

CHALLENGING THE THERAPIST: WHAT AM I?

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The previous article "The Contemporary Challenge of Therapy" touched briefly on some of the problems and issues in therapeutic practice. It hinted at a need for an interior searching by the researcher, teacher, and therapist if therapy is to become a viable science. In this brief article I will venture more pointedly into that interior work with a focus on self-discovery. Hopefully it will present itself as a challenge to anyone involved in this field. It has been over 25 years since I was first introduced to the interior explanatory writings of Bernard Lonergan and I am still finding immense lifts in his writings. Over the past few months I have come to an even greater appreciation for the dynamics of human questing,¹ something I have written on frequently over the past twenty years. I have focussed on the quest of the child for much of my work for two reasons; first, I found it to be the genesis of knowledge,² as Aristotle pointed out so long ago, that it is the beginning of science, and secondly, the child experiences the question more authentically than most adults. But, in focussing on the child, one cannot experience the child's questing, only one's own. So, my child-quested focussing has been, in fact, on my own questing.

There are many reasons a person may be curious about something. The pure formulation of a question would be to seek understanding of some experience. In a culture trapped in fragmentation one's curiosity can be driven by survival, neurosis, and even psychosis. What do I mean? One could be curious so as to understand something to impress others. That motivation becomes a distracted sideline to the unrestricted desire to

¹ This has occurred in the reading of Philip McShane's *Joistings*. See his website www.pmcshane.ca

² I recall a phone conversation with Bernard Lonergan in 1982 when he asked me what I was working on. I told him the child's quest. He replied; "That's the genesis of it all." I was some years coming to a proper agreement with him and the agreement is still deepening 23 years later.

understand³-the authentic motivation of questing. This distracted motivation will inhibit the spontaneous occurrence of insights. One may be lacking in confidence of one's ability to understand and this too will not only inhibit the occurrence of insights⁴ but also inhibit the emergence of the proper question. I think of how we often speak of rewards in the education and the parenting of children. Such methods gradually shift the child's motivation to quest from the reward of attaining understanding to one of receiving some prize or admiration.⁵ Such methods affect the entire spontaneous dynamic of the structure of consciousness. By the time we become 'adults', we are somewhat faded in our curiosity. A neurosis has set in that creates a dependency on achievement and praise. This is not a healthy child's motivation. The child simply wants to understand: 'What's that Mommy?' There are no ulterior motives for the question other than the desire to understand. This motivation shifts all too quickly within the context of our present culture. Parenting, education, and religions tend to function and oscillate loosely around these notions.

What does this have to do with therapy or the therapist? I would hope that it might challenge the therapist to begin to explore his or her own questing ability and not only free up their own questing⁶ to some extent but also begin to appreciate the curiosity of others and how this is a major component in therapy and block in the patient. The patient may be so caught up in his or her emotional problem that questions do not emerge. They cannot get 'above' the emotional disturbance to ask anything and they will often express their experience in ways such as "I don't know what to do." Or "I can't go on." These are not questions orientated to solutions; they are expressions of futility or depression. The drive of curiosity as orientation to solution has been displaced by despair. This is often diagnosed as clinical, or full depression.⁷ These are terms for experience that too often

³ Bernard Lonergan, *Insight: A Study of Human Understanding*, CWL 3, University of Toronto Press, 1992, p. 33 and 34 on the question and the genesis of understanding.

⁴ *Ibid.*, p. 21 on the flight from understanding or an oversight.

⁵ You may have some memories of this in your early education, parenting, or religious upbringing.

⁶ There is the need for extreme honesty on this point. We can never fully achieve what we have lost through alienation, fragmentation, and neurotic disturbances in life. But we might begin to appreciate what we lost or what is 'weak' in us.

⁷ Clinical depression refers usually to a chemical depression where a full depression would imply both psychic and chemical depression. Although a chemical depression is often the experience in which the person stays 'above' the emotional state and is not aware of this state. The awareness would usually pull them into the experience of being depressed.

the therapist may know nothing about. What I mean is that the therapist may have never experienced depression and so what can one say about it? But what a therapist might be able to advert to is to his or her own experience when their curiosity was sidetracked. If you managed to get to adulthood without this experience you may have been living outside contemporary culture! Your experience may not have been within the depressive mode but at least it would offer you some experience of how your curiosity can be displaced by some emotional disturbance within you.

