

Ernesto Spinelli "Tales of Un-knowing"

Preface. 'Attendant' – the original meaning of therapist (lydintis asmuo?)

p.2 When assisting my students in the preparation of case studies as part of their training requirements, I urge them to think of their reports from the standpoint of story-telling.

p.5 Existential-phenomenological theory presents us with a view of human existence that places *anxiety* at its centre. It suggests that our experience of living is never certain, never fully predictable, never secure.

With this idea in mind, the existential-phenomenological model can be seen to be much more a clarificatory exploration of the client's *way of being-in-the-world* (and the contradictions, conflicts, and anxieties that this evokes or avoids) than it is about symptom removal, "ego-strenghtening", "rational functioning" and so forth.

The self-construct expresses the beliefs, attitudes, values and aspirations that define who we believe ourselves to be.

p.6 'Un-knowing' refers to that attempt to remain as open as possible to whatever presents itself to our relational experience.

p.7 It is not death, per se, that provokes our fears and concerns; rather, it is the recognition of the fragility of our existence.

p.11 I wanted to get to know him as well as he would allow me.

p.15 Viewed this way, clients' disturbing symptoms can be seen to be examples of their more general ongoing *dialogue with the world*. Hence, rather than being merely 'problems' designated for removal, they form an important introduction to their 'way of being-in-the-world'.

The temptation to seek to 'make the client better' remains strong no matter how long the therapist has been in practice and, for this reason, it seems to me that it is the most fundamental step of 'un-knowing' with which the therapist is continually presented. (Nesistengti, kad pagerėty.)

p.16 The therapist, as Laing saw it, was there to attend to the client in that an attempt would be made to keep up with the client's reflections and actions rather than move beyond them by suggesting alternatives, transforming their meaning, or disputing their right to exist.

p.17 My questions and comments centred upon the crucial question: "What is it like to be Mr. Jones?".

No one choice can ever be fully satisfactory as it presents us with the anxieties of all the remaining 'non-choices' that present themselves before us.

If our lived experience confronts us with anything, it is that the issues of human existence will never provide us with 'perfect', anxiety-free resolutions. Indeed, to aspire to such merely provokes further, possibly unnecessary, anxieties.

p.18 <...> what stance or belief, should the problem be removed, could no longer be so easily sustained.

Mr. Jones continued to believe that the problems he experienced were the result of his body's delayed reaction to his having been taken off tranquillisers, then he might not have to face the far more unsettling, and incurable, anxiety of his natural ageing.

p.19 Išlaukti kol klientai leis patys jiems pasiūlyti knygas, filmus ir pan. Nekišti.

p.20 I said, attempting to speak on his behalf.

p.21 I tend to see clients for an average period of two years.

p.23 **Friedrich Nietzsche "All truths are bloody truths to me" ???** krauju suvokiam tiesas? Labai sunkiai?

p.25 'We have fifty minutes together', I babbled. 'What we can do during that time is to explore your relations with yourself and others. How you live in your world. There's nothing special that you have to say or do. Just listen to yourself and go with that'.

p.28 Jei klientas patrauklus, the best way to deal with it is to acknowledge its presence as one factor among many in one's experience of encountering the client.

p.44 What Freud would seem to be suggesting is that whether the constructed past event is not historically 'real' or accurate matters far less than *the process of construction*.

p.45 *remembered past is always a selective process.*

Dar galime vadinti *the-currently-lived-past*

Ir dar galime praeitį vadinti: *the-past-as-currently-lived-and-future-directed*

p.47 The attempt to 'make the unconscious conscious' via therapy can be seen to be a way of saying: 'I want to find out what has caused me to become as I am'.

p.48 Client problems <...> are expressions of issues and conflicts that arise from the fixed, or sedimented, values and beliefs that maintain and identify their relationally derived current self-construct.

p.52 did it make sense in a **lived, or directly felt**, fashion

p.60 My approach to the analysis of dreams is principally derived from the techniques developed by the Swiss psychiatrist and analyst, Medard Boss.

