ISSN (online) : 1445-7377 ISSN (print) : 2079-7222

Book Review

Embodied Relational Knowing and Lifeworld-Led Care as Core Dimensions of Authentic Professional Practice

Kathleen Galvin and Les Todres (2013). *Caring and Well-Being: A Lifeworld Approach*. Abingdon, UK: Routledge. (216 pages)
Paperback: ISBN: 978-1-138-80924-6 (£28.99/$48.95)
Hardback: ISBN: 978-0-415-50460-7 (£85.00/ $145.00)
eBook: ISBN: 978-0-203-08289-8 ($58.08)

by **David Edwards**

We live in a world in which the word "care" too quickly becomes debased, narrowly focused on physical illness and the technical cures. In this beautifully written book, Kathleen Galvin and Les Todres emphasize how, as a result, important human dimensions of care are easily forgotten "by a service culture that has increasingly given primacy to targets, narrow and specialized outcomes, technology, efficiency drives and audit pathways" (p. 1). Many of the dominant discourses of contemporary medicine and allied health professions systematically hide major aspects of the human dimension of the experience, not only of patients but also of professionals and others in "caring" roles. To address this, Galvin and Todres offer something far more than advocacy for a more humane and humanizing approach. They offer an alternative paradigm. This comes with its own language and set of concepts that open up the spaces left hidden by conventional health care discourses. It is, and is designed to be, "sensitizing" (p. 77), particularly for practitioners, with respect to what it means to be concerned for the well-being of patients and to act meaningfully on those concerns.

As a paradigm, what is offered by Galvin and Todres includes an epistemology within which technical and propositional knowledge is just one dimension of knowing. Interwoven with it is what the authors call "embodied relational understanding". This concept develops an approach set out in Todres's earlier book, *Embodied Enquiry: Phenomenological Touchstones for Research, Psychotherapy and Spirituality* (2007). Galvin and Todres point to Habermas's characterization of modernity as a period where, within society at large and the culture as a whole, truth (science), justice (ethics) and taste (art) evolved separately. Whatever the benefits to each, the "disaster of modernity" is that they continue to be dissociated. Yet, in everyday situations, and, in particular, those of trauma and crisis, they cannot be lived as separate dimensions. Like Baum-Baicker and Sisti (2012) and Sisti and Baum-Baicker (2012), Galvin and Todres appeal to Aristotle's classic concept of *phronesis* or practical wisdom that acknowledges the role of non-rational and intuitive processes in making situated decisions in ambiguous situations. Galvin and Todres's motivation for this draws on Heidegger's metaphor of a clearing in a forest where "integration does not have to be actively strived for, because what was thought of as requiring integration ... is found to be already there, 'together'" (p. 140). They add to this Gendlin's account of embodied experiencing through focusing and how this offers individuals a way of checking the extent to which something they have expressed fits with what they know at the level of bodily felt-sense. As individuals hone in on a word, phrase or image that arises from the felt experience, they get closer to something that fits. This is "resonant validity" (p.

DOI: 10.1080/20797222.2015.1049900

168). That is, the expression (in language or image or art form or even behaviour) is in sync with what is deeply known.

In health care settings, this kind of knowing is central for practitioners if they are to bring their presence as experiencing human beings into the context of offering care. Yet, too often, relations of power or over-regulated procedures have the effect of marginalizing such embodied knowledge and preventing it from affecting practice. But this kind of knowing is also central for research, because it is the marginalization of other than technical knowledge that has limited the capacity of researchers to impact on health care situations in other than technical ways. Even when qualitative researchers attempt to introduce deeper human dimensions into our understanding, they may have limited credibility or impact. Galvin and Todres point to the limitations of the current concept of "person-centred care" (p. 2), with its focus on giving patients increased choice, and offer instead a comprehensive model of "lifeworld-led care" (p. 23). In the process, they provide a succinct introduction to Husserl's concept of the lifeworld, which I can recommend as a useful resource in itself. This brings out the central phenomenological principle that the lived is always greater than the known; that is to say that, despite attempts to analyze or communicate one's experience, these are always pale shadows of the greater reality.

