

Ernesto Spinelli "Demystifying Therapy"

p.10 somewhere in the region of 460 diverse forms of therapy are now claimed to be in existence.

p.11 *Advice* may be defined as a brief consultation the aim of which is to provide the client with appropriate and accurate information and to offer informed suggestions about how to act upon that information.

Guidance involves the use of an extended consultation or a series of consultations the aim of which is to assist the client to explore a particular concern via provision of appropriate and accurate information and the giving of both suggestions and support as to how to act upon that information.

The term *befriending* involves a relationship between two individuals, one of whom agrees to take the role of friend or someone who is socially isolated and who then, in his or her capacity as a 'befriender', offers practical and emotional support.

p.15 The *relationship* between psychotherapist and client is considered to be the most fundamental element in the psychotherapeutic process.

p.16 When the separate definitions of psychotherapy and counselling just outlined are analysed in conjunction with one another, there is little that emerges which offers a significant distinction between the two enterprises.

p.17 Abraham Maslow's view that the deepest psychological miseries encountered in living result from 'the sin of failing to do with one's life all that one knows one could do'.

Problems require solutions, while dilemmas can only be explored and lived with in a more or less satisfactory manner.

The modern-day employment of the term 'counselling' came about when Carl Rogers found himself prevented from practicing psychotherapy in United States because he had not been medically trained.

p.21 While it may seem, at first, to be the easiest thing in the world to define a game, nevertheless, as Wittgenstein so ably showed, this is far from case. For the concept of games is an open one in that, on closer inspection, there exists no features that are common to *all* games.

While all games share *some* properties with some other games, no games share *all* properties with all other games.

p.24 The 'specialness' of therapy lies within the *relationship or encounter* that is made possible rather than in the *consequences or outcomes* of such.

p.28 Psychotherapy, like medicine, is said to be based on knowledge. Perhaps, like the medicine of eighty years ago, its true foundation is on the myth of knowledge.

p.33 Thomas Szasz is perhaps the most well-known opponent of publicly funded therapy (dėl to, kad per viešą finansavimą galima per terapiją bandyti įdiegti visuomenei naudingas idėjas).

p.35 Szasz himself reminds us that for psychotherapy to work the patient must actively *want* it rather than just passively accept it, and be prepared to give up something in order to achieve success.

Szasz stance seems to suggest that the poor and the uneducated require jobs, money, knowledge and skills rather than therapy.

p.40 Freud, for instance, saw the possibilities of his technique as allowing individuals to enhance their ability to 'love and work', or, alternatively, 'to transform hysterical misery into common unhappiness'.

p.41 The six-year-long, ten-million-dollar study funded by the National Institute of Mental Health concluded that therapy is as effective as drug treatment in alleviating clinical depression.

p.42 The fundamental problem here is that it is by no means an easy task to define the meaning of recovery. Is recovery to be understood as the remission of symptoms? Or can recovery simply mean that clients feel more able to deal with life, or are just generally more cheerful? Or does recovery entail some dramatic change in their behaviour?

p.43 Intentional and inadvertent placebo. An intentional placebo refers to a treatment variable that has been designed to have no effect in itself on a particular disorder. An inadvertent placebo, on the other hand, refers to a treatment variable that is intended to have an effect on a particular disorder by a specified means, but which is subsequently found to produce its effect in some other manner which remains unknown or inexplicable to the investigator.

Therapy itself may be an inadvertent placebo, the reasons for its effectiveness are not those for that we have tended to assume.

p.44 From the clients perspective: accept me, understand me, talk with me.

p.45 the opportunity to talk, warmth and friendliness of the therapist. Clients tend to prefer therapists who seem to them to have their own personality, sense of humour and particular characteristic 'quirks'. Clients tend to define the good therapist as one who attempts to enter their world-view empathically and non-judgementally.

Clients also want their therapists to be interested in them.

The more uncertain the patient felt about the therapist's attitude toward him, the less change he tended to experience.

p.46 Clients sense of isolation is likely to increase when therapists seek to impose their own explanations on the clients experience.

