording the interview.

At the start of the interview I will ask the participant to state the first name they would like me to call them by in the interview. I will also ask them for their age, and their own-words brief description of their ethnic identity and religious/spiritual identification. These three items, along with the participant's contact details, will be the only extra-conversational data that I will be storing.

How will data be stored and used?

Systematic processes will be followed to assure the anonymity and confidentiality of participants throughout my research process, and afterwards. These processes will be communicated to participants in the Participant Information Sheet (PIS). A clear verbal explanation will also be given to every participant, and their questions invited, during the part of the recruitment phase when the forthcoming interview is being discussed. It will also be explained to each participant (in the PIS and verbally) that their interview data will be used, once identifying information has been removed, in my final dissertation, in academic papers, in book form, and in other media. Copyright in all materials will be held by the researcher.

After each interview I will transfer the audio recording to an encrypted area of a hard drive that is not connected to the internet, and I will delete the original audio file from my recording device. Within one month from the interview I will personally transcribe the audio recording, and then I will destroy the audio recording. I will then anonymise by removing all names and identifying words from the transcript and I will save under a code name, in encrypted form, on a secure server, in accordance with GDPR (Crutzen et al., 2019). I will not keep paper copies of the transcript or any forms the participant has signed, since paper is now a relatively insecure method of storage. Any paper forms will be scanned and stored in encrypted form on a secure server, and the originals destroyed. All data that I hold will be destroyed by myself after 5 years. All data held by the data custodian will be destroyed after 10 years.

What is the limit on the participant's right to withdraw their data?

Until two weeks (14 days) has elapsed since their interview, a participant may withdraw themselves and their data from the study, without having to give a reason, by emailing me or my research supervisor. I will absolutely respect a participant's decision to withdraw – I would much rather they withdrew than were unhappy. If a participant withdraws before this 14-day period has elapsed, I will securely destroy all the data I have collected from them, and their contribution will not be used in the study. After the 14-day period has elapsed, the participant's contribution will have begun to be integrated into the study and it will no longer be possible to withdraw. Participants will be fully informed of this withdrawal limit verbally and in the Participant Information Sheet.

How will the interviews be structured?

During the interviews I will aim to allow the participant to focus, in their own words, on their experience of the event they felt was therapeutic. I will provide containment and focus by keeping five precise categories in mind when prompting participants during the interviews, and when listening to their responses. My own conscious attunement to the categorical relevance of anything I'm saying or hearing can provide the structure I need to allow interviews to cover the ground comprehensively, but according to my visitors' own intuitions and not mine. The five categories I will work with are:

Attunement to visitors' descriptions of the originary experience.

Attunement to visitors' historic interpretation(s) of that experience.

Attunement to visitors' consideration of their current interpretation of the originary experience.

Attunement to the terms and concepts visitors use to describe what 'is' therapeutic.

Attunement to visitors' suggestions for what I haven't asked for, but which seems relevant to them.

How and where will the interviews be conducted?

I will offer all participants the option of conducting their interview via Zoom, providing that they confirm they have a room with a strong internet connection in which they feel safe, cannot be overheard and are unlikely to be interrupted. I have chosen Zoom over other videoconferencing applications such as Microsoft Teams and Google Meet, because at the time of writing Zoom is seen as offering the best balance between accessibility, ubiquity, security and GDPR compliance (Hirst, 2020). I have attached a risk assessment for my Zoom interview protocol.

If there are no pandemic or other public health restrictions in place at the time of interview booking, and if the relevant governing bodies are giving the green light to in-person research interviews at that time, then I will offer participants who are able to travel to London, Birmingham or Leeds the option of an in-person interview in a dedicated therapy room that I will hire for the purpose. I have attached a risk assessment for this in-person interview protocol.

What is the preferred interview modality?

My idiosyncratic preference is for in-person interviews, since I believe (without evidence) that...

...the sense of occasion that in-person interviews create, and the anticipation and focus that build during travel, contribute to the intensity of engagement of both participant and interviewer.

...non-verbal and transpersonal aspects of being-with are available in an in-person interview more readily than in an online interview.

...the effort both parties have made to meet up means that a mutual respect and alliance is already in place before the interview starts, which contributes to attunement and thereby to the quality of the interview.

...in-person interviews are safer for the participant, since the researcher can more readily gauge their level of distress and modulate interventions accordingly, and also because the participant does not risk being left unsupported in the event of technical or connection failure.

Balanced against this is an acknowledgement that online interviews may have several advantages, including that...

Online interviews contribute to inclusivity by allowing the participation of people with mobility and transport issues, people living with particular disabilities, and people who live far from the available locations.

Participants may feel safer in an online interview, since they can control any physical risk from the researcher, and they can leave at the touch of a button at any time.

For these reasons I will leave the choice of interview modality up to participants (providing, of course, as stated above, that in-person research interviews are green-lit at the time of booking.)

How will debriefing after the interviews be structured?

I hope the study's participants will enjoy their interview with me and find the experience interesting. Nevertheless, discussing certain aspects of our lives deeply can sometimes bring up issues at the time, or afterwards. I will offer participants a debriefing conversation of up to one hour immediately after the interview, during which I will invite discussion of anything difficult that has come up for the participant, offer signposting if appropriate, and issue the participant with a debriefing sheet. I will also offer the option of a one-hour follow-up conversation to be held over Zoom, one week after the interview. This will be an opportunity to discuss anything that is on the participant's mind after the interview – negative or positive – and for me to suggest avenues for further exploration and support if the participant feels that appropriate. This follow-up conversation will not be recorded or used in the study. It is the participant's time, and anything they say will be treated as confidential. It is important for the ethos of the study that my participants

should not only feel cared for, but that they should feel ownership of and investment in the study's findings. The debriefing conversations are intended as an act of transparency and respect, as well as fulfilling a duty of care towards participants.

DATA ANALYSIS

Following HP's protocols established by precedent (van Manen & van Manen, 2021a, 2021b) and explicitly stated (van Manen, 1990, pp.77-106), a thematic analysis will be conducted in which themes are uncovered (p.90) and differentiated into essential and incidental (p.106) before individual thematic statements are identified (p.92) and interpreted. For van Manen, HP is "a poetizing activity" (1990, p.13) in which "the fundamental model... is textual reflection... on lived experiences" (1990, p.4). The interpretive analytic will thus centre on reflexively-documented writing and rewriting (pp.111-131) in order to produce vocative description in an iterative and transparent process.

EVALUATION CRITERIA

In line with the ethical requirements to respect the value of the participant's contribution (Oates et al., 2021, p.7), to embody scientific integrity (p.8), to be socially responsible by producing beneficial outcomes (p.8), and to maximise the benefit of the research (p.9), this study will use strict evaluation criteria in order to establish the standard it hopes to meet.

The study will adopt Van Manen's concise and explicit criteria (2007, pp.355-356) for the evaluative appraisal of phenomenological studies. Paraphrasing, the study must:

Induce a sense of wonderment *ti estin* (about what the phenomenon is) and *hoti estin* (that the phenomenon should even be).

Contain rich and recognisable experiential material.

Offer reflective insights that go beyond 'everyday' understandings of everyday life.

Remain reflexively focused on the distinct meaning of the phenomenon.

Address our sense of embodied being.

Awaken primal experience through vocative and presentative language.

(Perhaps) offer an intuitive grasp of life commitments and practices.

To these criteria I'll add, in keeping with the ethos of this particular study, that it must:

Meet its goals for inclusive sampling.

Feature a wide range of low-to-no-cost ordinary everyday events that would, in the main, be accessible to anyone.

Be presented in accessible and non-specialist everyday language in certain of its disseminated forms.

Leave interviewees feeling that they have enjoyed their involvement and originated any shared understanding.

Finally, as discussed in my research aims, I will add that the study must:

Enable my own deeper understanding of everyday therapeutic experiences, helping me to be more attuned with my clients in my own practice as an existential therapist.

BENEFITS OF THE RESEARCH

Benefits for the participant

- (a) The experience of talking about a meaningful experience in your life with a researcher who is also a therapist has the potential to be enjoyable and interesting.
- (b) The debriefing and signposting process represent a valuable opportunity for the participant to discuss some possibilities of their ongoing journey with a therapist who by now has some knowledge of their previous journey and outlook.
- (c) The experience of contributing to a research process has the potential to feel satisfying.

Benefits for the community of therapists and counselling psychologists

As discussed in the introduction and the research aims, I believe that phenomenology can be the evidence base of pluralism. The research may help practitioners to build a limited picture of how some participants have developed their own self-therapeutic processes, and this may encourage practitioners to develop and justify ways of working 'with the grain' of their clients' own everyday self-therapeutic processes. This benefit can be maximised through dissemination in practitioner journals / web resources, as well as through academic publications. Please find my dissemination strategy attached.

Benefits for the general public

This is deliberately inclusive research that celebrates and explores the self-therapeutic potential of people experiencing everyday events. By dissemination through popular channels, people may benefit from learning more about the ways in which others have found therapeutic value in accessible, low-cost everyday experiences.

Benefits for the researcher

Conducting the research will allow me to complete my doctoral dissertation.

Conducting the research will help me to become more attuned as a counselling psychologist / therapist to certain aspects of my clients' lived experience.

Conducting the research will be interesting and absorbing in its own right.

