Existential Analysis

24.1

Journal of **The Society for Existential Analysis**

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The Journal of **The Society for Existential Analysis** 2013

The Journal provides a forum for the analysis of existence from philosophical and psychological perspectives. It is published biannually. Contributions are invited in areas of philosophical and psychological theory, case studies, discussion papers, book reviews and letters. **The opinions expressed by authors of the papers and reviews published are those of the authors themselves, and not necessarily those of the editors, the editorial board, or members of The Society for Existential Analysis.**

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Edited by:
Simon du Plock
Greg Madison

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EDITORIAL

Welcome to the first issue of volume 24 of *Existential Analysis*. It is our sad privilege to open this issue with tributes to two esteemed figures in the world of existential psychotherapy, Maurice Friedman and Thomas Szasz, both of whom have recently passed from our midst. Simon du Plock offers a personal reflection on his friendship with Prof. Friedman, while Anthony Stadlen contributes his insights into the man and the work of Prof. Szasz.

The issue continues with a scholarly article by our Italian colleague, Gianfranco Buffardi, President of the Istituto di Scienze Umane ed Esistenziali, Napoli, exploring the ethical ramifications of psychiatric treatment. Rodrigues and Montenegro, colleagues from Lisbon, continue the broad theme of diagnosis by suggesting that existential therapists need to make ontological sense of the diagnosis of personality disorder.

Martin Adams' address to the International Federation of Daseinsanalysis describes human development as a 'lifelong process model' rather than a stage model, and Bull's personal account of 'mental health services' brings us back to the theme of practice ethics and the individual impact of our language and assumptions as therapists.

Todd Dubose's article utilises Kierkegaard's insights to question 'evidence-based' criteria while Bean draws upon Merleau-Ponty to explore the phenomenon of seeing and being seen and its therapeutic relevance.

Guiomar Gabriel continues the emphasis on 'clinical' practice in this issue, with her case study account of a psychotherapy journey seen through the concept of freedom. Ryan Kemp's article 'Rock-Bottom As An Event Of Truth' gives us a rethinking of addiction and 12-step recovery in existential-phenomenological terms.

Foust investigates 'the tragic', by comparing the thought of William James and Simone de Beauvoir, followed by Louise Lumb's rethinking of resentment and finally, Pagdin's model of existential phenomenological supervision. Following these articles are a number of insightful and useful book reviews and a list of books waiting to be reviewed.

We are delighted by the rich assortment and international flavour to the contributions in this edition of *Existential Analysis* and would like to remind readers that responses and replies are always welcome, in the true spirit of open dialogue.

Simon du Plock

Greg Madison

Meetings With A Remarkable Man – A Personal Recollection of Professor Maurice Friedman

Simon du Plock

It was with a really sharp sense of loss that I learned of the death of Maurice Friedman, who died at his home in Solana Beach, California at the age of 90 on September 25. Just a few days earlier I was in Lithuania for the Congress of the East European Association for Existential Therapy and had mentioned to Dr Kirk Schneider, a colleague of Maurice based in San Francisco, that I was concerned that Maurice was becoming quite frail and that we had not exchanged emails for some months. Kirk had not heard from him recently either and I remember making a mental note to get in touch again after the conference. I got back to London late on the 23rd and regret I never did get to send that email.
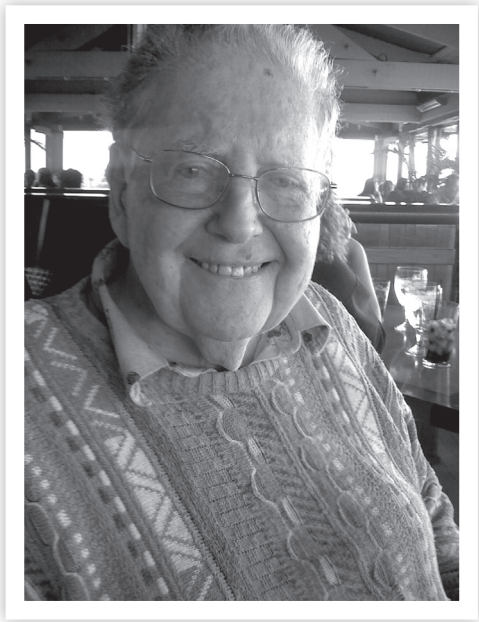
My first contact with Maurice Friedman was through his books in the course of training in existential therapy. The work which I found most inspiring then and later when I was involved in researching the deep connections between existential thought and the arts – and especially literature – was his magisterial *The Worlds of Existentialism. A Critical Reader*, which was first published in 1964. Here Maurice brought together a remarkably comprehensive selection of existential voices from the pre-Socratic Heracleitus of Ephaesus, through the European theological and philosophical movements which laid the ground for those we generally regard as *existential* theorists, and on into the practical application of these ideas in psychotherapy. In addition to the labour involved in shaping these disparate voices into some intelligible whole, Maurice contributed introductory and concluding sections which unlocked

PHOTOGRPAHY: PAT BONI

and helped demystify 'difficult' existentialism for several generations of students and interested readers.

I only came to the main body of his work (in fact his life work), the translation of Martin Buber's essays, the creation of the definitive English-language Buber biography, and the promotion of Dialogical Psychotherapy, much later. Not being a Buber scholar, I am not the most qualified person to speak about this enormous output, but I devoured his 1985 *The Healing Dialogue in Psychotherapy* and greatly valued the insights on genuine dialogue and the possibility of 'healing through meeting' which I found there. I felt very privileged, then, to find myself alongside him as an invited speaker at the Latin American Encounter for Existential Psychotherapy in Mexico City in 2008. 'Encounter' was the right word for the event overall, and in particular I found Maurice delightfully open to meeting from my very first contact. We quickly discovered we had many interests in common, including tastes in music and literature, and I spent nearly all my time outside the conference accompanying him and Maria, his Mexican nurse and companion, on expeditions in the city itself and beyond. His age and the fact that he needed to use a wheelchair much of the time seemed to be no barrier to 'being with' him, and his intellectual curiosity was remarkable and unwavering even though he was physically not in great shape. Several times Maria and I were doubtful whether he was fit enough to undertake the challenges he set himself (and us), but his determination was infectious: I especially remember how we half-carried him and his wheelchair around the historical excavations in the centre of Mexico City, and even up the Aztec pyramids at Teotihuacan. What would have been a chore with anyone else was fun with Maurice because with his presence he repaid our effort many times over.

On the final evening of the conference Maria wheeled Maurice out of the party early and quietly asked me if I would like to accompany them. I went along, curious to know where they were going, and pretty soon we arrived in the darkness at a large tree in the grounds of the conference centre. I discovered from Maria that this was Maurice's favourite tree and that he wanted to say farewell to it. He insisted on getting to his feet – not an easy task – and stood embracing the tree in silence for several minutes. There was an atmosphere of great calm and respect in this gesture. It was not meant for an audience, or to make some clever point, but seemed to arise naturally from his special engagement with the world. I felt very moved that in taking his leave of the tree, he was also expressing a deep respect for Being in general, and I was delighted when at the airport he suggested that we stay in contact. This led to a lively email exchange in which he shared with me his plans for five as-yet unpublished books; it seemed he was full of enthusiasm despite his infirmities. This led to an invitation to stay with him and his wife, Aleene, the following year at their

home in San Diego. I flew down from San Francisco where I had a work commitment, and to my pleasure found the warmth and genuineness of our contact just as I had remembered it, though Maurice seemed to tire more easily. I was very pleased that he agreed to join the Editorial Board of *Existential Analysis*, and he was eager to contribute a paper. We made three lengthy audio-tape recordings covering much of his professional life and reminiscences about his work with Martin Buber and others he had worked with, including Carl Rogers. I was aware then that these conversations were an effort for him and we scheduled them for mid-mornings when his energy was at its best. In the afternoons I would go sight-seeing with Maria and so renew a second friendship. On my return to London we resumed our email contact and I transcribed the tapes and sent the transcripts to him for further refinement. Sadly, we discovered that this was too large a task to be completed quickly and I realized with regret that the existing material was too conversational and circuitous to do justice to Maurice's work. A slight flavour of this material can be gleaned, I am glad to say, from his brief contribution to *Existential Therapy. Legacy, Vibrancy and Dialogue*, edited by Laura Barnett and Dr Greg Madison and published in 2012. We maintained a friendly email contact over the next three years but it was clear Maurice was ailing and did not have the energy to take up our transcripts again. I mentioned that I would be in California next year, and I hoped to see him again; while this will not be possible now I am left with a profound appreciation of the time he generously did offer me, and the 'I-thou' relationship we, however briefly, enjoyed.

Professor Simon du Plock

Thomas Szasz Obituary

Anthony Stadlen

The Hungarian-American psychiatrist and writer Thomas Szasz, who has died aged ninety-two, is regarded by many as the leading twentieth- and twenty-first-century moral philosopher of psychiatry and psychotherapy. Others see him as a dangerous and seductive influence, advocating neglect of some of society's most helpless members.

Szasz had a deep faith in human freedom. Human beings, he said, are free agents, fully responsible for their actions – not passive 'patients', whose 'behaviour' is 'caused' by their brains, or by 'mental illness'. His faith in freedom led him to a deep sympathy with existential thinking. However, he denounced any incursions on civil liberties in the name of psychiatry and deplored that most existential therapists did not do likewise.

In the best known of his thirty-five books, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (1961)[1] , Szasz argued that mental health and mental illness are alienated, pseudo-scientific, pseudo-medical terms. He maintained that the term 'illness', in the modern, scientific sense, cannot be applied to 'minds' – except as a metaphor. A bodily organ, the heart, can be diseased; but to be heartsick or homesick, though real enough, is not to be medically, but only metaphorically, ill. Equally metaphorical, said Szasz, were such supposed mental illnesses as hysteria, obsessional neurosis, schizophrenia, and depression.

Having discussed Szasz with a great many people over half a century, and having read much of what has been published about him during this time, I have found that most of his admirers and advocates, as well as most of his adversaries, misunderstand him. For example, many who claim to be influenced by him, including many existential therapists, call themselves
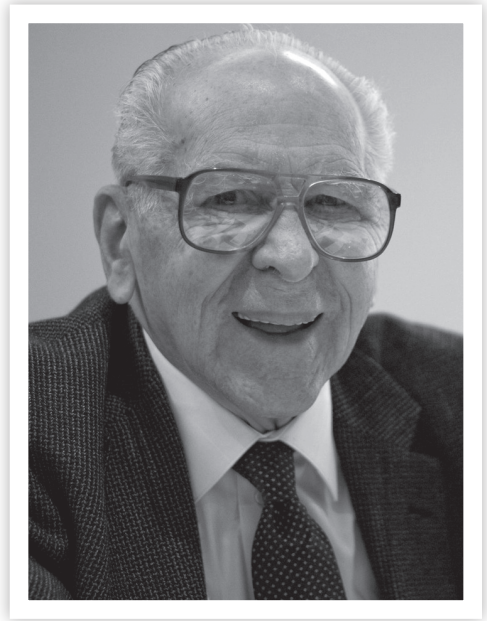
'mental health workers'. They talk about 'mental health issues', while claiming that they are following Szasz in not using what they call 'pathologising labels' such as 'mentally ill'. They seem to assume that he was merely urging a kind of politically correct euphemism, like the bizarre term 'service user' they use for *incarcerated*, *compulsory*, psychiatric 'patients' no less than for voluntary ones. But Szasz discarded the discourse of 'mental illness' *and* 'mental health' more than half a century ago, simply because he saw it as a mistake.

Szasz insisted that his analysis of the myth of mental illness – and mental health – was purely logical. A mental illness was like a square circle, not like a unicorn. One might discover a unicorn, but one could never discover a square circle or a mental illness.

To some, Szasz appeared almost frivolously to ignore the anguish and incapacity of many. However, he went on to point out the empirical, ethical and political implications. His primary concern was the *use* of the myth of mental illness, not just to describe, but also to prescribe. He saw it not as an innocent mistake but as a socially and politically motivated act of bad faith. It gave false legitimacy to compulsory psychiatry – coercing the innocent – and the insanity defence – excusing the guilty. He denounced these complementary uses of psychiatry as crimes against humanity, and called for them to be legally abolished.

He wrote[2]: '*The Myth of Mental Illness* was intended to be more than just an academic exercise in semantics. It was also intended to be a denunciation of the moral legitimacy of the most violent method that the modern state possesses and wields in its perpetual effort to domesticate and control people, namely, depriving innocent individuals – with the full support of physicians and lawyers – not only of liberty but of virtually all their constitutional rights, in the name of helping them.'

He defended an individual's right to buy, sell and take drugs; to give informed consent to treatment, such as drugs, electroconvulsive therapy or even destructive psycho-surgery; and to engage in consensual, contractual psychotherapy. But he pointed out that, even if any of these made the individual feel better, this did not prove that he or she had been ill. If someone diagnosed as mentally ill should turn out to have a brain disease, then this would be a genuine physical illness, not a metaphorical mental one, and should be treated by neurologists, not psychiatrists.

Szasz's opponents said he was so obsessed with abstract justice, freedom and responsibility that he denied the medical problems of suffering patients whose mental illnesses, so it was claimed, made them unable to take responsibility. But Szasz was deeply concerned with human suffering. His point was that suffering was not necessarily a medical problem, did not imply lack of responsibility, and should not be forcibly treated. Forcible treatment did not imply the person treated was suffering – except, very

likely, from forcible treatment. Indeed, almost every week desperate involuntary patients wrote to him as the only person they trusted to understand their predicament.

He saw compulsory psychiatry, no matter how compassionately intended, as patronising and infantilising. Many observers have found that his early descriptions of the ever-increasing medicalisation of many human situations – what he termed the 'therapeutic state' – remain uncannily accurate in the new millennium.

But it is not generally realised how committed he was to voluntary psychotherapy. At an Inner Circle Seminar in 2007[3] he said: 'Psychotherapy is one of the most worthwhile things in the world.' In *The Myth of Psychotherapy: Mental Healing as Religion, Rhetoric, and Repression* (1979 [1978])[4] he wrote that Freud had misdescribed psychotherapy as a science and medical treatment. But Szasz revered the possibility Freud had opened up, of searching conversation between consenting adults. However, Szasz saw most psychotherapists as confused, prostituting their potentially noble art by making it the handmaiden of psychiatry. But he affirmed the right of consenting adults to engage in even the silliest forms of psychotherapy, provided it was voluntary. And he practised and promoted what he regarded as true psychotherapy, in which there was no 'psyche' and no 'therapy'. He tried new names for it, such as 'iatrologic'[5] and 'autonomous psychotherapy'[6], but he disliked pretentious terminology. Szasz approved of child welfare, but, since children cannot give consent, he denounced child therapy as child abuse[6] and child torture.

Born in Budapest on 15 April 1920, Thomas Szasz was the son of a Jewish businessman, Julius, and his wife, Lily. His preoccupation with liberty began when, as a boy of six, he was forced to go to school. On long walks, he was shown prisons, hospitals – and mental hospitals, which he thought, even as a child, should also be called prisons. By adolescence, he found that 'inquiring into the justification for locking up mad people is taboo. Crazy people belong in madhouses. Only a crazy person would ask, *why*?'[8] He thought, even then, that mental illness was not an illness. He never had to give up a belief in mental illness, since he had never had such a belief.

He wrote to me that, as a boy, he was moved by how, in Mark Twain's novel *The Adventures of Huckleberry Finn*[9], 'an ignorant child, Tom Sawyer – another Tom S.!, – could recognise the evil of slavery, though the adults could not'. Later, Szasz wrote detailed comparisons of compulsory psychiatry to slavery in *Psychiatric Slavery: When Confinement and Coercion Masquerade as Cure* (1977) and *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry* (2002)[10], and to the *Inquisition in The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (1970)[11].

By 1938, Hungary had sided with Nazi Germany, and the family moved to Cincinnati, Ohio. At the University of Cincinnati, Szasz graduated in physics in 1941 and medicine in 1944. He trained at the Chicago Institute for Psychoanalysis, earning his diploma in 1950, and then worked on its staff for five years from 1951, undertaking military service at the US naval hospital, Bethesda, Maryland, during the last two. Franz Alexander, with whom he wrote psychoanalytic papers on psychosomatic medicine, was grooming him for the succession as Director of the Chicago Institute, but Szasz told me that he 'felt viscerally upset' by 'the dehumanised language of psychiatry and psychoanalysis'. He made sure he never in his entire life had to treat an involuntary patient, and looked for a teaching post in a provincial university.

He settled in the Upstate Medical Centre of the State University of New York, in Syracuse, as professor of psychiatry, becoming emeritus in 1990. He did not publish his heretical ideas on mental illness until he had obtained tenure. He taught psychiatry, he said, as an atheist might teach theology.

Szasz called himself an 'out-and-out atheist', but he said his atheism was 'religious'. He and I agreed that existential thinking had to start from the axiom that human beings – whether or not made in the image of an ineffable God – are ineffable in the sense that they can not be ultimately described by a system or a science. 'And therefore,' he said, 'psychotherapy is ineffable'. It was a secular form of the 'cure of souls'. He said psychotherapists were more like rabbis or priests than like medical doctors. He held that confidentiality should be absolute, as in the confessional. It was no business of third parties, or the state.

In 1965 Szasz published two of his most original and refreshing books: *Psychiatric Justice*[12] and *The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy.*[13]

Psychiatric Justice (1965)[14] is a careful analysis of the insanity defence. Szasz asks under what circumstances someone accused of a crime may reasonably be found incompetent to stand trial. The book repays close reading, as it is often supposed that Szasz demanded that everyone accused of a crime should stand trial. This is quite untrue. His point is that 'mental illness' should not be a ground for denying the right to trial or for requesting to be excused trial. However, he states many possible legitimate grounds for finding someone incompetent to stand trial, and he discusses who would be best placed to assess them. He is certain only that the assessors should not be psychiatrists.

The book contains wonderful excerpts from the transcript of a 1962 court hearing to determine whether 'Mr. Louis Perroni' was competent to stand trial. For example[15], the Assistant District Attorney, for The People, asks Szasz, as expert witness: 'Do you think everybody is against Mr. Perroni in this case?' Szasz replies:

On the contrary, I have just tried to explain that everybody is for him. You should be against him and then he could stand trial. This is my point. You shouldn't be for him; be against him. Let Mr. Gross be for him and me. Don't let Dr. Lipsky be for him, but let him be his adversary. I believe in the American adversary system of justice. It may be old-fashioned but I believe in it.'

Szasz, a refugee from fascism and Nazism, believed passionately in Anglo-American democracy, freedom and justice. He was deeply dismayed by the corruption of the democratic, adversarial system by totalitarian, inquisitional psychiatric thinking and practice. The Assistant District Attorney's incomprehension of Szasz's love of democracy can be seen in the following exchange.[16] The lawyer quotes a passage[17] from *The Myth of Mental Illness*:

Q. The sentence…is: 'Lincoln said, "As I would not be a slave, so I would not be a master. This expresses my idea of democracy. Whatever differs from this, to the extent of the difference, is not democracy."'

A. I like that.

Q. You like that statement?

A. I like that statement.

Q. Who said that?

A. Lincoln.

Q. Lincoln said that?

A. Yes.

Q. And then you differ from Abraham Lincoln's definition of democracy in your book, is that correct?

A. That is not correct.

Szasz placed at the head of each chapter in *Psychiatric Justice* an epigraph from Camus's essays against fascism in *Resistance, Rebellion, Death*[18] or from his book *The Rebel*[19].

The Ethics of Psychoanalysis (1965) was one of Szasz's own favourites among his books. It is a fundamental contribution to thinking on existential psychotherapy. It is typical of Szasz that, having subtitled it T*he Theory and Method of Autonomous Psychotherapy*, he wrote in his preface to the 1988 edition: 'there is – there can be – no such thing as a…*psychotherapeutic method*'! But in no sense was he repudiating his book. I have been greatly helped by it, as have other psychotherapists. It is invaluable in clarifying,

among other things, how not to get into a false position with clients.

I shall draw on some of what he called our 'years of fruitful conversation'[20] because he said that I was the only person with whom he had ever been able to talk about psychotherapy. When I drew his attention to the writings of Peter Lomas, who had just died, he wrote: 'I didn't realize there were three of us. Well, four, counting Esterson.'[21] But he thought even Lomas wrote too 'gingerly' about medicalisation, although (wrote Szasz): 'Honesty shines through his writing'.[22]

I apologise for quoting my own words, but his endorsement of them throws light on his position in relation to existential analysis. I wrote in connection with an Inner Circle Seminar, 'Freud as Existential Analyst'[23], last year: 'Existential psychotherapy and psychoanalysis are often taught nowadays as if they were diametrically opposed disciplines. But this is a tragic misunderstanding: an ill-informed and destructive splitting. *The pioneering existential analysts were psychoanalysts*. Medard Boss wanted Daseinsanalysis to be nothing other than a "purified" psychoanalysis – "purified" of pseudo-science. Despite his scientist and medical-psychiatric aspirations, Freud – at his best – was a true existential pioneer. Existential psychotherapy is gravely limited unless it is informed by the crucial phenomenological findings of psychoanalysis (though it should indeed jettison Freud's "metapsychology", which he himself said was dispensable).'

Szasz wrote: 'Good summary. As you know, we agree completely about this.'

It goes without saying that, without my blessed discovery of Szasz in the early 1960s, I might never have got to the point of writing words with which he agreed.

In 2004, I gave a lecture in which I asked whether psychotherapists' understanding of love was an advance on popular understanding, let alone on the Holiness Code [Leviticus 19] or on writers such as Shakespeare, Jane Austen and Tolstoy. I argued that 'the language of "mental health" encourages people, even great thinkers like Freud and Jung, to talk in alienated ways'.[24] He wrote to me that he 'very strongly' agreed. He added:

'Herein is our problem: How can one make a profession, how can one make a living, out of being "simply human", in the sense of the Holiness Code? This was a problem for Freud and Boss, etc., and is a problem for all of us. It is a pseudoproblem, solved by our forefathers ages ago: being a rabbi is not a job, not a moneymaking profession. First, you have to do something practical – be a teacher, tailor. Then, in your spare time, you are a rabbi.'

In *Szasz Under Fire: The Psychiatric Abolitionist Faces His Critics* (2004)[25], edited by Jeffrey Schaler, his views were challenged from various angles by leading psychiatrists and philosophers, and defended meticulously by Szasz himself, at such length that this can be seen as his thirty-sixth book. The book also contains an important and fascinating autobiographical

account by Szasz of his early life and how he developed his ideas.

The same year, in *Faith in Freedom: Libertarian Principles and Psychiatric Practices* (2004b)[26], he lamented that even leading libertarian thinkers of the left and right – John Stuart Mill, Bertrand Russell, Ludwig von Mises, Friedrich von Hayek – held that the so-called mentally ill were not responsible for their actions and could legitimately be incarcerated and forcibly treated.

He and R. D. Laing are often wrongly linked as 'antipsychiatrists', but Szasz showed in *Antipsychiatry: Quackery Squared* (2009)[27] that Laing practised both the compulsory psychiatry and the insanity defence that Szasz deplored.

Szasz learned much from the existential tradition, especially from Kierkegaard and Sartre, as well as from Camus. Some existential therapists have learned from him, but too many get no further than accusing him of dualism. They claim he split mind from body and ignored the ancient holistic concept of illness. But Szasz was well aware of the ancient concept. He meant that mental illness is a metaphor relative to the modern natural-scientific, Virchowian concept of illness as cellular pathology, of the body-as-object, not the lived body. Szasz explained this in innumerable books and papers, most rigorously in *Pharmacracy: Medicine and Politics in America* (2001)[28]. He wrote to me that the 'dualism' accusation was a red herring. Even if he were a 'dualist', he asked, how would this justify coercive psychiatry and existential therapists' collusion with it?

His last book, *Suicide Prohibition: The Shame of Medicine* (2011)[29], written when he was ninety, was a protest against suicide prevention, the primary justification for compulsory psychiatry. However, he was equally opposed to physician-assisted suicide, which he saw as yet another intrusion of medicine into living and dying.

Szasz was a courteous listener and greatly enjoyed dialogue. He preferred it to lecturing, although he was a brilliant speaker. He listened intently, relishing each question, often thanking the other person for such a good one. He published ten books (eleven with *Szasz under Fire*) after turning eighty, and conducted three electrifying all-day Inner Circle Seminars[30] in London, in 2003, 2007 and 2010, the last at ninety, attended by exactly ninety people, the dialogue an incandescence of ninety birthday candles.

In dialogue, there was a chance to try to understand his interlocutor's possible misunderstanding and to clarify what he himself was saying. This was at least as difficult a task as Heidegger's in the Zollikon seminars. Although listeners to both men were curious and interested, they were often unprepared for the radical nature of what Heidegger and Szasz were saying. The seminar participants' unexamined natural-scientistic and medicalistic assumptions (I do not mean the regular participants in the Inner Circle Seminars) often made it virtually impossible for them even to *hear* what the speaker was saying. They were disconcerted by what they heard, or thought they heard. They had not made the fundamental shift of thought that Heidegger

and Szasz, in their different but related ways, had made. Since Szasz's language was usually simple and colloquial, listeners often assumed they knew what he meant; and they found what they thought he meant shocking.

This was as true of many existential therapists as of other listeners. This may explain why, for example, one former senior officer of the Society for Existential Analysis called Szasz 'a fascist', and why another former senior officer of the Society called him 'a little fascist' (a nice distinction). It may explain why one member of the Editorial Board wrote to me, and circulated widely, an abusive and scatological email denouncing me for having invited Szasz to speak at an Inner Circle Seminar in 2003; and why another member of the Editorial Board wrote to me, and also circulated widely, an email demanding to know what, in view of my invitation to Szasz, I was doing on the Advisory Board of the Society for Laingian Studies (he had himself invited me).

Szasz had been invited to address a seminar and conference of the Society for Existential Analysis as early as 1989 and 1991, and he had himself been a member of the Editorial Board since 1994. I have described, in my paper '"A poor model for those in training": The case of Thomas Szasz' (2003)[31], how, despite the support for Szasz from Emmy van Deurzen, Ernesto Spinelli and myself, a number of existential therapists expressed suspicion and mistrust of Szasz from the beginning.

At the 2007 Inner Circle Seminar a psychotherapist and teacher said she was 'angry' because Szasz 'supported slavery'. She lectured him at length about 'drapetomania', the 'mental illness', discovered in the nineteenth century, that 'explained' the perplexing tendency of black slaves to try to escape. Szasz listened politely. Only when I intervened to tell her that she almost certainly would never have heard of 'drapetomania' if Szasz himself had not rediscovered and written about the literature on 'it' in his paper 'The sane slave' (1971)[32], did he confirm this. 'So please don't be angry with me about this,' he said gallantly. 'Be angry with me about something else.'

I have come across countless similar misunderstandings of him. Szasz himself wrote in *Words to the Wise: A Medical-Philosophical Dictionary* (2004) that people often brought arguments against him 'founded on so successful a distortion of my position that it is virtually impossible to counter' them.[33] However, he never gave up seeking new ways to do so.

Existential therapists often try to present Heidegger as profound and non-dualistic, Szasz as superficial and dualistic. I am not the only person who finds them both profound and both non-dualistic. For example, Keith Hoeller, a scholarly translator and editor of both Heidegger[34] and Szasz[35], is of the same opinion.

Heidegger observes that tears cannot be understood by natural science although their physical properties can be.[36] Szasz observes that a wedding ring cannot be understood by natural science although its physical properties

can be.[37] Heidegger and Szasz are making the same point, and Laing made it too. It is not dualistic. The two ways of seeing tears or a wedding ring, the personal and the physical, are like the two ways of seeing a human being, as person or as organism, which Laing discusses in *The Divided Self: An Existential Study in Sanity and Madness* (1960)[38] published a few months before *The Myth of Mental Illness*. As Laing puts it, in the language of existential phenomenology, each of the two ways of seeing is a different 'initial intentional act'[39]. Laing writes: 'There is no dualism in the sense of the co-existence of two different essences or substances there in the object, psyche and soma.'[40] Thus those existential therapists who accuse Szasz of dualism are wrong. The two ways of seeing, the two different intentional acts, that Heidegger, Szasz and Laing are defining, do not constitute a 'mind-body dualism'. However, Heidegger and Boss still cling to the idea of Daseinsanalysis as medical, as I have discussed in my paper '"Medical Daseinsanalysis"' (2005)[41].

There are a few existential psychotherapists who have a real understanding of Szasz's work. But for the most part it appears that Szasz is misunderstood by existential therapists in the ways I have described above and in various papers.[42] And it is surely significant that not one of the sixteen or seventeen books Szasz published since the Society was founded in 1988 has ever been reviewed in this Journal.

But ordinary working people, who have nothing to do with psychiatry or psychotherapy or existential analysis, often understand immediately what Szasz was talking about. My wife, Naomi, asked the recording technician at Szasz's all-day ninetieth-birthday seminar whether it had been a long day for him. He looked surprised at the question. His eyes lit up and he replied: 'No, he's very clear.' It was obvious that he had been completely absorbed in listening. He told her that he did not normally listen to the content of what he was recording.

I found our decorator sitting in my consulting room, having downed tools in the kitchen, listening to the recording of Szasz's seminar which I had left on. 'He's great, isn't he?' he said. 'He really talks sense. Who is he?'

Szasz's wife Rosine died in 1971. He is survived by his daughters, Margot and Suzy, by his grandson, Andrew, and by his older brother, George.

Thomas Stephen Szasz, psychiatrist and writer, born 15 April 1920, Budapest; died 8 September 2012, Manlius, NY.

An all-day seminar, *Thomas Szasz: In Memoriam* (Inner Circle Seminar No. 188), will be conducted by Nelson Borelli, Jeffrey Schaler, Morton Schatzman and Anthony Stadlen on 3 March 2013 from 10am to 5pm, at Durrants Hotel, London. For further information, contact Anthony Stadlen at stadlen@aol.com or +44 (0) 20 8888 6857.

Notes

1 Szasz 1961.
2 Szasz 2004b: 175.
3 Szasz 2007.
4 Szasz 1979 [1978].
5 Szasz 1979 [1978]: 208.
6 Szasz 1988 [1965b].
7 Szasz 2004a: 18.
8 Szasz 2002: 14.
9 Twain n.d. [1885].
10 Szasz 1977, 2002.
11 Szasz 1970.
12 Szasz 1965a.
13 Szasz 1965b.
14 Szasz 1965a.
15 Szasz 1965a: 134.
16 Szasz 1965a: 129.
17 Szasz 1961: 199.
18 Camus 1961.
19 Camus 1956.
20 Szasz 2009: xi.
21 Szasz to Stadlen (email) 14 February 2010.
22 Szasz to Stadlen (email) 10 February 2010.
23 Stadlen 2012.
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Bioethics In Psychiatry: An Existential Contribution[1]

Gianfranco Buffardi

Abstract

Every medical act has repercussions for the existence of the individual patient and of those closest to him or her. Such repercussions are all the more significant in psychiatry. Many of the choices facing the psychiatrist have major bioethical implications. The bioethical topics pertaining to mental health are at the heart of many declarations by national and international organisations; yet the topics they deal with by no means cover all the bioethical issues in psychiatry.

This essay sets out to highlight some aspects of psychiatric treatment which have a strong bioethical impact and which do not receive much attention in the existing literature on bioethics. I have identified six topics which, starting from epistemological premises, will focus on the sorts of dilemma psychiatrists inevitably encounter in their daily contact with patients.

Key words

Psychiatric bioethics, psychotherapy, existentialism, existential analysis, psychotropic drugs, K. Jaspers, V. E. Frankl, informed consent

Introduction

Being ill is a special condition of hardship which, nowadays, entails a series of rights which safeguard the individual. First among these is the right to treatment, ensuring that the illness is eliminated or the suffering is alleviated and minimised. Anyone suffering from an illness tends to exercise this right, but is the person suffering from mental illness in the same condition? Does she or he recognise the fact of being ill and know about the rights pertaining to this state? And what rights do family members, relatives, cohabitants and society at large have to ensure that the illness this person is suffering from does not have repercussions of one sort or another on their existence? And again, what are the limits facing those responsible for the treatment, family members and society concerning the individuals who they believe to be suffering from this type of illness? The complex and partial response to these questions characterises the difference between bioethics applied to medical practice in general and bioethics in psychiatric treatment. In the latter case the key questions are more specifically bioethical than ethical because whoever intervenes professionally to treat these forms of illness, or indeed whoever is competent

to intervene and decides not to, produces significant repercussions on the existence, quality of life and biophysics of the individual in question and of their nearest and dearest.

The reflections on human rights undertaken by governments and individuals in the wake of the Second World War and the horror of the Nazi crimes were fundamental to the emergence of the idea of bioethics. Subsequently, the closing years of the twentieth century have seen a proliferation of initiatives, declarations and legislative instruments in favour of the rights of people suffering from mental health problems.[2]

This paper focuses on some aspects of psychiatric treatment which require further bioethical reflection. They have only been partially identified in the declarations of national and international organizations, but they are closely bound up with the questions set out above. In fact these aspects reflect the difficulties of decision making which we psychiatrists have to deal with day in day out.

The boundaries of psychiatry

A man threatens to commit suicide by throwing himself out of a third-floor window because he is not receiving the subsidies he believes he is entitled to; his demands are not lucid and present some incoherence, while the man is known to be frequently drunk. The mental health task force is called in to deal with the emergency. At what point does such a case become a matter for psychiatry?

The problem of the boundaries of psychiatry is inevitably bound up with the discipline's history, with the succession of existential conditions and political and social developments that have spanned this history, with the increasingly invasive presence of the mass media, and with the constant increase in the numbers of people resorting to medical treatment: all the dilemmas that crop up in the day-to-day exercise of psychiatry bear out the centrality of this problem.

To take a more concrete illustrative approach, the case history evokes a general problem of diagnosis, namely whether or not the man should be considered as suffering from a mental illness, and raises questions as to the 'boundaries' of psychiatry.

What are the behavioural variables and the 'ethical' implications underlying the adoption of various methods of assessment in psychiatry (methods which may refer to specific models)?

The first fundamental variable is to **recognise whether or not a person is suffering from mental illness**. Is the man in our case study mentally ill? On what grounds would we testify to his psychic pathology? Certainly his behaviour is 'over the top' in view of what has brought it on (but efficacious, because he does indeed receive the subsidy he was after!).

The psychiatrist's intervention involves recognising, evaluating and assessing the illness, in the first place, but also formulating the diagnosis, therapy and treatment. This is a complex process which entails a series of consequences:

- **weighing up the illness**: our diagnosis will confirm the elements which stigmatise the man as 'ill', increasing the distance between him and those around him who may reject him;
- **weighing up the diagnosis**: opting for the diagnosis of an illness rather than of a mistaken adaptive response may lead to difficulties in his domestic situation; the man will start to feel less secure in his social role, and this will undoubtedly put him at risk of succumbing to a genuine mental pathology;
- **weighing up the therapy**: the therapeutic orientation deriving from the diagnosis will initiate procedures which might prove incompatible with the individual's existential condition: necessity for compulsory admission to hospital, removal from a family or social environment, complex pharmacological therapies, necessity for on-going clinical monitoring, indispensable counselling in health units, etc.;
- **weighing up the treatment**: last but not least, the prospect of a more or less long-term treatment plan, integrating the resources of the health and social services, even if this involves living conditions which fail to take into account the requisites of the individual and his family.

The second variable takes us back to the concept of the boundaries of the psychiatric intervention I raised above. We might define this second variable as the **choice of intervention modality and intensity**: an intervention which only takes into consideration the resolution of a crisis situation has very different consequences to one which involves a range of professional assistance.

The intervention type can be evaluated in the framework of various parameters including a greater or lesser degree of:

- **integration** of different professional competences
- **therapeutic control**
- **medicalization**
- **'protection'** of the individual and cohabitants
- attention to maintaining **social order**
- **assiduity**, ranging from one-off contacts up to complete management of the case, etc.

Each variation in a parameter will bring about alterations in behaviour. This orientation commonly produces statements such as:

a. any form of behaviour which strays from the norm should be subjected to psychiatric assessment;
b. acts of self-aggression are always caused by mental illness;

c. the risk of suicide is reduced by hospitalising the subject;
d. the intervention of mental health operators is always required in situations of social hardship;
e. if a person who commits crimes, of whatever kind, is mentally disturbed, intervention by mental health operators is the first priority.

These points require some further consideration:

POINT A: For abnormal behaviour to be considered pathological, we need first of all to evaluate what is normal behaviour and where the limits of behavioural normality lie. There is in fact no hard and fast defining line between normal and pathological behaviour: we are obliged, at least for the time being, to rely on 'common sense'.

POINT B: Is suicide a form of mental pathology/illness? Are we to consider as 'mentally ill' those who decide to take their own life as an extreme gesture of honour? Are the suicides of Stoics in antiquity, or soldiers to avoid capture by the enemy, or heroes who sacrifice themselves to save the lives of others, all forms of mental illness? And what about the 'assisted' suicide of a terminally ill patient who decides of their own free will to put an end to their suffering?

POINT C: There are no significant statistics providing unequivocal proof that the risk of someone committing suicide decreases thanks to obligatory hospitalisation or other analogous interventions.

POINT D: The intervention of mental health operators in situations of social hardship can have a negative effect: this emerges from what was said above about the concept of 'weighing up the diagnosis'; even if the mental health intervention is merely precautionary, it may compromise the individual's social existence. All too often social hardship brings with it stigma.

POINT E: Being delirious and committing crimes are not mutually exclusive!

Psychiatry as a branch of medicine

A 55-year-old lawyer has been receiving attention for a long time for a reactive condition with bouts of depression. As time went on antidepressive therapies, initially effective, lost their therapeutic capacity. After a few years an Alzheimer's-like demential pathology manifested itself. Even after assessment, the doctors in charge of the case were unable to verify whether the depressive symptomatology was in fact a preliminary manifestation of the degenerative pathology.

Psychiatry is a branch of medicine, and the psychiatrist's medical qualifications must enable a correct differential diagnosis between hypotheses based on psychiatric diagnosis and possible illnesses with a non-psychic aetiology. Yet all too many people – and even, it must be said, psychiatrists – believe that psychiatry is a field of specialisation in its own right, quite separate

from the various branches of medicine.

It is extremely difficult to understand the reasons for this singular state of affairs.

In this respect too we have to speak of 'boundaries', but this time boundaries within the discipline of medicine itself.

The most important boundary psychiatry has had to stake out over the years has been the one with neurology.

> *If one considers, moreover, that the two fields of enquiry refer to disciplines which study in one case the brain, the seat of the psyche, and the other the mind, the seat of the nous, there is no question of avoiding the intrinsic complexity*

(Buffardi, 2000: p 9)

As a matter of fact the most significant bioethical implications arise from the opposing tendency; that of excluding *a priori* any enquiry which can evaluate any aetiology which is not psychiatric.

The decision to undertake a more scrupulous investigation in order to rule out the presence of ailments pertaining to other spheres of medical competence, fully meets the criterion of prudence and should always be advocated, particularly when such an investigation presents no risks for the patient. In the initial assessment there are two factors that may go against such a decision: the excessive cost of investigations which may prove superfluous, and the time required to carry them out, above all when the intended psychiatric therapies have to be postponed because they may affect the results of the investigations.

Whereas these considerations undoubtedly reflect good practice, there are also 'ideological' considerations associated with the adoption of rigid psychological or neuro-physio-pathological reference models.

The various approaches commonly taken by mental health professionals with respect to their patients can be summarised as follows. Once again I adopt a term which is given a different meaning to its usual sense: *medicalisation,* which I use to designate a complete medical and clinical assessment of the person suffering from mental health problems.

Anti-medicalisation, anti-psychiatry, the socio-political psychiatric rehabilitator; psychiatric problems are social and economic problems, even clinical psychiatry is banned, to be called on only for the psycho-pathological aspects which make it possible to recognise the symptoms. **Zero or scant medicalisation**, meaning a predominant focus on psychological aspects. The psychiatrist rules out *a priori* any investigation of medical causes for the symptomatology, concentrates exclusively on the mental aspects and ignores all the biological repercussions of the patient's psychopathological condition. We can identify at least two forms of this approach:

❍ the psychiatrist who refuses any interaction with medical aetiologies, indeed believes that any problems with organs derive from psychic problems;

❍ the psychiatrist who leaves non-psychiatric clinical assessments to others: 'I don't know if you have a brain cancer and I'm not interested. Go and see a neurosurgeon about that; we are going to work together to solve your mental problem'.

Partial and mediated medicalisation. The psychiatrist recommends an exploratory screening or consultation with another specialist not on the strength of a genuine suspicion but merely as a routine measure. In this case too we may be faced with either of two modalities:

❍ the psychiatrist has recourse to ready-made types of screening, guidelines or protocols laid down by others;

❍ the psychiatrist adopts a generic protocol of his/her own involving a standard procedure.

Rationalised medicalisation. The psychiatrist identifies a model procedure to rule out possible organic causes for the psychic symptomatology; in this case the way in which the clinical assessments are proposed (using a conciliatory, possibilist, informed, minimalising tone, etc.) will affect the outcome.

Hyper-medicalisation. Typical of psychiatrists who have always pursued a '*palpable cause*' for mental illnesses, from the schizococcus in the pre-genetic era to the schizogene in more recent times, but also of those always on the look out for sub-confusive metabolic alteration, cortical atrophy, or a cerebral zone which is only scarcely responsive to the P.E.T.

When one looks at the epistemological premises of these 'attitudes', which, I repeat, are often spontaneous and not meditated, we are faced with the general problem of determinism. For the attitude that tends to make frequent recourse to scientific and 'medical' explanations of a psychiatric problem goes hand in hand with a greater tendency to determinism and scientism, even though it does not go without saying that a psychiatrist will act in accordance with deterministic models even if his activity is less medicalised.

The object of psychiatry

We treat a patient suffering from visual hallucinations with antipsychotics: the symptoms vanish but his/her quality of life declines. What should we be treating?

What is the object of treatment in psychiatry? The brain? The mind? The

symptoms? The socio-environmental context? The stigma?

What consequences will there be for the individual deriving from the therapeutic choices of the doctor? And, in this sense, can we formulate guidelines for psychiatric treatment in relation to choosing the right object?

Let us try to list some of the possible objects of treatment, which I hope include the principal ones:

a) the illness
b) the reduction of disturbances
c) the symptoms
d) the quality of life
e) social competence
f) subjective experience
g) efficiency in work and/or daily life.

In the introduction to the sixth edition of his *Compendium*, Kraepelin defines psychiatry as 'the science of mental illnesses and their treatment' (Kraepelin, 1895). The key to this statement, which nowadays strikes us as self-evident, lies in its condemnation of all the mystificatory, fantastical and supernatural tendencies which had characterised the treatment of mental illness up until the end of the 19th century. But in his work on 'systematic psychiatry' Kraepelin attempted to define an illness by means of diagnosis, developing the therapy on the basis of this diagnosis.

This procedure holds numerous difficulties for the clinician, for it is virtually impossible to formulate a psychiatric diagnosis without conducting an observation over the course of time.