Reflect on your own experience and then think of your patient as someone who has experienced severe trauma, abuse, or loss and how their curiosity might be affected. This can provide a glimpse of a patient's interior experience. To put it bluntly, they cannot think and when we cannot think we are caught in an emotional crisis. Patients often say to me: "I can't read anymore." What I mean is that the person cannot attend to the experience of reading. Attention is constantly drifting or being pulled into their emotional crisis making it impossible for the person to relax and attend without distraction. I encourage the person to read anyway. An unconscious motivation of distraction is a key component of much therapy. It integrates chemistry that cannot integrate spontaneously because of the emotional trauma. For our purposes here it is to point the therapist to their own interior dynamics. Have you ever had these experiences and does it affect your spontaneous questing? Let's try a puzzle.

A	E F	H I	K L	M N
B C D	G	J		O

There is a law functioning in this diagram above. What is your first experience of this puzzle? Do you have a question such as: 'What is going on here?' or 'Why are some letters on the top and some on the bottom?' If you knew the answer before then the exercise may fall dead for you. If not continue on. But, what does 'continue on' mean? Are you following your curiosity as an experience of being intelligent? What is your motivation? What is driving you forward in this exercise? Do you want to get the insight? Do you want to 'be right'? Do you want to prove to yourself or someone else that you are intelligent? What do you mean by intelligent? Why might a person need someone else's

approval? What does this puzzle have to do with therapy? Or, are you simply curious? Are you distracted? Are you finding it difficult to focus your attention on the puzzle? What is driving you? Notice all the different motivations one might have for getting the answer. Where do these different motivations come from? Do they originate in you? And if so, why or how did you develop such motivations? In thinking some of these questions through you may notice that some of these motivations were imposed on you by your education or parenting or cultural influences.⁸ Would you like your curiosity to be 'pure'? In other words, would you simply enjoy being curious for no other reason than to understand? Would that experience liberate your curiosity? By liberate, I mean, would you like your curiosity to be something that originated totally in you? No distractions, no ulterior motivations, just simply curious about the puzzle, an unrestricted desire to understand? What would that be like? Are you there?

Have my questions at least evoked some insight into how our natural desire to understand can be altered? When it is altered it is weakened in its ability to maintain objectivity and by objectivity I mean an intelligent focussing on understanding and not on some ulterior motivation. What is your motivation, as therapist, when helping a person? To help a person! Of course, well, you might feel power when you help people. You might think of making more money. Or, you might have compassion for the person's state of being. You might wish to gather data for a research project in which you are involved. Notice, again, that you may have many different motivations not all of which would be a desire to understand the person's crisis with an orientation to helping them. What would be the proper poise that would best benefit you as therapist and your patient? Perhaps my title speaking of challenge is beginning to have some meaning for you. The subtitle expresses the poise of becoming a better therapist.

If I speak of question as a focal point of therapy I also speak of it as a way of personal development in assisting therapists in becoming better therapists. Then the question becomes: 'What am I?'⁹ That question pushes for a central experience of authenticity. It might ring of 'What was I as a child?' or 'What might I be?' or 'Can I

⁸ These impositions occurred when we were too young to formulate judgments as to their correctness in parenting, education, and cultural assimilation.

⁹ Philip McShane, *Music That is Soundless*, Axial Press, Halifax, Canada. To be published 2006. p. 1977 edition by University Press of America, pp. 30-31 explores the deepening of this question: "What am I?"

reinitiate what I have lost through my education, etc.?' I am not thinking of what you can do or be in terms of career or talents. Your talent may be that you are wonder-filled about life and then you would be wonder-full! So, 'What am I?' becomes a question about your existential interior self. In opposition to my provoking I am thinking of some years ago when I was helping a person who was struggling with dissociative personality disorder brought on in early childhood by sexual abuse.¹⁰ One of her therapists advised her to get a pet, that it might help her. The therapist was a 'qualified' therapist. But was ...? Certified perhaps, but not qualified, or perhaps certifiable? I found it difficult to remain calm for a moment after that one. A culturally fragmented consciousness can get through current programs steeped in truncation and become a fragmented professional.¹¹ This relates to the topic of my former article "The Contemporary Challenge of Therapy".