Therapists emphasize changes in behaviour and relief of symptoms as the main indicators of success, clients placed the accent on insights and understanding as the most appropriate measures of satisfaction.

p.48 About one hundred years ago, many psychiatrists claimed, on scientific grounds, that masturbation was a major cause of insanity.

p.49 Uncertainty does not appear to be highly valued in our society.

p.53 The problem is that, as much of the discussion has shown, there seems to be little in therapy that is not a Dumbo Effect.

p.59 Fritz Perls, the co-founder of Gestalt Psychotherapy, for example, made it no secret that he had had sexual relations with several of his clients.

p.62 The therapist J.L.McCartney, for instance, claimed to have been in sexual contact with 1500 of his clients (all of whom were female) who, he argued, had subsequently reported beneficial effects. (Concerned readers should note that McCartney was subsequently expelled for the American Psychiatric Association).

p.63 Of 559 clients who had had sexual relations with their therapists while in therapy: 11 per cent had been subsequently hospitalized, 34 per cent had suffered a negative impact on their personal and social adjustment.

p.64 Like many child abusers, abusive therapists often deny any harm in their behaviour, tend to rationalize it with statements such as "I love her" or "I tried to help her learn how to experience a truly loving sexual relationship", and often shift the responsibility for initiating the act on to the client. Finally, just like the abused child, the client is often sworn to secrecy and is allowed to relate in an intimate fashion to the therapist only within the boundaries of a specified place, usually the consulting room.

p.72 The capacity to depend and be dependable is an important feature of most successful intimate relationships.

The opposite of autonomy, therefore, is *not* dependency, but *heteronomy*. This means, roughly, 'not being in control of one's self'. Psychotherapy, often in the setting of secure dependency on a therapist, *reduces* heteronomy by helping the patient to be more aware of, and so less controlled by, experience and feelings which have been suppressed or ignored.

p.92 Ne unconscious, bet dissociated consciousness.
Pirmasis apie disocijuotą sąmonę kalbėjo Pierre Janet.

p.101 Chaos theory concerns itself precisely with those movements or behaviours the complexity of which is such that they appear to be unpredictable.

p.102 The conclusion here is that human beings are much more adequately understandable when placed within a 'chaos' model rather than within a 'linear' model. We may have some resistance to this, however, because, in acknowledging this fact, we would have to admit that changes and movements in our lives are far more haphazard and difficult to predict than we would like – or believe – them to be. "If A, then... everything".

p.103 Linearly causal perspectives *are* important – not because they reveal 'truths' about individuals' development, but rather because they reveal what individuals have come to believe themselves to be and how they explain their becoming.

p.105 Our reconstructed past is always a selective process.

p.106 The remembered past reflects the current views we hold about ourselves.
The past is so tied with the present that it is more accurate to speak of 'the currently lived past'.

p.123 An *analytical interpretation* seeks to go behind or beneath the presented (or 'manifest') material contained in a statement so that its hidden (or 'latent') meaning may be ascertained.

p.124 A *descriptive interpretation*, on the other hand, retains its focus on the manifest material and seeks to extract the meaning of that material to the client by engaging the client in a descriptively focused process of clarification wherein the manifest material may be 'opened up' to mutual investigation.

p.125 Martin Heidegger suggested that it is fundamental to the make-up of all human beings that we 'never arrive, but are always only 'on the way'.

p.140 "Death is the price we pay for sex"

p.145 Perhaps more than any other, this approach exposes therapists to their own biases, prejudices, and sedimented outlooks and challenges them to find the strength (at times, even the courage) not to allow them to interfere with the process of listening.

p.147 It is easy to love a perfect being. The real test is to love a being who is also imperfect. Anonymous.
The cognitive-behavioural model of therapy focuses on action-oriented approaches aimed at altering particular patterns of individual thought and behaviour which have been classified as debilitating or irrational.

p.149 REBT: Rational-Emotive Behaviour Therapy was developed by Albert Ellis.