Schematically I can indicate three peculiar characteristics of psychiatric diagnosis:

1) **Contextualisation**: psychiatric diagnosis 'suffers' if it is confined to the here and now;
2) **The crisis of categorising**: the change to dimensional assessment is still to be completed, but already this transcendence of diagnostic categories appears obsolete in the acceleration of the variability of knowledge as it has been effectively summed up in Bauman's term 'liquid life';
3) **The ontological problem** of psychiatric diagnosis: is diagnosis a category of essence, identifiable with the individual, or of existence, recognising in the multiplicity of the individual the impossibility of identifying the person with the condition?

Combining these characteristics we can see even more clearly the difficulty posed by treatment in psychiatry and the extreme bioethical repercussions this entails.

On the contrary, can we conceive of a choice of object which will be

appropriate in both clinical and bioethical terms?

To give a positive reply we would have to identify the object of psychiatry in a complex integrated system which includes at least the following aspects

- **the person in her/his existence, history and present state** (*Eigenwelt* in Binswanger);
- **the social context** in which the person expresses her/his difficulties (more or less equivalent to *Umwelt*);
- **the significant relationships** and the modality in which they develop over time (*Mitwelt*);
- **the historical context** of the act of disturbance (which will be an integral part of the patient's 'history', a broader concept than that of 'anamnesis');
- **the resources** which the person has available (physical, affective, moral, economic, social, etc.);
- **the state of physical health** (as established by a diachronic clinical assessment, not limited to the present state);
- **the psychopathology** expressed (in its multi-dimensional entity);
- **the predictability** of future developments in the pathological component (in this perspective the psychiatrist must not underestimate the knowledge to be gained from both clinical and epidemiological studies).

This is only a partial list, and one which will come into conflict with the rigidity of the psychological and aetio-patho-genetic model favoured by the clinician. And this clearly represents another of the principal bioethical issues at stake.

Rigid adhesion to models

A young woman, suffering from a delirious condition, is treated by a psychiatrist-psychoanalyst for three years: the specialist, taking refuge in rigid orthodox procedure, decides not to prescribe drugs, even while recognising that they will benefit the patient. The patient interrupts the therapy and experiences serious delirious crises, even though she manages to maintain a partially controlled social behaviour. She becomes pregnant, gives birth and cares for her child fairly adequately until the baby is six months old when, once again in the grip of a delirious crisis, she suffocates it in its cot.

It is unlikely that a specialist will subject the rules of a therapeutic methodology associated with the sort of powerful aetio-patho-genetic model found in psychoanalysis to a proper critical scrutiny, since they are strictly self-referential. This problem regards the classic medical report, which is partially conditioned by biological psychiatry based on identification of the pathology's typical symptom, which is then taken as

the key to the clinical picture and hence the appropriate therapy.

As a matter of fact, even when all the possible 'extenuating circumstances' have been conceded, the behaviour of the doctor who first had the young woman in analysis is not so different from that of most psychiatrists and psychotherapists: do we not tend to observe the fundamental rules of our own technique (underestimating the importance of the fundamental rules of other therapeutic methodologies) so as not to jeopardise the outcome of the therapy?

The bioethical issue concerning the rigid adhesion to models must also be extended to the field of research, which makes it possible to achieve an 'official' theoretical reference model. We can think, for example, of biological psychiatry and all the associated disciplines which study the validity of pharmacological therapies.

Another aspect of a rigid adhesion to specific therapeutic models is the alleged, and frequently invoked, **neutrality of the therapist**. The therapist should renounce his or her own ideas in terms not only of methodological choices, but also of opinions and judgements on the patient: 'I consider it legitimate and coherent that you should wish to go on drinking too much alcohol simply in view of the fact that this is your will'.

Is such neutrality a premise or a goal of our work? Alternatively, if one accepts the hypothesis that the therapist can never be "neutral", is it really indispensable to express one's own opinion in order to ensure effective management of the relationship?

I believe that the specialist is basically confronted with three problems deriving from this premise:

- **whether or not** to be neutral,
- **knowing** whether or not one is being neutral,
- **informing** the patient if one is not being neutral.

Will disclosing one's non-neutrality have negative consequences on the relationship that has been set up with the patient?

Could 'confessing' one's non-neutrality have negative existential repercussions on the patient? And on the therapist?

Will the choice of a 'holistic' reference model, with respect to a more deterministic or indeed a blatantly reductionist model, reduce the risks deriving from non-neutrality?

Informed consent in psychiatry

Informed consent is a vast topic which is accorded varying degrees of importance in different legal systems. Proper treatment of this subject would involve a comparative study of the different jurisdictions which goes beyond the scope of this essay. Here I shall merely offer a generic clarification of the topic and its particular application in the psychiatric field.

We might define informed consent as the voluntary acceptance on the

part of a beneficiary of the treatment being proposed by the doctor. In this sense the doctor is obliged first of all to inform the patient about the treatment to be used, and then to secure in some form the latter's authorization for this treatment to be carried out. One of the crucial points in the debate is the fact that in some jurisdictions, such as in Italian law, it is indispensable for consent to be sought; moreover, once consent has been granted it can be revoked by the patient, whatever stage the treatment has reached.

The Council of Europe has approved the *Convention on Human Rights and Biomedicine* (Oviedo, 1997), which provides a comprehensive overview of the subject of consent and possible cases of exemption. In a nutshell, informed consent is deemed essential for every therapeutic intervention and exceptions can only be contemplated in limited and well defined cases. On the subject of mental health it states:

Chapter II – Consent

Article 5 – General rule

An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it. [...]

Article 6 – Protection of persons not able to consent

1. [... A]n intervention may only be carried out on a person who does not have the capacity to consent, for his or her direct benefit.

2. [...]

3. Where, according to law, an adult does not have the capacity to consent to an intervention because of a mental disability, a disease or for similar reasons, the intervention may only be carried out with the authorisation of his or her representative or an authority or a person or body provided for by law. The individual concerned shall as far as possible take part in the authorisation procedure. [...]

Article 7 – Protection of persons who have a mental disorder Subject to protective conditions prescribed by law, including supervisory, control and appeal procedures, a person who has a mental disorder of a serious nature may be subjected, without his or her consent, to an intervention aimed at treating his or her mental disorder only where, without such treatment, serious harm is likely to result to his or her health.'

(Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine. Oviedo, 4.4.1997)

Even these few specifications open up broad areas of discussion as to what constitutes informed consent in psychiatry. The crucial role of bioethics in this field derives from the fact that informed consent involves two fundamental principles of bioethics: the principle of responsibility, in the broad sense of the term as invoked by Jonas, and that of the autonomy of the individual, in keeping with the principalistic view.

I believe it is important to highlight the 'active' role attributed to the 'patient' in the context of informed consent. But the concrete bioethical question of informed consent in psychiatry is closely linked to the nature of psychiatric illness and to the ability of the individual to take care of him or herself. In the light of this:

1) What are the criteria for considering the person suffering from an on-going mental pathology as a 'juridically competent subject'? is it enough to verify their condition as *compos mentis*? Is it possible to disregard the cultural level, personal circumstances and the company kept by the person in question?

2) Is it always opportune to require informed consent when it has been established that the person in question is *compos mentis*? To what extent can it be disturbing and incapacitating to know of aspects of the pathology which are bound to affect the person's self-esteem?

3) Are there pre-established criteria for the information which must be given prior to seeking consent? For example, is the clinician able to give full explanations about all the possible therapies being proposed for the case, even when these do not come under his competence (such as psychotherapies referring to particular models)? What limits are there on the information that can be provided in psychiatry?

4) Do modalities of treatment such as psycho-education invariably comply with the principles of informed consent? And with the regulations on sensitive data?

5) Is there protection in law for the doctor who, in making the most appropriate choice for the health of the patient and the patient's family members, does not observe the norms governing informed consent?

From a reflection on these aspects it emerges that:
   a) understanding enough to be able to grant consent is a faculty that can be invalidated by several conditions, including:
   - the intellective incapacity to understand
   - the presence of ideative disturbances which alter the meaning of the information to be understood
   - the absence of the will to understand, or
   - the clear will to oppose any proposal that is made by the doctor
   - the anxiety that affects the patient's view of what is being proposed

- the low degree or absence of self-esteem which, a priori, implies the inability to understand
- the scant attention, as a manifestation of anxiety or symptom of problems in the central nervous system.

b) Understanding can also be compromised by:

- giving complete information, which is closely linked to the risks which the knowledge would bring with it, among which the risk of demoralisation, of inner stigma (inability to accept the condition of psychiatric patient), of elusion of known facts (speciously forgetting part of the information given), etc.;
- the ability to understand, linked to several factors, including:
  - ❍ type and symptomatology of the psychopathological condition in course,
  - ❍ first episode of the illness, relapse or recrudescence of the psychopathological condition,
  - ❍ the individual's cultural level and general knowledge,
  - ❍ the individual's affective competence and affective network,
  - ❍ capacity for attention during interview with the doctor,
  - ❍ circumstances in which the information is given,
  - ❍ the doctor's intrinsic ability to deliver the information;
- the risk of confusion with 'parallel' information, as for example that found on internet.

It is essential that point 3) should not be neglected: to be able to give correct and complete information the psychiatrist must be well informed! Considering the great variety of therapeutic proposals in psychiatry, validated in varying degrees by controlled studies, there may well be even respected specialists who only have a shaky knowledge of some areas of therapy.

Lastly, point 5) is particularly relevant to the psychiatrist who is confronted by wide-ranging regulatory norms that do not necessarily correspond to the clinical problems encountered in daily practice.

Existential repercussions of treatment

All therapies, whether medical, pharmacological, surgical and rehabilitative or psychiatric, psychological and socio-rehabilitative, can present adverse reactions, side effects or contra-indications, which can have a negative effect on the individual, compromising the quality of everyday life or else invalidating participation in therapy.

In psychiatry it is necessary to consider a further aspect which only rarely occurs in other fields of medicine: knowing that one is undergoing psychiatric treatment, and subject to its effects, can impinge on the individual's existential dimension, on the recognition of his or her identity as a unique

person, on the ability to face up to life's difficulties.

Psychiatric treatment, even more than other medical therapies and other forms of personal care, can give rise to unforeseen **existential repercussions** and dystonic personalities.

The social difficulty deriving from stigma is an existential repercussion; so too is the reduction in the ability to respond adequately to social solicitations. When people feel they are mentally ill, or are suffering from existential or affective depression and do not receive adequate treatment, they can experience a radical loss of sense.

The existential sphere is the privileged arena for psychiatric treatment, and one of the foremost exponents of psychotherapy, Viktor Emil Frankl, concentrated his life's work on this sphere:

> *[...] as long ago as 1950 he described and defined as* '**existential frustration**' *the experience of 'states of mind' characterised by boredom, indifference, sense of absurdity, void, apathy; the consequence is the state of abulia which takes hold of people, young and not so young, who 'lose their grip' and in any case prove unable to overcome the* **nausea** *of an existence without any goals or gratifying ideals; in practice,* **existential frustration***, which is characterised by a profound feeling of* **non-sense***, is grounded in what Frankl, with an expression that has come into standard usage, called* '**existential void**'.

> *If this condition occurs at a time in which the individual is unable to come up with a remedy, even as an emergency measure, it often leads to a full-blown depressive symptomatology, whose emotive contents are characterised by an acute awareness of the malaise as being generated by the void in which the individual is immersed. Such a capacity for awareness of one's own mental condition is typical of the nous.*

(G. Buffardi, 2001: p 3).

The term '**noethical**', derived etymologically from the Greek ν òος, which may be literally translated using the terms 'mind', 'reason', 'intellect', has a broader, more evocative meaning, denoting among other things what is known as '**intentional capacity**' (where intention = tending towards), and hence the characteristically human capacity for **projection**. Humans, in fact, manifest their specific nature and peculiarity only when they 'raise themselves' to the noethical dimension; just as the noethical dimension is implied in the abandonment of the capacity to project, in "dis-in-tention".

Frankl studied the intentionality of human existence and its alterations using the system of Values-Aims-Meanings (Valori-Scopi-Significati, V.S.S., As formulated by Brancaleone, F. *Logos*, 1989).

Through this noethical system, individuals evaluate existential requisites, relationships with others, the social context in which they live and their ability to manage it; in the same way the system evaluates its own altered capacity for providing an existential response on account of a choice of treatment for a particular somatic or psychic condition. This is the point at which the *nous* can become ill and fall into what Frankl calls **existential depression**.

What are the possible strategies for reducing the negative impact of existential repercussions? I shall merely offer a few brief considerations, being all too aware that there can hardly be a 'solution' to such a complex and multi-faceted problem:

1) It is necessary for the therapist to be thoroughly informed about the consequences of decisions regarding treatment, concerning the therapies adopted but also the existential traits of the person he or she is preparing to treat. (A negligible lapse in concentration, such as that caused by many anti-depressives, could be insignificant for a pensioner who has not driven for years but fatal in an airline pilot).

2) It is necessary for the therapist to transmit this information to the patient with all the circumspection I have evoked in the preceding sections, and discuss the possible developments of the treatment.

3) It is extremely useful for the patient to be sustained during the treatment by a help professional, who may be different from the doctor or specialist who first took on the case but nonetheless acts in accord with them and can guide the patient in the constant search for possible variables in his or her basic system of values and intentions.

4) All those involved in the treatment should stimulate the patient to attempt a constant, comprehensive extension of his or her inner maps, in the pursuit of new possibilities and intentionality.

5) The treatment will always tend to the pursuit of variables which can deal with difficulties that crop up unexpectedly, following a total loss of sense, a moment of frustration over a problem wrongly considered by the specialist as negligible, a difficulty linked to a sudden, unexpected event, and so on.

Conclusions

These considerations evoke a scenario in which the psychiatrist is entrusted, willy nilly, with a decision-making power which goes well beyond that of the medical doctor, and whose use has consequences for the life of an individual which exceed the repercussions which generally ensue from any other medical act.

But are psychiatrists aware of this complexity? And if they are not entirely aware, who is to inform them? Are the current programmes of study, training and professional enhancement sufficient? Or is it necessary, in the field

of bioethics as in all too many other aspects of psychiatric clinical activity, to simply rely on the common sense of the individual professional?

It is surely not possible to give hard and fast answers to many of the doubts I have raised in these pages, but this does not lessen the need to be aware of these problems. I hope that this essay will make a small contribution to achieving this awareness.

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Notes

[1] This paper is the core of my research into bioethical problems in psychiatric treatment, edited in the volume *Bioetica Quotidiana In Psichiatria* by FrancoAngeli, 2009.

[2] I think it is important to reference the opinion of Thomas S. Szasz that identifies an ideological tool in the psychiatric dehumanization, that creates the myth of mental illness and imposes a scientist personal, individual, unique human existence. See "The Myth of Mental Illness" (1960), Harper & Row, 1974.

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Personality Disorders As Existential *Phrenitis*: An Ontological Understanding

Victor Amorim Rodrigues & Miguel Montenegro

Abstract

The present paper proposes an existential comprehension of personality disorders by introducing an ontological analysis of the phenomena. An inflamed '*Ontological Consistency Illusion*' becomes '*Existential Phrenitis*'. Given the rising number of people diagnosed with personality disorders, existential psychotherapists should be prepared to approach this construct.

Key words

Existentialism, personality, personality disorders, phenomenology, psychopathology.

Introduction

Nee certam sedem, nee propriam faciem, nee
munus ullum peculiare tibi dedimus, o Adam, ut quam
sedem, quam faciem, quae
munera tute optaveris, ea, pró voto, pró tua sententia,
habeas et possideas.[1]

Pico dela Mirândola (1486),

Oralio de hominis dignitate

Personality psychology is a major chapter of the whole set of psychological sciences. Many students enrol in psychology courses motivated by the desire to understand personality, both others' and their own. Not surprisingly, personality disorders are receiving more coverage in psychological and psychiatric reviews.

This article attempts to propose an existential perspective of personality disorders, at an ontological level, in sharp contrast with the traditional psychoanalytic and cognitive approaches, which remain ontic analysis of the same phenomena. A personality disorder can be understood as a conventional diagnosis for people that do not adapt smoothly into a given social system and are identified by the occidental health system as disturbing to others and difficult to handle. It groups personality traits that occur together more frequently than expected by chance. Often these people feel miserable in themselves, engage in self-destructive behaviour and look for help on their own.

Given the rising number of people diagnosed as having personality disorders, existential psychotherapists should be prepared to accept them in the therapeutic setting and respond adequately to their particular way of relating. They should also be prepared to exchange information with colleagues from other therapeutic schools when questioned about the existential perspective on personality disorders, or when asked to engage in a multidisciplinary discussion of clinical cases at congresses or scientific meetings. We propose such a possible comprehension.

The fundamental question: 'Why Being?'

Why is there *Being* rather than *Nothing*? According to Heidegger (1935/1999), this is the primary and most fundamental question. It has priority above all others, because any inquiry about the characteristics of a particular being (e.g., a house, a man or a number) comes necessarily after the question of *why* is that particular entity in examination a 'being', rather than 'nothing'.

This said, every science that studies a specific object must ground its foundations in the *ontological* inquiry, defined by Aristotle (350 B.C./2010) as the examination of 'Being *qua* Being' (p 51). Even at a reductionist framework, the regional ontological question remains present: 'Why is there this kind of being rather than nothing?' and the subsequent question: '*What* is the *essence* of this particular being?'

The question about the Being of man

Of all the sciences, those which pertain to human phenomena and the individual experience – both sensory and psychological – are in a particular relation to their object of inquiry: *The subject questioning is of the same 'nature' as the object questioned*. Alongside this fundamental fact, the issue of human essence has also been of special concern for philosophical rather than scientific inquiry since at least Socrates, who asserted that the primary interest of man was man himself. Although Heidegger (1927/1996) was mainly interested in questioning '*Being*' in general, he too considered that the starting point of study should be man's being, since he is the only being with comprehension of his own being: He *is* the question of being.

Surely, both philosopher and scientist can bypass the primordial question and start immediately studying the ontic characteristics of human activity, like behaviour, social interactions or language. However, all the words written throughout the millennia about what man supposedly '*is*' are devoid of any phenomenological support, if they weren't initiated by the ontological question about man itself rather than his ontic attributes. The *analytic* of the human way of being – mere prolegomena for Heidegger – should provide an ontological foundation for human sciences to take into consideration.

The question about the essence of *my own* Being

The question about man's being doesn't concern only systematic investigators, but every person. On an everyday level, the question assumes different forms, such as 'Who am I?', 'Why do I exist?' or 'What is the meaning of my life?'. These different presentations of the original question constitute the main implicit motivation driving people into psychotherapy. Therefore, the psychotherapeutic process that probes the foundations of being from which arise the ontic questions (e.g., 'Should I quit my job?', 'Is this person the right person for me?', Where is this anxiety coming from?') should deal with the original ontological question; the question of the essence of Being itself.

No conclusive answer is expected to be found, because we never have access to an ultimate reality in any given situation (Spinelli, 2005). The objective is in the questioning itself, as it opens the possibility to reflect about the essence of being by each individual person. It may lead to the conclusion, as it did with Heidegger (1927/1996), that human being is the only one whose essence is in his engagement with the world. Hence the hyphenated expression '*being-in-the-world*'.

The *Ontological Inconsistency* of man

Questioning my own being – an approach that can be used in the therapeutic setting – is not possible in a theoretical and detached way, because I am already implicated by questioning. Getting in touch with my *Ontological Inconsistency*[2] implies the awareness of the fact that (i) I was thrown into the world without any participation in this '*thrownness*', and that (ii) no matter how deep I search for something consistent inside me, (e.g., the 'real' me, the 'superior' self or the inner ultimate truth), all I find is a *fluid process* of becoming, with nothing permanent and solid to rely on, as an essence is expected to be. There is nothing intrinsically consistent about man's being. Hence the expression 'Ontological Inconsistency'.

This becoming 'I-am' locates me in a special relation to time. Eventually, my *finiteness* will confront me with the nothing I am, from which I came and towards which I am heading. Even if I don't reflect upon all this – and most people don't – I can't help but be faced with my Ontological Inconsistency, quite often in indirect and undesired ways, experienced as an insurmountable anxiety that points to that constitutional nothingness which I am. Simply accepting this truth about myself is horrifying and leaves me ungrounded in an ontological vacuum that creates so much anguish as to be unbearable. This has presumably been true for most of the human beings that have ever existed. However, it seems particularly evident in present times, perhaps because of the widespread rejection of *grand narratives* (Lyotard, 1979, I988; Steiner, 1971/1992), discredited during the 20th century along with their promises of a mythological future. We are godless orphans, without

an outer source providing what we call '*the Illusion of Ontological Consistency*' to our Being. For the first time in human history, man is living without the illusion of a pre-existence human essence, alone with his nothingness, while in past eras he always had some transcendent entity to rely upon. For example, the medieval man had the source for Being in the mystical experience of God, for He was the ultimate *fons et origo* of every entity. There was a pre-defined purpose to man's existence: to realize himself as the image of God. Man's essence was *Imago Dei.* Following that, the Cartesian promise of reliability in substantial *Cogito* has also failed, and with it the entire project of Modernity.

The absence of a given essence to Being in the current post-modern era might be related to the accentuated increase of personality disorders diagnosis since the 1980s.

Personality as an *'Ontological Consistency Illusion'*

Ontological Inconsistency cannot be dealt with directly, but it can be deferred. This '*forgetting of Being*' seems to be a particular attribute of our times. These are the different modalities of Heidegger's (1927/1996) '*inauthenticity*' and Sartre's (1943) '*bad-faith*', seen as possibilities inherent to the human way of being.

Escaping the 'fluidity' of the '*pour-soi*' is a common démarche. We are constantly longing for a pre-existence essence to rely on to determine who we are and what we should do accordingly, without the burden of choice and the implicit possibility of failure. We achieve an illusory ontological consistency by attaching ourselves to entities that provide us a timeless source of illusory 'permanency', like our name, our professional role or our civil status. These are alternatives to accepting 'being fluid in time', even if they have only a limited range. One of the things we like to attribute to our 'nature' in order to escape the Ontological Inconsistency is *personality,* a conceptual synthesis of our particular way-of-being: 'This is who/how I am'. But identifying a set of traits and attributing them to ourselves or to others (e.g., I *am* smart, he *is* stubborn, I *am* kind, she *is* organized) as something static and permanent is just another modality of bad-faith, a way to the *Ontological Consistency Illusion*.

'Personality' is a particularly difficult construct to approach from an existential-phenomenological perspective. The concept is hardly discussed in phenomenological psychology manuals (e.g., Gallagher & Zahavi, 2008; Spinelli, 2005; Valle & Haling, 1989). Therefore, it's very difficult to find psychotherapeutic existential literature about personality disorders. Traditional theories of personality tend to emphasise intra-psychic conditions and factors to clearly demarcate a *self* or an *ego*, typically understood as a singular and internal entity-like concept. Contrarily, existential theory and psychology begins with an inter-psychic or inter-relational grounding (i.e., *intentionality*

or *being-in-the-world*) and as such cannot locate personality simply within any isolated agent. Personality must always be considered as a dialectic construct.[3]

But since the concept of personality is generally accepted within the psychological sciences, it seems relevant to question it from an existential perspective. Note that we are not denying that humans have a nuclear set of biological inherited tendencies, mainly genetic, but it is also true that we can freely choose to reinforce some traits to the detriment of others. As Sartre (1970) put it, even the most cowardly man is capable of a brave act just before his last breath, thus denying the cowardly nature he had shown his entire life. After all, if we had a definite insurmountable nature, psychotherapy itself would be a somewhat futile exercise, since it would not be able to effect change.

Personality disorders as '*Existential Phrenitis*'

Personality disorders are seen by mainstream psychiatry and clinical psychology as a set of enduring patterns of inner experience and behaviour that deviate markedly from the expectations of the subject's culture (DSM-IV-TR, 2000). These 'disordered' patterns manifest in several areas of the person's life, such as cognition (how the events are perceived), affectivity (emotional responses), interpersonal functioning (relationships) and impulse control. The diagnostic criteria demands that the enduring pattern be inflexible, stable over time, cause significant distress and be pervasive across a broad range of situations. This behaviour is generally seen as an adaptive process, partly acquired during early psychological development and partly resulting from genetic influences. The patterns are always dysfunctional, causing impairment, suffering – especially to others, feelings of rejection and inadequacy.

Although personality disorders have been recognized at least since ancient Greece (Teofrastus, an Aristotelian disciple, wrote a treatise on the human character in 319 B.C.), they were first acknowledged as an important part of psychopathology by psychoanalytical circles. A considerable amount of scientific articles and manuals have been developed in psychoanalytic (Kernberg, l975; 1984; 1992; 2004/2006), cognitive (Beck & Freeman, 1990; Young 1990) and interpersonal therapy (Benjamin, 1996), to name a few.

On the biological front, psychiatry has yet to discover a pill for personality change, in spite of the extensive research on the subject. Biological psychiatrists still tend to send these patients to psychotherapy – and in the process, to get rid of them – or to redirect the diagnosis to DSM-IV-TR's Axis I categories, which are easier for them to handle.

Dreyfus (1983/1989) already argued – mainly supported on Merleau-Ponty's (1945/2002; 1964/1968) ontological conception of mind – that 'character problems' occur when 'some aspects of a person's way of relating to objects in the world become part of the context on the basis of which

all objects are encountered. When this happens, the person's world or clearing becomes restricted or rigid' (Dreyfus, 1983/1989, p 4). A local issue becomes a *dimension* of the clearing, thus creating an *atmosphere* that influences all relations with entities by depriving them of their authenticity. In other words, *content* expands into *context*, in what Merleau-Ponty called *generalization*, an antecedent to some cognitive psychology concepts.

From our perspective, personality disorders are extreme attempts to avoid dealing with the existential anguish associated with the threat of awareness of the constitutional ontological inconsistency intrinsic to Being. The enduring patterns of experience and behaviour can be seen as the way someone perceives Being, the world and being-in-the-world in a rigid way, as an attempt to define a permanent identity to himself and to others. People most affected by the threat of Ontological Inconsistency awareness seem to perceive their set of personality traits as something of inflexible nature, that can't change with experience. Therefore, personality is expected to be accepted, respected or tolerated, even if it brings suffering upon themselves and others. The common argument supporting this attitude is that 'I am what I am, despite my will: It's my nature'. It's a severe form of the Ontological Consistency Illusion, where the essence of Being is somewhat reified in the way-of-being itself, as if existing *a priori* and independently of present experience, and where freedom and choice are abandoned. This seems to happen when some specific ontic elements are inflamed to such an extreme that they overwhelm all experience and are taken as the essence of Being. This is not to be seen as a metaphor, but as a real mental *phrenitis*, as first used by the Hippocratic tradition. This '*ontic inflammation*' is a protective attempt to put aside the awareness of ontological inconsistency, functioning as a stereotyped response to all experience. Each personality disorder is then a special 'manoeuvre' to make sense of an ever fluid existence by rigidifying the way-of-being. That is why people diagnosed with personality disorders don't seem to learn from experience and are very resistant to change. They keep relating in the same way to different phenomena. They tend to give the same response to the same situation, even after it has been shown to be an inadequate response. We call this particular way-of-being an '*Existential Phrenitis*'.

It can be identified through some kind of disagreement between the person and its world dimensions, only understood on the ontological context of *Otherness* and the several modalities used to respond to the given fact of existence: '*I*' cannot choose a world without the *Other*: 'He' is with me from the beginning. Our *thrownness* into the world implies a number of possibilities that were not chosen but given from the start. This means that for an ontological comprehension of this way of existing, it's fundamental to inquire how the Other appears to the person and how inter-subjectivity is established.

We'll try to illustrate our reflection with the report of a clinical case.

The case of Laura P.

Laura P. is a bright, attractive 44-year-old psychiatrist working at a General Hospital psychiatric ward in a South European country. She's professionally successful, appreciated and respected by most co-workers, patients and friends alike.

One patient described Laura as a 'fresh breeze of air that brings joy to everyone around her' (sic), a description to which most people who have met her would subscribe. She's always in a good mood, very extroverted and communicative, with an impressionist and warming style of relating to others. Laura treats everybody with extreme familiarity as if she has known them since high school, even people she has just met. Quite often Laura gets her way, even with apparently impossible achievements, like not being scheduled for the ER shift for longer periods of time than everyone else. No one seems to mind – or notice – being overburdened on Laura's behalf.

Laura relies on her attractive appearance in professional and social situations with men – especially older ones – by adding an erotic flavour to the relationship. She's also admired by women, who see her as an example of a successful and happy single woman. Her patients also regard her very highly. During a typical consultation, Laura enthusiastically greets them, making them feel special and grateful for the attention granted by 'such an adorable person' (sic), not minding the fact that the scheduled 50-minute consultations hardly last longer than 10 minutes each. She never really asks about their feelings. Instead, she assertively states 'I can see that you are doing very well and that you are much better' (sic), or something like it. This makes the patient feel very uneasy about sharing his experience of psychic suffering. It's much easier to comply with her suggestibility by saying 'Yes, I guess you are right' (sic). This works as a cue to proceed in that vein: 'Since you are feeling better, all you need to do is to continue taking the medication I prescribed you' (sic). As a final remark, she usually shifts her attention to some frivolous everyday topic. For example, 'I just love your new shirt' (sic). 'Oh, you noticed' (sic), says the client. 'Sure, I care about you. Bye now' (sic). Thus ending the consultation.

Another reason for Laura's popularity is her ability to tell compelling stories, usually in the first person. These tales, always new and exciting, invoke frequent sighs of longing in others: 'If only one of those wonderful adventures would happen to me'. It's common to see people competing for the honour of sitting next to her at social events or at congress meetings. Here's an example: during dinner at a congress held in Tunisia, Laura took her leave early on. She secretly went to her hotel room, and asked the concierge to tell anyone asking for her that she was nowhere to be found. Her disappearance became the talk of the night. The next day she didn't attend any of the congress seminars. No-one knew her whereabouts. Speculation ran high. She finally showed up by evening, dressed in garments of the finest

silk, suitable for an Arabic princess. She told an amazing story about how she was 'forced' into a private party by none other than the Sultan of Tunis.

Despite her apparent success, Laura isn't happy. She feels her 'biological clock' ticking. She wants to be a mother, but as she put it, 'in order to have a baby, first I want to find a husband' (sic). Although she has many pretenders, with whom she conducts superficial affairs on and off, developing a meaningful relationship has proven to be a rather difficult task for her. The problem is 'intimacy', a central theme in a personal dilemma that Laura explains in the following way: 'I'm a depressed person that cannot show her depression to anybody, because that's not what people expect from me. I can only show my joyful and luminous side, which is impossible for me to keep up constantly or even for a long time. This is why I don't have any real friend or boyfriend. No one can be allowed to see that gloomy side of me. I'm doomed to superficial relationships because I find unbearable the expression of boredom in other people's eyes, when facing routine or self-deprecation' (sic).

Laura finally had a son from a short-lived affair with a well-known politician, but she continued to feel miserable. 'I cry every morning just before I get up to look in the mirror and put on my smiley face' (sic).

During her life, Laura tried therapy on three different occasions. The first time she only went to four sessions before quitting, arguing that the therapist had no imagination. He only wanted to know voyeuristic details about her life. His alleged 'lack of imagination' became an issue after Laura told the therapist that she had dined with the Prime Minister of the United States during a visit to the country. When he pointed out that the United States didn't have a Prime Minister, she angrily replied 'maybe a minister or a senator, what difference does it make?' (sic).

The second time she tried to engage in a 'deep psychoanalysis' because she was told by a psychologist she was dating at the time that 'if one has not done psychoanalysis, one remains a superficial person' (sic). Wanting to impress, as usual, she created an over-the-top scenario by looking for a reputed foreign psychoanalyst living in a neighbouring country. She said: 'I can't do it in my own country because my boyfriend knows everybody in the psychoanalytic milieu. I'll fly twice a week to his city because he's the best there is' (sic). As expected, her 'deep psychoanalysis' lasted only two weeks, as she quit saying that she had to take care of her mother who had recently fallen ill. To this day, she still speaks highly of the years-long, wonderful psychotherapy she undertook with a reputed psychoanalyst.

Recently, Laura started an existential-based therapy because she's convinced that her problem is of an existential nature, after hearing at a dinner that Heidegger was really profound.

The essence of Laura's personality

Laura's personality meets the psychiatric criteria of histrionic personality

disorder (DSM-IV-TR, 2000). We can detect the behavioural features of self-dramatization, emotional expressiveness, drawing attention to herself, craving activity and stimulation, overreacting to minor events and irrational outbursts – all occurring against a background of dependence, manipulation and superficial affect. There are also seductive and eroticized elements as a predominant part of her general behaviour.

Categorizing Laura as histrionic or even hysterical doesn't help the comprehension of her particular way of being-in-the-world. We need to analyse her worldview (Spinelli, 2007). In her deep belief, she feels like she only exists when she's attracting the other's Look. That's why everything she does has the hidden purpose of attracting and fixing the attention and care of others. The nuclear meaning of Laura's world seems to be essentially the thought '*to be is to be perceived*'. Therefore, being alone or ignored provokes a sense of uneasiness related to the threatening possibility of un-being.

According to Sartre (1943), the mere co-presence is not yet inter-subjectivity. For the establishment of the inter-relational *clearing*, several conditions are needed: first, oneself must be aware of the other's presence in his world. Second, the other must be aware of oneself's presence. Then, oneself must be aware that the other noticed him. This means that he's affected by the other's *Look*. It confronts him with himself. Being affected means existing as a particular affective disposition.

The Look always carries a negative charge. It limits the looked-on because it freezes him in the moment. Being a static picture doesn't do justice to his evolving existence. Several personality disorders are, in essence and from an existential perspective, different modalities of dealing with the Look: trying to escape it in avoidant personality disorders, adopting an attitude of indifference in schizoid personality disorders, becoming defensive toward it in paranoid personality disorders, and so on. These are all modalities of bad-faith, not to be interpreted in a moral or pejorative sense. It means that the person is trying to escape his own reality. The other's look reflects his Ontological Inconsistency, by presenting the primordial question: 'Why is there my being rather than nothing?', to which there is no securing answer. That's why it's so threatening. It implies the risk of becoming aware of being nothing.

Paradoxically, the Look helps in avoiding awareness of the Ontological Inconsistency. By catching the subject in a static stance, it sees him as solid and permanent. This perpetuates the Illusion of Ontological Consistency. Therefore, some degree of ambivalence is always present in any given relationship. The other's Look is necessary to get the Illusion of Ontological Consistency, but at the same time it must be avoided in order to escape the possibility of existential anguish. This is the essential inter-relational dilemma.

All of Laura's personality traits referred as diagnostic criteria can now be seen under a new light. Instead of being understood as a childish attempt

to manipulate others for primary or secondary personal gain, her behaviour can be comprehended as an attempt to reassure herself of her own existence as a person through the other's Look – a goal partially achieved. This comprehension of her particular way of being-in-the-world was gradually uncovered by Laura during her existential therapy. She was even capable of unveiling its origin in her family experience as a child. Being the youngest of four brothers and sisters, she had to be 'funny' to get her parents' attention.

The core belief of Laura's worldview had already been proposed by Berkeley in the 18th century. On a strictly empiricist basis – in conformity with the British tradition in philosophy – he considered that '*essere est percipi*', meaning that Being is a possibility only through the other's Look. That is exactly what moved Laura at an unreflected level, revealed by her emotional attunement. This understanding of Laura's personality lies in a hermeneutical exercise that began by analysing what showed itself by itself – in this case, personality traits – through the *phenomenological method*, followed by the revealing of its essence (its intelligible meaning) after *an exercise* of *eidetic variation* through an *existential hermeneutic of facticity*. This meaning is always rooted at an ontological level by attempting to answer the question 'Who am I?'. Laura's answer is 'I am one that receives her being from the look of others'. Like her, every person has an individual answer to the question of being, acquired as the *existential project* takes place. This *lived answer* is the intelligible key to each person's personality.

Conclusion

With some irony, Ricœur (1988) remarked that the evocation of birth is not familiar to philosophers, who tend to prefer the more pathetic death. He insisted that he doesn't recognise in himself the primitive anguish of death – which represented to him a cold thought – but instead what he experienced as the chill ('*frémissement*') facing the absence of self foundation. It is this lack of grounding for existence – the fact that I had nothing to do with my *thrownness* into the world – that causes personality traits to originate as a reacted expression of a particular worldview. Personality traits reflect an acquired sense of self-consistency. In personality disorders, this Ontological Consistency Illusion is so inflamed that it becomes an Existential *Phrenitis*.

Not surprisingly, most worldviews shared by people diagnosed with the same personality disorders mirror similar visions of the world (*weltanschauungs*), also found in the history of philosophy. It expresses the fact that each individual worldview is formed on the ground of a personal history of biographical experiences, always acquired in a private dialogue with the shared cultural tradition of mankind. As Sartre (1943) put it, psychology as a science cannot be a beginning, because the psychologic facts that psychology – and psychopathology – study never come in first place. All of them are, in essence,

an individual reaction of the being-in-the-world to that world. This means that if we wish to understand the foundations of psychology, we must go beyond the psyche, into the situation of being-in-the-world.

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Notes

1. 'We have given to thee, Adam, no fixed seat, no form of thy very own, no gift peculiarly thine, that thou mayest feel as thine own, have thine own, possess as thine own the seat, the form, the gifts which thou thyself shalt desire'.
2. 'Ontological Inconsistency' in the sense it's being used here should not be confused with Laing's concept of 'ontological insecurity'. Despite similarities in the name, Laing's concept was proposed to explain several phenomena of schizoid and schizophrenic experiences at an ontic level.
3. For instance, several issues concerning mirror neurons may be particularly important here because, as Stem (1985/2000) suggests, they reveal inter-subjectivity to be the starting point of human development – including, of course, the development of personality (we thank Ernesto Spinelli for this remark).

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Human Development From An Existential Phenomenological Perspective: Some Thoughts and Considerations

Martin Adams

What follows is an edited version of a presentation given on 29th September 2012 at the 8th Forum of the International Federation of Daseinsanalysis, Budapest.

Abstract

This paper outlines how an existential model of human development throughout the life span differs from a stage model. It goes on to describe some of the key features of an existential model of human development. Based on this some suggestions are made about implications for therapeutic practice.

Key words

Existential birth, existential maturity, stage theory, thrownness, openness, paradox, moments, de-centreing, fundamental project.

In this short talk I am going to review current theories of human development, outline a few issues to do with thinking existentially and phenomenologically about human development then talk about some implications for existential practice.

Introduction

I want to set the scene with a quote from R.D. Laing (1965: p 41). He says,

> *Biological birth is a definitive act whereby the infant organism is precipitated into the world [...] Under usual circumstances, the physical birth of a new living organism into the world inaugurates rapidly ongoing processes whereby [...] the infant feels real and alive and has a sense of being an entity with continuity in time and a location in space. In short, physical birth and biological aliveness are followed by the baby becoming existentially born as real and alive. Usually this development is taken for granted.*

> (1965: p 41)

He is saying that the event of physical birth starts the process of existential birth and although existential birth is conditional on physical birth they are not the same

I am interested here in exploring what existential birth may refer to. And also to question whether the term existential maturity may be useful.

Current theories of human development

There are plenty of theories of human development which propose that we move from simple and immature modes toward more complex and by definition more mature modes, rather like going up a ladder with the rungs as the stages. They are stage theories and although different, one thing they share is their origin - natural science. Therefore they are concerned with essences – they all differ on what they consider to be our essence - and causation. They cast the question of human development in terms of nature-nurture. They are agency blind.

The other characteristic they share is biological determinism. There is only one definition of adulthood and that is a biological one.

I am proposing here that the notion of human development is not as such an essentialist notion. It is a human notion. It is just that essentialism has up until now said most about it. An existential model is yet to be fully developed and would be rather different. To be any use to us as psychotherapists it would need to be able to say something about,

1. The whole of life from birth to death.
2. How a person moves from birth through to death.
3. What people need to be happy.

So what can we learn about this from existentialism and phenomenology? Unfortunately the issue has been largely ignored, perhaps because wrongly it has been thought of an essentialist notion. The philosophers give the impression that the human being is a largely sexless, genderless – but probably male, and ageless but probably middle-aged adult - incidentally, exactly what is middle age mid way between? Simone de Beauvoir is one of the few to refer to gender, and also age. She said (1973: 301) that 'One is not born, but rather becomes, a woman'. Biology is facticity, not destiny.

Experience tells us that there must be more to it than is. The philosophers must be missing something. We need an alternative source and I propose fiction as an alternative because it is closest to lived experience. Works of fiction are more experience-near. We are spoiled for choice but the novels plays and autobiographies of Sartre, Camus and Beauvoir are a good place to start. This is a paradox but as Picasso said, 'We all know that Art is not truth. Art is a lie that makes us realize truth' (Fry, 1966: 165). When reading these and other rich descriptions of lives as lived, we ask, 'In what ways do these people meet their thrownness and make and lose meaning?' Nevertheless today I will be using existential sources.

Martin Adams

Approaching human development phenomenologically

I want to make 2 points

1. Phenomenologically we are situated in a context from which we view and construct the world. Straightaway this presents us with a problem. (Briod, 1989). Simply by virtue of having a chronologically adult point of view there is a before (childhood) and an after (old age).

Childhood is viewed as having happened. As adults we look at it remembering, re-membering how it was for us. Putting it back together, re-interpreting it on the basis of the current present.

Adulthood is viewed as presently happening. There is no way to get any perspective on it. It is always how-it-is-for-me-now. We generally have little idea of what has happened and no idea of what will happen. But this does not stop us wondering.

Old age is also viewed from the position of adulthood, but we have no direct experience of it, only second hand. We know nothing of what is to come. But we cannot help but project ourselves into it.

Our age becomes the moving pivot point from which we view not only our own life, but life itself. Everyone is guilty of ageism. A question that follows from this is 'What is the best way to describe a life phenomenologically'? From what vantage point? The point of view of the other? Looking forward? Looking back? In the present?....or what?, When Sartre says (2003:115), 'at the moment of death the chips are down, there remains not a card to play' he reminds us that a life is only complete on death. Nothing can be said until then, and probably not then either, and certainly not by the person who has just died. An 18 year old life is as complete as an 80 year old life. Different, but still complete. When death comes is irrelevant. This raises questions about the case study - the use of the written word to describe something as ambiguous and unfinished as a life. The case study is an uneasy hybrid, part autobiography, part biography, part literature review, part phenomenological research, part natural science. It is where two people who previously knew nothing of each others lives, come together, meet, and then part . We know nothing of what happens after and our knowledge of what happened before is patchy. All we really know is what happens in the meeting – and we don't know much about that. The case study has to represent, re-present in words, the spirit of the richness and uncertainty of this experience. Like I said 'What is the best way to describe a life – existentially and phenomenologically, even imagining there is such a thing as A life, bearing mind that we are relational and that a life can only be complete on death. What exactly are we writing about? Generating theory from case studies is therefore extremely problematic (Briod 1989: 116).

The issue is similar when considering a work of art. Technical knowledge of how it is made can interfere with appreciating its impact directly. It also lends little to an understanding of the creative process that gave rise to it and can often distract us from it.

2. Language is a double-edged sword, it helps us to think but it can also stop or divert our thinking. Words are powerful indicators of our unexamined assumptions.

We use words from biology, like instinct, maturing, flowering, ripening, development, growth and evolving.

We use 19th century technology words like 'letting off steam' and 'releasing pent up emotion'. Psychotherapy based on these believes that catharsis is the agent of change.