So, 'What am I?' can become an interior question that pushes or cajoles us to some self-understanding, some self-development, perhaps some self-therapy. We might think of this in terms of an automobile mechanic and that has become a very sophisticated profession these days as the electronic age blends itself in with the mechanical. A mechanic studies cars before he works to repair them. Does a therapist study people before he or she sets out to repair them? No, in fact, students of therapy study books and other people's thoughts (actually just their print-but let's not go there yet).¹² To study the interior workings of people, we have only our own immediate interiority as data. The absence of this exercise brings forth such efforts as my story above of the pet as healing medium.¹³

Again, I put to you the question: 'What am I?' or 'What are you?' Are you curious about things such as my puzzle? Are you a desire to be loved and understood? Are you a desire to understand? Perhaps in some way, you are simply desire¹⁴ at your deepest level

¹⁰ Robert Henman, "Judgment, Reality and Dissociative Consciousness" in *Method: Journal of Lonergan Studies*, Vol. 18, No. 2, Autumn 2000 for a discussion of this disorder.

¹¹ Philip McShane has offered an interesting term for this type of professional: Serial Killers, referring to professionals in the various fields of education who kill of the human dynamics with a truncated pattern of neglect.

¹² *Insight*, p. 605 for a very blunt description of the problem of objectivity. This print you are reading is just that. There is no meaning in these words. Meaning originates in a human mind. There is no meaning in sensible experience as given. Aren't we just a very creative lot?

¹³ Such an experience of having a relationship with a pet might initiate a feeling of being loved. It is a long shot away from being loved by a person or reaching self-love. But it could be a beginning.

¹⁴ *Music That is Soundless*, p. 30-31.

and all that flows from that is your creation, your self-creation.¹⁵ Could it be that you are a self-creating creature? I am tossing out possible answers. Do not believe me. Check this out for yourself. Only your own interior discoveries have the ability to bring forth bits of self-understandings that you can extrapolate from and come to some understanding of others. The data of studying therapy is you. The data of doing therapy is your self-knowledge applied to the meanings that emerge in you of others.

But, 'What am I?' The question comes back and so it should. People ask us all the time, 'What do you do?' The question could be understood the same as 'What am I?' We spontaneously respond with our career or job. Our career becomes what we are. What if you were to respond: 'I do desire.' Or 'I'm working on me.' At least there would be an existential honesty in such responses. Our culture would not go for it and you would probably remain unemployed for your entire life. If you step into yourself seriously, you will have stepped outside the culture and then survival takes on a shift from not just psychological survival but basics, food, shelter, etc.. So, you would have to find some way to survive the culture and retain your searching search. Not an easy task in a world unknowingly dedicated to truncation. Living becomes a constant thinking out of strategies. I have had the good fortune over the past 20 plus years to teach part time in a small women's university where I have freedom from departmental politics and content control. So, I could make attempts to introduce the student to him or herself and warn the students to keep their insights to themselves. Why? Because other professors would not understand or possibly feel threatened.¹⁶ The objectification of our subjectivity challenges their notion of reality, of naïve realism, and objectivity, and one needs the marks to get the card to get a job. I have also had the opportunity to work in a position where flexibility gave me time to continue to think! And I do that very slowly so the time has been a bit of luck. Do you have time to 'work on you'?

'What am I?' Are we any closer to an answer? Perhaps you may be getting some notion of the difficulty involved. I mean not just the time but also the difficulty of the

¹⁵ See my article titled "Self-Creation and Obedience" this website for a discussion on the self-creative ability of the human subject.