In later chapters, Galvin and Todres also go deeply into Heidegger as they seek a conceptual foundation from which to understand the polarity between well-being and suffering. They propose a "Dwelling-Mobility Lattice" based on Heidegger's distinction between mobility and dwelling. This is perhaps most readily understandable as the contrast between what is often termed "doing" and "being". Galvin and Todres regularly use the term meditate/meditation throughout the book, not specifically to recommend particular practices (which they don't), but to convey an attitude to or stance on being and knowing, one from which their own deep reflections clearly come. But the poles of the Dwelling-Mobility Lattice reminded me of a line from Chapter 2 of the Bhagavad Gita: "*yoga-sthah kuru karmani*". Forty years ago, Todres and I attended courses and retreats on Transcendental Meditation, and this was a favourite line for the Maharishi Mahesh Yogi that he translated as "grounded in being, perform action". This seems clearly to coincide with Galvin and Todres's exposition of Heidegger, just as the way that the concept of mindfulness, originally situated in Buddhist writings, has increasingly come to be appropriated into psychological theory and applied to psychotherapy (see, for instance, Gilbert, 2009; Roediger, 2012; van Vreeswijk, Broersen, and Schurink, 2014). It reminds me of how, for Todres, the insights and language of this book, as of his previous one (Todres, 2007), are grounded in a lifetime of deep reflective practice.

Now, back to the Dwelling-Mobility Lattice. On the horizontal axis are Mobility and Dwelling and Dwelling/Mobility (a dynamic interaction of the two). On the vertical axis are Husserl's lifeworld dimensions: Spatiality, Temporality, Intersubjectivity, Mood, Identity and Embodiment. Galvin and Todres explore each of the 18 cells of this lattice from the point of view of well-being, and then explore them again, in a later chapter, from the point of view of suffering. This allows them to explore the phenomenology of a vast range of human experiences, contextualized in situations of illness (mental and physical) and care. They are cautious not to claim that these 36 accounts cover the whole range of experiences of well-being and suffering. To make and test such a claim would not only call for a significant research project in itself, but would perhaps miss the point. In a few cases, I felt that particular experiences were being pressed into service in the lattice in ways that were not fully persuasive. Rather, as Galvin and Todres propose, their review of the range of experiences can "serve as a sensitizing resource to guide humanly sensitive care".

This is a major thrust of Galvin and Todres's work. They are concerned that this kind of research should have impact, should get its message across. Yet it is a complex message, and accessing the language of phenomenology may itself be difficult for those unfamiliar with it. But the phenomenological discourse does not, of course, have to constrain how findings are communicated, and Galvin and Todres argue that there are two reasons why qualitative research findings are not adequately heeded. Firstly, much qualitative research, including that informed by Husserlian phenomenology, searches for the structure of experiences in a way that is "summative" (p. 151) and therefore situationally abstracted. In so doing, much of the situatedness of particular experiences is lost, and, with it, the capacity to convey important aspects of the lifeworlds of those whose experiences were drawn on. Secondly, even when a story is told in a situated way, it may be expressed in language that does not do justice to the experience being presented. Communicating findings needs "a more aesthetic phenomenology" (p. 150), they argue, one that is concerned with what it takes not only to express what has been found, but to convey it to others in a humanly impactful way. Following Gendlin, they recommend finding a way of expressing that "carries forward" the message into ongoing lived experience, not only for the writer or researcher, but also for the audience. This creates "a human connection between the reader and the phenomena that is [sic] descriptively portrayed" (p. 151). In endeavouring to

explicate the lifeworld, the phenomenological project must go beyond the limitations of conventional language and expression. That is why, in telling a person's story, "we do not stick to the same words as the informant" (p. 162) but use language that "can awaken the aliveness of the meanings for the reader" (p. 165).