20th century technology has led us to think of the self as something that we can make, construct, transform, or build, as well as computer derived words that talk of retrieving memories as if the brain was a hard drive. And of the need to be re- or de-programmed.

The 21st century version of this is neuroscience which although fascinating maintains the fiction of a 'psyche' within the body and subject to causation as much as it ever was. (Tallis 2011)

None of these words are true to experience. Phenomenologically, life is dynamic, continuing, in flux, constantly changing, constantly uncertain. Life is change. A word that is more consistent with a phenomenological perspective is 'opening' (Briod, 1989: 19). We are reminded of Heidegger's (1962: 301) dis-closing, and dis-covering. But this is just the beginning. What do we actually mean by 'opening'. Openness is just a word, a metaphor which seduces by its visual imagery. A new born infant's openness is surely of a different quality, not necessarily less or more, than e.g. that of a person with a terminal illness.

Starting to think existentially about human development.

So, to go back to Laing, existentially the question is how <u>do</u> we open to existence, to thrownness, throughout our lives between physical birth and physical death?

More specifically it is about how we meet and engage with

- death and the lived body, the physical
- intersubjectivity - the problem of other autonomies, the social
- freedom and responsibility, the personal
- the need to devise a personal value system, the ethical

Another theme that threads its way through existence is that of paradox and dilemma. Each of the above expose a dilemma which can only be solved by embracing a paradox. (Deurzen and Adams 2011)

The paradox of the physical world is that although physical death will kill me and the denial of death will destroy the time I have left, the idea of death can save me by prompting me to live my life more fully.

The paradox of the social world is that only awareness of my separateness can help me understand and respect the otherness of the other.

The paradox of the personal world is that the freedom that comes when I acknowledge I am weak and vulnerable allows me to evolve responsibility and personal strength.

The paradox of the ethical world is that only when I realise there is no right way to live I have to work out how I want to live.

The overarching dilemma that these are all derived from is, 'How can I live as if there is certainty while knowing that there is none'.

Our task is to make use of the random opportunities that offer themselves to us. The life we lead is the sum total of the way we choose to engage with these dilemmas and paradoxes from day to day.

We are not, as the humanistic psychologists would have it, drawn to achieve our potential as if it was an unstoppable force for good. Instead, meaning and purpose is perpetually born out of the tension evoked by these unsolvable dilemmas. Life is struggling through adversity. We are reminded of Camus' *Myth of Sisyphus* (2005).

So, when considering human development existentially the question then is what is the pathway or what are the pathways that lead from birth, when these paradoxes are not understood, to existential maturity when they are understood? Also to what extent this is chronologically, socially and culturally mediated? Which is to say, what do we mean by age appropriate autonomy and responsibility? And what are the optimum conditions at any particular time of life for fostering autonomy? In what way are a 6, or a 16 or a 60 year old different existentially?

I am going to unpack these questions further by drawing on the work of Merleau-Ponty (1964) and Sartre (2003).

The questions that Merleau-Ponty addresses are,

1. If early development has an influence on later life, then how does this happen?
2. How is it that a person, who is a mass of sensations that are not directly available to another, gets the idea that an other person is in some way similar and therefore that mutual understanding is possible?

He describes the way the child has an intentional presence to things, events, time and people that discloses past and future horizons within a unitary field of time consciousness. He uses a term, de-centreing, which was used by Piaget (1958) to describe intellectual development, to refer to existential development. He says that as we gradually open to existence, we are exposed to a succession of de-centreing experiences which we need to make sense of. For example, a significant early de-centreing experience is when an infant knows they are seeing themselves in a mirror. After this moment the world is a different place. The infant has to accommodate the possibility of seeing themselves as others see them. Merleau-Ponty reframes

the oedipal dilemma as when the child realises that he or she is not quite as much the centre of the world as they thought, there are other people that have a prior and additional claim on the attention of the primary caregiver. This is just the beginning. Opening to our thrownness is a constant challenge to our narcissism. When I gain 'perspective' I understand that while my viewpoint is indeed my viewpoint, every other person also has their own viewpoint and no one person is any more correct than any other. Life is constant de-centreing. We are constantly reminded that others do not see us the way we see ourselves. Trauma is when the de-centreing is so dramatic it cannot be made sense of and we shut down (Stolorow 2007).

Sartre addresses the question of the origin of the sense-of-self. He asks, Where does it come from – existentially? His main points are,

1. We are nothing, but since we are free it means we are potentially anything.
2. This evokes anxiety so we make ourselves into something fixed, but this leads us into bad faith.

Sartre says that from birth the individual experiences the world actively and directly and this constitutes the basis of the sense of self and as such, infancy is crucially important (Sartre, 1997: 70).

Perpetually searching for reliable patterns, rules and predictors we gradually identify a fundamental, or original life project (Sartre, 2003: 721. Cannon 1991) on the basis of context derived choices which we then carry on into other contexts. In the desire to avoid the anxiety of freedom and responsibility and to make an autobiography that gives the impression of coherence and purposiveness we view the original event as factual rather than chosen. And our freedom as being constrained.

In this way we fix the future, but since it is a choice it can always be revised.

Although Sartre talks about the fundamental project forming round a significant event, the evidence is that we actively simplify our limitless and largely incoherent memories into a small number of coherent and prototypical 'memories' or moments, that epitomise our fundamental relationship to others and to the world (Stern 1985, Holmes 2001).

These are embedded in our culture as the rituals we use to mark the end of one way of being and the beginning of another - birthdays, new year, the first day at school, engagement, marriage, parenthood, retirement, funerals, etc. etc. These moments are, in narrative terminology, thick, meaning highly resonant, highly meaningful (Payne 2006).

While they can also de-centre, these, and other more individual memories are the organising principles that we use to understand everyday experience, but they also restrict.

Implications for existential practice

I have 4 points to make:

1. Since life is change, our natural 'state' is one of change. In existential therapy we do not work on 'change', we work on stopping stopping. We work on resistance to change. Clients come to us when they feel their autobiography is not making enough sense. When they are feeling existentially de-centred and are resisting re-centreing.

By reintroducing the client to change, we reintroduce them to personal responsibility and what I call the Law of Existential Consequence (Adams, 2013) which is that when I do something, something follows that I have to take responsibility for. The prototypical existential dysfunction is to take responsibility for things one does not have responsibility for and to deny responsibility for those things one does have responsibility for (Deurzen and Adams 2011: 117)

2. Many people come to psychotherapy with an illusion that when they find out what really happened in their past, their present and future will become clear. Existentially, well-being does not depend upon the (futile) search for the correct memory and its interpretation, rather than a fluid dialectic between story making and story breaking. It is about being able to update autobiography in line with current experience (Holmes 2001). It is about realising that there is no guarantee that the current meaning will last beyond the present moment. One of the tasks of the therapist is to assist this story making and breaking, to disturb.

3. When the client is able to focus on their original project and to reconsider its significance in the present, they will be able to re-own it so that the choice can be revisited and remade. It is never solely a cognitive or intellectual task. It is an existential task in which the existential realities of freedom, choice and responsibility replace the determinist fantasises of causation and passivity. It is when the past, present and future merge in dynamic flux and a new future is made, not as Heidegger calls it by 'awaiting' the future, but by approaching it with 'anticipation'(1962: 386). This is reminiscent of the line at the beginning of every episode of *Star Trek*, '…to boldly go…'. There are no guarantees in the future. It comes about when the client realises that 'this is my life now' and that 'no one is going to do it for me'. Responsibility. It is always transformative. Heidegger (1962: 387) refers to it as a 'moment of vision' and it is as seductive as it is terrifying. Every moment of our lives has the potential to make us aware of this possibility. But it rarely does.

4. As autonomy is so central to human well-being the therapist will need know how to adapt and monitor their practice such that an optimum amount of autonomy is present within the relationship, bearing in mind that 'mistakes' will always be made. Leaping in (Heidegger 1962: 158) at one time will be felt as leaping ahead at another, and vice versa.

Conclusion

The developmental model most consistent with an existential-phenomenological view that a person is the product of their choices and actions taken in the context of lived time, is a life long process model rather than a stage model. In our desire to have 'continuity in time and a location in space' (Laing 1965: 41), to be something rather than nothing, we actively construct a coherent sense of self out of the random events of our lives. However, this largely static sense of self is challenged by our everyday encounters with the dynamic relativity of time, relationality, freedom and ethics. In this way we meet our thrownness and realise not only that our life is no one elses responsibility but our own, but also that it is the product of chance and opportunity.

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From Mental Health Patient To Person

Peter Bull

Abstract

A heuristic study and literature review concerning my change in identity from Mental Health Patient to person, following a pathway in thinking from the psychiatric, psychological and technical toward the hermeneutic, existential and post-modern

Key words

Introduction

The root meaning of the word heuristic comes from the Greek word heuriskein, meaning to discover or find. It refers to a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis'

(Moustakas, 1994: p 17)

The paper I mean to offer the reader is a heuristic study, based around the learning I have undergone in my adult life:

The self of the researcher [has been] ...present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self knowledge. Heuristic processes incorporate creative self-processes and self-discoveries.

(ibid)

It is a structured analysis of the process during which I have experienced, responded to and recovered from what I will call, for lack of a better turn of phrase, a 'breakdown in meaning'. I determine that this process began when I first entered the office of a student counsellor whilst at University in November 1998, and ends sometime around the completion of a portfolio for an MA in Existential Psychotherapy and Counselling at the New School of Psychotherapy and Counselling, in November 2010.

The purpose of this heuristic study is to chart and provide a record of this process, identifying one way of looking at how it has been possible

for one individual to move beyond this kind of experiencing to something new, from a place of confusion into a place of some understanding. A secondary purpose is to provide a kind of literature review, an illustration of the path my thinking has taken, so that it may be traced by others. In particular, I would hope that it shows how it is possible to discover literature that can enable those with a mental health diagnosis to find a sense of freedom. I have also purposefully kept some contextual details to a minimum in the hope that it might enable the reader to get closer to the text.

During this paper I use language carefully. I refer to Mental Health Professionals (MHP) in an undifferentiated way to talk about anyone involved in 'treatment' or 'therapy' in the NHS. It is my contention that the majority of patients in the NHS (and I would include my 18-year-old self in this group) do not, at the point of encounter, understand or care so much about the differences between professions or orientations. An MHP could be one of many professions: a nurse, an occupational therapist, a community support worker or indeed, in some settings, an existential psychotherapist. The label might be thought about in a similar way as service users talking about 'staff' in the mental health system. I also use 'client', 'patient' and 'service user' interchangeably in my dissatisfaction with all three terms.

Although it may be said that I have been conducting my own investigation of this phenomenon over the duration of the process, thinking, reading books, engaging in dialogue with colleagues and friends, attending lectures, seminars etc., I believe the analysis I provide was primarily discovered during 10, two-hour long encounters that I had with Naomi Stadlen as part of Academic Supervision between January 2010 and March 2010, as well as being heavily informed by the 175 hours of psychotherapy that I had with Del Loewenthal between February 2005 and February 2010. Enabled by these two individuals, I have been able to illuminate and provide an answer to a question that I believe lay behind my original decision to train as a psychotherapist: What happened to me during this 'breakdown in meaning'?

I think that I have been looking for a language, a way of understanding what is happening for me in relation to others. This heuristic analysis will explore several different kinds of language that I have encountered and learned to use. It will show aspects of my route to a place of some understanding through the ways in which I have experienced and spoken through the wrong language (Lacan, 1988: p 2). I will also be using the new languages I have encountered to shed light on experiences that I did not previously understand.

On the vernacular and being unable to speak

Aged 18, coming home having withdrawn myself from my University course, I found myself unwilling to speak, almost chronically unable,

save for a few whispers and requests. I wanted to die and I did not eat. I felt more 'unreal than real' (Laing, 1960: p 42) and retreated largely (and metaphorically) into myself. To speak would mean to risk 'engulfment, implosion, petrification and depersonalization' (ibid: pp 42-47) and I remained quiet and muddled, lost in 'isolation, unconnectedness and unreality' (Talbut, 1988: p 8). I spoke to myself, inside myself, and wondered who was me. This was not the growth of a 'discreet, false, disembodied self' (Laing, 1960: p 98), but a becoming 'more identified with my experience of mind than with my body' (after Van Deurzen, 1998: p 7) I limited my participation in the world, confused by those aspects of my being that I could not express, adopting a 'special strategy….in order to live in an unlivable situation.' (Laing, 1967: p 95)

From family to the first psychiatrist's office

There was a broad consensus amongst those close to me that I was mentally ill. I was assured by all, following a GP referral, that going to see a psychiatrist was the only next step: 'violence masquerading as love.' (Laing, 1967: p 60). Subject to the 'family nexus' (Laing, 1971), I had a sense of 'flying out of formation' (Laing, 1967: p 84). My parents were concerned about me. I could not speak, they could not hear and we did not have a way of talking that meant reciprocal dialogue was possible. Beliefs about how the world was and what it was possible to talk about had shaped my capacity to express myself. The retreats to silence, to doubting, critical, repetitive internal monologues long nurtured for the purposes of making sense of violence and uncertainty: these responses seemed the only ways to experience life. Professional NHS assistance was required and found by my relatives. As a young man, I trusted that my parents and the professionals I was about to meet would have only my best interests at heart.

I became subject to the psychiatrist's way of talking with certainty during our first meeting. This conveyed an implicit understanding of the significance of the questions that she asked, questions like 'Do you hear voices?' I now understand her as concerned with risk assessment and the accompanying possibility of a diagnosis of schizophrenia. Those questions asked that sought to diagnose, to formulate, to elicit responses garnered purposefully for constructions of supervision or paperwork-suitable hypotheses, to enable legal protection for the practitioner, to work technologically upon the mind of the patient: they all served to reinforce an atmosphere of being in the presence of a trusted, mystical authority. Combined with this, an open silence, deliberative listening and a prerogative as a patient to speak: thus began an unusual journey into 'the wrong language.' (Lacan, 1988: p 2)

Illness and diagnosis

Referred to a Day Hospital for a six-month long assessment, I believed I was mentally ill. I hoped to be diagnosed and have my problems resolved. This process 'converts someone's distress from a psychosocial problem into an individual problem – it takes the person's experience out of its social and historical context.' (May, 2007: p 300)

The language of illness firmly locates the problem solely in the patient, in the individual 'body' (after Foucault, 1975); but is typically understood as a problem of the unhealthy, individual mind, as in the term 'mental health problem'. The 'full personhood is denied' (Talbut, 1988: p 9): instead, I experienced both containing and becoming the living embodiment of that problem, simultaneously having a 'mental illness' and being one of 'the mentally ill'. It is a role, a social identity, and a group to which one belongs, as well as a nebulous concept concerning both a disease and an experience that is to be addressed by a MHP. I was a muddle, both continually accountable, and yet wholly unaccountable.

I felt an enormous sense of freedom in being Mad. I also felt shame, 'rising from [my] perception of one of [my] own attributes as being a defiling thing to possess, and one [I could] readily see [myself as not possessing].' (Goffman, 1968: p 18). Every word I spoke was riven through with a confused, hidden disgust, not knowing how to discern that about me which was a sickness and which was not.

'Getting better'

'Getting better' meant 'confessing in treatment groups' on top of medication. My understanding and response was to obey the fundamental rule of psychoanalysis, my prerogative as a patient to speak,

> *to tell us not only what he can say intentionally and willingly, what will give him relief like a confession, but everything else as well that his self observation yields him, everything that comes into his head, even if it is disagreeable for him to say it, even if it seems to him unimportant or actually nonsensical.*

(Freud, 1949: p 52)

The experience of being in groups introduced lots of different ways of talking. An art therapist liked to ask us to interpret our drawings, our pictures communicating something hitherto unrevealed. Anxiety management was founded in CBT principles. I learned to identify 'ill' or 'negative' thought patterns, and developed a capacity for practicing thought stopping and thinking positively, in a continual bid to eliminate the illness from my body. Psychodrama and Open Community Group taught me that healthy relationships do not repeat the old patterns of the past: that in my 'ill'

relationships I was 'projecting' feelings that I had about people I knew onto people I did not know so well. I tried to analyse my feelings for remnants of 'projections' in order to 'get better'. In 'Goal Setting' group I learned to think about the future, about what I wanted, to desire anything at all, encouraged by the optimism of the MHP facilitator. Entangled in a web of different messages from those in authority, I learned to interpret experience using the languages I had been practicing.

In the hospital, the MHP continued to be a mysterious purveyor of a certain, incomprehensible art. Blank-faced and mostly silent when encountering the constant suffering of others in the groups, somehow protected against the 'illness' that the service users in the hospital were all suffering from. As those in authority, their 'health' could never be an issue. All attempts at challenging this status quo by patients were met with further silence on their part, and all aspects of the institution reinforced the separation and difference between the two groups. All patients were involved in a scientific confession, the listener,

> not simply a forgiving master, the judge who condemned or acquitted; he was master of truth. His was a hermeneutic function…his power was not only to demand it before it was made, or decide what was to follow after it, but also to constitute a discourse on truth on the basis of its decipherment.

(Foucault, 1976: p 67)

The wide open silences and stony-faced gazes of the MHP commanded a seemingly endless telling of stories, a construction of narratives, limited only by time and the structures they chose to impose upon the truths of the patients.

Thoughts on the phenomenon of experiencing and learning psychoanalytic language

I took my confession to psychoanalytic psychotherapy. I saw my therapist in the same hospital six months after I stopped being a day patient. His interventions were penetrating, incisive, like a knife, a 'symbolic equation' (Segal, 1950). I told him that I wanted to go to India. He told me that I wanted to return to my mother and that I experienced sexual desire for her. I was late for a session. He told me that I did not want to be in the session with him. I read about the Oedipus Complex (Freud, 1905) and became confused and disturbed by it, establishing myself as existing in an explicitly sexualized world, as though acknowledging that constant possibility in relating would purge my unconscious of the illness that I now understood could reside therein: 'Psychoneuroses are based on sexual instinctual forces' (Freud, 1905: p 79). The theoretical limits of the therapist became my fixed beliefs. I had started a degree in Psychology, and had

been reading about defence mechanisms (attributed to Freud, in Eysenck 1998: pp 431-433) and made every effort to identify when I was utilising them. My symptoms were biologically determined through the mind's intra-psychic apparatus (Freud, 1997) and 'Freud's ego corresponds approximately to what is now known as the cognitive system' (Eysenck, 1998: p 433). Having learned to interpret experiences in the languages I had been given, and having been subject to the confessional groups and relationships, I was now linking the theories in the books that lay behind the practices of the MHPs I had encountered.

Thoughts on the phenomenon of experiencing and learning the language of a strongly empiricist psychology

The knowledge I was uncovering at University had direct relevance for my understanding of my own 'mental illness'. I recognized my own experience in every DSM-IV disorder, every 'Abnormal Psychology' that I read in Kendall and Hammen (1998), yet observed the propagation of MHP mystique in the teaching of a clinical knowledge base that could be applied to the human being. I had no words to identify my mistrust of this knowledge. I left the course during a lecture concerned with attributional bias and Unrealistic Optimism about Future Life Events (Weinstein, 1980). The lecturer read out statistics on the likelihood of a human being dying at a particular age. He then surveyed the room to find out how the students thought they would be most likely to die. An enormous majority thought they would die peacefully in bed, I thought differently. The knowledge that we were studying applied directly to me as a possibility, whereas their response indicated that it did not apply to them: I took this to mean that the knowledge was only useful in how it was applied to others, and saw the existing power relationships between MHP and patient re-created in a new generation of individuals.

Some thoughts on CBT, psychoanalysis, empiricist psychology, psychiatry

The four ways of talking that I had encountered when self-identifying as 'mentally ill' were founded within a Cartesian epistemology that has a long tradition in forming the intellectual foundations for treatment of the Mad, as outlined by Foucault (1967). He argues that Descartes could doubt everything but his own sanity, 'The Cartesian formula of doubt is certainly the great exorcism of madness' (ibid: p 102). Madness experienced as unreason was excluded, confined, with correction being the goal, authorizing, 'a knowledge, and then a science, which seeks to be positive' (ibid, p 101), founded in reason. The 'reason: unreason' dichotomy invests the 'mentally ill' with a deficit in reason, the MHP with a Cogito that is completely exterior to the patient (after ibid: p 175) with the power to

observe and define; a Cartesianism in the four therapeutic approaches I name above that involves three fundamental assumptions:

1. An endorsement of 'methodological individualism' and a belief in the possibility and importance of detached reflection upon the contents of the mind.

2. An acceptance that the mind is something internal and separate to the world, which is external to it.

3. A belief in the causal nature of psychological events and a reliance upon positivism to guide research and theory formation.

(Bracken and Thomas, 1999: p 330)

These assumptions were then reflected in my changing assumptions about my experience of 'illness', including:

• That my experience of mind should always be providing me with a reasonable account of the external world.
• That detached reflection in isolation can affect change in my experience of mind.
• That an MHP with a well mind has, through detached reflection, obtained certain knowledge of the truth that corresponds to reality.
• This reality includes an inexplicit assertion that I am ill and in need of help.
• He can use his certain knowledge of the truth (and those causal events that have led me to becoming ill) and subject me to a technical procedure through which I will also gain said knowledge that will cure me.
• That what is happening to me is entirely my fault and I am wholly responsible, and that I must consider the ways in which I deserve what is happening in order to be free.
• That it is possible to control what I think, to learn to think in a way that is right.

Amongst many others, these assumptions illustrate my contention that the combination of a Cartesian epistemology and the power relations inherent within the MHP/patient relationship muddle the way in which it is possible to think. Reason sets the patient as unreason and madness, unable to speak with certainty, with reason.

Being 'more identified with my experience of mind than with my body' (after Van Deurzen, 1998: p 7), identifying as 'mentally ill', being subject to the authority and power of the Cogito imposed by the MHP, continually experiencing and learning ways of talking that recapitulated the MHP-patient dynamic of the reasonable versus the unreasonable mind, I was caught up in the assumptions of the languages I had learned, unable to

embody the power to speak about myself. This led to the consistent revitalisation of my own sense of being stigmatised, confused, excluded, and trapped in something from which I could never escape, perpetuating a division that would, one day, begin to heal.

My first experience of a therapist who cared: a person-centred language supporting ordinary speaking

I experienced what I later understood to be 'unconditional positive regard' (Rogers, 2007: p 241) from a counsellor who was genuine and empathetic. For the first time, I experienced a therapist whose manner was not neutral, stony-faced or mysterious. She did not make interventions founded in a technical language or theory, with a set of medical, psychological, psychoanalytic, or Cartesian assumptions that felt strange or painful to contend with. Rather, she spoke ordinarily and said she was a 'humanist'. She smiled at me and I felt that I mattered to her. I was able to hear myself speak again and although still confused, I was able to find my own way for a while.

Thoughts on first experiencing and learning the language of existential psychotherapy

Upon training to be a counsellor at London Metropolitan University, my teacher presented the ultimate existential concerns as being death, freedom, isolation and meaninglessness (Yalom, 1980) and talked about authenticity. Suddenly, a way of talking about human being that was world-situated rather than mind-situated, grounded in ordinary, non-technical language became possible. I noticed that I felt more in my body when I spoke without reference to technical constructions. Words like tenacious, courageous, strong or brave, words that describe experience, rather than explaining it away felt closer to how I was in the world. By chance, a friend gave me Van Deurzen's *Paradox and Passion in Psychotherapy* (1998). I experienced Laing's 'ontological insecurity', as did she, but not as mental illness, as did she: 'this insecurity should be seen as a connection to existential anxiety, a "good thing"'(ibid, p 11) to recognise. She wrote that 'when one feels outcast and isolated, the best way forward is to accept one's status and stop fighting for integration' (ibid, p 60) so I went to her New School.

On experiencing and learning the language of anti-psychiatry

I encountered the writings of Thomas Szasz. I found the position that there was 'no such thing as mental illness' (Szasz, 1974: p 11). I looked for evidence, and discovered that schizophrenia could not be designated a biological illness like the common cold, rather that it was a concept which had shaped how certain phenomena had been looked at over a long period of time. Speaking within and directly to an empiricist discourse, Mary Boyle (2002) destroyed the construction through a rigorous reassessment

of the evidence. The mysterious authority I had placed in the MHP began to look suspiciously undeserved. I began to feel a freedom to be and think, but also anger at the injustice inherent within the mental health system. I learned to recognise the language of deficit and disorder, to see how the DSM-IV (First and Tasman, 2004) consistently labels patients as not measuring up to a norm that can only be determined by the observing MHP. I discovered the expansion of the DSM (Kirk and Kutchens, 1999), the connections between the profession of psychiatry and the pharmaceutical industry. I found out that the drugs don't work (Moncrieff, 2009; Breggin, 2010) and learned how the artifice of psychiatric knowledge has come to dominate the treatment of patients (Foucault, 1967). I can only describe it as a process of waking up.

Rediscovering my own voice and language

These discoveries reframed a 'problem' requiring solutions as an experience to be looked at. What was an individual problem acquired psychosocial aspects and a meaningful history. (May, 2007: p 300) No longer trying to fix myself as the stigmatised, isolated, ill mind, I began to notice different aspects of my experience. I felt happier in good weather and in jobs that involved physical activity. I had uncovered confidence to care for others as a therapist in music, yoga, and exercise. I experienced calmness in my thoughts when I really listened to others or was occupied. I began to re-interpret my experiences through existential discourse that dissolved the mind-body dualism (Cooper, 1990: p 82) and seemed to fit better with my own experience. That my experience of mind (by this I mean thoughts or voices or consciousness) is distressing, preoccupying or dominating becomes immediately less significant when I realise that this is not all that I am, that if I 'open my eyes and look at the things themselves and not build theories beforehand and then look through the theories to the human being.' (Boss, 1988: p 41)

I am indissolubly my body connected in the world.

Further on: The language of Heidegger

Parts of Heidegger's *Nietzsche* (1982, 1984, 1987,) allowed me to follow the thought path that enabled him to think something new. Nietzsche was the culmination or plenitude of a western metaphysical way of thinking that had begun with the Greeks, and Heidegger set the stage, retrospectively, for *Being and Time* as the next step in philosophy. I understood that so much of my own thinking had been caught up in wanting to know, to understand intellectually, in a way that would give me control and the capacity to dominate not only what I had understood as 'illness', but also my experience of mind itself.

The language of *Being and Time* (1962) and the *Zollikon Seminars* (2001) is an articulation of the return to a way of thinking that remembers the

importance of the question of being, in sharp contrast to the 'non-being' of unreason (Foucault, 1967) to which I was subject. The joined up, subject/object dissolving poetic prose, the continuing, hermeneutic return to the question that always seems like a new beginning, the embodied quality of his thinking, a completely different conceptualising of what it means to understand, respond, relate and interpret…

> *The existential relationship cannot be objectified. It's basic essence is one's being concerned and letting oneself be concerned. [It is] a responding, a claim, an answering for, a being responsive on grounds of the clearedness of the relationship. 'Comportment' is the way I stand in my relationship to what concerns me in each case, the manner one responds to beings.*

(Heidegger, 2001: p 185)

Through his language, I have found a means by which I am able to articulate aspects of what it means to be alive without referring to language that I now experience as being Mad and disembodied. The current trend amongst many an MHP for believing that one can train one's thoughts to overcome embodied experience (as in CBT) now seems absurd to me. The Mental Health Professional continues to offer up so many of his or her thoughts like the teacher of technology who does not know, in reality, what the pupil will be making. Luckily, I have been able to retell stories concerning my life in a way that does not involve explaining or pathologising myself. I have found many of the words to talk about the unsaid experiences of distress and suffering that were waiting to be spoken before I was marshalled towards going to visit a psychiatrist.

Towards a post-existential language

I am aware, however, that I can experience a kind of seduction at the hands of Heidegger's language, in which I am drawn into thinking that all human beings need to do to experience life more fully is to restore a relationship with being. And that he can end up as another kind of mysterious authority upon which I can ground or interpret what it is that I experience in relation to others. I am also aware that I have been able to restore my own relationship to being with the help of a psychotherapist, Del Loewenthal, who wrote: 'Ethics as practice is not in any way separate from psychotherapy.' (Loewenthal, 2001: p 23)

I believe he has put me first and allowed me to find a way. It is through meeting with him that I have discovered some sense of my own autonomy, as I imagine Heidegger would hope, but also that to which I am subject. I have not chosen these languages I have learned: they existed before me, and will exist when I die. I cannot appropriate the truth: it is always other

to me. I am all too aware of the dangers of feeling at home: I have frequently found working in NHS settings, for example, that for some clients thinking of themselves as ill is very meaningful for them and that for me to adopt a position that explicitly states otherwise would not be putting them first. I don't know that it is right for clients to discover what I have discovered: I recognise it has been right for me.

In a non-Lacanian sense, is it not possible that the wrong language for me might be the right language for someone else?

Conclusion

Lacan's position was that we will always be speaking the wrong language (Lacan, 1988: p 2), but I will add that there are some words that fit better, are somehow closer, where as others more fluently reinforce unethical power relations, silence, exclude, muddle, confuse and most significantly obfuscate the truth. The words we share influence institutional practice, construct discourse, shape reality and ways of relating. They are important.

> *A word is not a relationship. A word discloses. It opens up. The decisive moment in language is significance. Sounds also belong to language, but they are not the fundamental [characteristics]. I can understand the same meaning in different languages. The essential character of language is the "saying", that a word says something, not that it sounds. A word shows something. Saying means showing. Language is the showing of something*

(Heidegger, 2001: p 185)

Learning different ways of talking has meant that can I show myself as other than how I showed myself before. There has been something that has really changed in the telling, the way of speaking about what has happened, alongside a real change in my situation. Thinking in accordance with a particular position that I am subject to within a discourse, using words to which I am subject can limit my capacity to be, to feel alive, to engage. Being able to transform thinking into another thought path, in accordance with another position, using a different set of words can contribute towards restoring that capacity. It particularly helps if a newly acquired vocabulary or understanding seeks to describe something that is actually happening or has happened, rather than referring to professional psychological or psychiatric constructs that distance experience, both from practitioners and patients alike.

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Let The Kierkegaardian Comedy Resume: Faith-Phobia and Faith-Ful Leaping In Evidence-Based Criteria For Therapeutic Care

Todd DuBose

Abstract

This paper uses a Kierkegaardian framework to explore and critique current evidence-based, best practices protocol as an 'approximation process toward paradox reduction,' to use Kierkegaard's language, that does not attend to, fears, and yet, unwittingly enacts *faithful leaping*, or comporting without certainty, in discerning and engaging in effective therapeutic care.

Key words

Existential, phenomenological, Kierkegaard, evidence, research, psychotherapy.

Introduction

We find the clown humorous in his futile attempts to fix what cannot be fixed and control what cannot be controlled. The more he tries to gain control of events, the more trouble befalls him. At the same time, we are empathically touched and concerned for the clown as his vulnerability is disclosed in his all too human ways of managing what cannot be managed. We see his tenderness and unknowing even when he does not want us to see it or tries to override it, and are frustrated for him when his tenaciousness to force life into formation leads him to open a peanut shell with a sledgehammer, or pratfall at the precise moment he wants to appear 'proper,' or lose himself in perpetual preparation so as not to accomplish his projects. Most importantly, our laughter mixes with a tear when we recognise that we, too, walk with him into the aftermath of his (and our) attempts to reduce paradox, as we help him clean up the last spot of light focused on centre stage with his only remaining possession: a tattered broom.[1]

The researcher-assessor-therapist-as-clown comports herself in much the same way when searching for objective, double-blind, unbiased, repeatable results of her study, and assumes an ever increasing degree of certainty regarding truths about human existence and the care of the soul, and why should she not? Caring is serious business, and passion to care calls forth a vigilant and rigorous commitment to care well. When the dust settles,

however, a closer look at the finished product may reveal that she finds in her hands nothing more than 'objective uncertainty' (Kierkegaard, 1846/1941: p 182). Rather than acknowledging that what is truly found in the search is a life of *being with and in uncertainty*, or what I will call *faith-ing*, she, instead, responds to the anxiety invoked by the inescapability of unknowing by opening her own peanuts with sledgehammers, lest she feel incompetent in her search to know and care with certainty. No matter how certain she is, or how dignified her patience may be, something will always remain missing or in excess about existence, even within the swaddling of (natural or human) scientific methodology.

Søren Kierkegaard's (1813-1855) comic perspective that I borrow here for this paper must be understood in context. The minimization of faithful leaping, or faith-ing- in- the- world, in how we understand human existence and care for it, is the approximation process toward paradox reduction that conjures Kierkegaard's comic vision.

The infinite/finite paradox, which shows itself in practices of therapeutic care and about which concerns for evidence, empiricism, and outcomes attempt to reduce, is the immeasurable in the measureable, the invisible in the visible, the ungraspable in the graspable, and the incomparable in the comparable. Faith-ing requires living into the immeasurable, invisible, incomparable, and ungraspable qualities of existence that are not seen with the eyes, but certainly are nonetheless in-depth experiences of significance: such as the significance of the tear in the measurement of water from one's tear duct, to recall an example noted by Heidegger (2001, p 81), or the broken heart within the rhythms of an EEG. I would say that what matters most for us in life are those experiences that are unseen and unmeasured in conventional ways.

My critique of equating care-ful practice with the reduction of that which cannot be seen or measured in no way should be read as suggesting we forego a lack of rigor in discerning congruent matches between ways of suffering and practices of care. On the contrary, I am suggesting that we may be able to care in *more* rigorous ways by *not* overlooking or minimizing the centrality of what cannot be measured in therapeutic practice.

I suggest that our continuing adherence to an outdated, positivist paradigm is an expression of what I call *faith-phobia*, or, a fear of uncertainty, unknowing, incommensurability, and invisibility at the heart of both human existence and practices of care. Ironically, which is where the comedy lies, what is overlooked is the 'faith-ing' inherent in each procedural step toward eliminating, alas, 'faith-ing'.

The paradox of the infinite/finite synthesis, from an existential-phenomenological perspective, is the inescapable and irreducible integration of transcendent possibilities amidst thrown, inalterable limitations. Caring well need not be relegated to caring with controlled certainty, nor an

invitation to do as one pleases. Instead, the *faith-phobia* I am describing is *lived objectification, whereas faith-ing is lived openness in decisive moments at the edge of, within, and beyond knowing and certainty. Our concern, then, is whether or not we can care in non-objectifying ways, or better yet, in faith-ing ways*.

The Kierkegaardian comedy

Let us review a synopsis of Kierkegaard's comedy to ground our latter reflections on best practice protocols in therapeutic research. The 'stumbling cornerstone' of our existence is stated succinctly by him: 'Existence is a synthesis of the infinite and the finite, and the existing individual is both infinite and finite, situated in time' (Kierkegaard, 1846/1941: p 350). Where is the evidence for this conclusion? The very question is comic, for Kierkegaard, as the questioner is remiss in understanding that subjective truth is lived and is neither objectively deduced nor privatised. *The individual comes to know that his or her existence is a synthesis of finitude and infinitude through the lived experiences of limitations and possibilities, or of contingencies and enactments of hope, in the inescapability of spatial-temporal situatedness*.

Knowing, understood in this way, is more equated with resoluteness, decisiveness, in spite of incompleteness, rather than applied completeness. These experiences occur in the infinitude of lived possibilities, though simultaneously are situated in the finitude of the decisive moment. Decisiveness militates against both omniscience and omnipresence despite the delirium often experienced by the dread of having to decide among multiple, possible pathways.

It is truly absurd, Kierkegaard admits, that the 'eternal truth has come into time' (1846/1941: p 188), and that we as finite individuals can have an intimate relationship with eternity, though accessed only through the singularity of one's 'intensity of faith in inwardness' (1846/1941: p 189). Truth is not only found *in* subjectivity, but *is* the experience of moving subjectively through lived, decisive moments. It is necessary to remind ourselves that subjectivity is too often misunderstood as privatisation rather than as appropriation, and an appropriation that takes place *in the world* and not spatially inside oneself. As the Kierkegaardian philosopher and theologian Bernard Meland (1955) writes, 'Decision is the "I" defining itself…the act by which character emerges…In an individual's decisions the quality and purpose of the self if exposed' (p 165).

We often seek dilution of decisive appropriation, however, through an *approximation-process* through reducing the absurdity of the finite-infinite synthesis into something more probable, something 'extremely and emphatically probable' (Kierkegaard, 1846/1941: p 189). Probability transforms the leap of faith into a matter-of-factness more palatably believable and livable,

once singularity and uncertainty are calculated out of the equation. I suggest that this Kierkegaardian ontology is the case whether one is theistic, atheistic, nontheistic, misotheistic, or polytheistic, and whether one is pondering a metaphysical puzzle, parenting one's children, teaching students, balancing a budget, fixing an automobile, eating lobster, or 'being with' someone suffering in a therapy session. Living into decisive moments that are ultimately unknowable and uncontrollable is the act of faith, or faith-ing, and occurs in *each and every* moment within our situatedness.

The paradox reducer, however, collapses faith as a lived phenomenon in face of uncertainty and unknowing into 'nothing but' a cognitive belief in an objectified and known other-as-thing which offers 'graspability' and assurance. In evidence-based protocol, paradox reduction of faith-ing occurs in attempts to nullifying uncertainty, chance, and unpredictability as much as possible through experimental steps in order to possess predictable, repeatable, and generically applicable procedures and ways of viewing persons, illness, health, therapy, data, evidence, validity, reliability, and successful outcomes.

Paradox reduction of this sort is only possible through objectification, which in turn requires generalisation, abstraction, or typification. But the infinite/finite experience is always and already unique and incommensurable; it is 'something particular, (as) the abstract does not exist at all' (Kierkegaard, 1846/1941: p 295). By 'exist,' Kierkegaard means that which exists subjectively; that which is *Existenz* rather than existence, in Jaspers' language (Jaspers, 1955), or that which is passionately lived in its invisibility as opposed to being 'seen' and objectified, in the phrasing of Michel Henry (Henry, 2003). By eliminating what is not generalizable we are eliminating *Existenz*; how could we not see this objectifying process as comical?! Objectification is possible only if we abstract from particularity, such as genericizing existence into abstract, mathematical (statistical) essence, or privileging the safety of undifferentiated crowds over the fearful and trembling individual in the face of her own becoming.

The philosopher of science, Paul Feyerabend (1975) warns against such objectification and trumpets the Kierkegaardian project:

> *For is it not possible that science as we know it today, or a 'search for the truth' in the style of traditional philosophy, will create a monster? Is it not possible that an objective approach that frowns upon personal connections between the entities examined will harm people, turn them into miserable, unfriendly, self-righteous mechanisms without charm or humor? 'Is it not possible,' asks Kierkegaard, 'that my activity as an objective (or critico-rational) observer of nature will weaken my strength as a human being?' I suspect the answer to many of these questions is affirmative and* I believe that a reform of the sciences that makes

them more anarchic and more subjective (in Kierkegaard's sense) is urgently needed

(author's emphasis, p 154).

So, once again, why have scientists qua best practice evaluators not followed up on Feyerabend's Kierkegaardian recommendation? I believe among the possible answers to this question, is that we are afraid of what Kierkegaard calls us to do, we are faith-phobic, even in, if not especially in, our science of care for human existence.

The comedy of best practices

The Kierkegaardian framework points us to the central issue at hand: *faith and fear in relation to the subjective truth of immeasurable existence as lived*. Best practices in therapy are based on evidence-based principles which focus on 'the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences' (American Psychological Association, 2006: p 273). Why bother? The American Psychological Association answers by borrowing the criteria from evidence-based medical-modeled practices that describe care as '… the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (ibid: p 271). Best practices are those that can show 'clinical utility,' or the ability to carry out a particular intervention with various individuals, and 'efficacy,' or how a 'treatment' works (ibid p 272).

Although the particular nuances in criteria shift from state to state, or country to country, the following questions enframe the application process for acceptance as a 'best practice': *Is the research transparent? Does the research exhibit an appropriate methodology? Is the research standardized? Is it replicable? Is there a sense of fidelity in its administration? Does the research show meaningful outcomes?* (Addiction and Mental Health Services/ Department of Human Services, 2007: p 2).[2] If one can prove an affirmative answer to each and every question, then one's practice is considered an empirically supported treatment of best practices. The trouble occurs when the tools used for the analysis of objects are assumed to measure the soul, which, again, from an existential-phenomenological perspective, is 'lived meaning.'

In existential-phenomenological therapy we look to how individuals ontically take up ontological givens that are *not* visible or measurable or reducible as constrictions in life are predicated on making sense of what *cannot* be grasped; this is what we mean by addressing depth. Hence, I argue that recognition of existential-phenomenological practice as an evidence-based, best practice will only occur when we insist on recognising multivalent meanings of central concepts and procedures in best practices protocol, starting with validity and reliability.

Validity is generally understood as the ability of a particular test, instrument, or criteria to *actually measure what it claims to measure*. The rub is that 'human existence cannot be measured' (Heidegger, 2001: p 185). So, does human existence not exist? 'Absurd,' you would say, and you would be right! But Heidegger's statement is accurate, echoing a Kierkegaardian position on measurement and existence, and if the domain of psychology is human existence, and the field's objective measures – the only measures accepted by a positivist paradigm – cannot measure what they purport to measure, i.e., *Dasein*, then they are *in*valid. The paradox-reducing move of abstracting from lived experience in its uniqueness by mathematically calculate away confounding variance is a sleight of hand that confuses statistical outcome with lived existence. Abstracting from the infinity of incomparable particulars in lifeworld situations as lived is the only way to reach a ground by which one can compare regularities. But then what one has in one's hands are mathematical realities and not existential ones. Existence is lived, experienced inter-subjectively, and evaporates when 'seen' and objectified (Henry, 1996/2003). I believe we would sacrifice our integrity as existential-phenomenological practitioners if we override this ontological reality. This is what makes our particular kind of best practice what it is. We need not ignore what cannot be measured just to dance with *Das Mann*. Pointing to EEG waves of a little girl's brain does not capture the profundity of running from red-eyed monsters in a nightmare, nor can it be used to conclude generalities about all little girls who have nightmares. A valid measurement of existence must be able to attune to unknowing.

Reliability, on the other hand, is generally understood as continuity, consistency, and repeatability of outcomes across randomised, controlled trials. As Steven Evans (1990) puts it, empirical reliability aims for regularities (p 31). One central aspect of the paradox, for Kierkegaard, is that the eternal is not an abstract, doctrinal category, but something lived in the incomparable finitude of the decisive moment. Hence, we are faith-ing every instant (Kierkegaard, 1843/1954: p 124). As the Kierkegaardian scholar Walter Lowrie noted, 'the decisiveness of spirit in each moment is what shapes and becomes the singular, unique and incomparable individual '(Kierkegaard, 1843/1954: p 16). A person is who he or she is, or becomes, in decisive, subjective and faithful enactments of significance, moment by moment. If this is an accurate phenomenological understanding of existence, which I believe it is, then reliable and valid criteria for best-practices, evidence-based protocols must make this point central to its concerns. Any move to quantitatively, objectively measure existence as subjectively experienced in the decisive moment is comical, and leads away from existence as lived. Experienced as lived, writes the existential-phenomenological psychologist, Connie Fischer, is our primary data, with

objective quantifiable data being secondary data given its abstraction from lived experience (quoted in Halling, 2008: p 56).