p.163 It would appear sensible to consider both *what* to self-disclose and *how* to express that self-disclosure.

p.166 Emmy van Deurzen-Smith “people may evolve in any direction, good or bad, and that only reflection on what constitutes good and bad makes it possible to exercise one’s choice in the matter.

p.169 Existentialists take the position that we are faced with the anxiety of choosing to create a never secure identity in a world that lacks intrinsic meaning. The humanists, in contrast, take the somewhat less anxiety-evoking position that each of us has within us a nature and potential that we can actualize and through which we can find meaning... for the existentialist there is nothing that we ‘are’, no internal ‘nature’ we can count on...

p.179 The technique of treatment must be yourself. A. Adler.

p.180 The existential-phenomenological model assumes an *inter-subjective* basis to all mental activity. In other words, it argues that everything that we are, or can be, aware of, all that we reflect on, define or distinguish, is relationally derived.

Intentionality refers to the fundamental relational act whereby ‘consciousness’ reaches out, or extends to the ‘stimuli’ of the world in order to ‘bring them back to itself’ – or interpret them – as ‘meaningful things’.

p.183 We experience ‘reality’ not as it is, but as it *appears to us to be*. In this way, each of us, while sharing the ‘givens’ of our species, also brings into our experience of reality all manner of biases and assumptions which are derived from our *unique* standpoint.

Our experience is always unique.

If we consider this conclusion further, however, we can understand that, as well as being unique, our experience is also *never fully shareable*.

Each of us is *alone* in our experience.

p.184 This *meaninglessness* refers to the idea that nothing – not you, nor I, nor any ‘thing’ – has intrinsic or independent or static meaning. If things are ‘meaningful’, then they are so only because they have been interpreted as being so.

We, as a species, as cultures, and as individuals in relation to one another, *shape or create the various expressions of meaningfulness that we experience and believe in*.

p.185 We are not ‘free to choose what we want’ but, rather, free to choose how to respond to the ‘stimuli’ of the world.

p.187 During my first few meetings with trainee therapists, I often pose two questions for them to consider: “Who do you think you are being when you say that you are being a therapist?” and “What do you think you are doing when you say that you are doing therapy?”.

p.188 What this process reveals in part is that trainees tend to make little distinction between *who they are* and *what they do*.

p.192 In studies focused on those cases where therapy is experienced as being the least successful, the tendency has been for the therapist to be overly strict or ‘fixed’ in adhering to the tenets and practices of theory that he or she has trained in.

p.193 For when we are only able to distinguish or define ourselves through what we do, we place ourselves in an orientation of thought that equates us with machines – which, of course, are replaceable objects, quantifiable in value and, however complex, likely to malfunction or run down over time.

p.194 It was like people could really look into me, see who was there behind all the bullshit façade. It was as if my deepest being was revealed and I couldn't stand it. Worse, though, I was seeing myself in this way for the first time. I was just this living thing that had nothing to offer except my aliveness – and it didn't seem enough. What did I have to offer? What could I say in my own defense for existing? Sure, there are things I can DO. But those had been taken away from me. I had no excuses. I wanted to cry: 'Why me?' What's so goddamn special about me that I'm alive and breathing?

p.195 Laing, together with his colleague Aaron Esterson, argued the case that ontological insecurity arises precisely when the distinction between who one is and what one does (or must/mustn't be or do) remains unclear or indistinguishable through one's relations with self and others.

p.198 *Being with the client means that one stays with the experienced truths of the client as they are being related.*

p.199 *Being for the client urges therapists to 'attend to the client', as R. D. Laing put it. In other words, it urges therapists neither to lead the client in various directions that they think to be of import, nor to be led by the client into avenues of thought or affect that remain unclear or disconnected to both or either participants, but to seek to keep up with them side by side so that the client's path becomes the therapist's path and an approximate symmetry of thought and assumption becomes possible.*

p.200 Perhaps during brief moments in an encounter, therapists may experience a sense of the *uncanny* in that they may feel themselves to be temporarily 'lost' or 'swallowed up' in the client's world.

p.201 The 'self' that the therapist is being asked to attempt to be is a *self-in-relation whose focus resides in 'the other' (i.e. the client).*

p.204 Philip K. Dick has suggested that one of the principal qualities that distinguishes a human being from an android is the human's ability *to balk at carrying out certain acts*. An extension of this point would suggest, I believe, that our very humanity rests upon such characteristics as our *unpredictability and imperfection*.