2.8 Would you like to include a document with further information?

Yes

No

Section 3 – Method(s) and Data Source(s)

Step 1: Please indicate design/methods included in the study (Please tick all that apply)

- Simulation, computational, theoretical research, product design/build
- Analysis of existing/available data e.g. digital forensic investigation techniques etc.
- Case study (in-depth investigates of a single person, group, event or community, may require observations and interviews)
- Direct observation(s) and/or taking photographs, video recordings etc. of participants
- Action research, insider/participatory research, ethnography
- Questionnaire(s)
- Interview(s) / Focus group(s)
- Field study
- Lab-based study (excluding computer lab)

- Experiment/quasi-experiment (e.g., with control groups/interventions)
-

3.2 **Step 2:** Please indicate data source(s) below. (Please tick all that apply)

- Simulation, computational, theoretical research, product design/build
- Existing/archived data or documents, e.g., from UK Data, external organization, internet site, social media site, mobile device(s), app(s) etc.
- Human participant(s) – children (under 18yrs), vulnerable adults or with impaired mental capacity to give consent
- Human participant(s) – non-vulnerable groups, but may include adults in an unequal power relationship to the researcher e.g., students/employees
- Human participant – ONLY my own data (e.g., personal data)
- Archived human tissue samples stored under MU HTA licence
- Collective or use of human tissue/products (e.g., blood, saliva)
- Genetically modified/engineered organisms (GMO's)
- Primary human cell lines (directly cultured from their source organ tissue or blood cells)
- Imported human and or non-human samples
- Human or non-human materials requiring transfer between UK Institutions
- Materials from UK tissue banks
- Animal(s) or animal parts (not included in above categories)
- Flora, foliage, minerals or precious artefacts

Section 3 – Risk Assessment to be completed by ALL Applicants

Evaluation of risk level - The level of risk will determine the number of reviewers required to consider your research ethics application. (A higher risk application does not mean that the application will not be approved)

3.3 ‘Higher Risk’ research ethics applications include the following activities. Please tick whether your research involves any of the following:

- Animal or animal parts
- Genetically modified / engineered organisms
- Possibility of causing serious harm to others or the environment
- Primary cultured human cells (not commercially available)
- Collection/analysis of human tissue/blood
- Non-compliance with legislation
- Potential to adversely affect the reputation of the university
- Concerns security sensitive research e.g., terrorist or extreme groups
- Radioactive materials
- Drugs, placebos or other substances (e.g., food, caffeine) given to participants
- Adults who lack mental capacity to give consent
- None of the above

Research Location

3.4 Will the research, or any part of it, require travel to another country?

Yes

No

3.5 Will this research require in-country travel and/or be conducted in a location that may present potential hazards? (e.g., fieldwork)

Yes

No

Approval from an External Research Ethics Committee

3.6 Do you HAVE evidence of research ethics committee approval from an EXTERNAL UK Research Ethics Committee for this research study? (e.g., another Higher Education Institution etc.)

Yes

No

N/A

Section 3 - Supporting Research Conducted by an External Organisation within Middlesex University

3.7 Is this research being conducted within Middlesex University by an EXTERNAL organization?

Research conducted within Middlesex University by other Higher Education Institution (HEI) or organization which requires access to data for/about Middlesex University staff and/or student's needs to be supported by a Middlesex University Senior Manager or delegate.

No

Yes, and I can upload the Middlesex letter of agreement for support and access now

Yes, a letter of agreement is required, but this will be provided after Middlesex ethics approval is obtained. I have a letter confirming this requirement which I can upload.

Compliance with Existing Legislation

3.8 Will you ensure that the data/outputs from the research (e.g., products, guidelines, publications etc.) will comply with existing legislations, e.g., not breach copyright, privacy, use of computer networks etc.

Yes

No

3.9 Could the data/outputs from the research (e.g., products, guidelines, publications etc.) cause harm to others directly, or through misuse?

Yes

No

Security Sensitive Categories

3.10 Does your research fit into any of the following security-sensitive categories? If so, indicate which:

Commissioned by the military

Commissioned under an EU security call

- Involve the acquisition of security clearances
- Concerns terrorist or extreme groups
- None of the above

Section 4 - Materials/Equipment

4.1 Would you like to upload further information/copies of materials/details of equipment to be used in the research?

Yes – please see [Participant Information Sheet](#), [Debrief sheet](#), [Risk assessment](#), [Data protection checklist](#), [Informed consent form](#), [Audio recording consent form](#), and [recruitment poster](#) attached.

No

Possible Issues

4.2 What possible data collection issues do you anticipate that have not been covered so far and how will these be managed?

(1) There is a possibility that a recording device may fail when audio-recording online or in-person interviews. I will mitigate this by using two recording devices that have been tested and fully charged before each interview,

(2) There is a possibility that it will not be possible for participants to establish a quiet, safe, private space with a strong internet connection prior to online interview. I will mitigate at the recruitment stage by not retaining potential participants who cannot confirm they are confident to be able to establish these conditions.

(3) There is a possibility that even if these conditions are established by the participant, those conditions may be interrupted during an online interview – wither at the participant's or the

researcher's end. If this is the case then my first priority will be for the safety of the participant rather than for the continuity of data collection. It may be necessary to pause, reschedule or even cancel the interview. In the latter case the debrief conversation will be particularly important for the participant, and for this reason the participant and the researcher will both have each other's mobile numbers prior to interview. This is covered in detail in the risk assessment.

(4) There is a possibility that too few potential participants will come forward, or that too few will be able to travel to interviews or establish effective online interview conditions. If this is the case then I will widen my recruitment protocol (see Section 2.7) institution by institution until I recruit sufficient participants.

(5) There is a possibility that too many potential participants will come forward. I will mitigate in two ways. Firstly, I will add institutional distribution channels one-by-one so as not to create too large a spike in recruitment. Secondly, I will regulate the ingress of potential participants by replacing the recruitment poster landing page on the recruitment website with a polite message thanking visitors for their interest and stating that the study is not currently recruiting.

(6) A significant number of participants may choose to withdraw between recruitment and interview, or may withdraw their data following interview. If this happens at a problematic level I will probably consider it as a sign that I have not been making my participants feel safe and listened-to, and I will reflect accordingly on my conduct of the recruitment conversations and interviews.

(7) A significant number of the interviews may not produce high quality phenomenological material. Phenomenological interviewing is something I have never done, and although the skill set has some overlap with phenomenological therapeutic work, there is also significant dissimilarity. I am expecting that I will become a better interviewer as I gain in experience. Since it is ethically and methodologically important to include the contribution of every participant, I will mitigate by conducting several practice interviews with friends and peers before beginning the interviews-proper. I will also accept that some interviewees may present more of a challenge than others for me, and I will be open to the possibility that our mutual

difficulties in communicating about the participant's experience may also be communicating something.

Section 5 - Incentives and Payments to Researchers

5.1 Are there likely to be any personal payments, benefits or other incentives that the Principal Investigator and/or other research collaborators may receive for conducting this research?

Yes

No

Section 6 - Safety Issues

6.1 Are there any adverse risks or safety issues (e.g., from potential hazards) that the research may present to you and/or for your participants or others?

Yes

No

Potential Impact of the Research

6.2 Are you going to be selecting data that may not accurately represent the wider data set and/or participants' views which may cause bias?

Yes

No

6.3 Please state any negative impact(s) that might result from your research, and how this might be managed?

Negative impact 1: Although I'm inquiring after events that have been experienced as therapeutic, the recollection and phenomenological deepening of any experience has the potential to be distressing.

Mitigation:

Recruitment of participants who specifically state that they do not anticipate that it will be distressing to speak about the experience

Informed consent

Debrief

Sensitivity during the interview process. Prioritisation of the participant's wellbeing over the project's aims.

Negative impact 2: I will be inquiring about the participant's life before the event that was felt as therapeutic – and there is a possibility that it will be distressing or triggering to talk about that phase of their life.

Mitigation: as per Risk 1

Negative impact 3: The participant may have been in formal therapy since the original therapeutic experience, and have integrated the originary event during formal therapy or during discussions with friends or loved ones. Exploring the experience in a deep phenomenological way during interview may lead the participant to re-evaluate the experience, and this may call into question other insights that they achieved in their formal therapy, or with those friends or loved ones. It is hoped that this re-evaluation would be experienced by the client as a positive impact, since the phenomenological interview will be

participant-led and conducted with a respect for their own processes and wellbeing. However, there is also a possibility that the re-evaluation could be experienced as negative, and to minimise this possibility I will apply several mitigations as follows.

Mitigation:

During the informing phase and on the PIS, I will specifically list as a risk the possibility that discussing the experience may lead them to re-evaluate both the experience AND any formal therapeutic processes and discussions with friends or loved ones that they have subsequently discussed the experience in.

In the debrief, and during one-week follow-up I will specifically ask whether the interview has caused the participant to reevaluate the originary experience AND / OR the process (including formal therapy and discussions with friends / loved ones) in which they previously evaluated the experience.

Signposting, following debrief, to appropriate therapeutic support.

Sensitivity during the interview process. Prioritisation of the participant's wellbeing over the project's aims.

Negative impact 4: The exploration of the process of the participant's integration of the originary therapeutic experience may result in them coming to the understanding that the experience was not as deeply therapeutic as they had imagined, thus either spoiling the experience for them, or necessitating a new integration of it.

Mitigation: as per Risk 3, plus:

Affirmation, during debrief, of the participant's own self-therapeutic resourcefulness (by the terms of the inclusion criteria, these are participants who have demonstrated a capacity for taking ownership of their own therapeutic journey.)

Negative impact 5: The participant may be recognised by themselves or others in the published and disseminated forms of the research, and this recognition combined with some interpretation of how their participation was analysed may cause distress to the participant, either in terms of a changed perception of self, or a feeling of having been made vulnerable to others.

Mitigation:

Anonymisation of names and clearly-identifying aspects.

A recognition that anonymisation is not enough, and the exercise of a duty of care to protect the participants in all disseminated forms.

Consent informed by an understanding of (i) and (ii).

Negative impact 6: Breach of confidentiality

Mitigation: Secure record keeping in line with data protection protocols.