Transparency means that one's findings should be public, that is, open for peer review toward publication for wider distribution of one's findings. Setting aside the politics of publication for now, a faithful assumption is made here that arriving at consensus means arriving at truth, but to do so the incommensurability of each researcher must be transcended, a highly unlikely event. The faith-phobic, paradoxical-reducing mechanism here is seen in the legerdemain by which only data reaching consensus among select 'peers' (by way of select criteria established by the same peer group) is considered acceptable, which appears to be more hegemonic, inbred mirroring than transparency.

Standardization means one's findings can be reliably replicated. Much like transparency, standardization is a part of an experiment's reliability by way of its repeatability, in hopes for generalizability. As the infinite/finite paradox is lived in the absolute uniqueness of the decisive moment, standardization must contend with the incomparability of two divergent processes: individualizing and standardizing. The paradox reducing manoeuvre is to manualise methodology so as to abstract away from particular nuances and toward genericity. The disowned faith-ing is in the hope for generalizability, and, subsequently, the equation of truth as quantitative, uniform agreement. Kierkegaard calculates differently when it comes to the economy of human existence: the singular one, the decisive one, the subjective one, the moment, is the access to the eternal, not through the crowd's consensus.

Fidelity means that the scale, tool, or intervention used in treatment is applied in uniform and consistent ways. But can we, should we, eliminate individual styles and intuitive clinical judgment in the delivery of interventions? We cannot enforce uniformity and allow for eccentricity at the same time. The faith-phobic activity is disclosed in the attempt to reduce the creative spontaneity for all participants in the therapeutic situation, or to minimise such moments by denoting them with the now pejorative label of being *merely* anecdotal. The disowned faith-ing is embedded in the very word, 'fidelity,' in the belief that the delivery of interventions can be uniform and lead us to more helpful care.

Outcomes must be 'meaningful' to count as an empirically supported treatment, which typically means the ability to eliminate symptoms and restore 'functional' capacity. Functional capacity, in a capitalist enframing, usually means whether or not someone can return to work and produce. But a functional capacity may not be a thriving capacity, and a good outcome depends on the situated participants in the therapeutic relationship. The input-output compu-technocratic analogy used to understand human existence and therapeutic process is only *one* mythos among other ways to discern outcomes; others include by which we discern outcomes, a discernment

of 'the good life' (Smith, 2009), or attending to the level of freedom released or restored (Stadlen, 2006). Outcomes are treated as either confirmations or rejections of hypotheses in experimental research, and so are highly cultured to match or not hypotheses previously crafted. But a disowned faith-ing shows itself in the devotion to discovery and acting on clinical intuition to form and follow hunches embedded in hypothesis construction.

Mayrer and Boulet (2004), among others, have soundly argued that the very process of research should aim at not confirmation of hypotheses but discovery of whatever we find, and if it challenges us to rethink what we have always previously thought about existence and care, then all the more successful is the research (pp 20-12; See also Todres, 2004; du Plock, 2004; Spinelli, 2007; and Cooper, 2004). With a Kierkegaardian critique, rather than see unknowing and the absurd as happenstances and necessary evils to endure, we can see possibilities made possible by moving unknowing from the fringe to the centre.

Unconcluding therapeutic post-postscript

A Kierkegaardian reframe of the best practices evaluation process would have to privilege singularity, concreteness, the uniqueness of lived experience, and maintenance of the infinite/finite synthesis. Kierkegaard wants us to count as evidential what cannot be grasped, and to centrally locate this ontological reality within our ontic practices of care. Congruent care between a close attunement to this ontological understanding of human existence and the kinds of suffering therein would be a practice of letting be, or *Gelassenheit* (releasement), to use Heidegger's word, who in turn borrowed it from Meister Eckhart (Heidegger, 1969: pp 58-90). It is important to note how the tightness of evidence-based protocols can show up in the tightness of the certainty of evidence-based presence in therapeutic consultation, as much as the openness of releasement discloses itself in cleared space for the unfolding of *Dasein*. I argue that the latter approach is more congruent with a closer understanding of our shared ontological existence, and can offer more congruent care. If congruence between existence and care merits a 'best practice' designation, and I think it should be the prime criteria for deciding so, then existential-phenomenological practices of therapeutic care are the sine qua non examples of a best practice.

Transparency could mean openness to whatever shows itself in its own way in good existential-phenomenological fashion. Peer review would not mean enforcing consensus, but celebrating hermeneutical difference as alternative interpretations of ontically lived experience occur. Difference would not be viewed as invalidating the research, but enriching it. In fact, consensus may signal a lack of rigour in inviting a phenomenon to unfold as it is, in its own way. This view of validity replicates a pleroma of views, showing the fullness of any existentially lived experience, not a repetition

of sameness. As a Kierkegaardian reframe of evidence-based protocol would emphasize the singularity of unique and incomparable situations, *standardization* would need to shift from its generic and hegemonous focus to paradoxically mean standardizing a respectful review of what is therapeutic in each, unique relationship. *Fidelity* would return to its original meaning of *faithfulness*, albeit in a Kierkegaardian way, with the paradox of the infinite/finite synthesis left in and view faithful leaping in non-pathological ways. Caring with fidelity is to place what we cannot know or control at the centre of the equation, not on the fringe and not calculated away. Unknowing must be granted a very weighted level of significance, and how care rests in how we live into these ontological realities as they show themselves in ontic situations.

If 'best practice' evaluations for empirically supported treatments would be open to these reframes it would make sense to collaborate, but, to date, the protocol is held in place, signifying that we are banned from the communion table. Nevertheless, I propose that the practice of existential-phenomenological analysis is 'evidence-based' in (at least) three ways: First of all, meta-analyses have conclusively noted that the relationship and/or contextual factors are central to successful outcomes of caring practices. Existential-phenomenology offers the best practice of understanding relational and contextual factors, as well as other 'life factors' that make up even more of the percentage of what makes for well-being. Secondly, existential-phenomenology is 'evidential' in that it is empirical in the original meaning of the word: 'whatever is experienced'.

Evidence itself, of any sort, and particularly of sensual evidence, is already posited against an ontological backdrop. Ontological givens are not 'seen' in the sense of visually being seen, but are 'seen' phenomenologically as when we 'experience' them. Without the invisibility of ontological giveness, discerning truth, providing evidence, and so forth makes no sense. We cannot understand what near or far means without spatiality always and already being there, even though we cannot 'see' spatiality. Too little time, too slow, or acceleration would not make sense without the invisibility of temporality contextualizing these lived experiences. Anxiety reduction or the lifting of depression would not make sense without the thrown aspect of being attuned or mooding in the world. Pain management is nonsensical without embodiment, which is experienced but not seen. Conflict resolution or escalation is predicated on the invisibility of co-constituted co-existence. The mourning that brings us into therapy is what it is due to our lived facticity and encounters with limit and absence, both of which cannot be 'seen.' Hence, existential-phenomenology's evidence on invisible ontological givens precedes, contextualizes, and extends signification to any ontic outcome data sought for in current evidence-based protocols. In fact, to objectify *Dasein* into evidence as required by

evidence-based protocols would be to eradicate it. Moreover, often a successful therapy ends with the person who sought therapy not really sure if the therapy 'worked' or if something else in life 'worked', but nonetheless feeling freer, and engaged in a more meaningful existence. How does one 'count' that experience? Starting the exploration of 'best practices' or 'empirically supported treatments' at the ontic level misses most of what makes us human. True rigour necessitates we start (and end) with the unseen evidence of the ontological givens of existence.

The more Kierkegaardian-than-Kierkegaard French phenomenologist, Michel Henry, argues that 'Life' is not a consideration for a science that regards the 'empirical individual' as its precondition (O'Sullivan, 2007: p 150). 'Life,' continues Henry, 'is what knows itself without knowing itself' (2001: p 241). For Henry, 'Life' is 'invisible' in that what is seen (that is, objectified) is not the radical subjectivity which is 'Life' as lived in its pathos (2001: p 227). If unseen faith-ing is removed from the therapeutic process, then is it therapeutic care anymore? At the same time, it is through subjective embracing of one's distinctiveness and uniqueness that one experiences liberation, transformation, and the Thou to which we all belong – each in our unique way, and worked out with 'fear and trembling.' To reach the eternal, one must be personal.

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Notes

[1.] I am ever thankful for the clowns that I have followed throughout my life, including Marcel Marceau and Emmett Kelly, but I want to thank David Shiner of Cirque du Soleil for our continued conversations about the psychology of the clown.

[2.] I want to note here that I am using the American Psychological Association and the Department of Human Services as baseline criteria for my conceptual critique of evidence-based protocol, rather than addressing the extensive literature regarding NICE criteria or other forms of discourse proposing evidence-based outcomes. As a practitioner in the US, the APA and the DHS are more familiar central to our evidence based protocols than NICE.

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The Unsettled Sense

Derek Bean

Abstract

This paper considers how there is an inherent unsettledness and instability in the phenomenology of seeing. Its exploration concerning light, visibility and spatiality is grounded in the post-Husserlian phenomenology of Merleau-Ponty and informed by the later hermeneutic inquiries of Heidegger. The paper also draws on the author's own experience of visual change and disturbance.

Key words

Seeing, light, spatiality, visibility, flesh, Merleau-Ponty, steadying, phenomenology, intersubjectivity.

Introduction

Now perhaps we have a better sense of what is meant by that little verb 'to see'. Vision is not a certain mode of thought or presence to itself; it is the means given me for being absent from myself, for being present at the fission of Being from the inside – the fission at whose termination, and not before, I come back to myself

(Merleau-Ponty, 1961:p 186)

The eye is a sense organ and an affective organ. It receives and is moved. We see and we cry. Whenever they are open, our eyes are present to things and persons in the full spectacle of the 'life-world' (Binswanger, 1963). This paper focuses primarily on the eye which sees and, in particular, on seeing as a presence to our experience of the world and others; as our means for being present 'at the fission of Being' as evoked by Merleau-Ponty. My guiding theme is how seeing is pivotal in this way to our lived experience and our relationships as embodied subjects. I explore how seeing is bound up with our experience of spatiality and openness (Merleau-Ponty, 1961; Heidegger, 1966). I look at how the phenomenal richness of seeing is, by its nature, in flux and therefore susceptible to disequilibrium. I consider how seeing is also a steadying and how I begin to understand this in relation to my engagement in therapy as an existential therapist.

Lighting and showing

The image of the forest is a recurring and potent one for Heidegger. The forest clearing, *Lichtung*, is presented in contrast to the dense forest,

Dickun. The word *Lichtung* goes back to the verb lichten, to lighten (in the sense of making less dense), 'To lighten something means to make it light, free and open' (Heidegger, 1966: p 441). For Heidegger, the clearing is a 'primal phenomenon' and its openness 'grants a possible letting appear and show' (ibid, p 442). The clearing is nothing less than 'the open region for everything that becomes present or absent' (ibid) and Heidegger challenges us to wonder about what appears, lingers and withdraws in this 'free space'. The open region of the clearing allows light to enter, but is not created by it, and the denseness of the surrounding forest remains.

For the late Heidegger of *The End of Philosophy and the Task of Thinking* (1966), philosophy 'does not heed the clearing of Being' (ibid, p 443) and his project for 'the task of thinking' becomes a pursuit of the mystery of 'Clearing and Presence'. Heidegger proposes a return to early Greek thinking and to Parmenides, where *Alêtheia*, unconcealment, is named as 'the clearing that first grants Being and thinking and their presencing to and for each other' (ibid, p 445). The clearing is 'the place of stillness' (ibid) where there is neither concealment nor unconcealment, neither presence nor absence, but which precedes these phenomena as a space where something can show itself, can come into the open.

> *We are concerned now with something else. Whether or not what is present is experienced, comprehended, or presented, presence as lingering in the open, always remains dependent upon the prevalent clearing. What is absent, too, cannot be as such unless it presences in the free space of the clearing*

(Heidegger, 1964: p 446)

Heidegger thus asks 'what speaks in the "There is/It gives"?' of the clearing (ibid, p 449). Can we also ask, tentatively, what steadies itself here?

The sentient subject

For Merleau-Ponty, the thinking of both 'empiricism' and 'intellectualism', his recurring characterisations in Phenomenology of Perception (1962) of all thought 'that presents itself with the world readymade' (ibid, p 208), ignores the body as the subject of perception and the site of being. Rather, for Merleau-Ponty, 'I delve into the thickness of the world by perceptual experience' (ibid, p 204). Our senses become the way of a form of co-existence or communion, 'a certain way of being in the world suggested to us from some point in space, and seized and acted upon by our body' (ibid, p 212). Thus, in gazing upon the blue of the sky, we do not possess it in thought, 'some idea of blue such as might reveal the secret of it', rather we abandon ourselves to it, so that it 'thinks itself within me' (ibid, p 214).

Vision is for Merleau-Ponty pre-personal in that each sensation of seeing begins and ends with itself and is the first and last of its kind. 'Between my sensation and myself there stands always the thickness of some *primal acquisition* which prevents my experience from being clear of itself' (ibid, p 216). Seeing therefore belongs to 'a certain field' that we have access to and an opening upon, with no special effort required, which at the same time is always limited, in that around what is being looked at spreads a 'prepersonal horizon' of what is not seen, or what is invisible (ibid). Thus, whilst space may be said to belong primarily to sight, as the setting for our existence and co-existence, all our senses are spatial in giving us access to some form of being and with each we have 'a particular manner of being in space and, in a sense, of making space' (ibid, p 221), where 'the power of going to it is inseparable from that of cutting oneself off from it by the sequestration of a sense' (ibid, p 22). Whilst we might at any moment feel absorbed into a sense of sight and become even saturated by it, at other times another sense may bring another dimension surging through our sense of space.

Although we can, as Merleau-Ponty puts it, shut ourselves up in one of our senses, projecting ourselves into our eyes, say, and the blue of the sky, this requires a highly particularised attention and separation through the fixing of the gaze. It involves a turning towards the gaze itself and an interruption of the total spectacle; it breaks the link between vision and the world and between the subject and their vision (ibid, p 227). This experience of the separate senses is, moreover, always unstable. The 'natural attitude' of vision involves, rather, surrender to the spectacle and a making of common cause with the gaze, surrendering also the barriers assumed between the senses (for example, in the phenomena of synaesthesia).

For Merleau-Ponty, there is a unity of the senses on the basis of the movement or modality of existence, whereby 'The senses intercommunicate by opening on to the structure of the thing' (ibid, p 229). The senses interact in perception as the eyes anticipate and collaborate in the 'prospective' act of focusing (ibid, p 232). This is always experienced from a familiarity with the world in the body and the senses born of a person's habitation of the world and this perceptual synthesis is also a temporal synthesis, where 'in every focussing movement my body unites present, past and future' (ibid, p 239). Nevertheless, this remains a 'perceptual field against the background of the world' that in our sensory exploration we have a capacity to suspend and limit (ibid, p 241).

Seeing as gift

Levin has spoken of Heidegger's 'There is/It gives' question as a careful listening to the soundings of the German language and as a gift received by his hearing. Levin asks: 'Are we able to hear, thanks to Heidegger… that the sensuous beauty of Being, as it comes forth in unconcealment

(truth), cannot be appropriately reflected and disclosed without appreciative eyes to behold and respond?' (Levin, 1988: p 117). Levin thus considers how the process of opening, of keeping open to being, therefore lays claim to our vision, and, responding also to Merleau-Ponty, declares:

> *The persons and things we behold are gifts to our eyes, gifts our eyes could enjoy. But a gift cannot be enjoyed unless it is properly received, accepted as such. And it cannot be received or accepted so long as we deny that it is a gift – so long as we deny, and cannot thankfully accept the fact that persons and things are indeed given, granted to our eyes, as persons and things, and never, primordially, as visual objects*

(ibid, p 126)

Levin focuses on what he sees as the more stressful and more needful aspects of seeing, insofar as he believes this will help enable a more thoughtful response to the suffering and impoverishment of vision he identifies, an impoverishment only enhanced by the capacity our eyes give us for operating at a distance and with detachment. In this way, for Levin, his question concerns technology and ordering and his interest takes him into the experiential realm of what Heidegger has called Ge-Stell, "enframing", 'the way of revealing that holds sway in the essence of modern technology' (Heidegger, 1953: p 325), where 'everyday seeing' becomes appropriated to a culture of blindness and 'the blindness of the crowd…is steering the machines of our technological rationality and poses an especially perilous and fateful danger to our visionary being' (Levin, 1988b: p 58).

For Levin, a deep wisdom and spirituality lies hidden in the vision with which we are gifted as a child, but from which we find ourselves closed off. Thus, when our vision is dominated by the Ge-Stell, it becomes a stare, fixing its objects before it in an attempt to dominate, 'instead of fulfilment, the eyes lose their sight, veiled in tears' (ibid, p 69). In the face of experiencing these 'rifts and alienations', which the eyes can be responsible for, when their pain becomes unbearable and we feel a need for contact and communication, we cry as an expression of the opening of our eyes (Levin, 1988a: p 130).

The eye as animator

For Merleau-Ponty, thinking that 'looks on from above' and treats everything as if it were an object, must return to the 'there-is' of the body and its 'associated bodies' – 'that body which is an intertwining of vision and movement' (1961: p 162). In *Eye and Mind* (1961), the last work Merleau-Ponty saw published, he continues his phenomenological investigation into what it means to see and experience seeing, and his forceful critique of a Cartesian conception in relation to sight and space. Thus, vision, for

Merleau-Ponty, essentially offers an opening to the world. In a body that both sees and is seen, it is deployed in movement and caught up in things and in the world. In looking at things we can also look at ourselves and see ourselves seeing, but this can never be a decision made by the mind 'in subjective retreat' setting up some picture or representation of the world (ibid, pp 162-163).

In *Eye and Mind*, Merleau-Ponty (ibid, p 165) seeks to enter the sensibility of the painter, who by welcoming light, colour and depth into his (sic) body, changes the world into a painting. In this action, the eye is an animator: 'The eye is an instrument that moves itself, a means which invents its own ends; it is *that which* has been moved by some impact of the world'. Merleau-Ponty recognises that, as objects of painterly investigation, light, shadow, reflection and colour have a visual existence 'like ghosts' and require a voracity of seeing that reaches beyond the 'visual givens' (ibid, p 166). Nevertheless, this is not the unyielding 'stare' described by Levin. In looking at what painters, such as Cezanne and Klee, themselves have to say about their experience of being merged in a subject and of things seeming 'to look at them', where it can become impossible to distinguish between what sees and what is seen, Merleau-Ponty describes phenomenologically, and for everyone, the possibilities of seeing as a way of mixing with the world and others and for the world and others to mix and meld with us.

Merleau-Ponty identifies Descartes's conception of vision polarised as the action of light upon the eyes and a construction – a making of resemblance – belonging to thought. Thus, Descartes, taking his inspiration from perspectival Renaissance drawing, where depth is a third dimension derived from the other two, turns space into something outside of any viewpoint, whereas, Merleau-Ponty argues, every point of space is 'the evidence of the "where." Orientation, polarity, envelopment are, in space, derived phenomena inextricably bound to my presence' (ibid, p 173). Merleau-Ponty asserts, along with Heidegger, that there is no view from nowhere, 'from no point of view' (1962: p 204), but rather that we live in space 'from the inside', and restores seeing to 'a showing forth more than itself' (1968: p 178). Merleau-Ponty asks how do space and light speak to us and joins Heidegger in confronting the Cartesian view that the only light is the light of the mind (ibid, p 186). 'Vision encounters, as at a crossroads, all the aspects of Being' and nothing less (ibid, p 188).

An ophthalmological view

Heaton has identified how ophthalmology is particularly responsible within modern medicine for its focus on only what can be measured and observed directly, through developing an anatomical model of the eye as a camera (Heaton, 1968). For Heaton, this derives directly from the

'splitting' of the person from their world and the body from subjectivity, where 'the Hippocratic habit of observing all the phenomena of disease and their attendant circumstances has been dropped' (ibid, p XI). In consequence, there is a 'body-for-others' experience of the ophthalmologist's investigations that leave the patient feeling wholly alienated. Under the ophthalmologist's gaze, the eye is an object and the eye which 'speaks' invariably remains unheard (ibid, p 5).

Drawing on the work of Gibson (1950), Heaton seeks to show how deeply we are involved in the visual world. He describes from an alternative ophthalmological perspective the remarkable contrast between the unstable form of the retinal image and our normal experience of the visual world. Thus:

> *Owing to the structure of the eye, to its continuous motion even during vigorous attempts at fixation, and to its continually changing state of accommodation, the retinal image is tiny, upside down, variably blurred, wiggling and jerking – in fact there is never really an image on the retina at all, but a continuous pattern or ever-changing image. Yet our experience of vision has a peculiarly static quality; the eye is an agent for stabilization; it gives us the structure of the world*

(ibid, p 49)

Heaton also identifies, as Merleau-Ponty has explored, how the eyes are oriented to the perception of space and, specifically, of distance, in giving us a sense of cohesion and stability in the world. In accounting for the stability and spatiality of the visual world, it is not necessary, Heaton argues, to invoke mental processes, such as memory or association, to supplement the retinal image, rather 'these qualities may be traced to the structure of the array of light converging on the eye at any moment. The texture and transitions of this structure form a global stimulus on the retina' (ibid). The retinal image is not a copy or replica of the visual world transmitted to the brain but, in Gibson's terms, a correlate of it. Thus, an important distinction can be made between the visual field, which shifts and has boundaries and blurs at its peripheries, and the visual world that we perceive ordinarily in everyday life, which remains largely stable and unbounded. The visual field will normally require a special effort on the observer's part to experience it, paying attention to the whole range of what can be seen without moving the eyes, and Heaton comments on its slightly illusory quality, with a feeling that one can bring back the visual world whenever one wishes.

Sight unsettled

Sometimes when I look at a framed picture under glass or at the movie screen in a cinema, I am shocked that what I see in the frame or on the

screen is so much clearer and steadier than what I see around it and around me. This still takes me by surprise. This is one of the peculiarities of my own eyesight, one of a range of visual stresses that continue, if residually, following my allergic reaction to the medical diagnostic use of an intravenous X-ray contrast (dye) more than 20 years ago. At the time the impact was immediate and traumatic in affecting my sight. In an instant, my visual world changed. Light became harsh and dazzling, so that I became drenched and exhausted by it. Visual contrasts appeared 'out of tune' and impressed themselves in persistent after-images. Colours bounced and jumped against one-another, regardless of hue, and without rest or repose. At other times, my visual 'picture' shimmered as though through a haze. I experienced a painful and frightening cacophony of such visual disturbances, which were long-lasting. My visual world changed and, simultaneously, the world was changed.

As Merleau-Ponty observes: 'A blending of some sort takes place – when the spark is lit between sensing and sensible, lighting the fire that will not stop burning until some accident of the body will undo' (1961: p 163). I felt powerfully undone at this time. I discovered how light also disturbs and obscures, brings tremors and instability, takes away stillness. My trust in everyday seeing seemed lost and the possibilities for bringing back a 'normal' world – a world visually shared with others – were halted. And in writing about my experience, I am aware of re-entering a territory that I still cannot adequately capture in words, but which demanded its own way of being with and seeing through, and not without seeing through many tears. I call to a distant poet:

To judge by the form, nevertheless, I go forward,

anciently limping,

and forget through my tears my eyes (Very interesting)

and climb to my feet from my star

(Vallejo, 1980: p 103)

There is, as Levin (1988a) has identified, an elemental trust of vision, insofar that our everyday manner of experiencing seeing normally remains unthreatened. Heaton has further described the delicate perceptual balance between the person who sees and objects seen in the world and how, in experiencing visual disturbance, attention is drawn to the instabilities of the visual field (ophthalmologically defined) at the expense, so to speak, of the more stable, more solid visual world. Merleau-Ponty points towards this "getting stuck" as a potentiality of seeing existing for all of us, albeit also with the possibility of return. Levin goes so far as to question whether protection against the possibilities of optical disturbance, even if possible,

would somehow run counter to 'the innermost *needs* of sight' (1988a: p 120). Seeing thus seen brings sharply into question the essential relationship of seeing to being, where seeing places being itself at risk and in jeopardy.

The palpating eye

> *When through the water's thickness I see the tiling at the bottom of a pool, I do not see it despite the water and the reflections there; I see it through them and because of them. If there were no distortions, no ripples of sunlight, if it were without this flesh that I saw the geometry of the tiles, then I would cease to see it as it is and where it is…I cannot say that the water itself – the aqueous power, the syrupy and shimmering element – is in space; all this is not somewhere else either, but it is not in the pool. It inhabits it, it materializes itself there, yet it is not contained there*

(Merleau-Ponty, 1961: p 182)

In exploring the works of modern painters Merleau-Ponty identifies an enigmatic instability 'in what is between' their colours, forms and lines: 'The enigma consists in the fact that I see things, each one in its place, precisely because they eclipse one another, and that they are rivals before my sight precisely because each one is in its own place' (ibid, p 180). Thus a line, or a border of colour or form, is not visible in itself but appears 'always on the near or the far side of what we look at' (ibid, p 183). This animation or 'radiation of the visible' (ibid, p 182) is what the painter seeks as 'a movement without displacement' (ibid, p 184). However, for Merleau-Ponty, this 'disequilibrium' of vision (ibid) has far wider significance, for it literally teaches us how through vision we come in contact with the flux of being:

> *Every visual something, as individual as it is, functions also as a dimension, because it gives itself as the result of a dehiscence of Being. What this ultimately means is that the proper essence [le proper] of the visible is to have a layer [doublure] of invisibility in the strict sense, which it makes present as a certain absence*

(ibid, p 187).

Merleau-Ponty develops his understanding of this complex dimensionality and coherence in vision in his last unfinished manuscript and notes, which together have been posthumously published under the title *The Visible and the Invisible* (1968). In this work, and particularly in one remarkable chapter 'The Intertwining – The Chiasm', Merleau-Ponty unfolds further his phenomenological project to show how this 'visual something' catches the invisible in the visible, as he has described operating in the eye of painters. For Merleau-Ponty, the visible, more than a correlative of vision, becomes

'a flesh of things' of which we are also a part:

> *For the visible present is not in time and space, nor, of course, outside of them…To put it precisely, it stops up my view, that is, time and space extend beyond the visible present, and at the same time they are behind it, in depth, in hiding. The visible can thus fill me and occupy me only because I who see it do not see it from the depths of nothingness, but from the midst of itself; I the seer am also visible*

(1968a: p 113)

Merleau-Ponty thus presents an alternative understanding of 'openness through flesh' (ibid, p 131):

> *What there is then are not things first identical with themselves, which would then offer themselves to the seer, nor is there a seer who is first empty and who, afterward, would open himself to them – but something to which we could not be closer than by palpating it with our look*

Moreover, this is a 'flesh' that holds 'the thickness of the look and of the body' (ibid, p 135). We are, for Merleau-Ponty, at one and the same time separated from 'things themselves' and at the heart of them through this thickness of the body, 'by making myself a world and by making them flesh' (ibid).

Here Merleau-Ponty presents his final dismissal of thinking that renders things 'flat' and inaccessible to the subject by viewing them 'from above': 'He who sees cannot possess the visible unless he is possessed by it, unless he *is* of *it*' (ibid, p 135). For Merleau-Ponty, there is a 'double reference' (ibid, p 137). The body is a 'thing among things' and of them, but conversely, for the body that sees and touches, the contents of the visible world do not sit before it as objects, rather they 'enter into its enclosure, they are within it, they line its looks and its hands inside and outside' (ibid). This 'reciprocal insertion' of one in the other – 'this strange adhesion of the seer and the visible' (ibid, p 139) – as exhibited in his tantalising description of the flesh, is what Merleau-Ponty names as the intertwining: 'Fundamentally it is neither thing seen only nor seer only, it is Visibility sometimes wandering and sometimes reassembled' (ibid, pp 137-138).

'The flesh (of the world or my own) is not contingency, chaos, but a texture that returns to itself and conforms to itself' (ibid, p 146), states Merleau-Ponty. Starting from the body and 'how it makes itself a seer' (ibid), Merleau-Ponty thus points to the articulations of the aesthesiological body, the sensory body, which, so to speak, slips between the contours of sensible things in its openness to the flesh of the visible (ibid, p 147).

'That little verb "to see"'

We have seen how, for Merleau-Ponty, there is a kind of blending between the seer and the visible in the act of seeing. When he speaks of seeing the tiling at the bottom of a pool not despite the water's distortions and reflections, but because of and through 'this flesh', this resonates vividly with my own visual experience. Lingis, Merleau-Ponty's translator, has described Merleau-Ponty's notion of this visible that fills 'from the midst of itself' as a 'field being' (Merleau-Ponty, 1968a: p xlvii). In doing so, he attempts to represent the dimensionality in Merleau-Ponty's conception, yet does not capture its flux 'as overlapping and fission, identity and difference' (ibid, p 142) experienced through 'those dull and secret membranes' (ibid, p 146).

Kelly (2005) has considered how our experience of the visual world is the experience of, in Merleau-Ponty's words, 'a tension which fluctuates around a norm' (1962: p 302). Kelly examines how, for Merleau-Ponty, we never experience light as a determinate amount of illumination; rather we see it in a directly bodily manner and move our eyes to see things at their best. Kelly points again to how both lighting and the thing lit are a unified structure for Merleau-Ponty that takes on meaning through our bodily inclinations to act, to be involved in the world, as seer and perceiver. We are here also returned to Heaton's (and Gibson's) description of the eye as an agent of stabilization and engagement in the world, a perceived world that in various ways affords us to act (Kelly, 2005: p 102).

In *The Visible and the Invisible*, Merleau-Ponty develops and configures his understanding of the shifting and uncertain boundaries in the artistic practice of painters to articulate his conception of a thickness of seeing, where there is a kind of bursting ('dehiscence') of the seeing into the visible and the visible into the seeing. In this final expression of his thought, Merleau-Ponty describes the flesh as akin to 'an "element" of being', as we might speak of water or fire, 'a sort of incarnate principle…yet adherent to *location* and to the *now*' (1968a: p 139). Merleau-Ponty fully recognises the strangeness of the domain 'caught sight of' (ibid, p 140), where 'I slip on these "elements" and here I am in the world, I slip from the "subjective" to Being' (1968b: p 218), that has 'no name in any philosophy' (1968a: p 147). Crucially, however, this 'strange domain' inseparably transverses and animates other bodies as well. The colours and forms experienced by myself and another are not inaccessible or a mystery to one another, 'it suffices that I look at a landscape, that I speak of it with someone…because an anonymous visibility inhabits both of us, a vision in general' (ibid, p 142). Moreover, in the seeing of other seers, we are for ourselves fully visible and no longer 'the look without a pupil' (ibid, p 143).

Conclusion

The patient is never totally cut off from the intersubjective world, never totally ill

(Merleau-Ponty, 1962: p 164)

For Merleau-Ponty, from the first pages of *Phenomenology of Perception*, our human being is inseparably intersubjective in the world and to be celebrated as such, 'the sense which is revealed where the paths of my various experiences intersect, and also where my own and other people's intersect and engage each other like gears' (1962: p xx). He thus speaks of 'a field of presence' that is also an intersubjective field, 'I am all that I see, I am an intersubjective field' (ibid, pp 451-452) and concludes that, as incarnate subjects, we make ourselves free through and by means of our involvement in the world and with others.

The eye – that touches and is touched with a look – pre-eminently among our senses gives us admission to this 'field of presence '. This is, nevertheless, an unsettled and unsettling realm, where the eye, as an organ, is a fragile agent of stabilization, and where the visible, as seen by Merleau-Ponty, also opens to the invisible, 'makes present as a certain absence'. Visibility both coheres and disassembles. Merleau-Ponty therefore offers an understanding of vision that embraces disequilibrium and fission in 'the thickness of the look' and the texture of the flesh, within which my own extremes of visual experience might be contained. In my experience of visual change, I became aware of getting caught in the disturbances of my visual field (in Heaton's description), that in turn brought a separation from the world and others. However, following Merleau-Ponty, I can articulate this in terms of a complex 'thickness' of seeing that we all may inhabit in some degree (by will or by accident) and make a return. And if, on occasion, I still struggle or 'slip between', because loss remains, I nevertheless make recovery in my intersubjectivity and in my relationships.

We can, I believe, speak here of many forms of illness and distress, where our world becomes distorted, our horizons appear to narrow (although it is the task of the eyes to widen them), we lose freedom and openness, and can no longer take our space. Whilst, as Merleau-Ponty observes, this is never complete, we may, nevertheless, feel severely separated from others whenever, or wherever, our perceived world becomes suddenly, perhaps fearfully, changed. I am made aware of this in my work as a therapist and in my relationships with clients, where I am involved in a phenomenology – a palpating – of the visible (and invisible) between two people and where the 'flesh of things' may at any moment reveal its elemental dimension of instability, and of jeopardy, in relation to our communication and our shared being in the world. This ever-present

possibility of our being human shows itself in therapy.

In therapy, we are engaged, among other things, in a process of *steadying* in the face of distress and disturbance, whereby, through relationship, we hold open a space for the possibility of finding a shared language and communication about these experiences that will be therapeutic. The dimensionality of this space is diverse and indeterminate, yet belongs to a specific present and specific place, the shared encounter of therapy. In being present to this encounter, we are, as therapists, engaged in a practice and aesthetic, utilizing and animating our eyes and the full range of our senses, our own unique 'openness to flesh', in making and shaping its exploration. Moreover, in helping to steady others, we are, by grace of our eyes, also involved in steadying ourselves.

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Roads of Freedom – An Existential-Phenomenological Approach to a Psychotherapy Journey

Guiomar Gabriel

Abstract

This psychotherapy case study has an existential phenomenological perspective using the concept of Freedom. It is organized as freedom of (1) being one's own possibility; (2) being-with and (3) projecting one's own. Psychotherapy as a space of awareness of human freedom is discussed.

Key words

Psychotherapy, counselling, existential, phenomenological, freedom, panic, child sexual abuse.

Introduction

Sara, a woman in her thirties, comes into my office on a sunny autumn morning. With a mature poise, and a body exuding stability, strong face and hair, she sits and states: 'I came because I'm having some reactions that are annoying me.' I feel caught by this apparently heady description of what brought her to me. But the assertion fits perfectly with this seemingly secure woman. She tells me that after her father died, she has been frequently having panic attacks. Fear and avoidance are well known friends of Sara. Young Sara fled a lot, either physically or through alcohol, drugs, and sex.

A month before her father was diagnosed with cancer she had moved to her own flat, in a first attempt at autonomous living. She immediately returned though, to her parents' house, where she has been staying ever since. Her relationship with her father had improved a lot recently as they grew closer than ever.

The pain of losing him was enormous. The feeling was that of being stolen the promise of a relationship with him, the possibility of talking as they never did, walking together as they had not before or just sitting next to each other. To come to terms with all this loss was really very hard.

She occupied herself to avoid thinking. Besides her two jobs, she spent a lot of time with her mother, with whom she started having a closer life: going for walks, weekends in the countryside, shopping, house management, and gardening. Sara felt that, naturally, her responsibility was that of not allowing her mother to suffer from solitude.

The pain and sadness gradually turned into a generalized anxiety that

pinnacled into several panic experiences. I still remember well the sound of her moan; it had an anguished quality to it, as she told me of her distress in a crowded carnival. Having felt death by her side, unable to run away, unable to control anything. What she felt was extreme vulnerability, not knowing, a vertigo. Even after leaving the place, she could not detach that chaos from her body, the fear she felt clear to the bone: 'It was a great shock. No-one could reach me.'

As always, I established two initial sessions for getting to know each other and understanding if we were going to be able to work and trust one another in order to go through the process of psychotherapy. As it happened, we started to travel the 'roads of freedom'.

Roads of Freedom of Being One's Own Possibility

What happened in a first stage of therapy was the unfolding of a voice and a body in Sara, an acceptance of herself, with confidence.

Besides the description of the panic attacks, the first narratives brought concern for her brother. Through Socratic dialogue, Sara realized that her difficulties in relating to her brother were strongly influenced by the Sara-Mother nexus. She grasped that her brother in fact talked and tried to communicate with her, having much more difficulty in doing so with their mother. 'I understood that I was imposing what I thought was best for my brother with what my mother thought was best, over what was in fact his preference, his way: we didn't need to talk much. We are closer now, because it's more me and him and not me-with-my-mother-inside-me with him.'

Since then, Sara's process of thinking on her own and gaining more autonomy from her mother (interrupted by her father's death) has re-established itself, slowly and surely. I explored and observed a succession of steps in the road from Sara-and-Mother to Sara in a relationship with her mother: she started to spend only Saturdays at their country house instead of the whole weekend; she left her mother's bed to return to her bedroom, until the recent spending of only one night a week at the family house. Most importantly, Sara started to ask herself her own opinions about things.

Parallel to the process of gaining more autonomy, Sara is willing to explore what she describes as, her 'intellectual laziness' or

my incapability to read and understand what I read, my impossibility to be a cultured person. When I do presentations I shiver from head to toe and clearly notice that I don't deliver my case properly. My family always cared deeply for education and culture. I fell behind. I hate the feeling of not being able to talk at the same level as them. At work, despite years of experience, I still feel as ignorant as the younger ones. I don't know what to think of things and when I have an idea, I don't state it because I can't substantiate it.

With lots of educational help, and her mother frequently checking on her, she went to college. She was already older than her colleagues and always had some sense of a hard waking up, a kind of 'I'm here, but I'm not here.' There was a clearly cemented belief of 'I'm not as smart as others.'

What do we tell a person who declares that she feels dumb and thinks she's dumb? In a support situation, we might want to show her that it is not so. Here, the chosen path was different. What is it like to be dumb? How is it to live like this, eyes half-closed to the world around? How does it feel to feel this difference, this incompleteness compared to the closest people around you?

Sara shares her unwillingness to read, to read and not be able to concentrate, reading and feeling 'this is not for me.' I decided to explore with her, in order to bring to light who Sara is in fact, regarding intellect and culture. In addition to the label 'mental laziness,' 'I'm not so smart' how does it really feel when you ask yourself: 'How am I, really?' The room becomes full, as images arise. Images of pleasure while listening to music, of engaging with books ('but not difficult books, the other ones, simpler books'. Why not difficult books? I ask. 'I have no patience to read those,' Sara answers matter of factly.)

How did we travel the Roads of Freedom of Being One's Own Possibility?

The breach in the sedimented beliefs of being uncultured, ignorant and limited, occurred through the encounter with herself in a certain situation, with her pleasure and desire. Before, there was a non-themathized owning of the family ways. Now, with phenomenological exploration, Sara is able to take a stance on what is really important for her, her own way.

Sara showed her desire, an urge to state her likes and dislikes. In therapy, as in life, to glance at our possibilities feels like blood rushing back into the veins. Sara began to try to prepare and rehearse her presentations. She decided to take a more present and confrontational stance in professional meetings. She decided to walk alone in a foreign city. She decided to give herself voice.

Once, I remember with a smile of shared joy, she went alone to her flat, chose what she wanted to listen to and danced, sang and danced until she was replenished. 'Guiomar, I felt so good, so free!' I answered something about the freedom of singing and dancing... 'Yes…, but it was more the choosing itself, choosing what I wanted to listen to at that moment. That's what was really important to me'. I learned there with Sara that freedom is not really to be free to do what pleases us, but the freedom to choose what is truly ours in every moment. Authenticity, the buzzword of existentialism, was alive in the narrative of that end of the day's experience. Also, therapy brought us this opportunity to understand the nature of lived time: a moment

is a restart. One moment can contain in itself all the force of a full day. There was a fun session where Sara, with her fear of heights and flying, and especially of the very fear itself, decides to participate in an activity of tree climbing, accepting fear (and she felt much!) but also Life, once again, bright eyed in the narrative. Fear and beyond fear, life. Or in other words, beliefs and sedimentation, and beyond them, herself, her uniqueness, her freedom.

Road of Freedom of Being-With

Let me share with you a bit more about Sara, the unique Sara. As I told you before, everything in her way of being with me gives a sense of a fortress and a distance. This continuous search for safety hides much. It hides the fear, the uncertainty of being able to live autonomously. It hides her nightmares, her superstitions, and her frailness. And it also hides a secret. Sara was sexually abused by a great-uncle from her infancy (aged four) until her adolescence. This uncle lived nearby the country house, and she was sent frequently to visit him. Her refusal was unacceptable. She was told, 'How rude and cruel of her not to want to spend time with her old uncle'! She always tried to be 'a good girl' and couldn't find in this way of presenting herself to the world the means of breaking free of this situation without causing a family scandal. This uncle was a kind of a myth to the family, adored by everyone as he represented charm itself, the family's Don Juan.

There was a critical episode during therapy, banal in its shape, but really rich in what it triggered. A critical episode is something that happens in therapy and establishes a clear marker that limits a before and an after the episode. Sara was describing in a tone of spite and a certain detachment a conflict between herself and her girlfriend, Marta. Sara's partner texted her asking something during the morning and Sara only replied in the evening. Her partner got really angry on the phone, stating that she felt as if she was not important at all, as if she did not exist.

I remembered the couple of times Sara did the same to me. Being really punctual and assiduous, she already had missed sessions, calling me only the day after. So I decided to share with her my experience on these situations between us:

G: This situation is a bit similar to ours last week. Maybe we could use it to understand what happens in those moments. What was your experience of receiving my text message?
S: I thought of calling, but I was in the middle of a work crisis and thought I'd call later.
G: And in relation to me, the fact that I had no news about you?
S: (Silence, a really subtle shoulder shrinking)
G: My sense right now is me wanting to reach out to you, to be closer

and I feel as if you are receiving this with certain indifference, as if I don't belong there... I'm feeling as I've no right to ask you this, let alone feel this.

S: Yeah... I get it. It's what Marta complains and it also reminds me of what my teachers and tutors always complained about.

G: And I also have the feeling you're explaining things to me, as you did to Marta: I forgot, had lots of work, but not answering to what I really want to know: What is your sense of our relationship? What is your experience of having me asking this of you?

S: At the time I didn't feel like calling. I didn't feel like talking to people.

G: In this very moment I feel I'm trying to grab you and you want to run, as if I'm forcing you to be here with me, to have this conversation against your will. I feel I'm reaching out my hand to you, like this, reaching my hand and it feels like I'm trying to grab you and...

It was there and then, I had a flash of her uncle, of the panic. I stopped talking. I looked at Sara and, without words; I knew we were in the same place. There we stayed, in that horror of feeling trapped in an old net, being the actresses of a play that never went out of scene.

And then we lived an extraordinary moment in our story together. Sara talked and talked, and cried and talked, and suddenly there we had, facing us and as if bellow a spotlight, the plot of so many events in her life: Sara running away, missing things, missing meetings, skipping classes all her life and never knowing why: 'I just knew I couldn't go. I shouldn't. It was completely impossible for me to face things.' She recalls missing appointments and doing nothing to disguise it. No excuses. She wanted to be caught in her absence. And she always was. And she never knew what to answer, how to explain. How blocked. How dumb she became at those moments. She reminded herself of the weekly talks with her mother, crying over her mother's despair, promising never to fail again. And she was lost. She just knew she had to run away again, she had to skip things.

I had a vivid image of her uncle forcing her to do stuff, her parents forcing her to go to him. Her uncle, a very respectable adult. As her teachers, me, her girlfriend are respectable people. But this 'having to' and not knowing how to say 'I don't want to. This isn't my choice. See that I can't go like this, being committed with someone like this. I can't have you. Don't abuse me!' Sara establishes the connection between her running away and her will to flee from her uncle's room, his office, where most of the abuses happened, his library full of books. Running from the others and with that, silently shouting: Don't tie me; no-one can take me. These relationships smother me.