While the unpredictable may be anxiety-provoking, it is also the source of a great many experiences that are both invaluable and deeply meaningful to us all.

Over time, I have observed this attempt to avoid uncertainty and to build up a predictable and protective experiential environment to be a widespread feature in the lives of many of my clients. <...> In their own words, such clients see themselves, in these instances, as beings 'going through the motions' or 'pretending to be human' or 'no longer experiencing and expressing feelings of love, worth and concern'.

p.205 Listen from the perspective of the client. In their attempts to achieve this, therapists are more likely to shift from self-focused listening towards (at least partial) other-focused listening. That is to say, 'good listening' occurs when the listener attempts to listen *as if the listener were also a speaker*.

p.207 If therapists are willing 'to be in relationship with' or *encounter* their clients, then they must accept that it is not merely their theories or skills which they bring to the relationship, *it is themselves*.

p.208 At the same time, what can be taken as being 'special' within the therapeutic relationship is that the individuals have agreed to engage with one another in such a way that their disclosures share the common purpose of remaining focused on the examination and clarification of the experiences of being of one of the participants – the client.

p.217 'Disappearance' of the self may occur when we are deeply *immersed in an activity* such as long-distance running, driving a car, or gardening.

p.218 Rogers further proposed the concept of *the ideal self* as a therapeutically useful means of exploring clients' aspirations for growth or actualization. At the same time, however, the ideal self might equally be the basis for psychic disturbance and dissonance since it might be so restrictive and intolerant in its ideals that the 'current self' could be experienced as 'never quite good enough'.

p.219 Such strong, fundamental beliefs have been labeled in existential-phenomenological theory as *sedimented*. Sedimented beliefs, then, are those that insist on the primacy, or correctness, of one particular perspective over all others. However limited or distorted or irrational they may be, it will take a great deal to override their interpretative power.

Sedimented beliefs are the foundational 'building blocks' of our constructed self.

p.220 It must be recognized that, however restrictive, all sedimented beliefs *serve to define the self-construct* and, as such, in most instances, the challenging of these beliefs is highly likely to be met with serious resistance *because a challenge to any part of the self-construct also challenges the whole of it.*

p.221 Clients *are divided beings not only in terms of the dissonance between their beliefs and experiences concerning their self-construct, but, just as importantly, in terms of their desire to break down the sedimented beliefs that have given rise to this dissonance and the opposing desire to retain these sedimented beliefs. Stated simply, they want to change yet remain essentially the same.*

p.222 One cannot change 'bits' or parts of sedimented self-construct without its effects being felt by the whole of it; to remove one sedimented aspect alters the entire structure.

p.225 If therapists' own self-constructs are overly sedimented there is no possible way they can begin to attempt 'entry' into their clients' experiential world.

p.226 The sacrifice involved here is that which asks of therapists to attempt nothing more than they ask of their clients, which is to clarify and challenge aspects of their sedimented self-structure and to consider the 'being' possibilities that emerge.

p.227 It would seem to me that if there is any significant value in therapeutic training it rests precisely in the challenging of as many of the trainee's sedimented perspectives in as many ways as might be found both viable and ethically possible, in order that trainees may learn to challenge their sedimented self-structure so that their 'being' in the encounter is as flexible as they can allow it to be.

p.232 But therapy, as I suggested, when it is 'being'-focused (rather than doing), can be far more than a mere palliative that seeks to excuse or exonerate us from our anxiety or deceit or guilt. Code d'Amour Provecala states: "He who loves is always full of fear".