Boss became convinced that dreams expressed a form of lived reality that demanded to be approached from the standpoint of what was being presented to the dreamer rather than by 'looking behind or beneath' their given statements in order to discern hidden, or unconscious, meanings. As such, the exploration of a dream became, for Boss, a descriptively focused examination of the dreamer's relationship to the various elements of the dream, as well as to the dream in its totality.

p.62 There exists a cosmic clause in the psychotherapy rule book which stipulates that at key points in our practice, 'we will get the clients that we deserve'.

p.68 Once again, my aim was not to dispute his position but, rather, to try to clarify it as accurately as possible so that I might gain some adequate degree of entry into his currently experienced 'being world'.

p.69 From the standpoint of the existential-phenomenological model, the therapist's primary function is not that of provoking attitudinal or behavioural change in the client, but of **clarifying the client's lived experience of being-in-the-world. That such clarification may provide the means for clients to change their attitudes and behaviour is beyond doubt. That it may also allow clients to accept (or 'own') for perhaps the first time in their lives the attitudes and behaviours they have adopted in either an unaware or a dissociated manner is likewise certainly the case.**

To attempt to un-know requires of the therapist the willingness to accept the client's way of being as *valid and entitled to respect*.

Existential-phenomenological therapists seek to *suspend the judgements, evaluations, and desires to change the client's way of being that accompany, or which they associate with, their client's statements about their way of being so that the latter may be heard and challenged more adequately.*

My own view is that this aim stands a greater likelihood of success if therapists remain genuinely *curious* about alternative ways of being so that they remain as open as possible to the 'being possibilities' presented to them <...>

Such qualities, which I have described as the therapist's willingness to be *for* the client (i.e. to respect the client's way of being as valid and meaningful) and to *be with* the client (i.e. to attempt entry into the client's way of being in order to clarify its underlying values, beliefs, and so forth), are not techniques or skills that the therapist can learn and apply. Rather, they are, more properly, expressions or a particular *human encounter*.

p.72 I began to regain a balance between my private and professional lives.

p.74 Existential-phenomenological theory postulates that each one of us construes a unique reality which cannot, in any complete sense, be accessed (or lived) by anyone

else in exactly the same way <...> e-p theory assumes that *all reflections upon our lived experience reveal that existence is relationally derived.*

p.76 all faltering steps in the direction of un-knowing lead us also towards humility.

p.78 <...> in most instances, couples who come to therapy have assumed that what difficulties have emerged within their relationship have their origins in, or are 'caused by', the perceived faults or problems contained within one of the individuals.

During each series, I meet both members of the couple together for the first two sessions, then meet each member individually for the next two sessions, and then meet with both members together once again for the fifth session.

p.80 Kodėl kyla konfliktai porose atsakyta

p.82 'If you knew that a comet was rapidly descending towards the Earth, that it would hit it in three days time and that there was no possibility whatsoever of the planet and all its living beings being saved from instant death, would you choose to retain this awareness and live out the remaining three days in the full knowledge that your life was about to end or would you choose to have all such knowledge erased from your thoughts so that you would continue to live your life as usual in a state of complete unawareness as to what was about to occur? (truth or happiness?)

p.105 I sought to retain a stance which remained clear that my interest in, and willingness to be with and for, her was not predicated or conditional upon her 'progress towards health'. In similar fashion, my attitude sought to reassure her that she was free to allow herself to be with me in whatever fashion she wished.

p.106 much safer environment within which the client can begin to delve less defensively into deep-seated, implicit and previously unchallenged (or sedimented) values and attitudes that sustain the current self-construct.

p.107 'Who does your addiction allow you to be that you would not otherwise be able or allowed to be?'