The session was spent with tears and the sense of truthfulness for both of us. What was being told was her life story, where Sara could finally

answer for herself, answer the old questions from others, and assume her responsibility for what she had done. What she had done was to run away. To protect herself repeatedly of situations where she felt a compulsory attendance, seemingly benign relationships that had the potential of sucking her soul and her body. 'Because I couldn't think, you know... I couldn't think.' And with that to tell everybody what happened to her, what was still very alive inside. The secret.

One week later she comes, still under the impact of the last session. She's willing to share her newly found discovery that everything fits. Her way of being with boys through adolescence, full of hidden sexual encounters, giving her disembodied body to be used, as if it was not hers, without any expectation of being loved. She entered her first real love relationship when she was well over 20, and when she started therapy she was in a second relationship with a girlfriend for four years, but with little certainty and an impossibility to project herself into a future with that woman. Loving tasted of liking; the feeling was more of a mutual interest.

Also, her lack of interest in reading and studying, the necessary quietness, the permanence in the world of books was banned from her possibilities: 'I already spent too much time gazing at their covers' (her uncle forced her to look at pornography before he abused her in his office). And as for feeling dumb, her sense was that, having no-one to explain what was happening, she herself could not think. And she was always stoned or drunk, even when she was not. Forgetting herself, spending time as she could, she was able to grow to do more socially respectable things, but still with this persistent sense of not feeling herself and not knowing herself. 'I'm having some reactions that are annoying me.'

I get to the panic attacks: 'What's really going on there?' Until then, Sara had always referred to the uncontrolled situation, not wanting to feel the discomfort, feeling alone, with no friendly soul to help her. But today she adds something that resonates with a different kind of vibration, one that is truer. Panic happens when she is surrounded by people that block her way out. She has a sense of being locked, people are seen as hostile. She feels a sense of obligation, the very antithesis of her freedom. And even if she so desires, she can't run away. She has to bear that contingency.

How did we travel the Road of Freedom of Being-With

What happened during the process, but stays especially poignant in the above vignette, is the use of the real relationship going on between us as a step to an awareness of the ways of being-with that are known to Sara. Also, the exploration of our experience together gives a sense of a difference, each exploration opens up not only the ways of relating as they are at the present, but also the ways of relating that are possible to us, being the particular humans we are. These small differences that we access through

exploration of our experience of being together bring spaces into our sometimes constricted way of looking at ourselves. In these spaces we are able to look at, bring to light, and to life, other, more authentic ways of being-with.

Road of Freedom of Projecting One's Own

Many sessions were spent in a limbo: doubting and questioning and having difficulties choosing or fulfilling her projects. Having a sexual past with abusive first experiences with men, Sara finally found some emotional stability from the moment she started to involve herself with women.

> *I hate to define myself, to put a label on my sexuality. I don't care if I'm a lesbian or straight. But with my life story, and what I feel when I look at a couple and when my eyes get caught by the woman's moves, not the man's, it tells me I'm a lesbian. But I fantasize with both genders. Is this my difficulty in accepting what I am? Maybe I'm nothing?*

Sara also has a Project of becoming a mother. But not in this relationship. She doesn't feel sufficiently involved. She does not choose her girlfriend for the mother of her children. But Sara does not want to be a single mother and ruminates over the best ways to become pregnant.

Sara typically talked about her indecisions without really owning them; sometimes deciding without recognizing that she is choosing to do something. This, I thought, was one of the ways of not being able to assume her freedom. It frequently takes some poking on my part for Sara to dive into the theatre of possibilities. Her way to be is usually through escaping. She presents herself as an object-person with no personal power, no freedom facing her 'reactions that are causing some discomfort' and with a panic that comes as an attack from the exterior world. If we think about it, panic is without doubt, my panic. It can rise from a relationship with the world that is my relationship. We are not attacked by panic. We are people that are afraid of facing our circumstances.

I remember Yalom (1980) referring to the fact that when someone states 'I did it, but unconsciously' asks 'Whose unconscious is this?' I feel like adapting the question to panic attacks: 'Who's attacking?'

Sara often shares comments about her girlfriend like 'poor thing, I can't leave her as she would suffer so much.' We cannot forget that Sara has searched almost exclusively for her girlfriend for support to go through her panic attacks. Marta is depicted as a strong and protective woman, always present when Sara calls for help. Marta had difficulties accepting Sara's parting, finding Sara's motives for breaking up like bad excuses (maternity and having few shared interests). What Sara never clarified was that she knew she could never live with this woman because of the simple fact she did not want to.

Sara found Marta too rude, and not interested in the same things that appealed to her. But Sara did not want to be this straightforward with her girlfriend. Many sessions were spent in a shallow tone, lukewarm feeling, with resurgence of her adolescent empty gaze in our psychotherapy time. I confronted her with what she stated she wanted (maternity, having a significant relationship, feeling love) and her choices (not thinking about being a mother, not deciding if she would invest or break up with Marta): 'Sara, I'm seeing this. What are you doing?'; 'If you say breaking up is the best route, why do you keep calling her, justifying yourself? Accepting Marta's anger hour after hour by phone?' Finally, one day, she declared she could not stand that Marta would think of her as a bad person. She wanted to leave, but without her girlfriend feeling used by her. She wanted Marta to remember her as the best person ever, and with that to feel free, but without losing the safety of having Marta prepared to rescue her in a time of need.

Suddenly, during a weekend with Marta and some friends, she had 'the greatest panic attack I ever had. I was sure I was dying.' And only after this panic experience, and some exploring on several therapy sessions of the resurging of panic, did Sara understand that she was not living in accordance with her wishes, her truth. And against all my expectations, she decided to leave her girlfriend once and for all. Sara realized her sense of need, a degree of dependency on the safeness Marta gave, and that it also brought with it a sense of non-aliveness, a void feeling in relationship to her life. As Sara understood its meaning, panic disappeared. Sara talked about having a sense of liberation and life.

Sara started to dress differently, brighter colours, some jewellery. She started to skip some routine mother visiting. Finally, she gave back her girlfriend's objects and stopped their long interrogatory phone calls 'for Marta to release her anger on me.' Sara goes and meets some interesting new people, but does not feel seductive with them. But she feels comfortable with her recently rediscovered and re-owned autonomy.

After our therapy holidays, Sara is excited to share all the new events: a sexual encounter with a man turned into a relationship. Communication is easy. Sex is great and passionate.

The next sessions are spent in an enthusiastic atmosphere. Sara states that she is living what she did not believe was ever possible for her. Her first satisfactory relationship with a man, a live relationship. The possibility of being a mother with someone she trusts and with whom she imagines a future. All this seems unbelievable. I confess I share the same feeling with Sara.

How did we travel the Road of Freedom of Projecting One's Own?

Trough the acceptance and re-viewing the meaning of panic, the meaning of staying in the same spot relationally, Sara was able to finally feel free

to become whoever she wants within her own possibilities. It is like Kierkegaard's vertigo:

Anxiety may be compared with dizziness. He whose eye happens to look down the yawning abyss becomes dizzy. But what is the reason for this? It is just as much in his own eye as in the abyss, for suppose he had not looked down. Hence, anxiety is the dizziness of freedom, which emerges when the spirit wants to posit the synthesis and freedom looks down into its own possibility, laying hold of finiteness to support itself.

(1962, p63)

Since then, Sara is in love, has moved in with Pedro and they are trying to conceive a baby. The decision to move was slowly taken, but was spontaneously presented to me: 'You know, this is my way of deciding things: thinking and deciding, little by little, no pressures. I like to give myself time. I like the feeling that I am the one deciding.' Sara is much more sure of her will to choose, her recently discovered sense of own possibility, property, and freedom. And, this is opposite from her ways in the past, where she would live all this in silence, alone and in herself, not really wanting to notice that she was reflecting, but calling this state 'a block, a not being able to think'. Now, Sara clearly stated to her boyfriend, when he pressed her to move in quickly, that she will not give up her time to think and that she will decide when it's time.

During one of the last sessions I was curious:

G: What is a good life for you, Sara?

S: A good life?

G: Yeah, I was wondering, what is your view on what can be a good life for you? Looking at the whole arch of your life, your time in this life, beginning to end, what will you see to be able to say "This is a good life"?

S: [pause] I had kids. I had a family with a guy next to me. I helped them grow. I have a house and a family. Sometimes we meet. I prepare the family reunion meal. And I grow old like this, next to Pedro. Did I ever tell you that when I was a kid and people asked me, 'What do want to be when you grow up?' I always answered I wanted to be a grandmother. Yes, I think so. I don't need anything more. This is, for sure, to live a good life.

Discussion

For Sartre (1998), existentialism is a philosophy of action, encapsulated perhaps in the question: 'How should I live my life?' The Aristotelian question of the good life seemed to fit that moment. There I was, encountering

this woman which lived very hard circumstances, having drifted on them, having made an original choice of non commitment, neither with herself, nor with the others, nor with life. In this aspect, despite her strong and sure look, her sedimented stance was, 'I'm not worthy enough, I'm not smart enough, I'm not responsible enough, I'm not adult enough'. It was like a stance of passivity and non-apparent victimisation of someone who is living an imposed destiny, alien from her own will.

Through this almost four years of being together, Sara gave herself, reflected, understood and clarified herself and, I believe, transformed herself. From a world-view of 'everything truly valuable is too high for me to reach and become part of it,' today Sara recognizes herself and her world full of possibilities and limitations. To her pleasure, the sense of having power over events is present. The sense of existing, being herself, a person with her own paradoxes, good and evil, dependency and autonomy, transcendence and immanence, everything, the totality of herself unfolds in her present narrative.

Asking myself the same question I did of Sara, the good life of psychotherapy is the one that drives to the truth of the person. I believe that it was Tolstoy who stated that 'We don't reach freedom searching for freedom, but in searching for truth. Freedom is not an end, but a consequence.'

Freedom is the fundamental posture of conscience. So, what freedom is here? Is Sara freer now than when she started therapy? Certainly not. Freedom is, always total and ours, to use. Sara is as free now as before, and as she will be in the future.

What Sara is now, is more aware of herself. Who she is. Who she became and is constantly becoming. Her freedom. For me, this is the greatest ending point of a psychotherapy journey. It brings us closer to truth, of what is closer to ourselves, our perpetual movement until we die. The good life of psychotherapy rescues us back from the stagnation of a label glued on/by ourselves, like a snapshot of an existence that is absolutely and fundamentally fluid.

When we succeed in looking at this snapshot as it really is, mere temporary representation of a continuous that reaches from birth to death, no gaps, we face our existence. Limited and continuous. The good psychotherapy life is lived through heat and coldness. It is not only unconditional positive regard. It is also a challenge. It is brute. It is hard. It is all this together as there we are, two humans, wanting to be complete, entire and unique.

When I contemplate again the whole arch of this therapy process, I see a movement of searching for understanding, be it personal, interpersonal, physical, or spiritual. In that understanding resides the conscience of freedom. There is no bigger freedom, there is a bigger awareness of freedom. There is no bigger happiness. There is more awareness of the constraints and possibilities of being. There is no bigger sense of well-being. There

is being. It is in this commitment with authenticity, one of our ways of being, like Heidegger (2005) describes as property, that existential phenomenological therapy searches and finds its home.

From this derives one of the foremost events of existential psychotherapy is to give back to the person the ownership of the human she is, as she is. The whole responsibility of who we are is placed upon us, like the rock Sisyphus carries. This responsibility is not only personal, but interpersonal, i.e., for herself and for all other 'existents', us. As one chooses for oneself, one chooses for all other humans (Briedis, 1998; Sartre, 2004).

Finally, in the sense of an existential phenomenological perspective over Sara's psychotherapy process, I reiterate, the sense of ownership, the sense of truth, the sense of respect for herself and others, the sense of value and possibility of choice, the sense of projecting herself in the future, all that new way of describing her experience make me believe that yes, we lived the good life of therapy, travelling the roads of freedom.

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Rock-Bottom As An Event of Truth

Ryan Kemp

Abstract

The notion of rock-bottom is widely used in the treatment of addiction and can be described in existential terms as an event of truth. Addiction is described as an attempt to technocratically alter the lived-texture of being while recovery is being open, while acknowledging the finitude that is humanity's essential nature

Key words

Rock-bottom, truth, recovery, finitude, event, AA.

> *Man seeks to escape himself in myth, and does so by any means at his disposal. Drugs, alcohol, or lies. Unable to withdraw into himself, he disguises himself. Lies and inaccuracy give him a few moments of comfort.*

(Jean Cocteau, *Diary of an Unknown*, 1953)

Introduction

The notion of rock-bottom is commonplace in addiction treatment. Almost any clinic filters the idea, even if it goes by other names. It has become a ubiquitous and accepted concept, but does it carry any truth or meaning any more? Has it passed into such common use that it has no signification value any more? Here is an example from the popular press. Andrew Brown (2010), a journalist who specialises in mental health and addictions, writes the following in an online article featured in the British *Daily Telegraph*:

> *Lindsay Lohan sentenced to jail: Will this be the rock bottom she needs?*

The final lines of the article read as follows:

> *We can only hope that this [jail] sentence helps Miss Lohan to find the strength to sort out her life. I think it's true that addicts need to reach rock bottom so that they can start climbing back up. People can experience lots of rock bottoms, of course. They can bounce along the bottom interminably. So let's hope, for her sake, this is her rock bottom.*

As addiction is now a part of celebrity lifestyles, it is little wonder that everyone purports to understand and discuss rock-bottom. Or so it seems at least. Can there therefore be any theoretical or conceptual coherence to the notion any longer? Is there more to rock-bottom than the simple notion that things have to get very bad before people make changes? The fact is that some individuals get into recovery before disaster strikes, while others die before things get very bad. While there are also those who undergo crises and are unaffected. Definitely a crisis is no guarantee of change. This paper will argue that rock-bottom has theoretical value and can be mapped onto existential-phenomenological notions of truth and the eventfulness of being.

Much of what will be explored below will also concern the twelve-step traditions of AA, NA, GA etc. This is because rock-bottom is commonly associated with these fellowships. Perhaps a question worth asking is why should we study these fellowship groups and their processes at all? The most immediate answer is mainly because they work! While formal medical treatment systems are undoubtedly needed, the informal sector, the so-called mutual aid groups, probably treat vastly more individuals. They also hold a vast repository of wisdom about addiction. In this sense there is much to be gleaned and perhaps translated from these traditions, which can help clinical input be more effective. To my knowledge the phrase 'rock bottom' only appears once in the major AA literature, in the so-called 'Twelve & Twelve': 'Of course, most human beings don't suffer these defects at these rock-bottom levels' (AA, 1953: p 66). This is not the usual use of the term and does not help us much. Much like the 'disease concept', rock-bottom appears to be a part of the oral wisdom of the twelve-step traditions. It is not articulated formally in the literature, but is used 'in the rooms' as a useful concept.

Rock-bottom is commonly used to denote a point of crisis, or to use Maslow's language, a nadir-moment (Bevacqua & Hoffman, 2010). There is a fair amount of research support for the notion of rock-bottom where it is described as a turning point (Prins, 1994), epistomological shift (Bateson, 1971; Shaffer & Jones, 1989), or an existential crisis (McIntosh & McKeganey, 2001). This moment is implicit in Step 1 of the twelve-step programme.

We admitted that we were powerless over alcohol - that our lives had become unmanageable

(AA, 1953: p 21)

There comes a point in time, which dawns perhaps dramatically, perhaps subtly, which opens the addict to a realisation that control has been lost; or at least the illusion of control is lost. This differentiation between dramatic and more rational forms of change is supported by accounts of recovery

(Biernacki, 1986; McIntosh & McKeganey, 2001). According to these research accounts, more dramatic change was in the minority but did exist as a significant proportion. A question we may want to pose is whether there was a rock-bottom at the heart of these less dramatic forms of change? We will return to this question below.

Addiction and truth

Addiction leads to many problems, including physical, mental, spiritual, interpersonal and temporal. I propose that it also leads to problems with truth. Mostly the problem with truth is manifested in the interpersonal realm (Kemp, 2009). My claim is that addiction leads to a 'dwelling in untruth', which is a lived aspect of being. This untruth is not moral, but is the quality of the relation to experience itself. Recovery requires, amongst other things, a new relation to truth. But what is truth and what sort of truth do I mean? Specifically I mean truth as the perpetual process of uncovering and revealing in an attitude of *Gelassenheit* (letting-be-ness; releasement) (Richardson, 1967).

Heidegger (1927) relates truth to the Greek *aletheia*. This word can be rendered as a movement towards unconcealment or unhiddenness. It is a movement away from *lethe* (hidden, oblivion) towards the opposite. Truth therefore is a process: a process which proceeds from concealment to unconcealment. There is no end to this process and no finality. It is rather more of an ethic than a formal procedure. Most modern conceptions of truth suggest a correspondence between an articulated (perhaps propositional) concept and a reality. This is the correspondence theory of truth. Heidegger's theory does not refute this form of truth (Wrathall, 2005), rather *aletheia* is the foundation on which more precise theories are founded.

The phenomenological process of truth is therefore by definition limited, for finality is never reached. Truth as process, in which phenomena reveal themselves from themselves (Heidegger, 1927), is therefore a certain 'open-ness', while untruth is a 'closed-ness'. Luijpen (1969) argues that truth brings 'light' to bear on the phenomenon in question. However this 'light' is never a total revealing and there is always a 'darkness' (*lethe*) which adheres to the phenomenon. It is because of this 'darkness' that we need phenomenology.

> *Unconcealment occurs only when it is achieved by work: the work of the word in poetry, the work of stone in temple and statue, the work of word in thought, the work of the polis as the historical place in which all this is grounded and preserved… [and] this struggle for unconcealment, which even in itself is continuous conflict, is at the same time a combat against*

concealment, disguise, false appearance.

(Heidegger, 1961: p 160)

Unconcealment must be constantly worked at. Concealment and untruth are however part of the natural disposition of *Dasein*, and a component of humanity's *finitude* (Heidegger, 1927). Finitude arises due to the fact that we do not choose our existence, our history or our time, and we are thrown into the world. We are also beings-unto-death and our existence will end. We are embodied finitude and this predisposes us to a certain lack-in-being (Sheehan, 2001), which is also the foundation for our relation to all beings. This relation Heidegger calls 'care'. Later Heidegger started to use the phrase ek-sistence to underline *Dasein's* ecstatic nature. This ecstasy should be understood as a 'standing out' (ex-stasis) in the world. Humanity is therefore always in a relation of transcendence to themselves. However this transcendence, which could itself be a definition of truth, as openness to the world, is always *finite*. In realising the finite transcendent nature of Being, the openness that *Dasein* is, freedom is attained. Truth is revealed itself by an attitude of 'letting-be-ness' (*Gelassenheit*), while resolutely accepting the finite nature of life. The tension between a comportment of letting-be-ness and knowing one's finitude remains.

Returning to addiction, we could define it as a constant striving to acquire and consume substances (drugs, alcohol, food etc.) or experience processes (gambling, sex, shopping etc.). These substances and processes are consumed to change the way the addict feels and alter the emotional texture of existence. So in no way will the addict allow the current state of their being 'to be' as it is given. Being must be altered and in a way that is within the addict's control. This leads to a state of mind, which is in no way characterised by a gentle acceptance of being. Addiction repudiates what is given and insists on instrumentally imposing its own choice of affect. It is a completely technocratic state of being.

In a phenomenological sense addicts 'dwell in untruth' more than the common soul because of the process of addiction itself. Addiction could be defined as a form of emotional untruth as it seeks to cover over emotional and revealed truth, masking the real of being and concealing the world. It is a 'closing" of the subject to the truth of their being and is in the process also a denial of *finitude*.

The event which initiates truth

'Event' as used in here has a specific meaning. Heidegger used the term *Ereignis*, which is an ontological concept, which has variously translated into English as event, e-vent, the event of appropriation and enownment (Polt, 2006). *Ereignis* literally translated from German means 'event'. However for Heidegger, *Ereignis* describes the perpetual open appropriating

event of being (Sheehan, 2001). As such, all experience is event-ful, in that is the happening in which we find ourselves. We can however, more or less explicitly own or appropriate these experiential moments. Event, as used here, is drawn more specifically from Jack Caputo's work, which is equally inspired by Heidegger and Derrida. Caputo (2006) contends that there are certain qualities to events, which lead to major personal or sociological change. Before we describe these qualities in detail we will narrate an account of a rock-bottom experience.

A self-described recovering alcoholic recalled his rock-bottom process which had led to the initiation of his recovery process. He was recalling events some 40 years before, yet the power and emotional salience of these events was palpable. He described himself as 'mad' and literally 'ready to murder'. He had been drinking very heavily for weeks. He had gone out trying to find an associate who he believed (incorrectly) wanted to kill him. He reasoned it would be better to kill this man first. He stalked his local area asking where this associate was to be found. His brother and some friends gathered together and apprehended him. They took him to a nearby hospital where he was detained and his recovery began. He never drank again. Almost 40 years later he was still trying to come to terms with this time and what it meant for him. Although he undoubtedly felt it was positive, there was a part of this story that he still could not comprehend. I felt his strong desire to tell the story again, to find some clarity, and yet also to marvel at the miracle of it.

Caputo (2006) contends there are several notable elements to events, which are precursors to significant change. Firstly there is a certain *uncontainability* to these events. They overflow with more meaning than can be comprehended and they lead to changes beyond self-control. The event has its own momentum and trajectory. It also often has the sense of the unnatural, uncanny and eerie about it. The event thus has perhaps unlimited potential for interpretation and meaning. In this sense these events have an excess that can never be integrated. Events happen when they overtake and outstrip the reach of the subject (ego). Events are in a sense done to the subject and as such they are an 'advent' of change. These changes are emotional, behavioural and potentially spiritual too. Events can thus have the nature of a gift – but in some instances this is an 'awe-ful' gift.

This links to another quality of events, which is their translatable or *interpretable* quality. The event is a complex, polyvalent occurrence. It needs to be understood through an act of 'wording'. This work goes on infinitely and it is never completed. This is clear in twelve-step traditions where the members are encouraged to repeatedly tell their story, and over time, in a way more congruent with the twelve-step tradition (O'Halloran, 2008). As these stories are relayed over and over they start to become almost mythologised. This is not meant in the pejorative sense, but in the

sense that the story is de-literalised. Rock-bottom can then be approached poetically rather than historically. It is a wounding, both real and physical, but is also wondrous and daemonic. However these events have the potential for destruction (perhaps evil) as well. Events are dangerous as they take place at boundaries, edges, and at limits. These liminal zones are often psychic and they often push the psyche to unusual places. Events are therefore not promises – they are potentials. As such these events are beyond being; that is they are often not captured directly in experience. The event thus happens more in 'the heart' of being, than in the 'head' of being.

While the event obviously happens at some point in real, chronological time, it also paradoxically *re-defines lived-time*. It is as if the event burns a hole in the temporality of being. Always in the past, the event is also always in the now, while shaping the movement into the future. Thus it has nothing to do with clock time for the event is more a pivot in time, which sets time back to a new start. It is a new birth, the point of the advent. It opens the future and the past in new ways and is a form of paradigm shift out of which emerges truth. It is often a shocking truth, unexpected and brutal. Yet this truth, which is now a way-of-being, is also comforting and liberating. It transforms the subject's relation to themselves, their world and to their conceptions of the transcendent. No longer can the subject exist the Cartesian dream, but they must live their being-in-the-world, as their essential nature. It is to know, to live, to exist the non-separation of subject, world and other. It is a lived openness.

In summary, rock-bottom is an occurrence, which has the characteristics of an *event*. It is a crisis, but more than this, for it opens the subject to the possibility of profound change. It is the destruction of the self and the advent or birth of a new self. It would appear that these processes are at play in the account of rock-bottom described above. The subject becomes inscribed by the event, overwhelmed, changed but still ever seeking to understand the meaning of the occurrence. Unlike trauma, which tends to close the subject down (Stolorow, 2011), events open up the subject to the world and the other. Where perhaps there was previously an encapsulated sense of self, this dissolves in the face of the event. The subject experiences their selves as constituted more by that which is beyond them, by that which transcends them. For Caputo (2006) this is a spiritual moment. Not surprisingly the twelve-step traditions would completely agree.

Twelve-Step subjectivity and phenomenology of rock-bottom

We have been implicitly dealing with twelve-step traditions and their conceptions of recovery here. It would be helpful to gain a better understanding of how these traditions grasp subjectivity and then understand how this relates to rock-bottom experiences. Of course these traditions, being mutual-aid organisations rather then philosophical institutes,

do not have an explicit, or general theory of subjectivity. But they do have a theory of addictive subjectivity and the subjectivity required to get into and stay in recovery.

The twelve-step traditions consider the addict-subject to be individualistic, self-concerned and fighting to stay in control at all costs. 'Selfishness – self-centeredness! That, we think, is the root of our troubles' (Alcoholics Anonymous, 2001: p 62). The addict-subject is also called 'ego-centric' (AA, p 61). These can be seen in lived-beliefs such as 'I can do this alone' and 'I am in control'. Addictive substances function to continue and constitute that attempt at control, although in fact undermining any semblance of control. These traditions also contend that the addict-subject is liable to do anything to maintain their addiction, including dishonesty to self and others.

> *Those who do not recover are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally* incapable of being honest with themselves. *There are such unfortunates. They are not at fault; they seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands* rigorous honesty. *Their chances are less than average. There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover* if they have the capacity to be honest.

(AA, 2001: p 58 emphasis added)

For these fellowships honesty is required to recover. Those that do not acquire a new relation to truth do not recover, remaining mired in addiction. I would contend that they continue to dwell in untruth. In an important but often overlooked paper, the AA theorist Ernest Kurtz has argued that the message of AA is that the subject is 'not-God' (Kurtz, 1982). Thus the omnipotence, narcissism and egotism of the addict-subject does not give way when life starts to challenge. Instead various desperate attempts at regaining control are tried with alcohol being just one such strategy. The addicted-subject thus overcomes his malady by accepting this limited subjectivity. They come to realise their finitude. Out of this process the AA member embraces the AA programme, which emphasises mutuality of recovery, a set of personal relations (to the meeting, their sponsor, other AA members) and relations to a transcendent power (as they conceive it). Thus the AA member in recovery is never alone, but is always in a dependent relation to an other. Kurtz (1982) makes an explicit connection to phenomenological and existential philosophies and to the notion of finitude. Limitations of subjectivity, as are narrated and are all too apparent in the rooms of twelve-step meetings, are the embodiment of finitude.

The prominent Heidegger scholar Thomas Sheehan describes the human condition in remarkably similar ways: 'Dasein has always already come into its own, and its own is its perfect imperfect finitude' (Sheehan, 2005 p 206). Sheehan elaborates the characteristics of Dasein further:

> *(a) Insofar as it is* imperfect*, it is a lack; but that lack is also a longing (a desire), and a belonging – even if there is nothing to belong* to*, and no 'something else' to long* for. *This means that human being is off-center, eccentric, a protension that is going nowhere – Dasein is essentially self-absent.*

> *(b) But insofar as it is perfect, Dasein also has presence, although a radically finite presence: not self-coincident but distended; not a unity but part-outside-of-parts; not a pure mind but a self-concerned body.*

(ibid. p 206)

So finitude is a lack which draws Dasein out if itself and towards its future in an attempt to address this lack. Yet Dasein is at the same time an unformed presence, which is a potential for possibilities. So as much as Dasein suffers this lack, it has the potential to be open, to the world, the other and its own potentialities. Early Heidegger referred to this perfect-imperfect finitude as *Geworfensein* (being thrown open), later as *Ereignetsein* (being drawn out into its own) (Sheehan, 2005). However the direction remains the same, a movement outwards and towards openness, fuelled by the lack, which is finitude. This openness naturally implies an other, whether the world, people, groups or God. Sheehan (2005) thus contends that the human subject, or Dasein is:

> *(i) opened-up into openness and thereby,*

> *(ii) comes-in-to-its-own-perfect-imperfection and*

> *(iii) appears as the self-intending distended tension that it is – the world*

(p 206)

World here should not be understood as a geographical place, but as the transcendent field of possible meanings. It is another name for 'the other'. These three moments also constitute *Ereignis* (Sheehan, 2005), the unique open temporal experiential movement that is Dasein's nature and truth. *Ereignis* is the primordial event of truth. However Dasein has a capacity to deny its essential givenness. This denial of finitude can be cognitive, emotional or behavioural, and invariably results in suffering. Returning now to the addict, who suffers in this particular way, we can agree with

Kurtz that recovery must start with the acceptance of finitude. Addicts are not in control of their lives ever, but especially when drinking. Recovery requires a humble acceptance of the limitations of subjectivity. To accept one's finitude is to dwell in truth, even if this means to suffer one's lack. To deny one's finitude, is to dwell in untruth.

Towards a conclusion

So far we have perhaps established that both rock-bottom and twelve-step subjectivity can be theoretically described in existential-phenomenological terms. We have in effect created two equations:

1) Being in untruth as addiction = being closed while using addiction to technocratically deny the finite nature of existence.
2) Being in truth as recovery = being open while acknowledging the finitude that is Dasein's nature.

However these formulae are somewhat misleading. For these metaphors use ontological concepts (Dasein, *Ereignis*) to dialogue with ontic concepts (addiction, recovery). Richardson (1965) has referred to the 'ontological subject' as having 'onto-consciousness'. How this 'ontological divide' can be authentically closed in a description such as this, remains unclear and irresolvable here. That the ontological is the foundation of the ontic is clear, however there may be more to this translation than the simple equations described above.

Returning to the ontic, it would be possible to claim that addiction creates such an extreme closed state of affairs that it needs a powerful experience to be 'cracked open'. Research however does not support this notion (Biernacki, 1986; McIntosh & McKeganey, 2001). It supports the idea that at times this dramatic event does happen. Might however the event of truth be at play in the heart of these more subtle, quiet forms of change? Certainly, it is my experience that those who get into recovery in a more gentle manner, are no less amazed by this process than those that acquire it dramatically. They struggle to narrate their experiences and are equally thankful. However it might be stretching this notion of rock-bottom too far to expand it to these less dramatic forms of transformation.

It is worth noting that the twelve-step traditions never institutionalised rock-bottom. They never created processes, which might replicate, ritualise or force this process. Perhaps to do so would be to try and control the process of recovery itself. It would be to step outside the humble position of finitude, of *Gelassenheit*, and attempt to manipulate change. It would be to 'act as the other', rather than be 'open to the other'. Instead the original founders of AA, wholly embodying their philosophy, chose to advocate waiting till the addict-subject came to 'realise' the nature of their condition themselves (Step 2). In such a realisation, an event

was occurring which had the potential for radical transformation.

Post rock-bottom, the addict is a fully embodied open subject of finitude. In this comportment the recovering addict is fully open to their limitedness and founds their recovery on this realisation (Kurtz, 1982). The ego of the addict in recovery is no longer able to operate as an individualistic, isolated subject comfortable in untruth. Instead the recovery dwells in truth, which is redeeming, yet not static or easy. Truth is limited and always ongoing, it is process and movement. This ever-lasting process is embodied in the final two steps (11 & 12) of the twelve-steps. These urge the addict to work at their recovery, work at their spirituality and take what they have gained to others in need of recovery. This process is an openness to the other that is ongoing and never-ending. This is because subjectivity is never overcome, but must be constantly re-accepted and re-constituted. And this is always in relation to the other. Other here is themselves, other people, the community, the meeting, sponsor and higher power. This active infinite process is a form of freedom, while also being an ongoing commitment to truth. To dwell in truth is thus to be committed to the other in all its complexity and struggle, for the other is the redemptive source of the life-journey that is recovery. For some find this truth as an event, which they give the signification rock-bottom.

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Tragic Possibility, Tragic Ambiguity: William James and Simone de Beauvoir on Freedom and Morality

Mathew A. Foust

Abstract

This paper offers a comparative account of the relationship between freedom and morality in the thought of William James and Simone de Beauvoir. By combining elements of the thought of each, a compelling – albeit tragic – notion of the relationship between freedom and morality is derived.

Key words

Ambiguity, existentialism, freedom, morality, pragmatism, Simone de Beauvoir, tragedy, William James

Willing freedom, willing morality

In this paper, I offer a comparative account of the relationship between freedom and morality in the thought of William James and Simone de Beauvoir. That a comparison should be drawn between these thinkers may seem unusual. The similarities between the two are striking, however, with the remarks of one concerning freedom and morality often indistinguishable from those of the other. For instance, James claims that 'our first act of freedom, if we are free, ought in all inward propriety to be to affirm that we are free' (James, 1979b: p 146) while Beauvoir holds that 'in aiming at itself, freedom is achieved absolutely in the very fact of aiming at itself' (Beauvoir, 1968: p 131). Of free will, James states, 'That is what gives the palpitating reality to our moral life,' (James, 1979b: 'DD' p 183)[1] while Beauvoir asserts, 'To will oneself moral and to will oneself free are one and the same decision' (Beauvoir, 1968: p 24). Integrating the discussions of each, a compelling – albeit tragic – description of the relationship between freedom and morality is derived.

William James on freedom and morality

William James begins 'The Dilemma of Determinism' by professing a modest ambition:

> *If I can make two of the necessarily implied corollaries of determinism clearer to you than they have been made before, I shall have made it possible for you to decide for or against that*

doctrine with a better understanding of what you are about. And if you prefer not to decide at all, but to remain doubters, you will at least see more plainly what the subject of your hesitation is

(James, 1979b: 'DD' pp 114-115)

James goes on to assure his audience that his address is marked by no pretension to prove determinism's opposite, free will, to be true.

Still, James's agenda is not entirely heuristic and he does not intend for it to be. Each of the essay's many distinctions, remarks, anecdotes, and examples are implemented for the purpose of building or clarifying James's argument. Consistent with his admonition against arguments supporting or denying the truth of free will, the argument provided by James in 'The Dilemma of Determinism' is for the rationality of belief in free will. Indeed, this much might be surmised upon consideration of James's remark regarding free will, that, 'The most I hope is to induce some of you to follow my own example in assuming it true, and acting as if it were true' (James, 1979b: 'DD' p 115).

Before attempting to induce his audience to follow his example, James must ensure that he and his audience share a mutual understanding of two terms that find an important place in the debate between determinism and indeterminism, 'freedom' and 'chance.' Second, James must make explicit what determinism and indeterminism mean in their respective denials and espousals of each. James characterizes the words 'freedom' and 'chance' respectively as 'eulogistic' and 'opprobrious' (James, 1979b: 'DD' p 117). James opts to discard the former term but, surprisingly, to hold on to the latter. James wishes to avoid the former term because he believes that the reverence had by many for 'freedom' obscures part of its meaning. The same kind of problem arises for 'chance.' Unlike 'freedom,' the popular philosophical perception of 'chance' is often negative. This is due to the perceived synonymy of the term with chaos and lack of control. However, like 'freedom,' part of the meaning of 'chance' is concealed by this popular perception of the term. In the cases of both, the part obscured is the part that James wishes to emphasise.

This emphasis comes in James's detailed descriptions of determinism and indeterminism. According to James, determinism holds that:

The future has no ambiguous possibilities hidden in its womb: the part we call the present is compatible with only one totality. Any other future complement than the one fixed from eternity is impossible. The whole is in each and every part, and welds it with the rest into an absolute unity, an iron block, in which there can be no equivocation or shadow of turning

(James, 1979b: 'DD' pp 117-118)

Contrary to determinism, indeterminism holds that:

> *Of two alternative futures which we conceive, both may now be really possible; and the one become impossible only at the very moment when the other excludes it by becoming real itself…possibilities may be in excess of actualities, and… things not yet revealed to our knowledge may really in themselves be ambiguous.*

(James, 1979b: 'DD' p 118)

Possibility is the component of the meaning of 'freedom' that James sees as overshadowed by eulogism. Yet, opposition to the notion of possibility is fundamental to determinism, so 'possibility' as an aspect of 'freedom' must indeed be overshadowed. Interestingly, possibility is also the component of the meaning of 'chance' that James feels is obfuscated. Contemptuousness toward the term 'chance' for its supposed implication of chaos conceals the term's more modest implication that not all is fixed. While indeterminism may or may not imply chaos, it does imply, at least, that possibilities exist.

Because James wishes to retain and defend 'chance,' he must persuade his audience that it does not, in fact, imply chaos. James correctly points out that this is 'the point upon which all the rest hinges' (James, 1979b: 'DD' p 120). Contrary to his detractors, who conceive of chance as a positive property of irrationality, James defines the term as 'a purely negative and relative term, giving us no information about that of which it is predicated, except that it happens to be disconnected with something else' (James, 1979b: 'DD' p 120). To say that a thing happened by chance is just to say that it was not guaranteed; events that transpired in the universe before it did not necessitate its happening. Rather than indicative of an 'insane sand-heap or nulliverse' (James, 1979b: 'DD' p 121), the presence of chance is considered by James as the mark of an intricate universe in which the possibilities of what may occur are many and varied.

These comments on 'chance' are the last of James's preliminary remarks. The central strut of James's argument in favour of belief in indeterminism centres on the notion of regret. James first mentions regret in 'The Dilemma of Determinism' during the course of his discussion of a case with which his audience was largely familiar, known as the Brockton murder. While we often quell our regrets when they later prove to be foolish, some regrets are both reasonable and difficult to stifle. According to James, those that arise from consideration of the Brockton murder fit in the latter category. James describes the actions of the murderer as such:

> *…to get rid of the wife whose continued existence bored him, he inveigled her into a desert spot, shot her four times, and then as*

*she lay on the ground and said to him, 'You didn't do it on
purpose, did you, dear?' replied, 'No, I didn't do it on purpose,'
as he raised a rock and smashed her skull*

(James, 1979b: 'DD' p 125)

This event, along with the purported self-satisfaction and mild sentence of
the murderer is, for James, 'a field for a crop of regrets' (James, 1979b:
'DD' p 125). Of course, these regrets could only be rational in an indeterministic
universe. If determinism were true, the Brockton murder *had* to happen. In
a deterministic universe, our regret has us thinking that although it is impossible,
the world would be a better place if something more benign than the Brockton
murder had happened in its place. It is foolish, however, to wish that something
else had happened in its place, because nothing else *could* have.

The futility and misplacement of regret in a deterministic universe leads
James to conclude that determinism engenders thoroughgoing pessimism.
In fact, in relation to this point, James alludes to the notoriously pessimistic
philosopher, Arthur Schopenhauer. In alignment with Schopenhauer, the
determinist is forced to contend that the Brockton murder is a 'vicious
symptom' of a 'vicious whole' (James, 1979b: 'DD' p 126). Writes James:

*Regret for the murder must transform itself, if we are determinists
and wise, into a larger regret. It is absurd to regret the murder
alone. Other things being what they are, it could not be different.
What we should regret is that whole frame of things of which the
murder is one member*

(James, 1979b: 'DD' p 126)

James proposes an initial 'refuge' (James, 1979b: 'DD' p 128) from this
outlook, in the form of a view called subjectivism. According to this view,
the events that transpire in the universe are secondary to the feelings they
motivate in us. As James puts it:

*Crime justifies its criminality by awakening our intelligence of
that criminality, and eventually our remorses and regrets; and the
error included in remorses and regrets, the error of supposing
that the past could have been different, justifies itself by its use*

(James, 1979b: 'DD' p 128)

On this view, regret has a positive function, namely, to deepen our sense
of the worth of 'what might have been' by accentuating 'to our consciousnesses
the yawning distance of those opposite poles of good and evil between
which creation swings' (James, 1979b: 'DD' p 128). Although James
expresses some sympathy with a part of the subjectivist's position, he
regards this theory with disdain similar to that which he has for the

pessimistic brand of determinism. This is because with subjectivism, our 'deterministic pessimism may become a deterministic optimism at the price of distinguishing our judgments of regret' (James, 1979b: 'DD' p 127). This is too high of a cost for James because regret affirms possibilities and signals the reality of moral life.

The contrast between the moral attitude promoted by subjectivism and that wanted by James is closely captured in the distinction drawn by James in 'The Moral Philosopher and the Moral Life' between the easy-going and strenuous moral moods. The easy-going moral mood is described by James as entailing that 'the shrinking from present ill is our ruling consideration,' whereas the strenuous moral mood 'makes us quite indifferent to present ill, if only the greater ideal be attained' (James, 1979b: 'MP' pp 159-160). On the surface, the strenuous moral mood seems to amount to nothing other than subjectivism. I believe, however, that the easy-going mood is the appropriate analog to subjectivism, while the strenuous moral mood corresponds to the moral life animating an indeterministic universe.

Regarding the strenuous moral mood, James writes, 'Strong relief is a necessity of its vision; and a world where all the mountains are brought down and all the valleys are exalted is no congenial place for its habitation' (James, 1979b: 'MP' p 160). Here, I believe that 'mountains' can be taken to stand for 'moral goods' while 'valleys' can be taken to stand for 'moral evils.' The bringing down of moral goods and the exaltation of moral evils occurs in no place other than the world of subjectivism. Although the distinctions between good and bad are not erased by subjectivism, they are decidedly dulled. For subjectivism, acts are only good or bad in their ability to enrich ethical consciousnesses.

Indeed, subjectivism is more closely aligned with the easy-going moral mood than with the strenuous moral mood. The tendency toward shrinking from present ill inherent in the former mood soon becomes a moral passivity. In the subjectivistic universe, when an act such as the Brockton murder occurs, the appropriate reaction of repugnance may follow, however, a motivation to spring to action in response to that feeling does not obtain. In response to such an occurrence, one who is of the easy-going moral mood will recoil, effactually turning a blind eye to the situation. However different these reactions might be, when it comes to conduct, a subjectivist and person of the easy-going moral mood are very alike. Neither does anything to change the universe of which he or she is a member. The subjectivist changes nothing because, as a determinist, doing so is thought to be impossible. The easy-going individual changes nothing because doing so is perceived as arduous.

James is adamant in insisting that rather than an 'iron block' complete with tamper-proof seal, the universe is 'a sort of joint-stock society…in which the sharers have both limited liabilities and limited powers' (James,

1979b: 'DD' p 121). Although James believes that we have free will, this reference to limited powers indicates his awareness that it is often the case that we cannot do what we want. We are often prevented from actualizing possibilities that we would like to because some obstacle or obligation stands in our way. Our actions are not, however, fatally prescribed for us. The universe is our universe; it is what we make it. This point is implicit in James's declaration in 'The Sentiment of Rationality' that 'This world is good, we must say, since it is what we make it,–and we shall make it good' (James, 1979b: 'SR' p 84). While this may sound idealistic, James could not be more serious. For James, it is of the utmost importance to reject the 'block universe' of the determinist because such a universe not only 'blocks off' our ability to freely choose among possibilities, but more importantly, it obviates the possibility of a meaningful moral life. We cannot make the world good if the way the world will be has been decided from eternity.

Simone de Beauvoir on freedom and morality

'[T]he world is not a given world, foreign to man, one to which he has to force himself to yield from without,' Beauvoir writes, 'It is the world willed by man, insofar as his will expresses his genuine reality' (Beauvoir, 1968: p 17). According to Beauvoir, this statement 'defines all humanism' (Beauvoir, 1968: p 17). More than this though, because she believes it is 'human existence which makes values spring up in the world' (Beauvoir, 1968: p 15) via 'the plurality of concrete, particular men projecting themselves toward their ends' (Beauvoir, 1968: p 17), this statement may be said to be definitive of her thought, or at least that of *The Ethics of Ambiguity*. Indeed, the humanistic spirit permeating remarks like these regarding human projects and values reflects such a view of freedom and morality thematic of the text.