Negative impact 7: If and when they read or hear about the study's findings in any of its disseminated forms, participants may be disappointed or embarrassed by their own contributions.

Mitigation: A discussion about this possibility will form part of the conversation with potential participants around informed consent, and it will also form part of debriefing.

Negative impact 8: Participants may feel that they have been over-, under-, or misrepresented in the study's findings.

Mitigation: This is an extremely important potential negative impact. The potential for it will be minimised by a phenomenological practice during the interviews that is constantly seeking confirmation or correction. I will also send a copy of the interview transcript to each participant to allow them to confirm it as an authentic record. I will also make a commitment to fairness and even-handedness during the analysis phase. Especially with the vocative writing-and-rewriting required by HP, I feel that there is a strong temptation to favour exciting phrases that 'sing' on the page, at the expense of including the contributions of participants who may have had something equally illuminating to say, but who expressed it in a more measured or cautious way. By being aware of this potential source of distortion, I hope to do justice to the contribution of all my participants.

Section 7 – Research Funding and Resources

7.1 Is the research part of an application for external funding or already funded e.g., by the ESRC?

Yes

No

Resources for Research

7.2 Provide details of any additional resources required for your research (e.g., equipment, travel costs, devices needed to access data etc.) how these resources will be obtained, estimated costs and who is covering the cost.

The following resources will be required and provided at the researcher's expense.

Travel expenses = up to **£500**

Room hire for interviews = up to 12 x 2hrs @ £20 per hour = **£480**

Laptop = 50% of the laptop's use during 2 years of its estimated 5-year service life = 50% x 2/5 x £1500 = **£300**

Audio recording devices = 2 x £60 = **£120**

Web hosting fee for recruitment website = **£60**

Licensing of domain name for recruitment website = **£40**

Internet access and telephony costs (estimate) = **£50**

Research supervision = 6 terms @ £770 per term = **£4,620**

Total = £6,170

Section 8 – Other Issues – to be completed by ALL Applicants

8.1 Does the research involve any ethical and/or legal issues not already covered that should be taken into consideration?

Yes

No

8.2 Are there any other documents you would like to attach?

Yes

No

Other Ethical and/or Legal Issues

8.3 Does the research raise any other risks to safety for you or others, that would be greater than you would encounter in everyday life?

Yes

No

Conflict of Interests

8.4 Are there any conflicts of interests to be declared in relation to this research?

Yes

No

Section 8 - Data Management, Ownership and Intellectual Property

8.5 Who will be the owner of the data from this research?

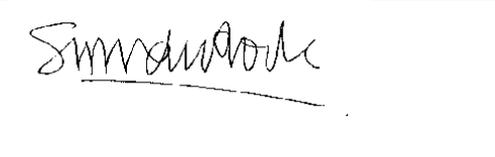
Usually the owner will be the Principal Investigator and the supervisor for undergraduate and master's level students' projects. Doctoral students are usually considered to be Principal Investigators and the owners of their data. However, such issues are worth clarifying and you may need to check who owns the data if collecting data within an organization.

Principal investigator (self)

8.6 If there are any intellectual property issues regarding any documents or materials you wish to use, provide details below:

N/a

Signatures

Researcher		07/02/2022
Supervisor		02/03/2022
Chair of Ethics	Please ensure you enter an electronic / handwritten signature. (do not just type in name)	Click here to enter a date.

13.6 Appendix F: Participant information sheet



Middlesex University School of Science and Technology
Psychology Department



Participant Information Sheet

Participant ID Code:.....

1. Study title: What makes some experiences feel therapeutic?
2. Invitation. You are being invited to take part in a research study. Before you decide, it's important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully, and discuss it with others if you wish. Ask me if there's anything unclear, or if you would like more information before deciding whether to take part.
3. What is the purpose of the study? I'm investigating how people experience therapeutic events in their own way. Maybe these are experiences that leave you feeling differently about your self, life or relationships. Maybe they leave you more able to face or accept something. Or maybe 'therapeutic' means something else in your life? Psychotherapists are often very well trained, but we need to learn more about the therapeutic events that people seek and experience outside the therapy room. This might help us to improve the way we work.
4. Why have I been chosen? You kindly responded to my call for participants, and gave me permission to contact you. You indicated that you have had a past experience in your life that felt therapeutic, but that took place outside formal therapy, and that you would enjoy speaking about that experience (and your life before and after) in depth with a researcher. UK residents over 18 are welcome in the study. Your gender, sexuality, ethnicity, way of being, health status, spiritual and religious beliefs are all welcome, relevant, and valued. For this part of the study, I'm interviewing 8-12 people in total.

5. Do I have to take part? Absolutely not! If you do decide to take part, you will be given this information sheet to keep, and be asked to sign a consent form. Even then you are still free to withdraw at any time and without giving a reason by simply letting me know. Once you have given your interview, you are still free to withdraw your interview contribution. If you do wish to withdraw it, please contact me within 14 days after your participation. After this time it will not be possible to withdraw, as the results will have been included in the study. (However, as all data are anonymised, your contribution will not be identifiable.)

6. What will I have to do? If you decide to participate, I will ask you please to sign and return a consent form. I will then offer you a choice of dates and times for me to interview you. You can choose for the interview to happen in-person, in a safe and confidential professional space that I will provide in your choice of London, Birmingham or Leeds. You can also choose for the interview to happen via Zoom. The interview will be confidential and last up to 90 minutes. If you choose the option of Zoom, I will ask you to choose a place to do the interview where you are safe, and where you can't be overheard.

You don't need to prepare for the interview. I will be asking open questions that invite you to explore your therapeutic experience. The interview will be recorded (audio only), and stored securely and anonymously, with no identifying information, in accordance with the UK Data Protection Act. Straight after the interview I will offer you a confidential debriefing session. This is optional, and is your chance to ask anything about the research or to discuss anything that came up for you during the interview. I will also offer you a second confidential debriefing session, over Zoom, one week after the interview. Again this is optional, and it is your chance to discuss anything that has come up for you in the days after talking about your experience. Neither debrief session will be recorded or used in the analysis of the study.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the research ethics committee. This means that the designated member can request to see signed consent forms. If this is the case, your signed consent form will only be accessed by the designated auditor or member of the audit team.

7. What are the possible disadvantages and risks of taking part? Whenever we speak about important events in our lives, there is a possibility that we may become upset by the feelings that arise. The risk of distress is perhaps slightly more than in a casual conversation, because we are likely to go into more depth about things that matter to you. On the other hand, the risk

of distress is reduced by the fact that my first priority during the interview will be your wellbeing. If you do become distressed, I will be sensitive to that and I will offer you the opportunity to take a break or to stop the interview completely if you would like. Appropriate risk assessments for all procedures have been conducted, and will be followed throughout the study.

8. What are the possible benefits of taking part? I hope this will be an enjoyable experience for you, inviting you to explore and share your life experience. (However, enjoyment cannot be guaranteed.) I hope you will also benefit from knowing that your generosity in sharing your experience has contributed to producing knowledge that may help counsellors and therapists in their work.

9. Will my taking part in this study be kept confidential? Yes. I have put a number of procedures in place to protect the confidentiality and anonymity of participants. You will be allocated a participant code that will always be used to identify any data you provide. Your name and details will not be associated with your data – for example, the consent form that you sign will be stored separately from the transcript of your interview. I will not keep any paper records, and all electronic data will be stored in encrypted form. All information you provide will be treated in accordance with the UK Data Protection Act. Your data will be stored anonymously and securely by The New School of Psychotherapy and Counselling / Middlesex University for 10 years before being securely destroyed.

10. What will happen to the results of the research study? The results will contain no names or identifying information. They will be used as part of my doctoral dissertation. The results may also be presented at conferences and in books and journal articles, and in other forms including online and broadcast media. At no point will your personal information or data be revealed. I will send you a copy of my research findings (unless you would rather not receive them), and I hope you will feel that my research has done justice to your contribution.

11. Who has reviewed the study? The study has received full ethical clearance from the research ethics committee who reviewed it. The committee is the NSPC Ethics Committee.

12. Contact for further information. If you require further information, have any questions or would like to withdraw your data then please contact me or my research supervisor:

Me: Chris Cleave Email: [REDACTED] Phone: [REDACTED] (this is a dedicated phone number, solely for this study)	My supervisor: Professor Simon du Plock Email: [REDACTED] Address: Metanoia Institute, 13 North Common Road, Ealing, London, W5 2QB Phone: [REDACTED]
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Thank you for reading! You should keep this participant information sheet as it contains your participant code, important information and contact details.

13.7 Appendix G: Written informed consent form



Middlesex University School of Science and Technology

Psychology Department

Written Informed Consent



Title of study and academic year: *What makes some experiences therapeutic?* (2021/22)

Researcher's name and email: Chris Cleave, [REDACTED]

Supervisor's name and email: Professor Simon du Plock, [REDACTED]

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I confirm that **I consent to have an audio recording made** of my interview with the researcher, and for this audio recording to be transcribed.

I have been given contact details for the researcher in the information sheet.

I understand that **my participation is entirely voluntary**, that my contribution will be anonymised, and that every effort will be made to ensure that my data is not identifiable – although it cannot be absolutely guaranteed that I (or someone familiar with me) will not recognise aspects of my experience.

I understand that **I have the right to withdraw** from participating in the project at any time without any obligation to explain my reasons for doing so. I understand that **I can ask for my data to be withdrawn** from the project until data analysis begins 14 days after the date of my interview.

I consent to the anonymised raw material from my interviews being securely uploaded to the New School of Psychotherapy and Counselling's servers and **being stored anonymously and securely**, in compliance with the UK Data Protection Act, by The New School of Psychotherapy and Counselling / Middlesex University for 10 years before being securely destroyed.