There's much more to this book, including examples of research projects that illustrate the approach in practice. As a resource that articulates and advocates a lucid paradigm for this kind of research, it should thus prove of seminal value. Of course, Galvin and Todres are not alone in what they set out to do. Indeed, their thirteen pages of references range far and wide. Of those they do not cite, their work intersects with Gilbert's (2009) explorations of compassion and its implications for practice. Those concerned with the emerging concept of Values Based Medicine (Bendelow, 2010) have similar aims, but could in turn benefit from the enrichment that Galvin and Todres bring. But, among all this, Galvin and Todres are distinctive in how they practice what they preach with respect to language and communication. They write in a style which embodies their search for forms of communication that "have the potential to transform the reader or audience in the way that good poetry does, in that it can move or touch us" (p. 151). "Words mean the change they make when they are said" (p. 163), they offer, quoting Gendlin. If you are drawn to phenomenology, the words of this book may indeed change you.

Referencing Format

Edwards, D. (2015). Embodied relational knowing and lifeworld-led care as core dimensions of authentic professional practice [Review of the book *Caring and well-being: A lifeworld approach*, by Kathleen Galvin and Les Todres]. *Indo-Pacific Journal of Phenomenology*, *15*(1), 4 pp. doi: 10.1080/20797222.2015.1049900

About the Author

David J. A. Edwards
Emeritus Professor of Psychology
Rhodes University, South Africa
E-mail address: d.edwards@ru.ac.za

David Edwards has been a Clinical Psychologist and practising therapist for over thirty years. He is a founding fellow of the Academy of Cognitive Therapy, having trained in the mid-1980s at Beck's Centre for Cognitive Therapy in Philadelphia, where he attended seminars with Jeffrey Young, the developer of schema therapy. In addition to an enduring interest in psychotherapy integration and experiential training in a variety of humanistic and transpersonal approaches, he is certified as a schema therapist and schema therapy trainer with the International Society of Schema Therapy (ISST). Until his recent retirement as a Professor of Psychology at Rhodes University in Grahamstown, South Africa, he provided professional training and supervision in cognitive therapy for two decades.

Over a long career, Professor Edwards has published some 70 academic articles and book chapters, several of which focus on the use of imagery methods in psychotherapy. He has had a longstanding interest in transpersonal psychology and the shamanistic perspective on psychotherapy, and has undergone experiential training in this area with Stanislav Grof. Professor Edwards is first author of *Conscious and Unconscious*, in the series "Core Concepts in Psychotherapy" (McGraw Hill/OUP, 2003), a book that includes chapters on cognitive therapy and transpersonal psychology. His research for this book gave rise to two papers published in this journal in 2003 and 2005 respectively.

References

Baum-Baicker, C., & Sisti, D. A. (2012). Clinical wisdom in psychoanalysis and psychodynamic psychotherapy: A philosophical and qualitative analysis. *Journal of Clinical Ethics*, *23*(1), 13–27.

Bendelow, G. (2010). Ethical aspects of personality disorders. *Current Opinion in Psychiatry*, *23*(6), 546–549. doi:10.1097/YCO.0b013e32833e040d

Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. London, UK: Constable & Robinson..

Roediger, E. (2012). Why are mindfulness and acceptance central elements for therapeutic change in schema therapy too? An integrative perspective. In M. van Vreeswijk, J. Broersen, & M. Nadort (Eds.), *The Wiley-Blackwell handbook of schema therapy: Theory, research and practice* (pp. 239–248). Chichester, UK: Wiley-Blackwell.

Sisti, D. A., & Baum-Baicker, C. (2012). A plea for virtue in ethics [Letter]. *American Psychologist*, *67*(4), 325. doi:10.1037/a0028162

Todres, L. (2007). *Embodied enquiry: Phenomenological touchstones for research, psychotherapy and spirituality*. Basingstoke, UK: Palgrave Macmillan.

van Vreeswijk, M. F., Broersen, J., & Schurink, G. (2014). *Mindfulness and schema therapy: A practical guide*. Oxford, UK: Wiley Blackwell.