'The characteristic feature of all ethics,' Beauvoir claims, 'is to consider human life as a game that can be won or lost and to teach man the means of winning' (Beauvoir, 1968: p 23). We may consider the 'game' to be the ongoing project, or projects, with which we engage in the duration of our lives; to win, we might suppose, would be to engage these in a way that is conducive to our flourishing. Of course, in order to rightly regard one as having won or lost a game, one must have been able to play the game freely. Only then is a win or loss truly earned. Achieving freedom, then, must be primary among the steps to be taken toward achieving victory. Indeed, freedom is vital toward this end. As Beauvoir puts it, 'man...wills himself to be a disclosure of being, and if he coincides with this wish, he wins, for the fact is that the world becomes present by his presence in it' (Beauvoir, 1968: p 23). To coincide with one's wish to be a disclosure of being is to make good on one's desire to navigate through the world with agency. When one does this, one is present in the world; one is an active

and creative participant in the course of daily life. And when persons are 'present,' the world itself is present; it is a teeming scene of possibilities to be realised by free, engaged activity. This is to be contrasted with the world void of free beings, in which events proceed as if according to a script, with no real horizon of possibilities open to its inhabitants, who are passive, even inert, and whose range of actions is determined by external forces.

This is not to say that when one is 'present,' one is in no way 'absent'. In fact, Beauvoir describes the process of becoming present as involving man's 'making himself lack of being' by 'uprooting himself from the world' (Beauvoir, 1968: p 12). This uprooting consists in recognition that the world always remains at a distance to humans. To borrow one of Beauvoir's examples, I cannot 'appropriate the snow field where I slide' (Beauvoir, 1968: p 12). In so far as the snow field is *not me* (I am, of course, not sliding on myself), the snow field is always in some way foreign to me. While acknowledging oneself as fundamentally separate from and thus *other* than nature and other beings carries with it a feeling of alienation, at the same time, this uprooting of oneself from the world results in recognition of one's uniqueness and individuality. Thus, one's absence is experienced 'as a triumph, not as a defeat,' for in this moment, one has made oneself exist '*as* man, and if he is satisfied with this existence, he coincides exactly with himself' (Beauvoir, 1968: pp 12-13).

The volitional aspect of this uprooting is brought to bear more explicitly on freedom and morality in the following pair of remarks. According to Beauvoir, 'To wish for the disclosure of the world and to assert oneself as freedom are one and the same movement' and 'To will oneself moral and to will oneself free are one and the same decision' (Beauvoir, 1968: p 24). From these, it would seem to follow that to will the disclosure of the world is to will oneself moral. These relationships hold among these acts, for proactively adopting agency is just to act as if one were free, and if one acts as if one is free, then one acts as if one is responsible for one's actions. Of course, Beauvoir's claim is stronger than the 'as if' clause would indicate; instead, when one does x (wishes for disclosure of the world), one does y (asserts oneself as freedom), and when one does y (asserts oneself as freedom), one does z (wills oneself moral).

'In order for men to become indignant or to admire,' Beauvoir writes, 'they must be conscious of their own freedom and the freedom of others' (Beauvoir, 1968: p 21). That our feeling of indignation or admiration should presuppose consciousness of the freedom of others seems straightforward enough. Our agitation or appreciation for any given act is only warranted when the act is perceived by us as having been chosen in favor of another possibility or possibilities that were actually available to the agent who is the subject of our scorn or esteem. That our indignation or admiration requires consciousness of our own freedom is perhaps less intuitive. Recall that for

Beauvoir, agency comes with disclosure of oneself as being and that 'To will oneself free and to will that there be *being* are one and the same choice, the choice that man makes of himself as a presence in the world' (Beauvoir, 1968: p 70). Our stances of indignation or admiration and our various expressions of these attitudes presuppose agency. If we have forged this agency via a making of ourselves present in the world, then we have also forged our freedom. Thus, it indeed seems that our moral valuations presuppose our being conscious of both the freedom of ourselves and others.

Moreover, individual freedom 'wills itself genuinely only by willing itself as an indefinite movement through the freedom of others,' (Beauvoir, 1968: p 90), for the freedom of others is what 'keeps each one of us from hardening in the absurdity of facticity' (Beauvoir, 1968: p 71). Thus, we might add to our list of Beauvoir's 'To will oneself…' remarks, 'To will oneself to be a disclosure of being is to will the disclosure of being in others.' Imagining it otherwise, if willing oneself to be a disclosure of being were to confer freedom upon the willing individual and no other, then certainly, this act of willing *would not* entail willing oneself moral, for the willing agent would inhabit an essentially solipsistic world, insofar as he or she would be the only existing *free* agent. So, if willing oneself free is to will oneself moral, it necessarily follows that the former must entail willing the freedom of others.

Beauvoir notes in *The Ethics of Ambiguity* that she has attempted to show that the freedom of the individual requires the freedom of others in 'Pyrrhus and Cineas' (Beauvoir, 1968: p 71). Although the space of this essay does not permit detailed explication of this text, it is worth noticing that this claim indeed finds articulation when Beauvoir states, 'We need others in order for our existence to become founded and necessary' (Beauvoir, 2004: p 129). By this Beauvoir means that we require others in order to carry out, or at least initially motivate, the projects that comprise our lives. Further, the value conferred upon those projects, (and thus, essentially the value conferred upon our lives), hinges on their reception from others. 'In order for the object that I founded to appear as a good,' Beauvoir explains, 'the other must make it into his own good, and then I would be justified for having created it' (Beauvoir, 2004: p 129). That Beauvoir places a premium on recognition from the other buttresses our reading of her view of freedom in *The Ethics of Ambiguity*; because it is the source of values, freedom simply cannot be a solipsistic affair. What we perhaps see more explicitly here than in *The Ethics of Ambiguity,* however, is the unpredictable and even perilous nature of freedom. 'To be free is to throw oneself into the world without weighing the consequences or stakes'; Beauvoir insists, 'it is to define any stake or any step oneself' (Beauvoir, 2004: p 134). Elaborating, Beauvoir asserts that we 'must assume our actions in uncertainty and risk, and that is precisely the essence of freedom' (Beauvoir, 2004: p 139). In other

words, although we have no knowledge of how our projects will be received by others, our willing to be a disclosure of being requires our devotion to them. If not for such acts of transcendence, the proceedings of the world would transpire mechanically, as if according to formula. With such acts, the events of the world unfold unpredictably, and importantly, hold value and meaning for those agents affected by them. 'It is with our human condition that good and evil are defined,' Beauvoir writes, 'The words 'utility,' 'progress,' and 'fear' have meaning only in a world where the project has made points of view and ends appear' (Beauvoir, 2004: p 141).

Returning to *The Ethics of Ambiguity*, we find that Beauvoir defends this position against what she dubs 'the aesthetic attitude'. One who is of this perspective 'claims to have no other relation with the world than that of detached contemplation…he faces history, which he thinks he does not belong to, like a pure beholding' (Beauvoir, 1968: pp 74-75). Beauvoir compares this attitude to that of the artist who 'projects toward the work of art a subject which he justifies insofar as it is the matter of this work;…a massacre as well as a masquerade' (Beauvoir, 1968: p 77). The 'work' is to be interpreted as the world in which all people, at all times, disclose being. For the individual adopting the aesthetic attitude, this state-of-affairs implies that all situations are equal; massacres and masquerades alike are simply parts of the framework of the universe. Each tends to happen, this individual would claim, and it is worthwhile to recognize this as the way the world is. Beauvoir cites the example of 'an intellectual Florentine' who is 'skeptical about the great uncertain movements which are stirring up his country and which will die out as did the seethings of the centuries which have gone by' (Beauvoir, 1968: p 75). As this individual sees it, 'the important thing is merely to understand the temporary events and through them to cultivate that beauty which perishes not' (Beauvoir, 1968: p 75).

This placing oneself 'outside' the current of experience occurs, Beauvoir suggests, 'in moments of discouragement and confusion; in fact, it is a position of withdrawal, a way of fleeing the truth of the present' (Beauvoir, 1968: p 76). One is discouraged and confused when of the aesthetic attitude, for in truth, one is inescapably 'inside'; projecting oneself 'outside' is merely one way of living out this fact. Indeed, in order for the artist to have a subject to portray or express, Beauvoir insists, 'he must first be situated in this world, oppressed or oppressing, resigned or rebellious, a man among men' (Beauvoir, 1968: p 78). Thus, to adopt the aesthetic attitude is to live in bad faith; because we are at all times living *in* history, one cannot truly see – or authentically purport to – from the 'point-of-view *of* history' (Beauvoir, 1968: p 76, emphasis added).

It is telling that Beauvoir names 'oppressed or oppressing' first in her list of descriptors of the situated status of human experience. For Beauvoir, the transcendence in which every human is engaged is condemned to fall

uselessly back upon itself because it is cut off from its goals' and this 'is what defines a situation of oppression' (Beauvoir, 1968: p 81). The falling back upon itself is always the consequence of the actions of another. That is, *people* oppress people, creating obstacles against the free engagement of others in the universe. Of course, Beauvoir acknowledges that non-human forces can impede human projects; a natural disaster, for instance, may introduce an immediate and insurmountable interference with virtually any task. Yet misfortunes such as these are to be assumed as 'natural limit[s]' against which we are bound to bump; the only entity which can rightly be said to have the power to oppress a human is another human, for 'only he can rob him of the meaning of his acts and his life because it also belongs only to him alone to confirm it in its existence, to recognize it in actual fact as a freedom' (Beauvoir, 1968: p 82). Humans may act so as to render me unable to perceive any meaning in my existence, to recognize myself as free. This situation obtains when one is cut off from what would be one's *open* future; one's fate is decided by the oppressor(s), or at the very least, restricted to the point that 'free' choices hardly merit the distinction.

Tragic possibility, tragic ambiguity

Because 'the actually possible in this world is vastly narrower than all that is demanded,' James writes, there is always 'a *pinch* between the ideal and the actual which can only be got through by leaving part of the ideal behind' (James ,1979b: MP p 153, emphasis in original). The 'pinch' of our actions consists in our electing one action ahead of a host of others, knowing that the one we choose is with us forever, and that the others are left behind for just as long. This situation is 'tragic'; it is 'no mere speculative conundrum' with which we have to deal (James, 1979b: MP p 154).

Resonances of James's remarks on regret in 'The Dilemma of Determinism' can be heard in these remarks. The indeterministic universe is tragic because we forever lose the possibilities that we do not choose, and often we regret having not chosen them. Moreover, although we feel it more rational to adopt belief in indeterminism, when we do so, we cause ourselves unhappiness by letting go of valued options for the sake of other, thought to be better options, and feel further unhappiness if we find that our universe would have been better had we chosen differently.

Beauvoir echoes these sentiments, noting the 'anguish' one 'feels in the face of his freedom' (Beauvoir, 1968: p 34) and the consequent nostalgia one feels for a time when one was a child, free of the exigencies that accompany freedom (Beauvoir, 1968: p 40). As Beauvoir asserts, 'to say that [existence] is ambiguous is to assert that its meaning is never fixed, that it must be constantly won' (Beauvoir, 1968: p 129). Were Beauvoir to employ James's vocabulary, she might state that this is a world of possibility. At virtually every turn, we have open to us the opportunity

to freely fashion our universe. To assert that meaning must be constantly won is just to assert that the making of meaning lies in our hands; because *we* disclose being, *we* create the meaning thereof. 'The fundamental *ambiguity* of the human condition,' Beauvoir writes,

> *will always open up to men the* possibility *of opposing choices; there will always be within them the desire to be that being of whom they have made themselves a lack, the flight from the anguish of freedom; the plane of hell, of struggle, will never be eliminated; freedom will never be given; it will always have to be won*

(Beauvoir, 1968: p 119, emphases added)

Ambiguity is, for Beauvoir, a necessary condition for possibility. In other words, an unambiguous universe is that in which all is already set – the hermetically sealed block universe resisted so ardently by James – but with ambiguity comes expansiveness and openness, the environing conditions that must obtain for navigating the world freely.

This ambiguity also entails vulnerability; the very same expansiveness and openness that liberates us also plagues us, for our deliberations are frequently excruciating and we are bound to err. This pain is so acute because our freedom carries with it the responsibility of morality and our errors are often actions of the immoral and/or demoralising kind. In so far as the human condition is intractably ambiguous, this will always be the case. Yet at the same time, our freedom is not, strictly speaking, given. As James and Beauvoir each teach us, we must enact freedom by actively engaging ourselves in the world via constructive projects, and as we do so, we must always essay to sustain our freedom.

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Notes

[1.] Hereafter, to cite essays from James (1979b), I shall use the following abbreviations:

- DD 'The Dilemma of Determinism'
- MP 'The Moral Philosopher and the Moral Life'
- SR 'The Sentiment of Rationality'
- WB 'The Will to Believe'

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Ressentiment: The Air We Breathe And The Way We Breathe

Louise Lumb

Abstract

This paper considers the phenomenon of *ressentiment*. It discusses *ressentiment* as the atmosphere of our culture and considers how it may shape our values. It also considers how *ressentiment* may be on the rise, due to an increasingly voracious culture of entitlement and decreasing tolerance of suffering.

Key words

Resentment, ressentiment, values, culture, entitlement, suffering.

Introduction

I first developed an interest in resentment when a client told me he felt resentful of his children. We often pronounce and hear words as if the meaning is obvious, but what did he really mean by the word resentment? Martin Heidegger (1962) said 'Whenever one cognizes anything or makes an assertion…this expression is held to be intelligible "without further ado", just as everyone understands…But here we have an average kind of intelligibility' (p 23). I realised that in fact I had 'an average kind of intelligibility' in my understanding of the word resentment. I therefore turned to Friedrich Nietzsche and his concept of *ressentiment* to help me consider the 'how' and 'what' of this commonly-used word.

Nietzsche believed it was the phenomenon of *ressentiment* which fuelled the 'master-slave' struggle, the overcoming of the 'masters' and the resultant birth of modern 'morality' and Judaeo-Christianity. Later, it was Max Scheler, a German philosopher and phenomenologist, who popularized the term *ressentiment* in a sociological sense. Nevertheless, Birns (2010) thinks that Scheler's idea of *ressentiment*, for example the mother-in-law's hostile feelings towards her younger daughter-in-law, is 'more like garden-variety resentment' and 'too trivial and mundane in apposition to Nietzsche's far more abstract and urgent rehearsal of the term' (p 6).

So, what was this 'more abstract and urgent rehearsal' of the term *ressentiment*? May (1999) argues that Nietzsche associated *ressentiment* with an 'entire way of conceiving and relating to the world' (p 51). Nietzsche (1989) describes *ressentiment* as the slave's fear, envy, hatred and wish for revenge against his stronger master, resulting in the creation of new values raising up the 'poor and weak' as being more deserving than the 'strong'[i]. Nietzsche (ibid) says

> *It was the jews who, with awe-inspiring consistency, dared to invert the aristocratic value equation (good = noble = powerful = beautiful = happy = beloved of God)…saying 'the wretched alone are the good; the poor, impotent, lowly alone are the good; the suffering, deprived, sick, ugly alone are pious, alone are blessed by God…– and you, the powerful and noble, are on the contrary the evil, the cruel, the lustful'*

(p 34)

Thus Nietzsche views *ressentiment* as generating new values and fictions of 'morality', new ways of viewing and relating to the world. Indeed, Nietzsche's concept of *ressentiment* may arise not only against the 'masters' but against the whole world, for example time and existence itself (which will be discussed in more detail later).

This paper considers the differences between anger and resentment and between resentment and *ressentiment*. It discusses both resentment and *ressentiment* as the atmosphere of our culture, part of our background practices, and as both a cause of and response to the 'morality' of humanitarianism. It considers how resentment and *ressentiment* constitute an increasingly large part of our society, perhaps due to the very obvious and innate tensions between equality and inequality, an increasingly voracious culture of entitlement and a decreasing tolerance of suffering. It also considers how Nietzsche's perspectives on *ressentiment* have caused the author to consider how she arrived at her values, and also her expectations and her views around suffering. The paper will also discuss briefly how the training and practice of psychotherapy can, paradoxically, both increase and decrease feelings of resentment and/or *ressentiment*.

Differences between anger and resentment

I believe that resentment necessarily involves the following two aspects whereas anger does not:

i. *Moral obligation:* Solomon (1994) says that resentment is always aimed outwards instead of back to oneself. Wallace (2007) argues that resentment is connected with moral demands. One resents another when they believe the other has wronged them, done something which violates a moral obligation to which one holds them in one's interpersonal relations. For example, if a stranger jumps the bus-queue then I may be angry but if I perceive an inter-personal moral obligation, for example the queue-jumper is my boss at work, then I may feel resentment.

ii. *Inability to express or act:* the second part of resentment is not expressing or acting upon the feeling of being wronged. The word resentment (and

the word *ressentiment*) derives from the Latin word resentire, to re-feel or feel-again. The point about both resentment (and *ressentiment*) is that they are not acted upon and therefore they poison and infect. Nietzsche (1989) said 'All instincts that do not discharge themselves outwardly turn inward – this is what I call the internalization of man' (p 84). Frey-Rohn (1988) states that '[Nietzsche] thereby pointed to the infectious centre within the soul that Freud took up in his theory of repression' (p 211). While I do not feel comfortable with the idea of a 'centre' or place where emotions are stored, I do have a sense of the importance of emotions being acknowledged and expressed as they arise. Indeed, in the queue-jumping example above, I may not be able to express my feelings directly to my boss for fear of losing my job, and thus the re-feeling may build into resentment.

Differences between resentment and ressentiment

As discussed in the previous paragraph, both resentment and *ressentiment* are closely related in that they involve some re-feeling due to non-expression. It is not always possible to distinguish clearly between them, but for the sake of some clarity in this essay, I have identified two broad differences between resentment and *ressentiment* as follows.

i. *The object(s) of ressentiment may be universal (for example, existence itself) or individual (for example, my boss) whereas the object(s) of resentment require a moral connection so can only be individual.* May (1999) states that *ressentiment* is often universal because it is not just against people, such as Nietzsche's 'masters', but is also against the 'whole world, including such very general features of it as time, space and contingency' (p 43). May (ibid.) says this is because the rage is against suffering, which existence generates. The man of *ressentiment* falsifies not only the master 'but also the very character of existence' (p 43). The point about resentment is that, when it becomes a way of thinking, it is not restricted to the domain of the disenfranchised and poor because the object(s) of *ressentiment* may be universal in scope, embracing, at the limit, all of existence.

ii. *The devaluation of the values of the object(s) of ressentiment.* Birns (2010) explains that Nietzsche's *ressentiment* involves resentment 'in which the weak have rationalized their own weakness by inversely privileging it as morally superior to the strong. There is still resentment in the petty sense, but it is systemized in an (inverse) transvaluation of values' (p 9).

For example, an older person may feel *ressentiment* because they are denied ever being young again, they may feel unable to directly express this, and therefore may turn to criticising the values of youth. Scheler

(1972) puts it well when he says that if we cannot accept and embrace our aging then we

> *avoid and flee the 'tormenting' recollection of youth, thus blocking our possibilities of understanding younger people. At the same time we tend to negate the specific values of earlier stages. No wonder that youth always has a hard fight to sustain against the* ressentiment *of the older generation*

(p 63)

May (1999) maintains that Nietzsche's interest in the 'manner' in which we arrive at our values is about 'whether these values arise in a *sovereign* way or, rather as a *reaction* to our fear or envy of others' (p 41). May (ibid) contends that the term 'master' suggests sovereign valuing whereas the term 'slave' suggests the reactive manner of valuing. May (ibid) states that 'sovereign' describes the noble person's capacity to live 'in trust and openness with himself (GM, I, 10)' (p 41). Thus, as I myself leave my youth behind, I ask myself whether the supposedly more 'mature' values of the older generation are a reactive response to the envy they feel towards the young or a sovereign response to their increased experience of living. It may not be possible to identify or quantify our motives with any certainty, but it does seem likely that *ressentiment* may play a larger part in our value creation than we realise (I return to this point later).

For the remainder of this essay I will use the word resentment where I consider there is a moral connection and/or no falsification of the values of the object(s) of resentment, and the word ressentiment in italics where I consider there to be a universal object(s) of *ressentiment* (so not necessarily a moral connection) and/or the devaluing of the values of the object(s) of *ressentiment*.

One of my clients, John[ii], illustrates well the difference between anger, resentment and *ressentiment*. His situation was as follows: his wife died, leaving him with their two young children to care for. After she died he took time off from his City career in order to care for these children.

When he came to therapy John was experiencing being a widower and single father as difficult, tiring and frustrating. At times he regarded fatherhood as a kind of 'servitude' that he would not have chosen for himself if he had known he would be without his wife. Yet, I do not think he felt resentment towards his children because he could not claim a moral obligation from them to him, only from him to them (of course this could change as the children become adults). Also, although he tried very hard not to express his anger directly towards the children, he could express it to me and to some family members, and hence, according to my earlier definitions, I think what he felt, at times, towards his children was anger rather than resentment. I also do not think he felt *ressentiment* towards

them because he did not devalue the values that kept him in 'servitude': those values of being the best father he possibly could, of giving his children the best possible care and love.

I think he did feel resentment against his wife for dying, leaving him a widower and a single father. He believed his wife owed him a moral obligation to help him care for their children, and he was not able to express this resentment because of her death and his feelings of shame at his negative feelings towards her.

I think perhaps he felt *ressentiment* against a universal object: the fathers of young children who still have their wives. He began to devalue the values of some of those fathers, particularly their choice to prioritise making money in the City rather than being 'hands-on fathers'. Nietzsche might have seen this as the creative move from resentment to *ressentiment*. Interestingly, this devaluing of the values of some of the other fathers was creative in that it brought John to start asking himself about his own values: after some thought he came to realise that, despite his occasional feelings of anger and frustration, he did value his time with his children and did not miss his City career. He did however need some project of his own, work that he felt would challenge and satisfy him at a deeper level than his City work, and he decided that once his children were older he would re-train as a teacher. He came to believe that previously he had been blindly following the path of other people's values, which were not really his. Now was *his* time for *his* values. Thus the devaluing of other people's values, arguably part of the process of ressentiment, was useful in bringing him to identify his own values.

It seems to me that John's devaluing of the values of the other fathers was not 'sour grapes'[iii], but rather that life's losses and suffering were an opportunity for him to re-evaluate his values with more courage and self-awareness, to make what May (1999) might call a 'sovereign' form of valuing. It seems true that our motives cannot be known to us, and Nietzsche (1966) said 'Every people has its own Tartuffery and calls it virtue. – What is best in us we do not know – we cannot know' (p 185). Nietzsche argued that our morality and our values are based on many different sorts of emotions and motivations, most of which we cannot know, and that we must always question these morals and values. He (1989) said 'Let us articulate this *new demand*: we need a critique of moral values, *the value of these values themselves must first be called in question*' (p 20). Unlike Scheler, who believed in a universal doctrine of moral values, Nietzsche believed that moral values are incomplete perspectives arising from psychological motivation (although, rather conflictingly, he did also believe in a higher morality for the greatest of men).

Thus I have started to question (even if I cannot know the answer) the value of my values, whether they have arisen in a sovereign or reactive manner.

Ressentiment as both a cause of and response to our 'morality' of humanitarianism

In this section I consider Scheler's contention that *ressentiment* is a source of the modern concept of humanitarianism. Certainly *ressentiment*, by inverting the values of the 'strong', by raising up the 'weak' as equal to or perhaps even more deserving than the 'strong', inverts the Darwinian value of 'survival of the fittest'. Indeed the modern welfare state and taxation are manifestations of this belief in helping the financially 'weak' at the expense of the financially 'strong'. Of course the motivation behind this helping of the weaker members of society is no doubt very complicated and not based on humanitarianism alone. Perhaps humanitarian ideas suited the 'strong' because they kept the 'weaker' members satisfied enough, thereby avoiding violent rebellion and making law, order and the possession of wealth and privilege possible?

Scheler (1972) did not agree with Nietzsche that *ressentiment* was the source of Judaeo-Christianity, but he did believe that it was the source of 'the core of bourgeois morality' (p 82), which gradually replaced Christian morality and culminated in the French Revolution. He believed that *ressentiment* is at the root of 'the idea and movement of modern universal love of man, "humanitarianism", "love of mankind" or more plastically: "love towards every member of the human race"' (p 114). Scheler (ibid.) believed that humanitarianism replaced the idea of loving your neighbour with loving the whole world, loving mankind, a goal which is perhaps too abstract, too unreachable. While watching the television coverage of the Pakistan flooding crisis I heard a flood-victim being interviewed. He said 'We have not had any help so far, the *world* has got to help'. The idea and expectation of us each being responsible for each other on a world-basis seems deeply ingrained, and it is certainly interesting to consider that such a sense of world-responsibility may have developed partly in response to the *ressentiment* of the weak, the inversion of the Darwinian notion of the 'survival of the fittest'. Indeed Fox (2009) says that

> *some of the values he [Nietzsche] wants to dismiss are ones we should not too hastily abandon, as they have been, and still are, of great significance in terms of preserving peace, stability, cooperation, and the bonds of mutual concern that make possible the survival of our species*

(pp 107-108)

However, because our society is not based on humanitarianism alone, there is an ever-present conflict and tension between humanitarianism and 'survival of the fittest', between equality and meritocracy. Thus it is highly questionable how successful we have been or will be in preserving

peace and the survival of our species. Scheler (1972) wrote that the purported morality of humanitarianism, while it has made us equal citizens in theory, has not closed the gap in practice. Writing before World War I, he (ibid) said *ressentiment* is strongest in

> *a society like ours, where approximately equal rights (political and otherwise) or formal social equality, publicly recognised, go hand in hand with wide factual differences in power, property, and education. While each has the 'right' to compare himself with everyone else, he cannot do so in fact. Quite independently of the characters and experiences of individuals, a potent charge of* ressentiment *is here accumulated by the very s*tructure of society
>
> (p 50)

It is often overlooked that Nietzsche did understand that modern morality was not entirely based on the *ressentiment* of 'slave' morality, but was a mixture of both 'slave' and 'master' moralities. May (1999) says that Nietzsche was 'inescapably ambiguous towards both "slave" and "master" moralities…Most fertile individuals or cultures are, he suggests, a composite of both' (p 48). Indeed Nietzsche (1966) says 'in all the higher and more mixed cultures there also appear attempts at mediation between these two moralities…and at times they occur directly alongside each other – even in the same human being, within a single soul' (p 204). Kaufmann, the translator of this work, summarises in a footnote saying '"Modern" moralities are clearly mixtures; hence their manifold tensions, hypocrisies, and contradictions'.

May (1999) makes the important point that, as well as generating these new values, *ressentiment* also

> presupposes *a revolution in values: i.e. that a radically new ethical outlook is necessary for resentment to become* ressentiment *and for slaves to acquire the conception, let alone the ambition, of final escape from allotted social roles and inevitable suffering. This is an outlook in which human inequality and suffering….have become, to a crucial degree, unacceptable*
>
> (p 44)

Thus it does seem possible that *ressentiment* is both a cause of and response to modern humanitarianism. *Ressentiment* could not have occurred if people did not already believe in the principles of equality and freedom from suffering. This leads to my next point about the increase of *ressentiment* in a culture of rising expectations and decreasing tolerance of suffering.

Increasing resentment and ressentiment?

As Scheler (1972) says, the very structure of our society promotes *ressentiment*, in that principles of equality go hand in hand with very public and obvious inequality. I think there are two other reasons why both resentment and *ressentiment* are possibly on the increase, namely, rising expectations in a culture of entitlement and decreasing tolerance of suffering:

i. *Culture of entitlement:*
Solomon (1994) says 'what fuels that resentment is a sense of wounded self-esteem; and a plausible hypothesis is that the most demanding people, not the most impotent, will most likely be the most resentful' (p 115). He (ibid.) also says resentment 'is quite conscious of not only how things are but of how they might be – and, most important, of how they ought to be' (p 116).

Foley (2010) says that the 1970s were a decade of liberation, of anger at injustice and demands for recognition and rights. Over time, however, the demand for specific rights metamorphosized into a generalized state of entitlement and the anger at specific injustice into a generalized feeling of grievance and resentment. He (ibid.) says 'The result is a culture of entitlement, attention-seeking and complaint' (p 32). Foley (ibid) also points out that

> *The development of entitlement since the 1970s coincides exactly with a steady rise in personal debt. If you are entitled to a certain lifestyle then borrowing the money to fund it is simply claiming what is rightfully yours – and there is no obligation to pay it back*
>
> (p 87)

It seems likely that our ever-increasing sense of entitlement, expectation and injustice is leading to ever-increasing *ressentiment*. Birns suspects it may be almost everywhere. He (2010) says we live in a society

> *where people live, and aspire, on a mass scale, so that even the ordinary person can grow up thinking they are extraordinary, where* ressentiment, *far from being the trait of an unusually uppity servant, is in every suburban home, much like the television set*
>
> (p 30)

Thus resentment and *ressentiment* are linked to a sense of expectation or entitlement from the other and from the world. It is arguable that the growth of awareness of the importance of emotional nurturance has increased what we expect from others, particularly from our parents. Now basic physical care is not enough. We want to be emotionally met and cared-for, heard and unconditionally loved. It is doubtful whether

previous generations had these expectations.

Therefore for me the important question is as follows: When are expectations encouraged or suggested by society and when are they authentic? I use the word authentic to mean an owned mine-ness ('eigentlich'), as described by Heidegger (1962). Maya Angelou (1984) suggests 'Children's talent to endure stems from their ignorance of alternatives' (p 122). Of course it is entirely unacceptable to suggest that a child cannot suffer because it knows no different way, but is it possible in some cases that the resentment arises retrospectively because we are later shown what we 'could' have had as children. A client, Elinor[iv], told me that as a child she did not expect anything different from what she received because she knew no other way. As she grew up and discovered a different way of parenting, through the media and through viewing other people parenting their children, her retrospective resentment and retrospective *ressentiment* about her childhood has grown[v].

It also occurs to me that the training and sub-culture of psychotherapy can actually increase the sense of expectation of what we 'should' have received from our parents in terms of emotional nurturing and care, and hence can serve to increase our resentment and/or *ressentiment* of our parents' failings. Nevertheless, this observation does not sit comfortably with me because I do also believe that being able to freely express in therapy the pain and irretrievable losses of aspects of our childhood can be essential, healing and finally may liberate us from our own disappointed expectations. So, perhaps there is a paradox here: on the one hand therapy may play a part in building up and encouraging our expectations, both retrospective ones and those that we felt at the time. Yet, at the same time, by encouraging clients to express and experience those expectations and what it felt like for these to be frustrated, therapy may eventually enable people to leave these expectations behind, to be more accepting of what was actually given, and therefore less resentful.

In a culture of entitlement it is possible that many of my expectations for the past, present and future are reactive or inauthentic rather than authentic (as defined previously). Solomon (1994) says 'it is easy to see the wisdom of the Zen master and the Talmudic scholar, who are never poisoned by resentment because they never allow themselves those desires and expectations which can be frustrated and lead to resentment' (p 114). This could, however, be considered a passive nihilism because some expectations, wants and needs are necessary in order to live, love and work. Thus the key would seem to be to distinguish between expectations, wants and needs which are authentic and inauthentic. It may not be possible to draw firm conclusions but perhaps just asking the question of ourselves is enough?

I wonder, although tentatively, if part of my role as therapist is to explore the difference between authentic and inauthentic expectations for the past, present and future. Nevertheless, I am very cautious about this idea because

it suggests an element of judgment, and an entirely open and non-judgmental stance towards our client's pain, disappointment, anger and disappointed expectations may often be vital.

Another example of my own expectations is when I was expressing anger about how difficult my life was feeling to my therapist. He asked 'So you expect it to be easy?' That question shocked me into realising that, at a largely unaware level, I did want and expect my life to be easy. As I became more aware of this expectation then I could challenge it, and my feelings of anger shifted towards acceptance of the difficulties I was experiencing. This expectation of a life free from suffering seems to be endemic in our society and leads on to the following point.

ii. *Decreasing tolerance of any sort of suffering:*
It seems that modern society makes it progressively easy for us to distract ourselves. As T.S. Eliot (2001) said we are 'distracted from distraction by distraction' (p6). We try to run from ourselves and from suffering. Death and illness are denied, kept separate and out-of-sight, and even such 'inconveniences' as aging and unhappiness can be 'cured' with age-defying treatments or medication. Loneliness can be 'solved' by online communities such as Facebook, and noise and activity bombard us. Work also serves to distract us and Nietzsche (1989) believed that the capacity to feel pain was a 'rare energy' and that mechanical activity, or work, provided a 'training against states of depression' (p 134).

Nietzsche (1989) said 'What really arouses indignation against suffering is not suffering as such but the senselessness of suffering' (p 68). However, I think in our society, almost all suffering, meaningless or not, is considered unacceptable. We do not expect suffering and, if we experience it, we often resent and turn away from it. In fact we have an expectation of a life free from suffering.

Nietzsche advised us to face and live with our suffering and pain, acknowledge our wounds. This links to the idea of amor fati, love of fate. Nietzsche (1989) says

> *My formula for greatness in a human being is* amor fati*: that one wants nothing to be different, not forward, not backward, not in all eternity. Not merely bear what is necessary, still less conceal it – all idealism is mendaciousness in the face of what is necessary – but* love *it*

> (p 258)

Nietzsche (1989) says he forbid himself to feel ressentiment by 'tenaciously clinging for years to all but intolerable situations, places, apartments, and society, merely because they happened to be given by accident: it was

better than changing them, than feeling that they could be changed – than rebelling against them' (p 231). Thus Nietzsche's writings have inspired me to pay attention to my (in)tolerance of suffering, to try to engage with it instead of turning resentfully from it.

Conclusion

'*Ressentiment*, in many ways, is not just in the way we breathe. It *is* the air we breathe' (Birns, 2010: p 18). *Ressentiment* may be considered an atmosphere, part of our background practices, both a cause of and response to our 'morality' of humanitarianism. It may be on the rise because of the very structure of our complicated society, which has equality as a principle but inequality as a blatant practice, and also due to increasing expectations and a decreasing tolerance of any sort of suffering. Perhaps John may have been less likely to feel *ressentiment* two centuries ago because higher mortality rates meant that the death of a wife and its related suffering, would have been far more common, far more expected.

I refer back to Solomon's (1994) quote about the most resentful people being the most demanding people, not necessarily the most impotent people. My enquiry into the phenomena of resentment and *ressentiment* has brought me to question some of my own demands and expectations. I think that the training and practice of psychotherapy can, in some cases, increase feelings of resentment and *ressentiment*, by retrospectively increasing our expectations of what we 'should' have received from our parents. But how much should we expect from others and the world? There is a difficult balance to be sought between authentic and inauthentic expectations. I do also now wonder about my 'morality' and values, about whether I arrived at them in a sovereign or reactive manner, and about how many of them represent sour grapes. I wonder if it is possible for me to let those out-of-reach grapes stay sweet?

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Notes

[i] Of course the concept of distinguishing between the 'weak' and 'strong' is fraught with difficulty. Such a distinction can only be subjective, comparative and contextual.
[ii] His name changed to protect identity.
[iii] Sour grapes is an expression originating from the Æsop Fable 'The Fox

and the Grapes'. It refers to pretending not to care for something one does not have or cannot have.

[iv] Her name changed to protect identity.

[v] The idea of retrospective resentment and retrospective ressentiment, felt not at the time but afterwards, points towards the importance of the passing of time in both these phenomena.

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An Existential Phenomenological Model of Supervision

Sarah Pagdin

Abstract

This paper proposes some ways of thinking about supervision from an existential phenomenological perspective. It discusses the need to: be aware of bias; be clear about the phenomenon under investigation; attend to being-in-the-world; use the phenomenological method and remember that the supervisor's whole self is involved in the process.

Key words

Supervision, existential, phenomenological, bias, being-in-the-world, self, person-centred.

Introduction

Models of supervision generally attempt to capture important elements of the process for those seeking to understand it better. They also offer a template so that others can attempt to replicate the process or activity. However, I am not convinced that it is possible to capture such a complex process as supervision in a single model or that others can replicate a phenomenon that is unique to the individuals involved in it. In any model, some important aspects are likely to be given less prominence than they should be and other aspects may be overemphasised. I suggest that what may be of greater value in the attempt to develop any model of supervision is that those making the attempt are engaging in a meaningful way with the phenomenon and that their engagement may encourage others to do the same. In this paper, therefore, I will not be presenting an all encompassing model of supervision of my own or anyone else's but rather a collection of ways of thinking about supervision which all seem important to me at this point in my development as a supervisor. I will refer to it as a model for ease of reference. I will be arranging this collection of ways of thinking within a tentative visual framework which is primarily there as an aide memoire. The intention is that the visual framework will help me be mindful of these ways of thinking in my work as a supervisor and spur me to action where necessary. It should also be noted that my model is a work in progress, something that will inevitably change as I develop both personally and professionally.

Before I describe my model it is important to acknowledge that the primary factor guiding my efforts has been my desire to find a way of working that

is consistent with my existential phenomenological approach to life and therapy. It therefore seemed sensible to turn to existential literature on the subject of supervision. Unfortunately, I discovered there was hardly any available (see articles by Du Plock, 2007, and Deurzen and Young, 2009(b), for literature reviews). The first, and currently the only, book on the subject of existential supervision was published relatively recently (Deurzen and Young (Eds), 2009). It is a compilation of papers specially written by existential supervisors based in the UK, many of them involved in teaching and training existential psychotherapists and counselling psychologists. The book has sections on the philosophical foundations of existential supervision, existential supervision in practice and on questioning and developing existential supervision. What it does not provide is an existential phenomenological critique of existing models of supervision although areas of divergence with some of them can be inferred, in particular around issues of the importance of 'being-in-the-world', around psychoanalytically influenced notions of parallel process, transference and counter transference and around the therapeutic project itself, an issue which might be expressed in terms of 'being' versus 'doing'. There will not be the opportunity to develop these themes here although they will be touched on briefly where relevant. While the scarcity of existential phenomenological writing on supervision is regrettable I believe, in conjunction with the wider literature on existential phenomenological therapy and with my reading of some of the more well-known literature on supervision from other therapeutic traditions, that the small amount that is available has served to stimulate my thinking sufficiently to make a start on developing a way of working along existential phenomenological lines.

The visual framework – an introduction

I shall now proceed to describe my model, using the visual framework shown in Figure 1 to guide my explanation. At first glance the model can be seen to include elements found in other visual representations of supervision models (eg Hawkins and Shohet, 2006; Deurzen and Young, 2009(a); Strasser, 2009; Rye, 2010). There are figures for client, supervisee and supervisor and a reference to context. There are also connections or pathways of different kinds that flow in various directions and a small amount of text. Finally, slightly more unusually, there are two images, a magnifying glass and a torch. Their presence will be explained in due course.

Being aware of bias

In contrast to the circles often used in diagrams to depict the people involved in supervision I have used a funnel or filter shape. This represents for me something essential about the human nature of those involved in the supervision experience. As a figure it is really too simplistic, for example, it does not allow for individual differences because the shapes

are exactly the same. However, the idea of a funnel or filter helps to remind me that our relations to others and to the world are always biased. And so what we perceive and also what we communicate is always and inevitably perceived and communicated with bias (Deurzen-Smith, 1997; Spinelli, 1989). Deurzen-Smith (1997) divides the bias of therapist and client into four aspects. Firstly our attitude, the particular stance we have because of the person we are. Secondly our orientation, the way we look at the world because of our belief system and values. Thirdly our state of mind, the particular mood and mind-set we are in at a given moment because of what is happening in our life currently. Fourthly our reaction, the specific response we are having to the other person we are being with

FIGURE 1
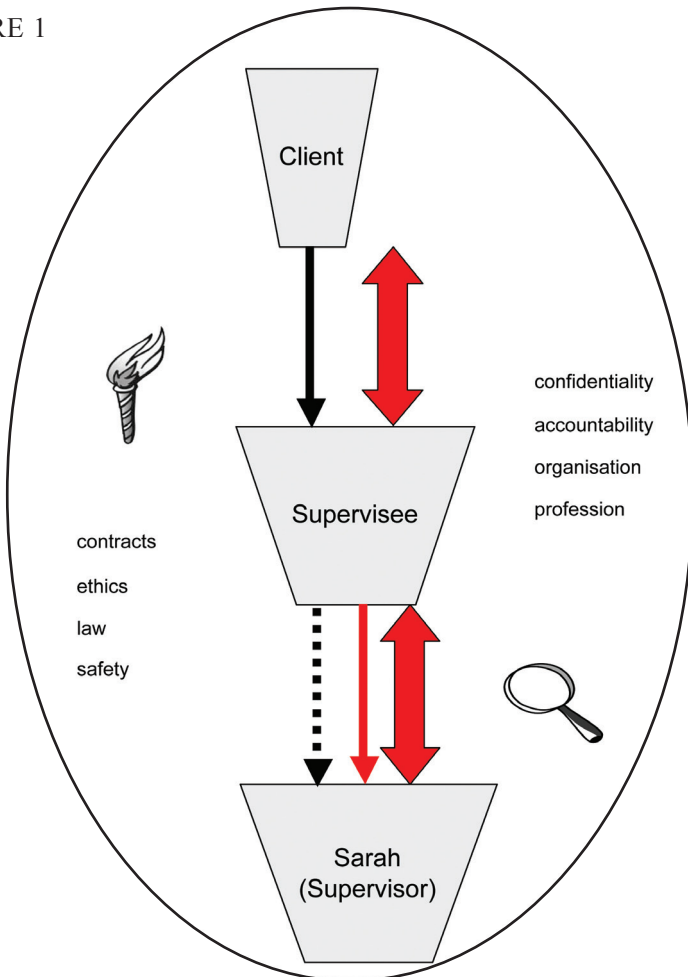
at this moment. I suggest that being constantly aware that we all operate with bias and attending to how we experience this happening is a fundamental aspect of the work of supervision, whether existential phenomenological or otherwise. This is certainly borne out in the wider literature on supervision. Hawkins and Shohet (2006, p 92) refer to the 'ideological editor', a term used by Frank Kevlin (1987) to refer to supervisee bias. However, my impression is that bias is more commonly explained as transference and counter transference, both ideas originating in psychoanalysis which take the existence of the unconscious very much for granted. As already mentioned, there is not time here to explore the existential position on the basic tenets of psychoanalysis, but it should be noted that existential phenomenology does not support the existence of a separate system that is unknowable to the individual. Spinelli suggests that the psychoanalytic unconscious is in fact a 'misidentification of experience' (1989, p 168).