I understand that the data I provide may be used for analysis and subsequent publication, and I provide my consent that this may occur. The data will be used as part of my doctoral dissertation, and may also be presented at conferences and in books and journal articles, and in other forms including online and broadcast media.

Print name	Sign name	Date
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To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

13.8 Appendix H: Interview schedule



Middlesex University School of Science and Technology
Psychology Department



Interview Schedule

Title of study: How do people experience everyday therapeutic events?

Academic year: 2021/2022

Researcher's name and email: Chris Cleave, [REDACTED]

Supervisor's name and email: Professor Simon du Plock, [REDACTED]

In keeping with the ethos of Hermeneutic Phenomenology I will conduct unstructured interviews. During the interviews I will aim to allow the participant to focus, in their own words, on their experience of the event they felt was therapeutic. I will provide containment and focus by keeping five precise categories in mind when prompting participants during the interviews, and when listening to their responses. My own conscious attunement to the categorical relevance of anything I'm saying or hearing can provide the structure I need to allow interviews to cover the ground comprehensively, but according to my visitors' own intuitions and not mine. The five categories I will work with are:

- (i) Attunement to visitors' descriptions of the originary experience.
- (ii) Attunement to visitors' historic interpretation(s) of that experience.
- (iii) Attunement to visitors' consideration of their current interpretation of the originary experience.
- (iv) Attunement to the terms and concepts visitors use to describe what 'is' therapeutic.
- (v) Attunement to visitors' suggestions for what I haven't asked for, but which seems relevant to them.

- **Opening prompt:** *Would you like to tell me about the therapeutic event you experienced?*

13.9 Appendix J: Participant debrief sheet



Middlesex University School of Science and Technology
Psychology Department



Participant Debrief Sheet

Title of study: How do people experience everyday therapeutic events?

Academic year: 2021/2022

Researcher's name and email: Chris Cleave, [REDACTED]

Supervisor's name and email: Professor Simon du Plock, [REDACTED]

Thank you very much for taking part in my project. The interview you kindly gave me will provide important information for my study of how people experience therapeutic events in their lives. I hope the results of the study will help therapists in the future to be better informed about working 'with the grain' of people's own experience. In this way, your generosity is making an important difference for people. And on a personal note you have helped me to study towards my doctorate which will allow me to become a counsellor, and I am very grateful to you for that.

Seeing the findings that you contributed to. Unless you would rather not see it, I will send you a copy of my study when it's finished. I hope it will do justice to your generous contribution. If you would rather not receive a copy, please let me know.

A reminder about how your contribution will be protected. Your anonymity and confidentiality will be protected throughout my research process, and afterwards. I will store the audio recording of our interview in only one place: on an encrypted area of a hard drive that is not connected to the internet. Within one month from now I will personally transcribe (type out) what was said in the audio recording, and then I will destroy the audio recording. I will then anonymise by removing all names and identifying words from the transcript and I will save it under a code name, in encrypted form, on a secure server. I will not keep paper copies of the transcript or any forms you have signed: these will be scanned and stored in encrypted form on a secure server, and the originals destroyed. All data will be confidentially destroyed after 10 years. No data will be shared with 3rd parties.

A reminder about how your contribution will be used. I will analyse what was said in the interview in order to produce a general description of what was said, and the main themes of the discussion. I will also use anonymous direct quotations from the interview. I will include these descriptions and quotations in my doctoral dissertation and in articles for academic journals. I may present them at conferences and interviews and in books. In every case your name and identifying details will not be used.

You have the right to withdraw from the study. I'd like you to be entirely comfortable with this process. If for any reason you'd like to withdraw your data and your interview contribution, please don't hesitate to let me know. You do not need to give me a reason, and I will absolutely respect your decision to withdraw. I would much rather you withdrew than were unhappy. **If you would like to withdraw, you can do so up to 14 days after our recorded interview by emailing me.** If you are not comfortable contacting me, you can withdraw by informing my research supervisor, Professor Simon du Plock, who will also respect your decision and require no explanation. If you withdraw before this 14-day limit, I will securely destroy all the data I have collected from you, and your contribution will not be used in the study. **After 14 days, your contribution will have begun to be integrated into the study and it will no longer be possible to withdraw.** However, even in this case the data will not identify you, since it will have been anonymised.

Confidential follow-up. I hope you enjoyed your interview with me and that you found the experience interesting. Discussing certain aspects of our lives deeply can sometimes bring up issues at the time, or afterwards. We spoke immediately after the interview, and I invited discussion of anything difficult that had come up for you. As we discussed, I am also offering you the option of a one-hour follow-up conversation, one week after the interview. This is an opportunity for us to discuss anything that is on your mind after the interview, negative or positive, and for me to suggest avenues for further exploration and support if you feel that appropriate. This follow-up conversation will not be recorded or used in the study. It is your time, and anything you say will be treated as confidential.

Further support. If you feel you might want further support, the two main counselling and therapy organisations in the UK have a readily accessible list of available counsellors and therapists:

BACP: <https://www.bacp.co.uk/about-therapy/we-can-help/>

UKCP: <https://www.psychotherapy.org.uk/>

Anything else. Please feel free to contact me if you have any questions, comments or complaints. If you do not feel comfortable contacting me directly, please contact my research supervisor, Professor

Simon du Plock, or the Principal at my academic institution, the New School of Psychotherapy and Counselling.

Researcher's name and email: Chris Cleave, [REDACTED]

Supervisor's name and email: Professor Simon du Plock, [REDACTED]

Principal's contact details: The Principal, NSPC, 61-63 Fortune Green Road, London NW6 1DR – tel [REDACTED] – email [REDACTED]

With thanks and best wishes,

Chris Cleave

13.10 Appendix K: Data protection compliance

Project title: A phenomenological inquiry into how people experience everyday therapeutic events

PI/Supervisor: Professor Simon DuPlock

Date: 8/2/2022

There are **8 Data Protection Principles**, which states that information must be:

1. Fairly and lawfully processed;
2. Processed for specified and lawful purposes;
3. Adequate, relevant and not excessive;
4. Accurate and kept up date where necessary;
5. Not kept for longer than is necessary;
6. Processed in accordance with individuals' rights under the DPA;
7. Kept secure;
8. Not transferred to countries without adequate protection.

Section 33 of the Data Protection Act 1998 (DPA) provides exemption to some of the eight data protection principles for processing personal data for 'research purposes' including statistical or historical purposes. These are noted in the checklist below.

For guidance on the Data Protection Act for Social Research please see the MRS/SRA Data Protection Act 1998: Guidelines for Social Research, April 2013 which can be accessed using the following link: <http://www.mrs.org.uk/pdf/2013-04-23%20MRS%20SRA%20-%20DP%20Guidelines%20updated.pdf>

Guidance on large data sets can be found at the Information Commissioner's Office website – Big Data and Data Protection July 2014. http://ico.org.uk/news/latest_news/2014/~-/media/documents/library/Data_Protection/Practical_application/big-data-and-data-protection.pdf

You may also find JISC Legal Information on Data Protection and Research Data Questions and Answers, Aug 2014 helpful. <http://www.jisclegal.ac.uk/ManageContent/ViewDetail/ID/3648/Data-Protection-and-Research-Data-Questions-and-Answers-21-August-2014.aspx>

Note: Personal data which is anonymised, permanently, is exempt from compliance with the DPA and registration process. See endnotes for further details.

Conditions which must be met for a research exemption to apply under section 33 of the DPA 1998	Please indicate	
	1. The information is being used exclusively for research purposes?	Yes.
2. The information is not being used to support measures or decisions relating to any identifiable living individuals?	Yes.	Disagree
3. The data is not being used in a way that will cause or is likely to cause, substantial damage or substantial distress to any individuals or very small groups?	Yes.	Disagree

<i>If you 'Disagree' please provide details why an adverse effect is justified:</i>			
4. The results of the research, or any resulting statistics, will not be made available in a form that identify individuals? <i>If you 'Disagree' please provide details why identification is intended:</i>	Yes.	No	Disagree
If you 'Agree' to all of the above conditions then the use of personal data is exempt from the Second Principle and the Fifth Principle, but you must comply with First, Third, Fourth, Sixth, Seventh and Eighth Principles of the DPA. If a research exemption does not apply then you must ALSO comply with the Second and Fifth Principles of the DPA			
First Principle: Fairly and lawfully processed			
5. Will you have appropriate informed consent secured from participants for the personal data that you will be analysing? i.e., inform participants of a) What you will do with the data? b) Who will hold the data? (Usually MU, unless a third party is involved) c) Who will have access to the data or receive copies of it? (e.g., for secondary data sets , are you sure that appropriate consent was secured from participants when the data was collected?) <i>If 'no' please provide details and any further actions to be taken:</i>	Yes.	No	N/A
6. If you plan to analyse sensitive personal data , have you obtained data subjects' explicit informed consent (as opposed to implied consent)? <i>If 'no' please provide details:</i>	Yes.	No	N/A
7. If you do not have the data subjects' explicit consent to process their data, are you satisfied that it is in the best interests of the data subject to collect and retain the sensitive data? <i>Please provide details:</i>	Yes	No	Yes.
8. If you are processing personal data about younger individuals or those with reduced capacity , have you put a process in place to obtain consent from parents, guardians or legal representatives, if appropriate? <i>Please provide details:</i>	Yes	No	Yes.
9. Will you have a process for managing withdrawal of consent ? <i>If 'no' please provide details:</i>	Yes.	No	N/A
10. Will it be necessary or desirable to work with external organisations e.g., charities, research organisations etc. acting as a third party i.e., directly providing a service for us or on our behalf that involves them accessing, collecting or otherwise processing personal data the third party will become a data processor under the DPA? <i>If 'yes' then you will be using a third party as a data processor you must take advice from the Middlesex University Data Protection Officer about the planned contractual arrangements and security measures.</i>	Yes	Yes.	N/A
11. If you hold or control personal data, will you register and/or inform the Middlesex University Data Protection Officer when: i) A new dataset has been established, ii) The purpose for which personal data stored in a dataset has changed, iii) A networked dataset of personal data is being used, iv) Extracting personal data from a networked dataset to create a new dataset.	Yes.	No	N/A