¹⁶ I have had more than a few of these discussions in my early days of lecturing. A perspective on history and the futility of such discussions eventually lifts one to a different level of conventional academic talk as unreal as it can be. Placing people and ourselves in history eases the tension.

topic-you. Part of the problem is finding a good teacher¹⁷ or decent texts. I taught medical ethics for four years with a medical faculty and I could find no decent text that brought the graduating med student to some appreciation of their own inner dynamics of ethical activity.¹⁸ I lectured without notes or a text. In some way, I was the text and I challenged the students to become their own text. I think many would have preferred to have had a written text. Their own education had educated them 'out of themselves'. So, if you go into the study of therapy, you may find that it increases your self-alienation and since you are the data of studying therapy you might notice now how the actual data is left out of the classroom. With this in mind; 'What am I?' can become a focal question for being a half-decent therapist.

Let us return to our puzzle for a moment in an effort to perhaps initiate some self-discovery. Did you get it? Were you, or are you puzzled? Why puzzle? What does puzzling have to do with solving problems? Why do humans begin there? Why do children not begin with answers? Why do they begin with questions when they begin to speak full sentences? In fact, children are questing even prior to linguistic expression. They point with a grunt or noise in wanting something. They 'mean' a 'whatness' or an 'asking'. What happened to our 'whatness'? If we can be curious about our patients, can we not be curious about ourselves? Are we taking ourselves for granted? Am I really that obvious to myself? If I am not known to myself, what chance do I have to know others, to help others in working through their problems?

It is to these types of questions that psychology has the chance of becoming a more serious science as well as increase the probabilities of success in helping others. A clue for your puzzling follows.

$$\begin{array}{cccc} \underline{1} & \underline{4} & \underline{7} & \underline{1} \\ 23 & 56 & 89 & 0 \end{array}$$

Why are some numbers on the top and some on the bottom? Are you still puzzled? If so, good. It provides an opportunity to notice what you are. We are not

¹⁷ I returned to university after ten years of employment in Human Resources to study commerce. I was unsettled about that decision. An academic counsellor informed me she always proposed to the undecided that they take a course with Dr. Philip McShane. Luck is a factor although there have been times when ignorance would have been bliss.

¹⁸ Some years after leaving that position a text did come out which stood out among the 'stuff' available. See Michael Shute & William Zanardi, *Improving Moral Decision-Making*, Axial Press, Halifax, NS, 2003. See my review HEC Forum, March, 2004.

answers. We are questions and sometimes we work things out and get an answer. Can we think of ourselves as quests for solutions and our patients as quests for healing? But not just as an idea of therapeutic method, but as an actual existential foundation. I leave the puzzles to you in the hope that self-discovery occurs. In therapy it is seldom helpful to tell a patient that they should or must do this or that. It is more about helping the person discover their own blind spot. So, I leave the puzzle to you, a sought-after insight, perhaps a blind spot for you? Only then do they take on the ability to heal. Telling someone they are lovable seldom cuts it. It is a discovery that the therapist might cajole the patient towards appreciating. The problem is, can you cajole them towards that appreciation if you have not discovered it about yourself? And there resides the gap in social and psychological science.

In this brief article I have attempted to make an attempt to challenge you in your work as therapist to a deeper appreciation for yourself as therapist. The homework goes on and after 28 years at it, I am still "at it", and even as I write new questions emerge and new insights occur that either revise former insights or transpose the entire context within which such insights occurred. It all says something about the depth of human subjectivity and the function of intelligence in development, but that too is a self-discovery.

This website is dedicated to initiating a transition in education and counselling. That effort is, in fact, beyond a website. The transition I speak of is cultural and in fact global. The social sciences are not in transition. Philip McShane and I have discussed occasionally the complexity and difficulty of his Cantower, Quodlibets, Sofdaware, and Joistings writings.¹⁹ They are for future readers in most cases but they can cajole one forward into that desired future when reading anything becomes a reading of oneself. The problems in scientific method and the social sciences will take us well beyond the 21st century. We will have to bear the brunt of a global dysfunctionism and truncated therapeutic process for a while longer. But do YOU have to? It's just a question.

¹⁹ See McShane's website at www.pmcshane.ca for a list of his books and articles.