Being clear about the phenomenon under investigation

Following on from that reminder of the need to be aware of and explore our bias in relation to others and the world I also want my model to remind me of what it is that my supervisee and I can actually work with in our sessions. The relevant parts of the diagram here are the connecting symbols between the various parts of the diagram – I will explain these shortly. The question I hope to address in this part of the model is this: what is the raw material for the project of supervision? What is the phenomenon that is available for investigation? I believe it is important to be clear about this. Many writers who place great emphasis on parallel process and psychoanalytically derived ideas of transference and counter transference pass very quickly over the fact, pointed out by Du Plock (2009), that as supervisor I have no direct access either to the client's narrative of the experience of being or to the supervisee's experience of being in relation to the client. These are both only accessible to me as they are reported by the supervisee with his or her own bias and perceived by me with my bias (see also Mitchell, 2009 and Rye, 2010). When I meet with my supervisee I do not meet with the client as well. Du Plock (2009, p 115) refers to '...the world created by the supervisor who meets the therapist who meets (or fails to meet) the client.' According to Du Plock, keeping this in mind '...honours the "reality" of the pattern of relatedness,' (ibid) and prevents the supervisor from being tempted to wield his or her influence on the client using the supervisee as an instrument. I suspect that this temptation may be greater for me as an inexperienced supervisor and so it feels especially important to include this principle in my model. I hope it will help me to be duly humble in my attitude and to be able to accept not knowing in regard to much of what takes place in the client's life. I believe this will be more helpful to my supervisees

as they need to find their own answers, as indeed do their clients. (That is not to say that there will not be times when I must adopt a different stance and accept that I do know. I am thinking of a situation where there are clear ethical or professional imperatives that require action on my part or on the part of the supervisee.)

In relation to the above the diagram shows several different types of connecting symbols that are there to suggest movement or interaction, and to suggest a changing focus on content and process. A solid black line arrow traces the flow of the narratives of experience coming from the client to the supervisee. This suggests content rather more than process, though in reality the two are inseparable. These narratives emerge from the supervisee as a dotted black line to signify the client's narrative becoming the supervisee's version of the narrative as it is communicated to the supervisor. The supervisee's experience of being in relation to the client, which is more to do with process than content, is shown as a broad red pathway between the supervisee and the client with arrows at either end to signify its interactive nature but it emerges into the supervisory space as the supervisee's narrative of experience (a solid red line indicating more content than process, though the two are inseparable). The broad red pathway with arrows at either end between the supervisee and myself represents our joint currently lived experience of relatedness within the supervisory encounter and the focus here again is on process. I have not included anything in the diagram about how supervision itself may affect any of those involved but that it will affect them is inevitable, given the relational nature of the endeavour, in spite of what I have written in the preceding paragraph about my model being designed to help me avoid the temptation to wield influence! My practice in supervision, as in therapy, would be to include time for reviewing exactly how we are all being affected on a regular basis as well as addressing it whenever it arises within the sessions. However, this is a practice that for me falls naturally within the phenomenological method. Consideration of this method belongs to a different part of the diagram and I shall say more about it later on.

Attending to being-in-the-world

Moving on to a different aspect of the diagram I have placed client, supervisee and supervisor and the connections between them all within a coloured background. This background represents the world. This leads me to a further aspect of the model that is about acknowledging a principle fundamental to existential phenomenology, a principle often referred to in the literature as 'being-in-the-world' (Heidegger, 1927). This term refers to our '...inevitable involvement with all that is.' (Cohn, 1997, p 13). Our being human takes place in a physical world with others and although we can choose to ignore this it does not make it any the less true. This has important implications for me as a supervisor, some I

suspect I am only dimly aware of at the moment but hope to explore further in future. Crucially at this stage of my development it reminds me that the work of supervision must always refer to the experience of being-in-the-world not only for the client but also for the supervisee and the supervisor. No doubt this will cover issues such as family and other relationships, work, culture and physical environment, to name just a few. Our experiences of being-in-the-world shape our personal bias and, as stated earlier, understanding how that happens is central to therapy and to supervision. I look forward to testing this aspect of my model more thoroughly through on-going practice as a supervisor.

Secondly this part of the model reminds me that there are specific aspects of being-in-the-world that I need to attend to very deliberately in my work as a supervisor. I am referring to issues such as the organisational context in which my supervisee and I practice, codes of ethics as well as ethical principles, professional and practical issues, contracts, stakeholders, laws, etc. Issues such as these are widely covered in the supervision literature and are important for any supervisor, regardless of orientation. For example, Carroll (1996) refers to them under the administrative task and the monitoring of professional and ethical issues task. Hawkins and Shohet (2006) refer to them in the seventh mode of the seven eyed supervision model. Page and Wosket (2001) refer to them primarily in the contracting stage of their cyclical model. It would be impossible to list all the relevant issues in my diagram and so I have selected just a few and placed them in the 'world' to help me remember that these issues and many others like them need my attention. The ones I have chosen are contracts, ethics, law, safety, confidentiality, accountability, organisation and profession.

Revealing what is already there – phenomenological investigation

I shall move on now to the images of the magnifying glass and the torch. The reason for these is quite simple. A torch throws light and a magnifying glass provides a more detailed view, clarifying what is hard to see with the naked eye. Both items need someone to hold them and direct where they are to be used. They are there to remind me that the work of supervision is about revealing what is already there but not yet plain to see. It is about throwing light on human issues and difficulties, clarifying what is unclear (Deurzen, 2009). In supervision my equivalent of the torch and the magnifying glass is the phenomenological method first developed by Husserl (1859-1938). It is the method I use in my own therapeutic work with clients. As a method of investigation it can be applied to all analyses of experience and so is equally suitable for use in supervision.

Phenomenological investigation has several interrelated steps. The first is often called epoché. Epoché is a Greek word meaning 'the suspension of

belief'. It may also be called bracketing (Cohn, 1997). Epoché involves setting aside or bracketing our initial biases, prejudices, expectations and assumptions as far as we can in order to engage with the raw material of our experience (Spinelli, 1989) as openly as possible. The second step, description (ibid), requires us to describe as fully as we can what we experience without attempting to provide an immediate explanation of any kind. When we start explaining we become distant from what is actually taking place and we may find we miss important information, miss our own experience of being here now. In supervision description means staying with the phenomena described earlier, ie, what the supervisee reports from the work with the client and the joint currently lived experience of relatedness within the supervisory encounter, instead of distancing ourselves from it by rushing to apply a host of possible theories. The third step is called horisontalisation or equalisation (ibid). If we follow the rule of horisontalisation we will ensure we do not initially organise what we are describing into any kind of hierarchy of importance. Instead we will treat everything we describe as being of equal value. In supervision this step requires me to refrain from judging one aspect of what the supervisee brings as more important than another and to keep an open mind to every possibility. Early in the session certain aspects may stand out as very important. I do need to pay attention to these but not at the expense of noticing other aspects which at this point may be less clear and distinct but potentially equally or more important.

According to Adams (2009) when we have rigorously applied these steps we may move on to a further stage, sometimes called verification. The aim here is one of exploration and questioning in the search for meanings. This will involve a dialogue where my supervisee and I wonder together about the connections between elements previously noticed and bracketed which now appear to merit further exploration. Together we will try to make sense of what we encounter within the field of our phenomenological enquiry. The phenomenological method addresses a human tendency to come at our experience in ways that can actually impede our engagement with or our understanding of that experience. It is in our human nature to have assumptions and biases, to explain things and organize things into hierarchies of importance. The phenomenological method is a way of acknowledging those tendencies and getting them to work for us in a way that maximizes their effectiveness and their value to us. I believe an important contribution of this method to my supervision model is that it can be used in working with supervisees at any stage of personal or professional development.

Bringing my whole self to the work

There is just one thing left on the diagram to explain. I have used my name in the diagram with the words 'supervisor' in brackets next to it. This reminds me that I bring my whole self to my work as supervisor and

I am not just acting out a role. All that I am, the totality of my experience, is included in my work as a supervisor and is subject to the phenomenological enquiry that takes place in supervision, where relevant. While this is essentially a personal choice it is very much in keeping with existential principles and may well be what Deurzen and Young (2009(a)) mean when they refer to the vocational nature of therapy and supervision.

Putting it all into practice

It should be clear from the foregoing explanation that my model owes a great deal to the existential phenomenological tradition and it should therefore work well in supervision within that tradition. However, I hope it will also allow me to supervise counsellors or psychotherapists from at least some therapeutic orientations different to my own. The main reason for this is a practical one - my geographical location means I am unlikely to get many, if any, supervisees who also work existentially. If I wish to work and develop as a supervisor I need to look outside the world of existential therapy for supervisees. It is reassuring that many of the contributors to *Existential Perspectives on Supervision* (Deurzen and Young (Eds), 2009) repeatedly assert that existential phenomenological supervision can be used cross-theoretically. Deurzen and Young (2009(a)) suggest that grounding supervisory interventions within a broadly based phenomenological method means that the work stays as close as possible to the facts of the client's reality. Supervises will be encouraged to describe their observations and impressions rather than jumping to conclusions or applying instant interpretations or external meanings. Supervisee and supervisor will together investigate many possible meanings and be able to admit to and tolerate 'not knowing' about the client, perhaps much more frequently than they might wish.

Given the popularity of the person-centred approach in my region of the UK it is most likely that my supervisees will come from a person-centred background. My own understanding of the person-centred approach suggests that of all of the main approaches it is the one most likely to be amenable to supervision from an existential phenomenological perspective. There are a number of key values and practices that I believe are similar enough to allow collaboration between an existential supervisor and a person-centred supervisee. In one of his earliest books Spinelli argues that client-centred therapy is a '...restatement of the essentials of the phenomenological method.' (1989, 153). This is not the occasion for a detailed comparison of the two approaches so I will briefly mention just a few examples. Firstly, in both approaches an intensive and continuing focus on the phenomenological experience of the client is central (Raskin and Rogers, 1987; Spinelli, 1989). Both also emphasise the importance of working relationally as is evidenced by the recent highly acclaimed book, *Working at Relational Depth in Counselling*

and Psychotherapy, written by Dave Mearns, a well-known person centred practitioner, and Mick Cooper, an existential therapist (Mearns and Cooper, 2005). Both approaches also pay great attention to the embodied nature of experience. It is interesting that the practice of focusing which was developed by Eugene Gendlin (1981, 1996), a long-standing associate of Carl Rogers, is increasingly used by existential phenomenological therapists to assist clients in becoming more aware of their embodied experiences (see Madison, 2009, for a description of the use of focusing within existential supervision). I believe these examples suggest that collaboration between both approaches holds the possibility of mutual enrichment and learning for therapists and supervisors as well as the distinct possibility of benefit for clients.

Conclusion

At the beginning of this paper I suggested that perhaps the greatest value in developing a model of supervision may be that those making the attempt are engaging in a meaningful way with the phenomenon and that their engagement may encourage others to do the same. For my own part I can testify that the engagement has been and continues to be exceptionally challenging but also very rewarding in terms of the learning that has resulted from it. As mentioned earlier, my model is a work in progress and I look forward to learning a great deal more in the future as I continue to engage with the realm of supervision together with my supervisees and their clients.

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BOOK REVIEWS

In this issue we review a film as well as a wide range of books. The film is Luke Fowler's film about RD Laing, *All Divided Selves*, which was also a 2012 entry for the UK's most prestigious Art prize, The Turner Prize. We start the books with three books about Heideggerian ideas, the third of which is an important book by Robert Stolorow that relates Heideggerian thought to trauma and therapeutic practice. Narrative theory and practice is reviewed next and is followed with a book that looks at the value of fiction. Two books focussing on practice follow, one on the wider issue of Pluralism and one on working with Military personnel. We finish up this issue with a book about the Transpersonal dimension in psychotherapy.

All Divided Selves. Nomination for the 2012 Turner Prize.

Luke Fowler. (2011). London: Tate Britain.

Anyone who has ever attempted to find footage of legendary pioneers of existential psychotherapy at work or in interview, will know it can be a thankless task. Therefore I welcomed news – from my art-loving mother – of Luke Fowler's Turner Prize entry 'All Divided Selves', but was surprised to then find how few of my friends and colleagues in the SEA knew of its existence. In the end I went along to Tate Britain for a viewing of the 90-minute film accompanied by the same friend with whom I had walked out of a memorial conference on R.D Laing earlier in the year due to its entire absence of novel content on Laing. We had gone for a drink instead, and laughed because we thought it had helped us to feel closer to Laing in spirit, so to speak.

Fowler's exceptional documentary of Laing during what were probably his most productive years, from round the late 1960s and early 1970s, repeats precisely nothing from the more widely known documentary 'Didn't You Used to be R.D Laing?' And it includes as much footage of those he worked with (and against) at this time as of Laing himself, which is a huge achievement. Gone are the embarrassing drunken public ramblings, witticisms, clever interpretations and faux charisma of the former. Instead the viewer is treated to a sensitive, serious and eloquent Laing, speaking passionately about his contributions, mainly to the theory and practice of psychotherapy. This, I thought, may go some way to reduce common mis-interpretations of Laing's ideas, as well as challenge the sole image present in most people's minds of R.D Laing as nothing but an avant-garde counter-culture guru whose popularity rests on the socio-political scene of the time, and little more.

What Fowler does so well is to capture the mood and atmosphere of the time in which Laing worked. There are scenes, shot in colour, from within the communities he set up in east London. There is also black and white

footage of a traditional, formal psychiatric interview, complete with white coats (over a suit and tie, of course) and students diligently observing, set in stark contrast to footage from the Dialectics of Liberation conference, which included not just the speakers speaking but also mingling socially with each other and the audience, sat on low-slung sofas, smoking cigarettes.

With the death of Thomas Szasz a few days prior, Szasz's dislike and distrust of R.D Laing was in our minds as we watched. We were touched to see two sets of footage of Szasz himself, speaking as a very young man indeed, probably as early as the 1950s and we wondered afterwards what Szasz might have made of such a dignified public portrayal of Laing. But during the film itself we had no time for this sort of a discussion, with exchanges limited to 'Who's that?', 'Did David Cooper have a beard?', 'Everyone seems to look like Buber!', and 'Far out!' as we were transported to this pivotal era for our profession.

One highlight for me was a lengthy section showing Aaron Esterson working with a family, taken from the near impossible to find BBC documentary 'The Space Between Words: Family'. I had never before had a chance to see Esterson at work. Everything about this section of the film appears peculiarly ancient except the content of what is said, which is entirely current. My favourite interview, was of Laing, dipping in and out of – from what I could tell – topics addressed in his two papers 'Operations' and 'Rules and Meta-Rules' from The Politics of the Family. Here he makes intelligible key psychoanalytic concepts usually considered entirely 'un-existential' and off limits to existential therapists, such as repression, projection and transference. I enjoyed hearing this as much as I did when reading these papers for the first time.

One of the central concerns in Laing's writing is the ways in which behaviour – whether in families, groups or in psychotherapy – can become alienated from an individual's responsibility to such an extent that it is then incomprehensible in terms of the actions of any specific agent (see for example Laing, 1969). Fowler's film reminded me of the kind of enquiry that Laing himself advocated-the retracing of steps from 'what is going on' to 'who is doing what'– in this case applied to the history and development of the field of existential psychotherapy. Through careful and thorough research, Fowler allows the viewer to see clearly and for the first time for many no doubt, who the key 'actors' and 'agents' are, or rather were. But as these figures come clearly into view, how many of us can in fact recognise them? Is existential therapy entirely in denial of its indebtedness to practitioners and theoreticians such as R.D Laing, whom this documentary successfully resurrects?

I am unsure if *All Divided Selves* is art or should be at the Tate or not, but my gut feeling is it isn't and it shouldn't be. I hope it will occupy a central space on training courses in existential analysis alongside Laing's writing. That said, I hoped it would win. I loved it.

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Jan Sheppard

Time and Death: Heidegger's Analysis of Finitude

Carol J White. (2005). Aldershot, Hants: Ashgate.

Carol White's book probably stands as the most scholarly publication on Heidegger's analysis of death that is currently available. Including an indispensable foreword to the book, the noted Heidegger scholar, Hubert Dreyfus, identifies no less than eight positions on death and dying that various philosophers read into the relevant sections of *Being and Time,* concisely illuminating the arguments and counter-arguments for each stance. This provides us with a context for this publication, but it is also used as a testament to the towering contribution made by White, since Dreyfus argues that her position is the most compelling interpretation of Heidegger's account on death, based not just on the philosopher's earlier work, but consistent with writings produced throughout his life. I agree with this assessment. Given the thoroughness of her research, I was also left wondering how much more White could have contributed to this area had she herself lived longer. After all, this study was still a working project right up to the time of her sudden death. Thankfully, there is more available to us than the book itself; whilst we are provided here with five published chapters (excluding the Introduction), we have another two chapters that have been omitted from print and that are available on the internet, if one is so inclined to pursue this.

The book is also a remarkable piece of work given the author's own life circumstances. As the preface informs us, Carol White had lost the use of her hands and legs at the age of 13, after being paralysed by a tumour. Each letter and sentence was subsequently typed with the use of a wooden spoon. This became painful after a time, prompting White to organise support from students and colleagues, both for the execution of words into electronic text and for gathering relevant research material that she required in the course of her work.

White's book, I think, illuminates two main things. One is the fact that Heidegger's existential-ontological idea of death in *Being and Time* is prone to be rather unclear to us once we probe further into the actual text itself. Commentators have attributed various reasons for this: that Heidegger rushed it, or that he himself had an unclear sense of what he was trying to

say. These are plausible explanations, but the fact remains that we are still left with the question of what to make of the relevant passages in Division Two of his major work. A completely wrong reading of it, for example, can be attributed to Sartre, who reads Heidegger's articulation of death as 'demise'. Heidegger is very clear that, whilst he accepts that we are mortal beings and that this is anxiety-provoking for each of us, this is not the account of death that he is trying to articulate. Once we too are clear on this, and see ourselves on occasion as falling into such a similar Sartrean error, we are left with the question, 'Well, what *is* it, then, that Heidegger is groping for here?' This relates to the second thing to mention, which is that White's approach, based on the idea that we can interpret Heidegger's characterization of death by referring to all of his writings (right up to the last publication, *Time and Being*), provides us with a more coherent understanding of the phenomenon of existential (being towards) death.

White deftly argues in Chapter Two that authentic being towards death is to be understood in terms of the 'world-collapse' that grips a culture, and dying is the active struggling to preserve that world in the face of its collapse (think of 'world' as a context of meaning or significance). If there is any further interest in seeing how such a cultural perspective intertwines with human experience, I strongly recommend reading Jonathan Lear's *Radical Hope* as a supplement to this book. However, I think that, from a therapeutic point of view, we might relate to this as a time in which we have reached a numbing end-point in our lives (our relationship has ended, or we have suddenly been told that our job is now redundant, for example), such that possibilities in that world have 'died'. But this is closer to a Kierkegaardian account of authentic being toward death, says White; what makes Heidegger's account different is its communal emphasis rather than remaining solely at the level of the individual subject (hence my Lear book recommendation, which I think ties the individual and communal together well). Here, as in so many other parts of the book, we are also treated to footnotes that warrant book-length explorations all of their own; White simply leaves us with trails of thought that potentially enlarge or widen the scope of the study, and then simply returns to the focus of her work.

Since the notion of time is crucial to Heidegger's account, White devotes Chapters Three and Four to an analysis of 'The Timeliness of Dasein' and 'The Derivation of Time' respectively. If you have struggled with Heidegger's contorted language in Division Two, this part of the book is an invaluable guide through those sections. What is so commendable about White is her ability to get to the heart of the text without over-simplifying the central ideas that Heidegger was presumably trying to flesh out. Where she does encounter the limits of her understanding in certain passages, she says so, but then never shies away from putting together her own rendition of what Heidegger might have been trying to say. This is all well and good, we

might say, but the real import of this is how illuminating her understandings really are, particularly in view of the numerous places in Heidegger's writings that vindicate such interpretations.

Chapter Five, titled 'The Time of Being', moves us more towards Heidegger's later philosophy, but in a way that refers us back to Being and Time and the ideas of authenticity, the moment of vision (*Augenblick*) and appropriation. Here again, White uncompromisingly explores the ideas behind the terms (or jargon, if you prefer), leaving the reader with a significantly richer and more coherent understanding of Heidegger's overall project, and, I might add, an appreciation of the crucial importance of finitude in the corpus of his thought as a whole.

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Mo Mandić

The Therapist As Listener: Martin Heidegger and the Missing Dimension of Counselling and Psychotherapy Training
Peter Wilberg. (2004). New Gnosis Publications.

I get very fed up with 'trailers' showing all the best bits of programmes. I don't want to do that here – you need to read the book yourself. It is very exciting and stimulating. I am retired now and it caused me to want to rush out and start practicing again.

First impression: how hard have I worked over the years just to <u>listen</u> – to be with – to sit on my hands and count to 10? Wilberg says (p162): '*We* hear, not the ear'. Oh, yes. Memories come flooding back of that listening with the whole of me – so exciting – so all involving. I'm thinking about how I think I listen and I don't – I fade in and out – I'm only human.

But first, a criticism: I can't find an accreditation for the picture on the cover, who I know to be Heidegger – but not everyone will. I can't find a description of the author, either. Not very welcoming for people new to this way of thinking.

The book starts with a paradox between how we are trained – the acquisition of skills and knowledge, and what it means in Heideggerian terms to be in the world, to be with other people. How might we reconcile this dilemma? Can we hold two ideas at the same time? Wilberg asks us to think of listening as relating – and he sets out to enlighten us and to consider 'the intrinsically therapeutic character of *listening*' (p1) (his italics). Wilberg asks us as therapists to explore our 'fully embodied presence' (p2) as

human beings when we listen.

He goes on to explore what goes on between people (p13) '….the between to which we all belong'. In my experience, it is a place that I recognize and a place that my training encouraged me to understand. Wilberg (p15) seems to doubt that his particular meaning of 'the between' is properly understood and he thinks that we have a need – amongst all the counselling theories – for a philosophy or psychotherapy of listening. We need (p18) '…to stop at any crossroad and question the value and meaningfulness of the signposts that already mark it.' He, naturally enough, encourages us to consider that his way of training counsellors throws a different light on the process of listening and the between. Maybe what he does is to highlight and expand a process that is already present in many trainings – an expansion that I would consider to be beneficial and enlightening.

In his exploration of what he calls 'Maieutic listening' (p61) I found Wilberg's words: 'to act as midwife/attunement/awareness/being in the world' (p63) stimulating and exciting. I *wanted* to read this book; to revisit my ideas and to be helped by Wilberg, as midwife, to change my perception – to see the mirror shift and resettle. I can risk feeling because, maybe, I am not alone – the person opposite is open to me on many levels, even if we are only communicating through a book.

This Maieutic way of listening, according to Wilberg, emphasises the necessity of the therapist being aware of the philosophical questions underpinning life: how we all share the human dilemmas and we are all different in our sharing. He sees his historical roots as being in the writings of Martin Heidegger and Martin Buber (p62) and his discussion of these philosophers is lucid and deep.

Wilberg contends that we don't have a language for being. I am reminded of going to see a play some years ago. It turned out it was spoken in Greek – this was not explained in the programme and came as a bit of a shock, although I recognized Sophocles' *The Theban Plays* (1987). The point is that at the end the cast began to speak in English – and all the connection, feeling and magic disappeared. It was just another play that I 'heard' but didn't 'hear'.

One day I went on a Dale Speedy osteopathic course. Dale has created a different way of working with humanity. On that day, I was helped to interact with my 'clients' by touching them and listening to what their bodies had to say – I felt in my body the imbalances and pain of theirs. So, listening has many meanings. My osteopath 'listens' and understands my body – maybe better than I do. My counsellor 'listens' and connects with the care of me – my silence meets hers and we communicate. Wilberg has interesting things to say about the relation between psychotherapy and bodywork (p63). This is what human beings are about – that we have survived because of the subtlety of our deep communication. We can hide

nothing – what we are is what we are – even though we may choose to keep it out of our awareness.

This raises for me a question about online counselling and other electronic means of communication. Where is the silence? If, as a counsellor, I pause for a time, does my client think that we have been disconnected? Oh, how many meanings that has! How do I listen online?

There are a few ideas that I query; for example: I take issue with Wilberg's statement (p113) that counsellor training does not focus on the counsellor as listener – even within the very specific terms of his definition. If I had not been enabled to 'listen' during my training, his book would not have been so full of familiar things. Another point is that this book is a series of essays and inevitably it becomes a bit repetitive, but in my opinion, it is worth persevering with.

When I first read this book I wondered if all I needed to say was that I think it is unmissable – just read it – you won't be disappointed.

A final thought: balance this book by reading the brilliant *Thinking, Fast and Slow* by Daniel Kahneman.

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Nicola Slade

World, Affectivity, Trauma: Heidegger and Post-Cartesian Psychoanalysis
Robert D. Stolorow. (2011). New York. Routledge.

Trauma as a bridge to authenticity
Overview
In the phenomenological psychoanalysis of Robert Stolorow and company, what a difference twenty-odd years make. In 1984, Stolorow (with his collaborator George Atwood) wrote in discussing Martin Heidegger's Being and Time (1962/1927), 'The question of the meaning of being, as we understand it, does not enter the field of concern of psychoanalysis, even at the level of pretheoretical assumptions. The analyst takes it for granted that man is' (Atwood & Stolorow, 1984: p22). Reversing this declaration, Stolorow is now of the opinion that '*Being and Time* is a unique blending of phenomenology, hermeneutics, and contextualism and thus has great potential for providing philosophical grounding for Post-Cartesian psychoanalysis.' (2011, p2). Apparently, the analyst is taking less for granted these days, including the possibility that a person's *being*

himself or not himself is related to his psychological well-being. His two most recent and commendable books draw heavily from the fundamental ontology of *Being and Time*. The latter book (2011), *World, Affectivity, Trauma*, which is the topic of this review, is a more thorough explication of Heidegger's philosophy than appears in the earlier one (2007), *Trauma and Human Existence*. One is tempted to skip the earlier, monograph really, which would be a mistake, since that is an exquisitely personal work and valuable for anyone dealing with episodic trauma, as distinct from developmental trauma, which is the focus of *World, Affectivity, Trauma*. Unless otherwise indicated, all citations which follow are from this 2011 work.

Stolorow has come to recognize that Heideggerian thought provides a surer and richer foundation for psychoanalysis than does the Cartesian-based thought of conventional psychology and psychoanalysis. For those unacquainted with Stolorow and his collaborators, their work is an effort 'to rethink psychoanalysis as a form of phenomenological inquiry… [which, they say] in turn led us to a contextualist theoretical perspective' (p2). Combining this with a reliance on affect theory (as opposed to drive theory) and situating their discussion within the discourse of relational psychoanalysis, this group presents an enticing phenomenological alternative to American forms of psychoanalysis and psychotherapy, which tend to have weak grounding in continental philosophy in general and existential-phenomenology in particular. The lack of philosophical depth which Stolorow addresses exists for many Existential-Humanistic therapists only slightly less than it does for analysts and therapists in the empiricist mainstream. Thus, many American Existentially-oriented therapists who are intrigued by, but unschooled in, philosophical inquiry, are in the odd position of being introduced to Heideggerian thought, and its applicability to psychotherapy, by a psychoanalyst who has remained (until recently) outside of Existential-Humanistic circles. For this reason alone, American (at least) Existential, Humanistic and experience-near therapists in general owe Stolorow a debt of gratitude.

Existential-phenomenology, which involves the privileging of intersubjectivity over objectivity, presents a rigorous alternative (post-Cartesian) foundation for the much sought after, yet still elusive, holistic paradigm shift in psychology. However, the focus of *World, Affectivity, Trauma* is not so ambitious as to attempt a paradigmatic regrounding of psychology, but has a more limited twofold purpose. Primarily, it aims to introduce the thought of early Heidegger to depth therapists. Secondarily, it aims to 'enrich' (pp105-108) Heideggerian philosophy by incorporating concrete foci of psychoanalytic knowledge, such as psychodynamic inquiry, relational contexts, and the psychological phenomenon of trauma, into the more abstract structures of philosophical reflection. The first aim succeeds rather better than the second. However, the main value of the book is not in the

separate enrichment of psychoanalysis on the one hand and philosophy on the other, but in permeating the barriers between them. As an interdisciplinary dialogue, this book opens a door to something that is neither Psychoanalysis nor Philosophy as traditionally practiced. Even though the author does not take us very far through this door, he contributes to the conversation that seeks to integrate philosophical *theoria* with therapeutic *praxis*.

This book excels in three areas: 1) in the introduction of some key constructs in *Being and Time*, especially as regards the function of anxiety in authentic presence, 2) in the understanding of trauma as a bridge to the discovery and enhancement of authenticity, and 3) in identifying how a therapeutic relationship, be it professional or personal, may provide a 'relational home' for working with unintegrated trauma. Additionally, there is an insightful psychobiographical chapter examining Heidegger's Nazi involvement that goes beyond previous biographies, imagining something of the young Heidegger's unresolved inner conflicts and defensive compensatory reactions that may have contributed to this reprehensible participation.

Surely, anyone bold enough to wade into the thickets of Heideggerian thought deserves commendation. And anyone who proceeds to understand, which means to *translate*, Heideggerese into something approaching plain English (as Ezra Pound insisted) deserves our gratitude for such earnest labour. I mean, even before Heidegger was an unapologetic mystic, and by this I refer to the 'later Heidegger', the Black Forest Professor was still a mystic, even though this radicality was cloaked in academic philosophical language in *Being and Time* (the 'early Heidegger'). We ought not forget that a prime purpose of his publishing that remarkable work was to land a better-paying and more secure academic job. Heidegger wanted both to accord to the philosophical discourse of his day, thus facilitating his being accepted within that world, **and** to transcend the old philosophical discourse and the world it construed. Heidegger was a mystic in the sense that he re-envisioned the fundamental grounds of the modern self and worldview based remotely in Aristotle and more immediately in Descartes. His radical revision challenges readers to step outside of taken-for-granted conventional assumptions and think like philosophical mystics themselves in order to better attune to his vision. For this reason, I think it is incumbent on students of Heidegger to *discover* his more profound meanings rather than to merely *adopt* the conceptual constructs of his philosophy. Still, anyone who seriously reads Heidegger and tries to discuss it with others soon realizes it is difficult *not* to adopt his nomenclature without running the risk of losing the profundity that streams through the radical uniqueness of his thought. Stolorow is no exception to this.

The text

To more rigorously support the shift from drive mechanics to affectivity as 'the motivational center of human psychological life,' (p25) Stolorow

introduces Heidegger's central concept of *befindlichkeit*, translated accurately, but not satisfactorily in my opinion, as 'disclosive affectivity' (p25). Drawing upon Eugene Gendlin's (1978-79) discussion of *befindlichkeit*, he observes that this 'denotes both how one feels and the situation within which one is feeling, a felt sense of oneself in a situation, prior to a Cartesian split between inside and outside (p25). Stolorow highlights both the *contextuality* and the *felt sensing* (which, following Gendlin, is my preferred translation of *befindlichkeit*) of human being. Thus grounded, psychoanalytic insights from Kohut and others focusing on inter-relatedness and affectivity, including the value of mirroring, empathic attunement, and felt meaning for instance, are explicitly strengthened and implicitly reoriented. The reorientation following *Being and Time* remains implicit for Stolorow in that he has not yet decidedly moved from a 'Self' -centred Psychology a la Kohut to a non-self-centred psychology a la Heidegger. Softening the split between inside and outside is one thing. Overcoming dualistic vision is another thing entirely.

For Heidegger, inter-relatedness is fundamental to the human condition rather than derivative. That is, rather than positing the self as fundamental to the human condition, which subsequently relates to other independent selves, Heidegger (as in Buddhism and Taoism, for instance) posits inter-relatedness as primary. This reverses a tacit assumption of virtually all contemporary (Cartesian) psychologies, which see selfhood as the primary datum of the field. Instead of taking the Self as the entity which forms the ground of one's existence, Heidegger observes that fundamentally human existence is no thing but an inter-relational occasion of inter-being, accessible through non-conceptual, *felt* experiencing. On this basis, Stolorow discusses how it is therapeutically valuable to access and integrate traumatic states within an empathically robust 'relational home'.

This is a lovely term, even if it is nothing new to psychoanalysis. Ferenczi, Jung, and Binswanger spoke in their own rudimentary ways to this early on. And of course, Winnicott's discussion of 'holding environment' captures the sense of 'relational home' quite well. Many others, such as Carl Rogers, Clark Moustakas, and H.S. Sullivan also recognize the primacy of relationality in psychological life and psychotherapy. While it is valuable to be reminded of this important orientation, especially as amplified under the lens of affect-trauma theory, in drawing from Heidegger (if not Winnicott (1971), in regard to his notion of 'transitional phenomena'), there is a deeper reorientation to be explicated. As Stolorow understands it, intersubjectivity refers to interactions between separate subjectivities, or selfhoods, each of which is constituted by its own, independent 'unconscious organizing structures' (Stolorow & Atwood, 1992). Thus, his conception of intersubjectivity is more properly an understanding of **bi-subjectivity**, as I have discussed elsewhere (Bradford, 2007). While the more holistic understanding of

interacting subjectivities softens the severity of the Cartesian split between self and other, it does not transcend it and does not yet capture the radical reconceptualization of human subjectivity Heidegger proposed as '*Dasein*' (Heidegger, 1962/1927).

Leaving behind Cartesian dualism and the illusion of security it envisions, including the positing of a safe, inner self separated from a dangerous, outer world, we enter Heidegger's holistic vision of human being. *Being and Time* construes a selfhood **as** a worldhood that is completely saturated with existential insecurities from which there is no escape. The existential embeddedness of being-in-the-world appropriately grounds depth therapeutic practices, since it is through the willingness to be exposed to existential actualities that allow for an eventual acceptance and integration of them. As Stolorow reviews, within this vision a human being does not exist as a self-grounded, self-secure entity, but as *dasein*. Literally translated, this conceives of a human being as an occasion of there (*da*) being (*sein*), rather than as a subjective self existing in an objective world. *Dasein* is there-being in two senses, one radical and the other super-radical. In the radical – contextual, post-Cartesian – sense, which is Stolorow's principle focus, one is 'situated' (p8) multidimensionally in the world in one's body (*umwelt*), with others (*mitwelt*), and in regard to one's own potentialities for being (*raison d'être*) (*eigenwelt*). Of these dimensions of *thereness*, Stolorow focuses exclusively on the dimension of being with others, highlighting social contextuality, inter-subjectivity, and the therapeutic value of the relational home for coming to better terms with trauma.

As an antidote to the felt estrangements common to modern individualistic societies suffering the splits between mind and body, self and other, and self and world, it is therapeutic and no small solace to recognize the fundamental human kinship we have with each other and to allow that 'we meet as brothers and sisters in the same dark night' (p64). The humility and sympathetic warmth that comes from recognizing this vulnerability breaks down the analytic distance in which the therapist removes himself in a contrived attitude of neutrality, protecting the patient against the empiricist devil of objectification and extending to the patient the 'old magic' of human compassion. Stolorow feels that 'longings for…emotional kinship [arise] as being reactive to emotional trauma, with its accompanying feelings of singularity, estrangement, and solitude. When I have been traumatized, my only hope for being understood is to form a connection with a brother or sister who knows the same darkness' (p65). It is within 'deep emotional attunement…that devastating emotional pain can be held, rendered more tolerable, and, hopefully, eventually integrated' (p65). This makes as good clinical sense for psychotherapy as it does common sense for everyday life. Still, it leaves open the question as to what is meant by the 'integration' of emotional trauma.

Trauma can give rise to 'longings for emotional kinship' which are 'reactive' to that trauma. Of course, trauma can also give rise to rejection or avoidance of emotional closeness, but in that case one is most likely in denial of the impact of the trauma, which is in any case merely another kind of reactivity. The point, which Stolorow makes quite clearly, is that trauma opens one to one's actual vulnerability/being in the world, and thus presents an opportunity for authentically coming to better terms with that inherent and inescapable actuality.

Following Heidegger, Stolorow notes that it is possible to open more or less fully to the situation in which one finds oneself, and so to integrate more or less fully with that situation – which not other than oneself. Continuing to draw from *Being and Time*, he observes that existential anxiety is a kind of portal to becoming aware of one's actual situation, and on this basis observes that trauma is an opportune situation that exposes one to the anxious actuality of the transient thereness of one's being. Depending on one's capacity for letting oneself be present **as** one is (*dasein*), one will be more or less 'authentically' **who** one is. The reorientation this understanding invites is super-radical, because it means that to honestly face who or what one is, one must face who or what one is not. That is, the 'who' or 'what' that one is is no thing. Not a discrete entity or self, but a dynamic occasion of inter-being that is continually in the process of changing into something else.

For depth psychotherapy, the moment-to-moment choice for both therapist and patient is whether to be-in and be-with the transitory situation of unfolding experiencing or, to resist the flux and upwellings of the emerging presence one is by fixating on a particular content and securing oneself in a fixed position. This revisioning challenges both therapists and clients to be open and responsive *as* the field of their *inter-being*. This challenge is nothing less than the release of self-centredness. Thus understood, is there any doubt why this approach lacks in popularity? The dreams of security that psychology dreams for an independent, separate selfhood, well defended against life's humiliations and defeats is revealed to be an illusion, partaking of the inauthentic dream of consensual reality constructed and policed by *the They* (*das Man*) (pp35-42).

Stolorow sees psychoanalysis as facilitating the transition from living inauthentically as a *They-self* to a more authentic selfhood. Crucial to this transition is opening to the existential anxiety that arises to remind us that we are living in an illusory, constructed reality, and to this extent out of sync with who we truly are. It is in states of anxiety that we are especially able to feel our 'lostness' in *the They*, in the sense of 'not being at home' (p37). In feeling anxious, we are uncomfortably awakened to the way things actually are rather than the dream of how we think they are. This authentic awareness is particularly acute in 'being-toward-death…[in which]

we are utterly and completely alone' (pp39 & 40), finding ourselves torn out of embeddedness in *the They* and returned to ourselves. The immediacy of 'being-toward-death' is a vividly felt experience that may lead to the discovery of authentic existing. As Stolorow puts it, 'Anxiety, in particular, is grasped as "a bridge to the **truth of Being**", from the ontical, or psychological, to the ontological' (p107, my emphasis).

The 'bridge' of anxiety is especially available in trauma, when one may be catapulted-toward-death in riveting states of panic, disorientation, dissociation, and akin ('post-traumatic') states of terror and estrangement. Following Heidegger and contra-psychiatry, Stolorow observes that these kinds of extreme anxiety states, which precipitate feelings of groundlessness, are not necessarily deficient or pathological, but are states of potential lucidity in which one is ejected from the illusion of being securely grounded in the world of consensual reality and faces something of the truth of one's actual situation. The breakthrough of groundlessness that occurs in traumatic anxiety as a form of being-toward-death, or -loss, rips asunder the secure illusion of self-groundedness, exposing one to the actuality of self-ungroundedness, or as is said in Buddhism, selflessness, or 'emptiness' (*sunyata*). We tend to live in ignorance of this truth, which is to say *inauthentically*, thus remaining vulnerable to a breakthrough of anxiety, which we fend off in any number of ways following the tranquilizing options offered by *the They*. Alternatively, we can face existential anxiety directly and discover what it is to live authentically in light of the way things actually are.

Unintegrated trauma that haunts us is a valuable occasion for facing these two givens of human existence. Again, one is that 'I' am not safe from impermanence and loss, and can never be safe from these existential shocks. Secondly, "I" do not exist as the secure ground I take myself to be, but exist only as an inter-being carried away in a current of time I know not where. As Heidegger notes, to accept these truths requires 'resoluteness' (p43). A potent therapeutic relationship requires that the therapist provide both sober resoluteness and a relational hominess for the patient. It is in this combination that a paradox arises which Stolorow could more thoroughly address. As a relational home, the therapist and therapy journey is bidden to be warm, empathically attuned, and a place of dependable and consistent holding in which a client can risk the re-emergence of traumatic terror with the confidence that it will be more manageable, and understandable, as a shared burden. Within the warmth of a relational home, one can risk feeling the authentic anxiety of 'not being at home' (p37), and so be less self-securing/grounded and more open and insecure/ungrounded. In being less self-managing, one relaxes, letting oneself be at home in an inter-subjective relationship. At the same time, the relational home of this inter-being is nowhere in the sense of it being non-fixated, ungrounded, open presencing. Quoting Heidegger, Stolorow notes that in being authentically resolute, one faces 'the fact that

[one] is the null basis of [one's] own nullity' (p48).

This brings us again to the super-radical sense of *dasein*, which Stolorow winks at, but does not consider in any depth. To arrive at the fundamental 'truth of Being' (p107) means to realize one's true nature. And in order to realize one's true nature, one must first recognize it. But in order to recognize who one is, one must see that there is nothing and no one to recognize… yet…there is cognizance. This paradox takes one across the bridge of anxiety to the threshold of awe, irony, and wonderment. I get the sense that Stolorow knows this threshold, yet may be, at least in his writing, reluctant to step over it. On the other hand, it is obvious from much of Heidegger's later writing, that he not only stepped into the open region of awe, but spent a good deal of time wandering around in it, making sense and nonsense along the way.

Beyond the text

Apparently, Stolorow is of the school that values the early Heidegger over the later, considering Heidegger's later work to be both less philosophically rigorous and more psychopathologically compromised. I couldn't disagree more. Stolorow sees a 'progressive reification and even deification of Being in Heidegger's later philosophy,' (p100) noting for instance, that 'Being became something like a divine force or power' (p99). Apparently, Stolorow finds Heidegger's sacralization of existence to be questionable. But what about the de-sacralization of existence (which Heidegger exposes) that is part and parcel of the empiricist vision of nature, including human nature, and its dehumanizing technological march to ecological, if not psychological, disaster? While I also find some of Heidegger's later work to be obscure, fantastical, and at times uninteresting, I also find a profundity, improved accessibility, and at times poetic brilliance in some of his more mature work that is not at all reifying and goes beyond *Being and Time* in both breadth and depth. Many examples of his later essays and addresses could be cited on this point. I will mention but one pertinent to depth psychology.

In 'On the essence of truth', Heidegger (1977/1944, pp113-142) explicates how the essence of truth is neither a question of historical ('material') truth regarding what actually did or did not happen in the past, nor a question of narrative ('propositional') truth, regarding the meaning one has made of past experience (pp118-122). Going beyond this dualistic framing of the conventional psychoanalytic conversation (Spence, 1982), Heidegger discusses how '*the essence of truth is freedom*' (p125), in the sense of it being an 'inner possibility of accordance' (p122) between what historically happened and how one understands, or 'takes' what happened. This 'open region' allows for truth to emerge as a moment of unconcealing (*alethea*) (p127). Importantly according to Heidegger, to facilitate the – potential therapeutically healing – revelation of truth requires above all

an according to the openness of inter-being and an approach (in regard to the other) of 'letting beings be' (p127). This 'letting be' (*gelassenheit*) applies both to the other person and to the psychological issue as it lives within and between oneself and an other. Certainly, this small section of merely one essay of Heidegger's later work is worthy of depth psychological consideration, is it not?

Beyond this, Heidegger proceeds to discuss that the letting-be of unconcealment is itself grounded in the still greater 'concealment of beings as a whole,' which is 'the one' inexhaustible 'mystery' (p132). In this, he observes that a search for truth may well discover many insights. But if carried deeper, one finds that whatever insights, breakthroughs, or epiphanies arise which one may wish to cling to in order to better ground/understand oneself, will always remain incomplete as one faces the truth of one's inherent groundlessness. This is to say negatively what Heidegger also suggests more affirmatively in the sense of letting oneself be open, allowing for emergence of the ontological recognition that we will always be children of wonderment. Our choice, and I would say an essential therapeutic choice, is how deeply dare we look into, recognize, and live forward this mysterious truth.