Second Principle: Processed for limited purposes			
<p>Will personal data be obtained only for one or more specified and lawful purposes, and not further processed in any manner incompatible with the purpose(s)? (Research data subjects should be informed of any new data processing purposes, the identity of the Data Controller and any disclosures that may be made.)</p> <p>Research Exemption Note (section 33(2)): Personal data can be processed for research purposes other than for which they were originally obtained if that processing does not lead to decisions being made about an individual and is not likely to cause substantial damage or distress to an individual. That data may also be held indefinitely (Section 33(3)).</p>	Yes.	No	N/A
Third Principle: Adequate, relevant and not excessive			
<p>12. Will you only collect data that is necessary for the research? <i>If 'no' please provide details and any further actions to be taken:</i></p>	Yes.	No	N/A
Fourth Principle: Accurate and where necessary, kept up to date			
<p>13. Will you take reasonable measures to ensure that the information is accurate, kept up-to-date and corrected if required? <i>If 'no' please provide details:</i></p>	Yes.	No	N/A
Fifth Principle: Not kept for longer than is necessary			
<p>14. Will you check how long data legally must be kept and routinely destroy data that is past its retention date and archive data that needs to be kept?</p> <p>Research Exemption Note (section 33(3)): Personal data processed for research purposes can be kept indefinitely.</p>	Yes	No	Yes.
Sixth Principle: Processed in accordance with individuals' rights under the DPA			
<p>15. If you are intending to publish information, which could identify individuals, have you made them aware of this when gaining their informed consent? <i>If 'no' please provide details:</i></p>	Yes.	No	N/A
<p>16. Will you allow access to all personal data held about a data subject if an individual makes this request?</p> <p>Research Exemption Note (section 33(4)): Where the results of processing personal data for research purposes do not identify a data subject, that data subject does not have a right of access to that data.</p>	Yes.	No	N/A
<p>17. Will you ensure that all researchers who have access to personal data understand that it must not be provided to any unauthorised person or third party (e.g. family members etc.) unless consent has been given?</p>	Yes.	No	N/A
Seventh Principle: Kept secure			
<p>18. Will you ensure that personal data will be stored in locked cabinets, cupboards, drawers etc. (regardless of whether data is on paper, audio visual recordings, CDs, USBs, etc.)?</p>	Yes.	No	N/A
<p>19. Will you ensure that if personal data is to be stored electronically it will only be kept on encrypted devices?</p>	Yes.	No	N/A

20. Will you ensure that individuals who have access to the personal data are aware that email is not a secure method of communication and should not be used for transferring the data ?	Yes.	No	N/A
21. Will you ensure that disposal of personal data will be via confidential waste services or in the case of electronic media and hardware should be destroyed in line with Middlesex University guidelines and procedures?	Yes.	No	N/A
Eighth Principle: Not transferred to other countries without adequate protection			
22. Will you ensure that personal data is not transferred outside the EEA unless one of the following applies? i. The country you are transferring the data to has been approved as providing adequate protection ii. You have obtained explicit informed consent from the individual(s) iii. You have a contract in place with the recipient of the data, which states the appropriate data protection requirements. iv. You have completely anonymised the data.	Yes.	No	N/A

Any concerns in relation to compliance with the DPA should be discussed with the Middlesex University Data Protection Officer.

13.11 Appendix L: Risk assessment



Interviews Risk Assessment

This form is for students and staff undertaking one-to-one interviews, focus groups, telephone interviewing, online video interviewing or online survey apps

This document contains 3 risk assessment forms. They cover:

- 1. Face to face interviews, survey or focus group that will be conducted on University premises**
- 2. Face to face interviews, surveys or focus group that will be conducted at an external organisation.**
- 3. Face to face interviews, telephone interviews, surveys or focus groups that will be conducted where the participant is in public place ie cafe, park or in their own home or you are using online apps.**

The Principal Investigator/Supervisor is responsible for completing a risk assessment of their research activities i.e., identifying any potential hazard which could occur during data collection activities and determining appropriate actions to minimise the risk of harm, accident or illness. The results of risk assessments should be shared with all project staff. All team members should be given a copy of the completed risk assessment(s) to ensure that they have a full understanding of all issues identified and addressed.

Project Title/ Reference/ID No.	A phenomenological inquiry into how people experience everyday therapeutic events	Reference/ID no:
Researcher details:	Name: Chris Cleave Student no. M00758253	Role: Principal Investigator

Next-of-kin	Name: [REDACTED]	Contact Details: [REDACTED]
Date of risk assessment:	10/2/2022	Review Date:

DECLARATION: By submitting this form you are agreeing to allow us to be in contact with your next-of-kin in the case of an emergency.

Please give details where the research/data collection will be completed (FOR FORM 2)

Location	Name/position of contact	Location of interview	Address of organisation/ premises owner	Tel:	Email:
In-person interviews	TBC	A dedicated professional therapy room that will be hired by the researcher on a daily / hourly basis, locations to be determined in London, Birmingham and Leeds as required	TBC	TBC	TBC
Online interview via Zoom	Chris Cleave (Researcher)	Researcher's own home	[REDACTED]	[REDACTED] (phone number only used for this study)	[REDACTED]

Please give details where the research/data collection will be completed (FOR FORM 3)

Please describe all procedures that will be implemented to cover the safety of the researcher

In the case of interviews conducted online: these will be completed in the researcher's own home, from a dedicated installation that is already set up to conduct remote work with psychotherapy clients. The internet connection is over a Virtual Private Network, encrypted and with the IP address masked so that the researcher's location cannot be detected. The webcam is directed at a background (a plain wall) that has no personal or identifying information. The room is soundproofed and has a lock on the door to prevent accidental interruptions. The installation is used with a dedicated, wired headphone/microphone

headset, so that the audio cannot be overheard or intercepted. The videoconferencing platform that is used is Zoom, which is seen as offering the best security (Hirst, 2020). The interviews will be scheduled for a time of day when the researcher will be alone in the house, such that their attention will not be called away. The system is powered down when not in use, and the room is locked. In all other respects the risks to the researcher do not require to be mitigated beyond the requirements for the everyday home environment. (Please see detailed risk assessment for online interviews in Form 3 below)

RISK ASSESSMENT

2. FOR LOCATION 1: Face to face interviews that will be conducted at a dedicated professional therapy room that will be hired by the researcher on a daily / hourly basis. PLEASE NOTE THAT NO IN-PERSON INTERVIEWS WILL BE CONDUCTED UNLESS THERE IS A GREEN LIGHT FROM RELEVANT PROFESSIONAL BODIES. CODE: IN-PERSON

Potential risk/hazard	Who might be harmed and how?	Precautions to be taken to control this risk (includes additional safety measures/equipment that may be needed)	Action by whom?	Risk level: High Medium Low
Universal 1: Although I'm inquiring after events that have been experienced as therapeutic, the recollection and phenomenological deepening of any experience has the potential to be distressing.	Participant , as stated	Recruitment of participants who specifically state that they anticipate it will be <u>enjoyable</u> to speak about the experience Informed consent Double debriefing protocol (offer of a second debrief session one week after the first) Sensitivity during the interview process. Prioritisation of the participant's wellbeing over the project's aims.	Researcher	Medium

<p>Universal 2: I will be inquiring about the participant's life before the event that was felt as therapeutic – and there is a possibility that it will be distressing or triggering to talk about that phase of their life.</p>	<p>Participant, as stated</p>	<p>As per Universal 1</p>	<p>Researcher</p>	<p>Medium</p>
<p>Universal 3: The participant may have been in formal therapy since the original therapeutic experience, and have integrated the originary event during formal therapy or during discussions with friends or loved ones. Exploring the experience in a deep phenomenological way during interview may lead the participant to re-evaluate the experience, and this may call into question other insights that they achieved in their formal therapy, or with those friends or loved ones.</p>	<p>Participant, as stated</p>	<p>During the informing phase I will specifically offer as a risk the possibility that discussing the experience may lead them to re-evaluate both the experience AND any formal therapeutic processes and discussions with friends or loved ones that they have subsequently discussed the experience in. In the debrief, and during one-week follow-up I will specifically ask whether the interview has caused the participant to reevaluate the originary experience AND / OR the process (including formal therapy and discussions with friends / loved ones) in which they previously evaluated the experience. Signposting, following debrief, to appropriate therapeutic support. Sensitivity during the interview process. Prioritisation of the participant's wellbeing over the project's aims.</p>	<p>Researcher</p>	<p>Medium</p>
<p>Universal 4: The exploration of the process of the participant's integration of the originary therapeutic experience may result in them coming to the understanding that the experience was not as deeply therapeutic as they had imagined, thus either spoiling the experience for them, or necessitating a new integration of it.</p>	<p>Participant, as stated</p>	<p>As per Universal 3, plus: Affirmation, during debrief, of the participant's own self-therapeutic resourcefulness (by the terms of the inclusion criteria, these are participants who have demonstrated a capacity for taking ownership of their own therapeutic journey.)</p>	<p>Researcher</p>	<p>Medium</p>
<p>Universal 5: The participant may be recognised by themselves or others in the published and disseminated forms of the research, and this recognition combined with some interpretation of how their participation was analysed may cause distress to</p>	<p>Participant, as stated</p>	<p>Anonymisation of names and clearly-identifying aspects. A recognition that anonymisation is not enough, and the exercise of a duty of care to protect the participants in all disseminated forms. Informed consent</p>	<p>Researcher</p>	<p>Medium</p>