p.109 Kuo skiriasi *noriu* nuo *privalau*? When I *want* something, I might try to achieve it, but if I don't, well, I can say that at least I tried. I can forgive myself for not having made it. I did the best I could and I can pretty much live with that. Now, on the other hand, if I *must* be something, then I really have no choice in the matter. I either fulfill my aim or I fail. But if I fail in something that is a *must*, it's not so easy for me to let it go. I can't forgive myself and maybe I even have to punish myself for having failed. <...> In the first, there's a possibility of self-acceptance even if the aim or intention wasn't fulfilled; in the latter, there is no such possibility and instead all there is is a sense of worthlessness, self-directed anger, and the demand for punishment.

p.111 This view of the therapist as being both a representative of all others in the client's world and *at the same time* the exception to the rule regarding the client's percept of others, seems to me to be one of the most significant offerings that therapists can make to their clients.

p.112 *All* encounters expose us to some degree of risk – risk that we might be wrong, that we might do or say the wrong things, that others may not respond to us as we expect, or that, indeed, others may dismay, delude, deceive or betray us or themselves – just as we might do so to ourselves and others.

<...> addictive behaviour, as problematic and dangerous as it may be, nevertheless serves a significant function: it expresses *an act of rebellion, a form of aggressive reaction towards the world for not allowing them to be as they are.*

For, as well as being life-threatening, it is also, often paradoxically, the *only* self-affirming behaviour that they can muster in response to the perceived punitive and unloving stance of the world.

p.127 While there are important disagreements between existential-phenomenological therapists as to how far the attempt to 'make the client's understandable position understandable to the therapist' can be achieved, nevertheless, they are all in agreement that the attempt to unfold both *what* the client is experiencing reflectively at any given moment, and *how* that currently lived experience is imbued with meaning relative to the whole of the client's reflected life-experience, is of inestimable value to client and therapist alike.

Through these clarifications, the therapist is in a position to assist the client by accurately reflecting back that experience and challenging it insofar as the challenge reflects the implicit beliefs, values, judgements, contradictions and assumptions that are embedded within the meanings given to, and the relational stances derived from, these experiences.

p.130 Dick's willingness to explore and challenge his beliefs surrounding his experiences, even in the midst of having them, would have made him suitable as a client.

p.135 Such an attitude required me to entertain the possibility that Gile's viewpoint was both understandable and meaningful.

p.137 Becker concludes that what we label as mental disorders are not the misinterpretation of reality but, rather, *the failure* to misinterpret reality.

Schumaker concludes: From a global perspective, we can see that we are able to live with – or without – almost anything. We can adjust to and accommodate almost any physical, social, or cultural conditions. In that sense, we are *almost* indefinitely malleable. The only exception is that we do not seem to be able to live without some belief in something, someone, or some force that simplifies and/or supersedes the reality of the human situation. Less than one percent of people, *regardless of culture,*

have no paranormal beliefs at all. The same in variance cannot be seen in any other form of human behavior.

This view parallels that of Eugene Kennedy who has argued that the human being is 'a believing phenomenon who must believe in order to live at all'.

p.138 Otto Rank, for instance, developed an approach to mental health that was 'reliant on a rejection of reality... that true normality is a matter of achieving an ideal illusion. In other words, sanity depends on achieving and maintaining a workable form of insanity in the form of illusion. Essence of normality is the *refusal of reality*.

p.142 The philosopher, Gabriel Marcel, has suggested that the body exists in a 'borderline zone' between being and 'having'. I cannot say that my body is me, nor can I say that it is not me – 'I both am and have a body'.

p.147 R.D.Laing: 'If I could turn you on, if I could drive you out of your wretched mind, if I could tell you I would let you know'

p.152 Nor will my offering her *my personal perspective* on the matter be of significant value, since, at best, this will only be accepted at an intellectual level and not at a 'lived or felt' level.

p.154 As an example of this, Elizabeth points to the inability to accept praise from others. Those who compliment her, she asserts, simply haven't seen enough, don't really know her.

p.155 She expresses the view that our meetings with each other are also times when she can quite literally breathe more freely. She tells me that she feels respected and loved even if she is imperfect, even if she is dying a meaningless death.