On the point of psychopathological contamination, Stolorow discusses how Heidegger's later philosophizing was compromised by his motivation to avoid or take the edge off his own existential anxiety. He finds that Heidegger's later – reified and deified – work 'served as an antidote to the annihilating aloneness into which his quest for authentic selfhood had led him' (p100). This may be a fair analytic interpretation, but again, fair only to *some* of his later work: those guilty of reification. Is it not also possible that Heidegger's most brilliant, non-reified work was likewise motivated by a 'quest for authentic selfhood,' resulting the revelation of his most penetrating insights?

The more important point, which Stolorow and company have been making consistently for decades (For instance, see Atwood & Stolorow, 1993), is that *all* philosophizing and theorizing is contaminated by contextual, strictly personal, and typically unconscious motivations. Soberly, the motivations to conceive and write, including this review you are reading just now, may be based on compulsions to compensate for felt limitations or unresolved personal dilemmas or to make a ground out of ideas that can serve as a bulwark against the inherent groundlessness of *dasein*. This however, is not the whole story. And, or, even ecstatically, thought and art, music and science, and creative acts of all kinds might also, or simultaneously, be motivated by the delight that comes in giving form to formlessness, playing the edge between the visible and invisible, playing in and with illusions of reality and the fleeting reality of illusion. Whether or not we recognize, we psychological thinkers and therapists, that 'we are such stuff as dreams are made on', isn't that recognition an important

point? I consider it to be of the utmost importance. Such that when we see that our beliefs, doubts, memories, dreams, and reflections are nothing but the evanescent play of mind, and so shift from trying to get somewhere where we are not to relaxing more deeply into the mystery of where we are, we may come to bask in the contemplative bliss and gratitude that indeed, 'thinking is thanking' (Heidegger, 1968/1954: pp138-147).

Summary

World, Affectivity, Trauma takes a step forward in the phenomenological revisioning of psychoanalysis. True to Heidegger, it is post-Cartesian in maintaining that 1) there is no such thing as a worldless, decontextualized subject (*res cogitans*), 2) felt sensing (affectivity) is more fundamental to human being (and depth therapy) than discursive thinking/interpretation, and 3) the therapeutic focus shifts from objects to events, in the sense that trauma is reconceived as a temporal event rather than an internalized object or psychological state. It is therefore a welcome support for those depth therapists who chafe under the dualistic assumptions of conventional Cartesian psychology, and wish to find a bridge to more philosophically-rigorous holistic approach.

As an entrée to the thought of Heidegger, especially for those who have not previously read much of his philosophy, this text makes for a serviceable introduction to a few key concepts of *Being and Time*.

For those with some background in Heidegger, who wonder how his philosophy can have applicability to therapy, the book suggests how it might be applied to psychoanalysis in general and working with trauma in particular. In doing so however, it sketches a general approach without detailing many of the specific practices that follow from the theory. Allowing for a 'relational home' within which to confront unintegrated trauma is certainly one important specific, but this is more suggestive than experientially explicated (including no mention of its potential downsides). Particularly for those therapists who are trained in the experience-near innovations of Laing (1987), Gendlin (1978 & 1996), Bugental (1976, 1987 & 1999) , Moustakas (1995 & 1997), and the growing contingent of mindfulness-based, somatic-focused, and energy-sensitive practitioners for instance, the lack of experiential detail and descriptive thickness stands out.

These nontraditional, aspiringly holistic, and experience-near therapies, which typically exist on the fringe of the medical model juggernaut, are strangely well ahead of most forms of psychoanalysis in breaking free from the dualistic, Cartesian vision of psychology, embracing alternate paradigms which are friendlier to lived experience. I consider this strange because psychoanalysts generally have much more rigorous training, both theoretical and practical, than the typical California holistic therapist. But if the analytic training is Cartesian-based, it can be a liability for the analyst

in being able 1) to be present with the other in a non-objectivising, relationally robust exchange and 2) to be an occasion of open *presencing* in the sense of authentic *dasein*. Stolorow's book understands the contextual and relational priorities of the first point quite well. The second point is less clear. And the thing is, if the nature of authenticity is not understood as unconditional presence, in the sense of being an ontological happening rather than as an ontic achievement, it limits the understanding of what a full integration of trauma might mean.

For instance, what is the far shore to which the 'bridge' of trauma leads? Heidegger had glimpses (*augenblick*) of the freedom of this far shore, discovering – surprise! – it is not other than the near shore. The Buddha fully recognized and awakened to this paradoxical presence. Stolorow has opened a worthy door to a potentiality of integration that opens however, to more than he may have bargained for, going well beyond what is contained inside the boundaries of what we think of as 'philosophy' and 'psychoanalysis': how marvellous!

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G. Kenneth Bradford

Integrating Existential and Narrative Therapy: A Theoretical Base For Eclectic Practice

Alphons J. Richert. (2010). Pittsburgh: Duquesne University Press.

Existential and narrative approaches to psychotherapy and the philosophies they are based on are both known for their diversity. This lack of unity on both sides of this integrative model requires the author to describe and choose a position from within these already complex and divergent areas. As if this isn't enough, Richert attempts to integrate his person-centred orientation into the mix, further complicating the field. Perhaps this is made easier by the humanistic strand of existential therapy as practised in the United States in which it becomes increasingly clear Richert is situated. For readers looking for a thoroughgoing study of how existential thinking from Heraclitus to Heidegger and beyond might sit with narrative ideas in psychotherapy, this is not the book for you.

If one can gauge the understanding an author has of a particular area by the references he uses most frequently, Richert grounds his existential thinking on Macquarrie (1970) and then a range of works by the existential practitioners Yalom, Bugental and May, in decreasing order of frequency. Other existential figures get an occasional mention, including Deurzen and Laing with a rare quote here and there from foundational sources such as Buber, Heidegger, Sartre and Tillich. While drawing on practitioners is important and instrumental

to Richert's integrative proposal, the fact that foundational existential thinkers are for the most part sidelined is a limitation of the book.

This limitation is shown clearly in regards to Richert's overall purpose to present a framework for the process of change. So that when he describes the mutative elements of existential therapy he cites the therapeutic relationship as the sole factor in client change and describing it as lacking in challenging questions. This ignores the traditional use of Socratic dialogue by existential therapists for relating to experience and the questioning of assumptions (Cooper 2003), or Pyrrhonian scepticism for the questioning of dogmatic stances and suspending judgement while weighing different sides of an argument (Heaton 2010), nor for that matter Heideggerian questioning: What is the nature of Being? What is a thing? How do we relate to it? What does it make available to us? How does it influence us? And what of the possibility of things being otherwise? (Heidegger 1968, 1971, 1993). Rather than a gap to be bridged, as Richert suggests, these existential questions and challenges are similar to the narrative questioning which seek to understand how we construct our world and a common foundation of the two frameworks.

This is not the only time he makes a significant error in describing existential therapy that he later claims to bridge with his integrative model. Concluding his definition of the self in existential terms vis-à-vis the narrative position he says:

> *Despite the diversity of points of view [in both camps], it seems reasonable to conclude that among narrative therapists the self is not a central concept and that self is understood as fluid and multiple rather than as unitary as is the case for most existentially rooted psychologists*

(p44)

This is simply not true. He contradicts himself when he says on this same page that Bugental, May and Yalom view 'the self as process rather than a fixed set of contents' (ibid). He also fails to point out that alongside 'true social constructionists' the self 'exists only as it is defined at any given moment in interactions between two people' (ibid). This is very similar to Merleau-Ponty's (1968) notion of 'the intertwining' and the 'phenomenological "I"' that Spinelli (1989) describes. Such confusions and contradictions are, well, confusing, and while I know something about existential thinking and therapy, I am less clear on narrative ideas and wonder if he is trustworthy guide in this area as well.

Turning to narrative thinking, Richert explains that narrative therapy is based on constructionist ideas. He identifies three main branches of constructivist thinking as radical constructivism, social constructionism

and critical constructivism. Foundational ideas within these branches range from the view that if reality exists it is unknowable and that human reality is based on biology and neurology, to the idea that reality is constructed between people via language or simply by our efforts to make sense of our experience. The latter idea is associated with the critical constructivists, which is the group that Richert chooses to integrate with existential thinking. It is worth pointing out that the Society for Existential Analysis is an organisational member of the Constructivist College of the UKCP, so that there is an institutional precedent for common ground between these modalities. Happily, the summary he gives of the critical constructivist position is consistent with the philosophical statement of the Constructivist College posted on the UKCP website (UKCP 2012). Richert devotes more time and space to constructivist and narrative ideas and a look through his references show they are heavily weighted on this side of things, however I did not get a feeling for what narrative therapy might be like in practice until I was a quarter of the way into the book (totalling 400 pages by the way), despite having researched this area in connection with using poetry writing in therapeutic groups.

Richert does show that the two therapies have enough common ground for integration despite ignoring some important similarities and their even deeper philosophical roots. With some reservations, I can generally agree that these include that we are meaning-making individuals who create our own reality, that change rather than stasis is the norm, that dysfunction occurs through an inability to choose and that the therapeutic relationship is based on equality. He does identify two differences which I agree are important. The first is about language. He points out that language is presentational or lived for existentialists and representational or symbolic for the constructivists. The ideas here are complex and this is one area where a deeper exploration of foundational sources would be useful. The philosophers he mentions, such as Johnson (2007) and Polanyi (1958) thicken the discussion, but are too brief. The second difference is the existential stress on embodiment and the narrative privileging of cognition. He uses Gendlin's (1964) ideas on the 'felt implicit' to tackle both of these problems to good effect. The felt implicit is a pre-conceptual bodily experience of emerging meaning that becomes explicit in language. As an existentialist I am very comfortable with this move, but wonder how a constructivist would feel about this.

In the second half of the book, Richert moves away from theory and the book becomes more of a training manual for therapy, ostensibly based on the integration of existential and narrative theory. In reality, he proposes a wider integration than described at the outset, and this is where his subtitle: *A Theoretical Base for Eclectic Practice* comes in. While using the integrative principles listed above, in the case studies provided he

shows how he meets the client where the client is, exploring the clients narrative and the relationship to the problem they face in order to assess the mode of therapy he will employ, whether by cognitive and practical means or toward constructing internal meaning out of personal experience. This is a worthwhile project and from the examples he presents, he has developed a sound integrative system of working, but in my opinion, it is more suited to narrative and constructivist therapists who want to work more integratively rather than existential therapists who want to integrate narrative therapy, as the existential elements are already present in narrative therapy.

On the whole I found this a confusing book. The title and the introduction are somewhat misleading; masking the nature of the wider integrative project Richert has in mind. The structure of the book bogs it down, by giving an initial outline of the two frameworks in the first chapters and then widening and deepening their differences and similarities in ensuing chapters before discussing the implications of integration in a further chapter, resulting in frequent repetition and review that becomes tiresome.

For existentialists who are interested in exploring narrative or constructivist ideas, I would look elsewhere. I suggest, White and Epston (1990) and Angus and McLeod (2004), detailed below.

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Jamie McNulty

Such Stuff as Dreams: The Psychology of Fiction

Keith Oatley. (2011). UK: Wiley-Blackwell.

Keith Oatley is Professor Emeritus of Cognitive Psychology at the University of Toronto. He is co-author of text books (e.g. 2006), and is also a novelist (1994). This book results from 20 years involvement in various research groups interested in finding out how fiction works in the mind and why we enjoy engaging with it. His particular focus has been on how literary art can improve social abilities, move us emotionally and prompt changes of selfhood. His focus group has an on-line magazine http://www.onfiction.ca/

Oatley's central proposition is that while fiction has an important role in our lives as entertainment, at its core it is like a guided dream, a model that readers construct in collaboration with the writer. This dream or simulation created by the author then runs in and is modified by the reader's mind. 'So we create our own version of the piece of fiction, our own dream, our own enactment' (p18). I found this idea plausible and satisfying as a way of describing our very different reactions to books. How we notice and recall different things so it can seem we haven't read the same book. How a work I once found inspirational might bore me now and vice versa. We bring our own concerns and find to some extent what we're looking for. Or as he puts it in psychological terms, 'we assimilate what we read to a schema of what we know, while retaining only salient details' (p178) which is of course how we perceive the world generally.

His is not a new idea but newly presented and updated. He attributes inspiration for this view of fiction to Shakespeare, Henry James and Robert Louis Stevenson amongst others. Reminding us that fiction derives from the Latin *fingere* meaning to make, it can be seen as constructed rather than not true. Fiction is about what could happen. Fiction can offer enlightenment about ourselves and others and what is going on beneath the surface of everyday life. Oatley suggests it grew out of conversation and stories of possibilities, vicissitudes, intentions and emotions that can

illuminate truths about the human condition.

The book is very wide ranging. Over eight chapters he discusses literary structures (models, world-building, simulation), the beginnings of fiction in childhood play and make-believe (and how as Freud suggested the pleasures of play are exchanged in the adult world for other activities including fiction), creativity and imagination (and their importance in feeling fully alive), character (mental models of people and their doings), emotions (as prompted in fiction), writing (literary constructs, purposes and devices), effects of fiction (is it good for you?) and how we like to talk and compare notes about fiction. He encompasses novels, films, plays and poetry and explores what is actually going on in our heads when we engage in fiction. For example, when we read about an action in a novel, our understanding depends on making a version of the action ourselves inwardly. This refers to the discovery of mirror neurons, when we understand a sentence areas of the brain activated include those concerned with making the same action ourselves as well, the areas concerned with language and hearing.

He claims a 'big insight' in realising that fiction is about a relatively specific area of knowledge – of selves in the social world (p158). Just as London taxi drivers develop an enlarged hippocampus (an area concerned with spatial knowledge), something similar may happen with people who read a lot. Oakley's research group has found that certain brain regions are involved in skills of understanding the social world. In addition to enhanced skills in vocabulary, general knowledge and verbal reasoning, in proportion to the amount of reading done, it is possible that reading develops greater skill at understanding others with better abilities in empathy and theory of mind, although it does depend on the kind of reading. Fiction is more likely to help develop expertise in these areas whereas non-fiction leads to greater expertise in others areas of life. I would add the caveat that autobiography is a significant area of non-fiction which is also about selves in the social world so is arguably on the borderline between the two.

Oakley's stated aim is to be 'brief rather than a tome' and herein lies a problem with the book, as its wide scope and brevity mean it inevitably at times feels brief to the point of superficial, and at other times is a hard abstruse read because it is so dense. He has set himself a huge challenge in attempting to precis 20 years experience and insights into what is, he suggests, the first book of its kind. He says in his preface that fiction has not been studied much as a serious topic in psychology, so I assume he is breaking new ground in this book. It is aimed at 'the general reader, psychologists, literary theorists and students'. So a wide audience too, and impossible to please everyone.

He says he offers the book as a narrative flow, having some of the qualities of fiction so earlier parts lead to realisations that come later. Unfortunately this did create for me a reading experience of wondering

what it's about. I would have liked a less discursive style and more focus whereas the book offers the psychology as it goes along leaving the reader to pick out the bones. I'm conscious in saying this that I'm demonstrating the points made earlier about reading – that we are frustrated if we don't find what we're looking for and if we can't fit it into our schema. We also have style preferences. I prefer Austen to Dickens. So it is always hard to do justice to a book on its own terms and to readers of reviews who have different needs from mine.

Oatley includes in his book a plea to psychologists and educationalists to take fiction more seriously for its potential effects on developing certain social abilities, understanding of moral predicaments and of the provisional, contingent nature of life. As he says, where else can we find analyses of life as affected by accidents? (p165). I agree with him, but I wouldn't want to overstate these benefits of fiction as I have clients who read voraciously but are still mystified by others and surprised when 'stuff happens'. I'm much the same myself. Forever mystified, surprised and outraged when misfortune strikes in spite of having been a lifelong avid reader.

Nonetheless, I found it rewarding reading, especially the second time. His psychological analysis of Jane Austen's work was spot on for me. He raises many topics (or 'sets many hares running' to use a dream-style metaphor) that would be good fodder for discussion groups. I am interested in fiction for myself and for clients. I find it is invariably helpful to explore with them why they do or don't like particular books, plays, films etc, and this book has given me more food for thought when engaged in this exploration with clients.

I like to retreat into crime fiction and am now intrigued to read Oakley's novel *The Case of Emily V* in which he imagines Sigmund Freud and Sherlock Holmes investigating the same problem. It will be interesting to see how his academic insights have been worked into this novel. It sounds like a good read for addicts of crime fiction and psychotherapists. Perhaps the subject of my next review!

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Diana Pringle

Pluralistic Counselling and Psychotherapy
Mick Cooper and John McLeod. (2011). London: Sage Publications Ltd.

This is an important book for therapists, partly because it looks to the future of psychotherapy, particularly within the NHS. The view presented

is that therapists who only offer one modality of treatment, for example CBT or psychodynamic counselling, are unlikely to satisfy the NHS requirement that the client receives what he needs, rather than what the therapist offers. The requirement to provide what the client needs might seem obvious, but regretfully clients report that therapy is not always delivered like that. For example, some clients require direction, yet some therapists are reluctant to be directive because of their training.

Pluralism is the flexibility to consider any method or modality, and to be innovative where required, having negotiated agreement with the client. This could be good news for existential therapists, whose training covers a range of modalities and ongoing Continuing Professional Development (CPD). The assertion (p132) that 10 hours training can turn any therapist pluralistic means to me that after reading this book an existential therapist can claim to be pluralistic, and as such potentially acceptable to the NHS.

Chapter 1 covers the rationale for a pluralistic approach and the limitations of one-flavour counselling, discusses integrative and eclectic approaches, and lays out the assumptions basic to the pluralistic approach. It is a call to take full account of the complexity, diversity and variability of the human response to the world. Pluralism takes a philosophical approach in order to free itself from particular psychological models, and advocates remaining firmly in contact and collaboration with the client's view of what might help towards achieving their goals. 'If we want to know what is best for clients, we should start by asking them' (p13). Both for practical and ethical reasons, the therapist needs to stay flexible, regularly reviewing the goals, tasks and methods that have been agreed with the client, and generating possible alternatives.

Chapter 2 provides more detail about the philosophy, which is rooted in ethics rather than epistemology (theories of knowledge). By recognising and respecting that different people give importance and meaning to different things, it becomes an ethical decision as to whether to exercise the therapist's beliefs and values, or to what extent. It might not be right to choose a theory and method for the client, but it might be right to choose to clarify the client's worldview and preferences, a 'humanistic ethic of deeply valuing and respecting the client's individual way of being' (p17). This requires familiarity with various cultural assumptions, values and concepts as well as theoretical and ethical models. For example, the idea of an autonomous, bounded self – an individual – is not necessarily familiar in all cultures.

The authors claim that such an approach is fully in line with recent developments in health and social policy. Pluralism's assumptions that there is not a 'best therapy' that suits everyone, and that the client should be fully consulted, are supported by research findings such as:

- clients improve more if offered what they prefer
- goal consensus and collaboration fuel improvements

- clients do in fact choose most of the changes made in therapy
- therapists with a broad and flexible perspective are more successful.

They cite recent health and medical care directives such as the DoH's (2009) 'New Horizons' programme, and social care directives such as *Putting People First* (HM Government 2007). These directives emphasise the user's strengths and resources, his right to choose and to be supported in his choices, and the provider's obligation to personalise their services. Therapeutic relationships should provide equality of respect, the client being seen as an expert on himself collaborating with an expert in the field of psychological therapies. The shift is towards the client being more in control, and therefore being more responsible for his therapy and for how he lives his life.

Chapters 3–6 show how to implement pluralistic principles in practice. Throughout these four chapters, the authors' style includes bullet points and checklists, exercises and questions to provoke thought and consolidate learning, snippets of verbatim to illustrate and validate the concepts, sample interventions, varied page layouts, handy metaphors, recommended reading lists, research evidence and statistics, and a summary at the end of each chapter. The language is straightforward, and technical terms get explained as they are used. It feels like a helpful, friendly and respectful textbook.

Chapter 3 sketches how a collaborative relationship can be created to include the client in the decision-making – from asking the client where he would like to sit, to offering a range of ways of addressing what the client feels is important. The therapist's activities can include information-giving, negotiating when, where and how contact can take place, 'metacommunication' such as telling the client the purpose of what the therapist might say, reviewing the work, and listening and watching for the variety ways the client might express himself, in order to maintain a flexibility of response. Secrets, the unsayable, might be coded as tone or posture or different personality modes. The therapist should stay interested, observant, and respectful.

Chapter 4 is about finding out early on in the process of therapy what the client really wants. Practical ways of identifying and monitoring goals are discussed, and two forms are presented in Appendices B and C. The assumption is that people do mind about what happens, and can make a difference in their own lives. The authors stress the importance of dialogue, of therapist flexibility, and of offering the client choices. They claim that goals are a starting point for pluralistic therapy because this is an ethical, respectful, practical, positive position to take, which supports the client's perception of being helped, and puts the therapist's agenda aside. Client's goals are key causes of their emotions, thoughts, behaviours and diagnoses, all of which must therefore take second place. We are then shown what all of this might look like in practice, what sorts of goals can lead to therapeutic

outcomes, and which goals might be best dealt with by a different professional. Yet we are warned against being goal-driven, or dogmatic in any way, the overriding concern being to make the client feel welcomed and understood. The phrases 'hold open the possibility that...' and 'it might be useful to...' recur in the text, which sounds like good existential advice to me.

Having distinguished between goals, tasks and methods in Chapter 4, Chapter 5 looks at identifying specific tasks that might constitute a plan for 'the work' of therapy. 'Research shows that a well-formulated action-plan is a key factor in helping people to achieve the goals that they set for themselves' (p82). One example is Worden's 'tasks for mourning'. Another example given is about a binge-eating client. Complex issues presented by suicidal clients require knowledge of what is known to have been useful to other people, and might point to further reading and CPD for the therapist. Having negotiated tasks, it then makes sense to set priorities, and to discuss methods tailored to the client's strengths and preferences. Tasks are best addressed one by one. Pluralism frees the therapist to consider including any task or activity found by research or personal experience to be useful. They list nine common tasks (p84).

Pluralism requires ongoing collaborative case formulation. The idea of 'task' is so commonplace that it makes it easy for pluralistic counsellors to explain to the client, and to the world at large, what is on offer in their consulting room, rather like the way a menu makes it clear to the diner what choices are available to him to meet his requirements. A sample information sheet for prospective clients is shown on pages 182-185.

Chapter 6 acknowledges the vast choice of methods for consideration in therapy, and the sources of these activities – cultural and personal as well as in the therapeutic literature. If the sheer volume of methods seems daunting, we are reassured as to what the minimum requirement is: to stimulate a process of reflection in the client and to have the basic skills to create and maintain a collaborative process.

Five categories of method are described:
Conversation
Structured problem-solving
Creating new experiences
Making use of existing strengths
Directly intervening to alter information processing
and the 'top 20' forms of these methods used by experienced therapists are listed. It is important to make a *collaborative* choice, to monitor the effectiveness of the choice, and to check out whether what is happening and the way it is happening in the session is OK for the client. Therapists should limit their suggestions for methods to *three*, and at the same time ask the client for their own suggestions. This is to facilitate dialogue, collaboration, reflection, and the client's confidence in his own ability

to make a difference. Giving choices is about informed consent, without which the therapy fails ethically, and is likely to fail practically as well. Clients usually neglect their homework unless there is a joint, detailed understanding of how the homework task is supposed to help.

Chapter 7 outlines the principles of pluralistic research and how this can overcome previous difficulties of using an evidence-based approach. The principles are clear:

- research is not the only guide to practice
- user perspectives are needed to balance the profession's concerns and questions
- research identifies possibilities, not universal truths, about what methods lead to what outcomes
- a focus on micro-processes is more useful than the usual research briefs and leads to identifying potential change pathways.

And here's my only criticism of the whole book, which is also a worry with evidence-based practice generally: surely research into micro-processes is just as likely to be used incorrectly as 'X tends to cause Y so I'll try X with my client', rather than 'X might lead to Y for my client so I'll check the idea out with my client' as any other research. We have already been led to do this when X= 'negotiating goals' and Y= 'successful outcome'. Yet the conditions under which X might lead to Y for the client in front of us is initially unknown. I wonder if therapists really do understand that diverse populations such as humans make statistical analysis meaningless for the individual, and that correlation never can imply causality. However, the type of research being called for here does have the potential to produce a 'treasure-house of hopefulness' (p127) for clients, provided that the interpretation of research is that of uncovering possibilities rather than prejudicing criteria for practice.

Chapter 8 re-iterates the key pluralistic principles such as collaboration and avoiding negativity, and considers the consequences of these principles in the areas of training, supervision, CPD, and service delivery. There are examples of what a supervisor might say, what a training programme might consist of, how CPD can be implemented, and what features might be included in service delivery programmes. Training would start with pluralistic orientation, and generic counselling skills, progress into particular theories, and then to specialisations. Then students could for example analyse case material from a number of different theoretical perspectives. The stance is that therapists, trainers and supervisors do not have universal truths to impart, but can offer *possible* truths to a particular client. A modality is a hypothesis, one potential way of helping clients, and we can locate our primary modality within a pluralistic framework. CPD is required to enrich a pluralistic attitude with concrete possibilities for interventions. Pluralistic CPD would show us, via the basic principles, how to integrate a new

approach into our practice, for example by linking it to clients' goals and strengths and by asking the client if the new approach makes sense for him. Pluralistic service-provision would aim to introduce flexibility and choice for the client, for example by allowing the client to specify the frequency and length of his appointments. They recommend front-line pluralistic workers backed up by specialists.

Chapter 9 summarises the key pluralistic ideas and addresses some frequently asked questions and criticisms, such as whether to resist those who resist pluralism. They sketch a vision for a pluralistic future for therapy, free from both inter-modality wrangling and from anything-goes relativism. Research is needed to identify and assess the risk of harm that particular therapies can present, such as single-session debriefing for trauma victims.

Conclusion

The writing style is plain and clear. The structure of each chapter is evident, rather like a textbook with handy bullet points at the beginning indicating the chapter's content, a summary at the end, and questions and exercises to test the reader's critical understanding. There is recommended reading so that you can follow up on particular points, and no particularly difficult or obscure language to grapple with. I found the text totally accessible.

The authors' call for service-providers to think carefully about the risks involved in only offering a limited range of therapeutic modalities / brands such as CBT, psychodynamic, person-centred, existentialism, and so forth, that is, to consider the risks of not providing the therapy that would be optimal for the client and the society around him. There are also risks associated with rigid service structures – for example only offering weekly one-hour face-to-face sessions.

As existentialists, we are free to explore how the client's experience of himself and his life can be generated by his intentionalities – his values, beliefs, expectations, memories, assumptions, hopes, concepts, goals, and so on. We can imagine and experiment with how these experiences might be different were he to choose his intentionalities differently. We are free to ask the client to assess for himself the risks and benefits of what he might want to achieve and the way he might go about achieving it. We are trained in a range of modalities usually including the medical model (used by psychiatrists), developmental theories (used by psychologists), CBT (used by NHS practitioners), and psychoanalysis (used by psychodynamic counsellors), and are committed to CPD. I think an existential therapist can reasonably claim to be pluralistic, and as such potentially employable in the NHS.

Paula Smith

Treating PTSD in Military Personnel: A Clinical Handbook

Bret A. Moore & Walter E. Penk (eds). (2011). New York: The Guildford Press.

This book claims to meet '*a critical need*' by reviewing the '*full range of effective treatments for posttraumatic stress disorder*', enabling readers to develop their skills in working with military clients. The editors and other contributors approach mental disease in general, and PTSD in particular, from a medical perspective. The terms 'gold standard in research' and 'randomised controlled trials' are used unquestioningly, and the book is situated firmly within the paradigm of natural science. While some of the content has relevance for those working with military personnel outside the US, it is essentially 'US-centric'. Its legislative and cultural foundations, and the assumptions it makes about the values and beliefs of both military personnel and practitioners, have most relevance to those living and working within its borders.

The first chapter makes the case for the military being a unique cultural entity with its own customs, values and language, and argues that therapists need to develop cultural competence to work ethically with this group.

Chapter 2 looks at issues relating to the accurate assessment of PTSD in military personnel. Drawing upon research sponsored by the Veterans Administration, it talks about PTSD prevalence rates of between 5 and 40 per cent amongst veterans of recent military operations. The chapter touches upon some of the fundamental ethical issues facing practitioners who work with military personnel, including confidentiality (the limits of which are explicitly addressed in US military legislation, but are far less clear for therapists working with UK service personnel). It also draws attention to the real practical difficulties military personnel may face if they admit to any psychological ill health. A diagnosis of depression, for example, renders the individual, at least temporarily, non-deployable and non-promotable (with attendant financial loss). The chapter concludes by suggesting that a multi-method assessment process involving both clinical interviews and self-report measures be used in assessing for PTSD.

Cognitive Processing Therapy (Resick, Monson & Chard, 2008) is the subject of Chapter 3. The key strength of this approach is said to be that it can accommodate different life events or traumas in one treatment. Surprisingly, although CPT is endorsed by the Veterans Health Administration, the authors acknowledge that its use with actively serving personnel is not yet supported by any relevant research, and that it might not be suitable for serving personnel who have to contain these emotions in order to get their job done.

Chapter 4 looks at Eye Movement Desensitisation Therapy (EMDR) (Shapiro, 2001). Shapiro herself admits that the theory behind the therapy

she founded is a work in progress, and controversy continues over its inability to prove the functional mechanism behind its effectiveness. This chapter ignores this controversy, but recognises that EMDR alters peoples' memories of traumatic events and is therefore not a treatment that can be used with military personnel who are subject to court martial, or are witnesses in court martial proceedings, in which accurate recall of events is essential.

Chapter 5 describes Virtual Reality Exposure Therapy (VRET). Virtual reality technology allows for the creation of stimuli that closely match the original trauma (the client's description of events are used by the therapist to recreate a virtual version of them). The therapist and client then work on processing the memory, identifying hot spots and alternative ways of understanding the situation, etc. The author speculates that VRET may, because of its technological and hands-on nature, be a culturally acceptable form of therapy in the military, but acknowledges the risk of cyber sickness and the unsuitability of heavy head equipment for clients with injuries to the neck/back.

The historical relevance of Freud's theories to the concept of PTSD are explored in Chapter 6. In the context of this long and distinguished history, the author laments, it is regrettable that psychodynamic treatment receives '*at best, a second-tier recommendation in clinical practice guidelines for PTSD*'(Forbes, et al, 2010). He goes on to propose that psychodynamic therapy may be particularly useful for clients with complex PTSD (a concept that, surprisingly, the rest of this book does not address) due to its focus on interpersonal relationships.

Chapter 8 moves the focus on to therapeutic modalities and presents a useful review of recent studies on group therapy for the treatment of PTSD. The key strengths of this approach are summarized as efficiency and cost effectiveness, reduced stigma, familiarity (most military training takes place in groups) and social support, with the key potential risk being re-traumatisation due to others recounting their experiences.

Chapter 9 acknowledges the impact that PTSD can have on the family members of military personnel. The theoretical foundation of the chapter lies in systems theory, but the authors also explore the use of 'supportive' therapies including Emotion-Focused Therapy and Strategic Approach Therapy. They note the regretably low participation rates for couples or family therapy in military studies.

In Chapter 10 the authors take a rather uncritical look at the use of pharmacological means of alleviating the symptoms of PTSD, concluding that at least three different drug groups need to be involved – those designed to address anxiety, affective symptoms and re-experiencing symptoms. What is most helpful about this chapter is its acknowledgement of the challenges presented by the use of psychotropic drugs in a military environment.

The first part of this book finishes with an examination of the history of psychosocial rehabilitation, from the work of St Benedict in the sixth

century through to the programmes offered by the US military today to troops trying to make the transition between deployment and home. Basing their thoughts on Bandura's (2006) theory of Human Agency, the authors speculate on the importance of helping clients to become active agents and not just onlookers of the events they experience.

Onto Part 2 of the book, which highlights specific clinical issues said to be associated with PTSD. Chapter 12 looks at co-occurring affective and anxiety disorders and contains some interesting speculation as to the relative contributions of genetics and personality to the overlap between these disorders and PTSD. The authors highlight the way in which co-occurring disorders can, if not tackled, dramatically reduce the effectiveness of treatment for PTSD, and recommend an integrated treatment in which all disorders are treated at the same time, ideally by the same therapist.

Chapter 13 focuses on substance use disorders, summarising the occurrence rates of PTSD with substance use, evaluating assessment tools, and reviewing some published treatment strategies and, again, propose the use of integrated treatment strategies that address both the PTSD and the substance use concurrently. The authors acknowledge, however, the lack of research on military populations, and restrict themselves to recommending areas for further study rather than specific treatment programmes.

In Chapter 14, the authors examine the issue of traumatic brain injury and explore the challenges inherent in distinguishing between the psychological and organic roots of PTSD symptoms. The focus is on cognitive rehabilitation through, for example, attention process training or psychoeducation, but the authors accept that the best treatment approaches for PTSD in cases of traumatic brain injury are not yet well understood and that all they can state is that there is no evidence that current treatments for PTSD would be contraindicated in such patients.

Chapter 15 starts with the story of the Tailhook Convention in Las Vegas in 1991. Reportedly 83 women and 7 men were sexually assaulted at the convention, which was attended by 4000 Navy and Marine Corps service members (The Navy Blues, 1993). This led to the concept of 'military sexual trauma' (MST) becoming enshrined within the Veterans Health Care Act of 1992. The chapter examines risk factors for MST and concludes that PTSD as a result of MST is more common than PTSD from combat exposure, with men and women equally at risk.

The focus of Chapter 16 is sleep disorders. Disappointingly, much of this chapter looks at evidence to support the thesis that war and sleep are not compatible, rather than examining the way PTSD can affect sleep or the way that sleep disturbances, as a feature of PTSD, can impact on military personnel in particular. The authors' treatment approaches are similarly generic – with a lot of time spent on very basic sleep hygiene techniques.

Chapter 17 explores the link between PTSD and suicidal behaviour.

Joiner's (2005) interpersonal-psychological theory of suicide (IPTS) is described as the key tool for predicting suicidal behaviour, though the chapter also includes guides to clinical interviewing in cases where suicidal ideation is present. Specific treatment approaches for suicidal behaviours are explored at a fairly basic level but there are some interesting reflections on the specific challenges presented by suicide in the military.

In Chapter 18, the authors highlight the issues of anger and aggression, and point out that the level of anger experienced by veterans with PTSD is a robust predictor of poorer PTSD treatment efficacy and increased rate of dropout (Forbes, et al, 2008). The need for the clinician to assess the risk of specific aggressive behaviours by considering their clients' experience of family violence, the existence of other psychopathologies and the stability of their past and current relationships is emphasized.

The book concludes with a chapter on resiliency building, which begins by describing some of the research on resilience in 'returning warriors'. The chapter includes debate on what characterises resilient individuals, including a section on 'How to develop persistent PTSD and related adjustment problems'.

Reading this book was a pretty mixed experience. Starting with the positives:

● Somewhat unusually for an edited volume, the book forms a very coherent and rather easily digested whole, largely due to the structured format for each of chapters – as it says on cover, this book has been 'tightly edited'.
● It contains a vast amount of diverse and useful research for anyone interested in PTSD in military personnel.
●It examines many of the relevant cultural issues and challenges likely to face therapists working with this client group.

On the negative side:
●Each chapter quotes different studies on, for example, the prevalence of PTSD in military personnel, making the lack of a concluding chapter summarising the data into a coherent whole a serious omission.
● The selection of treatment orientations appears somewhat random, given that many of them did not have the type of evidence supporting them that editors claim was the basis of their inclusion in the book in the first place.
● The book raises awareness of different treatment options but fails to deliver on its promise to help clinicians to develop their skills in working with military personnel. Most of the treatment orientations described require therapists to undertake additional training or purchase additional equipment.

In short, this book is of more value as a starting point for researchers looking at PTSD (in general, and within a military setting) than it is as a

handbook for practitioners. Existential therapists may find it of academic interest but will find little to inform or challenge their work with clients.

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Susan Iacovou

The Transpersonal: Spirituality in Psychotherapy and Counselling
John Rowan. (2005). London: Routledge.

The most beautiful emotion we can experience is the mystical. It is the source of all true art and science

(Einstein, A. In Neher, A., 1980)

This is a fascinating, wide-ranging, radical book of 287 pages, not including a very respectable 17 page bibliography, and a 7 page name index. John Rowan is one of the original pioneers of transpersonal psychology in the UK, providing here an essential overview to the multitude of guides of the imagined, and imaginal world of spirituality, and personal mythology. The book is clearly structured into three sections, 'Being', 'Doing' and 'Knowing' with a separate introduction dedicated to landmark contributions to the spectrum of consciousness. Inevitably, at some point those interested in psychotherapy and counselling will question what their model of the divine will be, and in this volume Rowan, naturally, as an intellectual has looked in all the relevant books. At times though it may seem that the

only thing in common with New Age books is that they are all suitable for gullible people. However, the advanced theory outlined in this book shows there is something vital, to be seriously considered, and not dismissed in any cavalier way.

As Beloff states, '*Even though the pursuit of knowledge requires no ulterior justification, it is always permissible to ask of any given enterprise what prospects it can offer for the betterment of human life*' (Beloff, J., 1988).

Following the introduction, the author examines seven trailblazers who have made crucial contributions to the foundations of the transpersonal field: William James, Dane Rudhyar, Carl Gustav Jung, Roberto Assagioli, Stanislav Grof, Abraham Maslow, and Arnold Mindell. The origin of the term 'transpersonal psychology' was coined in 1968 by a group of psychologists and psychiatrists who planned a new journal, and had to decide what to call it. By the next year, in 1969, transpersonal psychology was taken up internationally in various countries, dedicated to making sense of the farther reaches of human nature.

Ken Wilber, an American living in Colorado famously mapped out the levels of consciousness, and adapted it for use in counselling and psychotherapy. Throughout the book the 'Centaur' level is often referred to. This being, the total emergence of the real, authentic self, and a consequent increase in spontaneity and autonomy. Wilber also was interested in the process of transition from one stage to another. He states that two dimensions are necessary to breakthrough – firstly a creative drive, and then a desire to let go. With the abandonment of our preconceptions of our identity, we can fall into infinity. Perhaps, the most important level of being is the 'Subtle', when we are in contact with our higher transpersonal self, a divine representation of the sacred, the superconsciousness, that Sandie Gustus, (2011), has written about very imaginatively: '*Reality is merely an illusion, albeit a very persistent one*', (Einstein, A. In Gustus, S., 2011). Finally, Wilber writes about the 'Causal' level as having boundless radiance, and, a deeper experience of compassion. All of these qualities are sketched out in greater detail, within Rowan's text, in the form of maps and tables that are well presented, and straightforward to understand. It is interesting to note even therapies that are not transpersonal have been included, and the author notes,

> It is very important, of course, for a person going through this sort of thing not to be incarcerated in a mental hospital, so easy to get into and so hard to get out of

(p102)

An important detail to keep in mind, as we can be at times propelled to the active imagination, of the 'Subtle' region, often with no preparation.

Others may have been introduced to this level of consciousness via shamanism, the Western Mysteries, Tantra, Wicca, the Kabbalah and so forth. This is the imaginal world we enter into when we dream, retell stories, see visions, or hear internal music, and is known as the *mundus imaginalis*, or mythopoetic, mystical active imagination. Consciousness is forever interfering, correcting and negating psychic processes in an uncanny transpersonal way, often called symboldrama. Symbol systems, such as astrology, the tarot, the I Ching, the runes, the chakras, and deities, can also help a client deal with things that are just on the borders of consciousness. They represent a set of images which can help to open up the world of soul.

In fact, Lukoff suggests a new diagnostic category, '*Psychotic with Mystical Features*', or the low risk '*Mystical Experiences with Psychotic Features*'. At times the client can embody part of the personality of the therapist, which might help stabilize ego strength, and reinforce life skills. This is recognition that distancing is not always useful, and it is possible to go beyond empathy, into what is known as 'linking', into one melded consciousness. Such a therapeutic relationship may usefully be regarded as religious, or mystical; a realm outside normal time, of the imaginative subtle body. One's attention flowing through the heart, making a connection without violating the soul. We are *not* lost in the other, as in fusion, but we are found. Sometimes it is only our defences that do not allow us to enjoy such healing, mystical experiences emanating from the therapist. Although, creative conflict and the experience of novelty and otherness is healthy, as pathological confluence is to be avoided, and the honeymoon period of the process does not have to be insecure generally speaking. The phrase is valuable, '*You alone can do it, but you don't have to do it alone*'; as to join the human race, in terms of therapy, one needs to be confident, assertive, and to be able to communicate in an intelligent manner. Changes will go on happening long after the sessions have ceased. For the way to such liberation, to integration, to metamorphosis, to the most valued interpersonal human relations, is through the horror, which the ordinary person tries to avoid. The soul in all its glory, is the emergence of a new person. There is now a worldwide network of therapists specialising in such states of spiritual emergency, and those involved in the transpersonal may be able to help as well. In fact, there is a particular role for the transpersonal therapist in the field of cross-cultural work, due to the increased respect for all religious experience. Their experience of the 'Subtle' realms, and the transformations of consciousness, will always stand them in good stead, *even if the client is very different from the host culture*. Therapy can be a huge realm of discovery including self-discovery, if we will let it be so.

Meditation is a key activity in this area of work. 'The Way of Forms', is any way of working which involves an object: a mantra, a yantra, a mudra, a bija, a kasina, a symbol, or something else. Very often the symbols

chosen represent some form of aspiration, as in Bhakti yoga. The strong structure of leadership, and orthodox adherence socially to a guru, is usual in this instance. '*States are free, stages have to be earned*'. Although, if we want to work genuinely transpersonally we have to question all the assumptions of fixed boundaries. Man is only potentially good, and that is where the defect of his nature lies. However, the zenith of transpersonal achievement would be Absolute Consciousness. Rowan concludes that perhaps with the transpersonal it's best to live in the mystery and admit that sometimes in the end you don't know.

This book clearly achieves its goal of delivering a total overview of radical transpersonal psychotherapy. The work is very well researched and is written in a scholarly academic style, that is straightforward to understand. So, I can strongly recommend this volume to both the existential psychotherapist, and to the general public. For the existential practitioner this would be a valuable book, informing the reader of the most important psychical models, and dynamics for optimal functioning in their psychotherapeutic practice. In presenting the second edition of this work, Rowan has made a very useful contribution to the world of psychology.

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Publications received for review

The following publications have been received for possible review. People who wish to be included in the list of book reviewers for Existential Analysis for these or other publications are requested to e-mail the Book Reviews Editor Martin Adams at adamsmc@regents.ac.uk

Barker, M. (2012). *Rewriting the Rules: An Integrative Guide to Love, Sex and Relationships*. London: Routledge.

Bazzano, M. (2012). *Spectre of the Stranger: Towards a Phenomenology of Hospitality.* Eastbourne: Sussex.

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Deurzen, E. van and Hanaway, M. (eds) (2012). E*xistential Perspectives on Coaching*. London: Palgrave.

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Kvale, S. (1994). Ten standard objections to qualitative research interviews. *Journal of Phenomenological Psychology*, 25(2): 147-73.

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