the participant, either in terms of a changed perception of self, or a feeling of having been made vulnerable to others.				
Universal 6: The participant, upon reading or hearing the study's findings in one of its disseminated forms, may feel that their contribution has been undervalued or misrepresented.	Participant may experience acute feelings of distress and lasting feelings of injustice.	This is an extremely important potential negative impact, and the potential for it will be minimised by a phenomenological practice during the interviews that is constantly seeking confirmation or correction, and by a commitment to fairness and even-handedness during the analysis phase. Especially with the vocative writing-and-rewriting required by HP, I feel that there is a strong temptation to favour exciting phrases that 'sing' on the page, at the expense of including the contributions of participants who may have had something equally illuminating to say, but who expressed it in a more measured or cautious way. By being aware of this potential source of distortion, I hope to do justice to the contribution of all my participants. Participants will be informed in advance of the interview that they are welcome to record the interview using their own audio recording device if they would like to: this gives the participant an equal recording power, and provides the participant with a basis for analysis of their own contribution.		
Universal 7: The participant, upon reading or hearing the study's findings in one of its disseminated forms, may feel that their contribution has been well represented but it may cause them to see themselves in a new light, one that may be unfavourable or troubling.	Participant may experience acute distress and/or lasting impact to their self-esteem or self-image	A discussion about this possibility will form part of the conversation with potential participants around informed consent, and it will also form part of debriefing.		
Universal 8: Breach of participant's confidentiality due to errors in data handling	Participant's identifying details may fall into the hands of people who would exploit them	Secure record keeping in line with data protection protocols. Collection of the absolute minimum of extra-interview data (name, email and phone number) necessary to administer contact with the participant.	Researcher	Low
Universal 9: Researcher's privacy may be lost	Researcher may be vulnerable to contact,	Researcher will only give Middlesex email, and a mobile phone number dedicated to this study.	Researcher	Low

	including abuse or stalking	<p>Researcher will not disclose personal identifying information during interview.</p> <p>Participants will be recruited who have at least one degree of separation from the researcher's personal network.</p>		
<p>Universal 10: Researcher may be unboundaried, sexually harassing, psychologically abusive, suggestive, exploitative or grooming.</p>	<p>Participant may experience acute distress and/or lasting impact to their self-esteem, self-image and sense of safety in the world due to unboundaried conduct by the researcher</p>	<p>Researcher will conduct themselves during interviews in accordance with BPS Code of Human Research Ethics and ALSO with the BPS Code of Ethics and Conduct.</p> <p>Researcher is a trainee therapist in supervision and will behave AS IF the participant were a client in therapy: the primary concern will be for the client's wellbeing, and a professional boundary will be maintained.</p> <p>The researcher will not befriend participants, and will politely decline extra-professional contact originated by participants during or after the study.</p> <p>Researcher is in ongoing personal therapy as a requirement of training, and will take any extra-professional feelings about participants to personal therapy</p> <p>Participants will be made aware as part of the informed consent process that they are free to withdraw at any time, and that this includes terminating the interview if they feel uncomfortable, without having to give a reason.</p> <p>Participants will be made aware as part of the informed consent process that they can complain about the conduct of the researcher to the researcher's supervisor or the Principal at NSPC. The right to complain gives an important protective and corrective power to the participant in this regard.</p> <p>Participants will be informed in advance of the interview that they are welcome to record the interview and debriefing using their own audio recording device if they would like to: this gives the participant an equal recording power, and provides the participant with a basis for subsequent complaints. See also: Universal 11.</p>	<p>Researcher, researcher's supervisor, Principal at NSPC</p>	<p>Low</p>

Universal 11: Participant might not store their own recording of the interview and the debriefing securely	Participant may voluntarily or inadvertently allow others to hear their audio recording, and this disclosure of highly-personal information may make them FEEL, and / or BE, open to exploitation by others.	There is no precaution that the researcher can reasonably take to prevent the participant covertly recording the audio of interview or debriefing, whether that happens in-person or online. Therefore, I feel that the responsible thing to do is to welcome the right of the participant to overtly record the audio – and if they choose to do so, then to have a conversation with them about the potential serious negative consequences of their recording falling into the wrong hands, or surviving them in the event of their death or loss of capacity.	Researcher	Medium
Universal 12: Participant may experience an anxiety or panic attack during interview.	Participant may experience acute distress and lasting psychological after-effects	<p>Researcher is a psychotherapist-in-training who will take care to manage the pace and intensity of the interview within parameters that seem appropriate to the participant’s comfort level.</p> <p>Researcher will be vigilant for verbal and non-verbal cues that the participant is becoming overwhelmed, and will offer breathing, grounding or centring activities as appropriate.</p> <p>Researcher will regularly check-in with participants during the interview to ask whether they are comfortable and okay with carrying on. Researcher will conduct these check-ins whether or not the participant appears to be becoming distressed, since for some people anxiety can build invisibly.</p> <p>Researcher will put the welfare of the participant above the interests of the study.</p> <p>If, despite these precautions, the participant does enter a state of heightened anxiety or panic, the researcher will suspend the original objectives of the interview and use their clinical experience as a trainee therapist to assist the client, using grounding, centring and breathing exercises if appropriate, and calling for medical assistance if required.</p>	Researcher	Medium
Universal 13: Participant may become triggered or traumatised during the interview	Participant may experience acute distress and lasting psychological after-effects	<p>As for Universal 12, PLUS:</p> <p>Researcher will be vigilant for verbal and non-verbal cues that the participant is entering a dissociative state, or exhibiting signs of becoming activated by the content of the discussion.</p>	Researcher	Medium

		<p>Researcher will use their clinical judgment as a trainee therapist when inviting discussion around areas that feel difficult or dangerous for the client.</p> <p>Researcher will remind the client, whenever appropriate, that they have no duty or obligation to share things that are difficult to think about.</p>		
<p>Universal 14: Participant may feel that their EXPERIENCE is unheard, unnoticed or unvalued during the interview</p>	<p>Participant may experience acute distress and lasting psychological after-effects</p>	<p>Researcher will be vigilant to the possibility that this may be the first time the participant has spoken about the experience that felt therapeutic to them. Researcher will be committed to hearing every participant's contribution with equal importance and equal gratitude, and will provide continual positive feedback to the participant that their contribution is important and valued.</p>	Researcher	Medium
<p>Universal 15: Participant may feel that THEY are unheard, unnoticed or unvalued during the interview</p>	<p>Participant may experience acute distress and lasting psychological after-effects, PLUS: participant may be put off from speaking with counsellors and therapists in future.</p>	<p>As for Universal 14, PLUS: Researcher will keep in mind that as well as conducting a research project, the researcher is a de facto representative of the counselling & therapy professions as far as the participant is concerned. Therefore, to the normal duty of care for the participant is added the duty to behave in such a way that the participant is likely to form a positive view about the possibility of seeking support from counsellors or therapists in the future.</p>	Researcher	Medium
<p>Universal 16: Participant may express suicidal / self-harm ideation during the interview</p>	<p>Participant may not be able to keep themselves safe from suicide or self-harm</p>	<p>Researcher is a trainee therapist and will follow a procedure adapted from best-practice for clinical situations in which clients express thoughts of suicide or self-harm:</p> <p>Even when disclosures are oblique or ambiguous, the researcher will immediately focus on those disclosures and seek clarification with straightforward, direct questions.</p> <p>In the event that the current existence of these feelings is confirmed, the researcher will immediately suspend the research objectives of the interview and pivot into a safeguarding role.</p> <p>The researcher will establish the nature, frequency and intensity of the thoughts, gathering examples if possible.</p> <p>The researcher will establish the degree of intent to act on the feelings, whether any plans are in place, and whether the</p>	Researcher	Medium

		<p>participant has the means in place to enact any plan.</p> <p>The researcher will establish whether the participant has attempted suicide or self-harm in the past.</p> <p>The researcher will establish what protective factors are currently preventing the participant from attempting suicide or self-harm.</p> <p>The researcher will ask whether the participant feels that they are currently able to keep themselves safe.</p> <p>In the light of the information gathered in i-viii, the researcher and the participant will work together to formulate a safety plan for the participant in the event that the suicide / self-harm thoughts become intense. This will include informing the participant about available resources (e.g. G.P., Samaritans, Papyrus, A&E, 999) and establishing possible a plan of action for that case.</p> <p>Once these steps have been taken, the researcher will call a pause and will use judgment to contact subsequently-scheduled interviewees and cancel or postpone their interviews if appropriate, in order to focus on the current participant.</p> <p>The researcher will then explain that it is the responsibility of the participant to follow up on the conversation, and will provide signposting as appropriate.</p> <p>The researcher will explain that they are not taking on responsibility for the participant's safeguarding. The researcher will express that the participant's disclosure was welcome and important, but that it does not mean that the researcher will now contact or access other agencies or support services – this will remain the participant's responsibility.</p> <p>The researcher will then offer the participant the opportunity to continue with the research interview, if that feels appropriate to both parties. I feel that this is an important part of modelling to the participant that when they express ideas about suicide or self-harm, these views are accepted, welcomed and taken very seriously, and also that disclosure does not automatically lead to disconnection</p>	
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		<p>from the person to whom the participant opened up.</p> <p>In the case where the participant has disclosed information of this kind, the debriefing will of course be particularly focused on safeguarding and signposting.</p> <p>If the participant has disclosed information of this kind, the researcher will ask during debriefing whether they are still happy for the other content of their interview to be used in the study. Again, I feel that this is important for the participant as it models that their degree of suicidality does not invalidate their experience as a person.</p> <p>If as a researcher I am involved in a situation like this, I will immediately contact my research supervisor in order to explain what has happened and to discuss whether there are any safeguarding measures that remain to be taken.</p> <p>If this situation arises, I will (as ever) remain aware of the importance of accurate and up-to-date record-keeping.</p>		
<p>Universal 17: Some questions could be extremely personal/sensitive and the participant may not want to answer.</p>	<p>Participant may suffer emotional distress</p>	<p>The participant will be made aware at the start of the interview that they do not have to answer any questions they do not feel comfortable with, and that they can withdraw at any time – including during the interview. Participants will be reassured that all information is sensitive and is kept confidential as stated on the consent form.</p> <p>The researcher will practise a phenomenological interview style that is non-directive, and unlikely to make the participant feel threatened or exposed.</p> <p>The researcher will be sensitive to the participant's evolving mood, and will put their wellbeing ahead of the objectives of the study.</p>	<p>Researcher</p>	<p>Medium</p>
<p>Universal 18: Unforeseen circumstances could prevent the interview beginning as planned</p>	<p>Participant may become stressed at their own inability to attend, or stressed that the Researcher is not attending</p>	<p>Researcher will reconfirm interview arrangements with participant 24 hours before the scheduled meeting.</p> <p>Researcher will ensure that both parties have the other's mobile phone number in case of last-minute contingencies.</p> <p>Researcher will ensure that their dedicated research phone is switched on and fully charged on the day of the interview.</p>	<p>Researcher</p>	<p>Medium</p>

		Researcher will aim to be in-situ for interviews (either online or in-person) well ahead of the scheduled start time, in order to manage contingencies and minimise the risk of travel delay.		
Location Specific 1: Researcher may physically intimidate, harm, or sexually assault the participant.	Participant may suffer actual physical and sexual assault, in addition to the psychological harms listed in Universal 10	As for Universal 10, PLUS: In-person interviews will be conducted in a multiple-occupancy building dedicated to psychotherapy, at hours of the day when there is multiple occupancy. Participants will be advised at the interview booking stage to let a relative or close friend know that they will be attending an interview with the researcher, and to give the time, address and contact details of the meeting. Participants will be informed in advance of the interview that they are welcome to record the interview and debriefing using their own audio recording device if they would like to: this gives the participant an equal recording power, and provides the participant with a basis for subsequent complaints. See also: Universal 11.	Researcher	Low
Location Specific 2: Participant may FEAR that researcher may physically intimidate, harm, or sexually assault them.	Participant may suffer acute anxiety	As for Universal 10 and LS1, PLUS: At the interview booking stage, the researcher will invite the participant to ask any questions and to make any requests for the interview arrangements that will give the participant a feeling of security around the interview. This will include offering the participant a wide choice of interview times, and the possibility of being accompanied to the interview venue by a chaperone, who would not be able to be present during the interview, but who would be able to wait outside the venue until the interview was concluded.	Researcher	Medium
Location Specific 3: Participant may be attacked, physically or emotionally, by third parties present in the interview venue.	Participant may suffer physical and / or psychological injury	interviews will be conducted in a multiple-occupancy building dedicated to psychotherapy, with protocols in place to assure that all on-site professionals are DBS-checked and all on-site clients fall within acceptable risk parameters. Interviews will be conducted with at least one hour's separation between interviews, and participants will be asked not to arrive early. This will allow the researcher to be available to greet the participant immediately upon arrival at the interview venue, and to accompany them to and from the interview	Researcher	Low

		room so that the participant is never unaccompanied or unsupported until they leave the building.		
Location Specific 4: Participant may suffer accidental injury while in the interview venue	Participant may suffer physical injury	Interviews will be conducted in a multiple-occupancy building dedicated to psychotherapy, which is compliant with building regulations and health & safety norms, and which has conducted its own risk assessment of any hazards. The facility will have a dedicated first-aider, and it will be the researcher's responsibility to alert the first-aider if necessary. The interview venue will have public liability insurance in place.	Researcher	Low
Location Specific 5: Participant may not be able to access the interview venue, due to incompatibility between the participant's ability status and the venue's access arrangements.	Participant may experience embarrassment or humiliation	Interviews will be conducted in a wheelchair-accessible room within a wheelchair-accessible building. Participants will be asked at interview booking stage whether they have particular access requirements (such as disabled parking, accessible toilets, distance from public transport) and this will be coordinated in advance between the participant and the researcher. While it may not be possible to accommodate every access requirement, the researcher's aim will be to ensure that any access mismatches are identified and discussed in advance.	Researcher	Low
Location Specific 6: Participant may suffer loss of personal possessions at the interview venue.	Participant may lose items of value	Interviews will be conducted in a professional building dedicated to psychotherapy, which has an established lost-property protocol. In the event that the participant believes they have left an item at the venue, the researcher will liaise with the venue to establish whether the item has been found, and to arrange its return to the participant. In the event that the participant leaves behind an item in the interview room that is found by the researcher, the researcher will contact the participant directly to organise the item's return.	Researcher	Low
Location Specific 7: Participant may fall ill while at the interview venue	Participant may suffer health emergency	Interviews will be conducted in urban settings (London, Birmingham, Leeds) in which there is a reasonable expectation of paramedical support within a reasonable timeframe. Interviews Researched will be vigilant for signs of physical distress, and will liaise with	Researcher	Low

		participant in case of illness – supporting participant or calling 999 as appropriate.		
Location Specific 8: Participant may suffer assault en route to or from the interview venue.	Location Specific may suffer theft or physical injury	The venue selected for in-person interviews will not be in a high-crime area – this will be verified on https://www.police.uk/your-area/metropolitan-police-service/junction/?tab=CrimeMap Interviews will be conducted at a time of day that does not require participants to arrive or leave in the dark, unless a participant states that this is not an issue for them.	Researcher	Low
Location Specific 9: Participant may attempt suicide or self-harm during the interview	Participant may suffer physical injury or death	As for Universal 16, PLUS: The venue selected for the interviews will be a professional, multi-occupancy facility in which other professionals will be working. If appropriate, the researcher will immediately call for assistance. The researcher will ask the participant to desist from self-harming and if possible the researcher will invite discussion of the participant’s attempt, but the researcher will not attempt to physically prevent the participant from acting. If injury is severe, immediate first-aid will be given by the facility’s on-site first aider, and the researcher will be responsible for ensuring that emergency services are contacted if appropriate. If in the researcher’s judgment the participant is not able to keep themselves safe, the researcher (after discussion with the participant) will request that the participant remains at the interview location until paramedics and (if appropriate) police attend. However, the researcher will not attempt to physically restrain a participant.	Researcher	Low
Location Specific 10: Participant may recognise other participants or be recognised by them on the way in and out of interviews	Participant’s confidential participation may be compromised: participants who recognised each other might reasonably assume that the other had had a therapeutic experience, which might imply that they had also had difficulties before the therapeutic	In-person interviews will be conducted in a building dedicated to psychotherapy, with individual soundproof rooms whose occupants cannot be viewed from outside the room. Interviews will be kept to time, and separated by at least one hour between interviews, to eliminate the possibility of participants ‘crossing’. Participants will be asked not to arrive early for interviews.	Researcher	Low

	experience. This might make a participant feel vulnerable or make them actually vulnerable to exploitation by the fellow participant.			
Location Specific 11: Covid-19 pandemic may be ongoing	Participant and Researcher may each become infected by the other and suffer negative physical consequences up to and including death.	<p>If, at the time of interview scheduling, the government restrictions currently in force at https://www.gov.uk/coronavirus indicate that in-person meetings of the kind represented by the envisaged interview are prohibited, or if travel restrictions would prevent attendance at the interview, then the option of in-person interviews will be abandoned and the participant will be offered an online interview instead.</p> <p>If, at the time of interview scheduling, either researcher or participant indicate anxiety or concern about an in-person interview then an online interview will be offered instead.</p> <p>If, in-between interview scheduling and interview attendance, the government restrictions change or either researcher or participant indicate an increase in their level of anxiety or concern, then an online interview will be offered instead.</p> <p>The room selected for the interview will be in a professional facility dedicated to psychotherapy practice and it will be Covid-compliant: the room and access to the room will be of dimensions sufficient to permit social distancing, and the room will have a window that can be opened to allow ventilation. Surfaces will be regularly cleaned, and there will be appropriate handwashing facilities and signage.</p> <p>If Covid-related measures are in place at the time of the interview, it will be the responsibility of the researcher to ensure that both researcher and participant comply with them. These provisions may include (but not be limited to) mask wearing, social distancing, and provision of a negative lateral flow test result before the meeting.</p>	Researcher	Medium

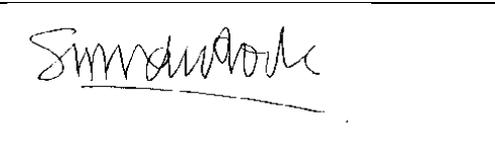
		If either the participant or the researcher are unable to comply with the measures in place at the time of the interview, then the researcher will immediately suspend the interview and escort the participant out of the building.		
Location-specific 12: The participant might become upset/rude/abusive/aggressive	Participant and researcher could both be injured if the participant becomes violent	<p>At the recruitment stage, participants will be selected for their orientation of being likely to enjoy participation.</p> <p>The participants will be made fully aware of the orientation and nature of the interview. Informed consent will be obtained.</p> <p>The researcher will practise a phenomenological interview style that is non-directive, and unlikely to make the participant feel threatened or exposed.</p> <p>The researcher will be sensitive to the participant's evolving mood, and will divert or pause the interview if necessary to ensure the safety of participant and researcher.</p> <p>The venue selected for the interviews will be a professional, multi-occupancy facility in which other professionals will be working. If appropriate, the researcher will immediately call for assistance.</p> <p>The researcher will, at all times, supply a contact person with details of their location and interview timing. The contact person will raise the alarm if they do not hear from the researcher at a designated time after scheduled completion of the interview.</p> <p>Researcher will carry a powered and ready to use mobile phone throughout session.</p>	Researcher	Medium
Location-specific 13: Permission will be needed to conduct data collection sessions on the premises of the organisation	Researcher could put the organisation in breach of licensing and insurance conditions in the event of non-compliance.	A signed and dated permission letter from the organisation, that states data can be collected on their premises, will be provided in advance of data collection	Researcher	Low

3. FOR LOCATION 2: Face to face interviews, telephone interviews, surveys or focus groups that will be conducted where the participant is in public place ie cafe, park or in their own home or you are using online apps. **CODE: ONLINE**

Potential risk/hazard	Who might be harmed and how?	Precautions to be taken to control this risk (includes additional safety measures/ equipment that may be needed)	Action by whom?	Risk level: High Medium Low
Please note that the 17 “universal” risks identified and mitigated in part 2 of this risk assessment form also apply to this section concerning online interviews. For convenience they are not repeated here, but they are equally important here.				
ONLINE 1: Researcher’s privacy is compromised	Researcher may be vulnerable to abusive or stalking behaviour	Interviews will be completed in the researcher’s own home, from a dedicated installation that is already set up to conduct remote work with psychotherapy clients. The internet connection is over a Virtual Private Network, encrypted and with the IP address masked so that the researcher’s location cannot be detected. The webcam is directed at a background (a plain wall) that has no personal or identifying information. The room is soundproofed and has a lock on the door. The installation is used with a dedicated, wired headphone/microphone headset, so that the audio cannot be overheard or intercepted. The videoconferencing platform that is used is Zoom, which is seen as offering the best security (Hirst, 2020). The interviews will be scheduled for a time of day when the researcher will be alone in the house. The system is powered down when not in use, and the room is locked.	Researcher	Low
ONLINE 2: Participant’s privacy is compromised	Participant may be vulnerable to abusive or exploitative behaviour	Participants will only be offered a Zoom interview if they confirm that they are familiar with using Zoom and that they have available, at the time of the scheduled interview: the use of a room in which they will be alone, in which they cannot be overheard, in which they have a reasonable expectation of not being interrupted, using hardware that belongs to them and is wholly used by them, over a proven reliable fast internet connection on a secured, password-protected wifi network. At the start of the Zoom interview, the participant will be asked to confirm that all the conditions in (i) are in place. If not, the interview will be terminated and a debriefing phone call will be offered, during which further interview arrangements may be discussed. If any of the conditions in (i) are compromised during the interview (for example, by an unanticipated interruption) then the interview will be suspended until the convening conditions are restored.	Researcher	Medium

		<p>The interview will be conducted using a password-protected meeting scheduled by the Researcher, using a one-time link.</p> <p>The participant will be instructed not to share the link or password with any third party.</p> <p>The participant will be advised of the potential risks of covertly or overtly recording the interview themselves, as detailed in Form 2 of this document (Universal Risk 11).</p>		
<p>ONLINE 3: Participant may become disinhibited online</p>	<p>Participant may reveal more than they usually would, and later regret it.</p>	<p>Participants will be advised of the right to withdraw their data up to 31 days after the date of the interview.</p> <p>The Researcher is experienced in conducting online therapy, and will be sensitive to the possibility of online disinhibition. The researcher will regularly check in with the participant and help them to stay grounded and to operate within the sphere of what is comfortable for them.</p> <p>In the debriefing discussions, the Researcher will invite participants to talk about whether they are happy with what they have said, and will remind them of their right to withdraw their data.</p>	<p>Researcher</p>	<p>Medium</p>
<p>ONLINE 4: Technical issues may disrupt interview</p>	<p>Participant may be left alone abruptly at a moment of distress or elevated emotion.</p>	<p>Participants will not be offered a Zoom interview unless (among other conditions) they confirm that they are familiar with using Zoom and that they have a proven reliable fast internet connection.</p> <p>In advance of the interview, the researcher will discuss with the participant the possibility of technical failure, and the protocol that will be followed in this case: the interview will be suspended and the researcher will telephone the participant.</p> <p>If this is the case, the telephone conversation will explore the possibilities for re-establishing the Zoom connection. If this is not speedily possible, then the interview will be abandoned and the conversation will switch to the debrief protocol. In this case, a key focus of the debrief will be to discuss the participant's feeling around the abrupt ending of the interview, at what might have been an emotionally vulnerable point for them.</p> <p>A second debrief conversation or a rescheduled interview will be offered immediately. The participant will be reassured that the technical issue will not prevent their contribution.</p>	<p>Researcher</p>	<p>High</p>

Signatures

Researcher		07/02/2022
Supervisor		02/03/2022

13.12 Appendix M: Originality report

This document (minus Appendix M) was submitted to Turnitin on 12 April 2024, and generated the summary report presented on the next page. The full originality report was submitted to NSPC on 12 April 2024. Please note that the 23% similarity match is majorly accounted for by appended components of this thesis already submitted during the ethical approval process (15%) and pilot study / Part 1 Research Project (2%). Further similarity items (at 1% or below) relate to fragments of my own work, revised from previously submitted unpublished essays, and relate mainly to material included in this thesis in Appendix A. All other similarity items are artefacts of the Turnitin process and I unequivocally confirm that every word of this thesis is my own original work.

<p>TurnitinUK Originality Report</p> <p>Processed on: 12-Apr-2024 11:23 BST ID: 229155002 Word Count: 98257 Submitted: 1</p> <p>Therapy-in-the-world A hermeneutic phenomenological study of accessible self-therapeutic modes of being By Chris Cleave</p>		<table border="1"> <tr> <td>Similarity Index</td> <td>Similarity by Source</td> </tr> <tr> <td>23%</td> <td>Internet Sources: 7% Publications: 3% Student Papers: 20%</td> </tr> </table>	Similarity Index	Similarity by Source	23%	Internet Sources: 7% Publications: 3% Student Papers: 20%
Similarity Index	Similarity by Source					
23%	Internet Sources: 7% Publications: 3% Student Papers: 20%					

<p>15% match (student papers from 10-Feb-2022) Class: Advanced Research Seminar Winter 2022 (Moodle TT) Assignment: Advanced Research Seminar Winter 2022 (Julie) Essay (Moodle TT) Paper ID: 171271027</p>
<p>2% match (student papers from 26-Apr-2023) Class: Part 1 Research Project Spring 2022 (Moodle TT) Assignment: Part 1 Research Project Spring 2022 Appeal Slot Essay (Moodle TT) Paper ID: 203463896</p>
<p>1% match (student papers from 15-Oct-2023) Submitted to New School of Psychotherapy and Counselling on 2023-10-15</p>
<p>1% match (student papers from 31-Dec-2021) Class: Advanced Existential Autumn 2021 (Moodle TT) Assignment: Advanced Existential Autumn 2021 Essay (Moodle TT) Paper ID: 167335035</p>
<p>1% match () Tasgal, Mazal. "Mothers who listen with more than ears: The phenomenological experience of the non-verbal communication between mothers and their child with complex cerebral palsy", 2023</p>
<p>< 1% match (student papers from 29-May-2022) Submitted to New School of Psychotherapy and Counselling on 2022-05-29</p>
<p>< 1% match (student papers from 15-Jul-2023) Class: Social, Cultural and Ethical Issues Spring 2023 (Moodle TT) Assignment: Social, Cultural and Ethical Issues Spring 2023 (Aviva's Group) Essay (Moodle TT) Paper ID: 210261890</p>
<p>< 1% match (student papers from 22-Jul-2021) Class: Qualitative Research Methods Spring 2021 (Moodle TT) Assignment: Qualitative Research Methods Spring 2021 - Simon's Group Essay (Moodle TT) Paper ID: 158026967</p>
<p>< 1% match (student papers from 14-Mar-2023) Submitted to New School of Psychotherapy and Counselling on 2023-03-14</p>
<p>< 1% match (student papers from 27-Apr-2021) Class: Development Across the Lifespan Winter 2021 (Moodle TT) Assignment: Development Across the Lifespan Winter 2021 - Martin's Group Theory Essay (Moodle TT) Paper ID: 150668538</p>
<p>< 1% match (student papers from 30-Jan-2024) Submitted to New School of Psychotherapy and Counselling on 2024-01-30</p>
<p>< 1% match (student papers from 28-Apr-2022) Class: Counselling Psychology Settings & Integration Winter 2022 (Moodle TT) Assignment: Counselling Psychology Settings & Integration Winter 2022 Essay (Moodle TT) Paper ID: 177667368</p>
<p>< 1% match (student papers from 28-May-2021) Submitted to New School of Psychotherapy and Counselling on 2021-05-28</p>
<p>< 1% match (student papers from 07-Dec-2023) Submitted to New School of Psychotherapy and Counselling on 2023-12-07</p>
<p>< 1% match (student papers from 14-Jul-2021) Class: Critical Psychopathology Spring 2021 (Moodle TT) Assignment: Critical Psychopathology Spring 2021 - Theory Theory essay (Moodle TT) Paper ID: 157786904</p>
<p>< 1% match (student papers from 29-Dec-2021) Submitted to New School of Psychotherapy and Counselling on 2021-12-29</p>
<p>< 1% match (student papers from 11-Jul-2023) Submitted to New School of Psychotherapy and Counselling on 2023-07-11</p>
<p>< 1% match (student papers from 23-Jul-2021) Submitted to New School of Psychotherapy and Counselling on 2021-07-23</p>
<p>< 1% match (Internet from 23-Sep-2022) https://eprints.mdx.ac.uk/33657/1/RShulman%20thesis.pdf</p>

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