

EPISTEMOLOGICAL ASPECTS OF EXISTENCE AND PSYCHOTHERAPY

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We live in an era when the importance of mental health is greatly appreciated but its nature still little understood. Mental health has become a social commodity. One strives to acquire mental health in order to be considered "normal." Seeking recognition for being healthy has become a disease of the culture.

To feel accepted and gain recognition man is preoccupied with "adjusting," "performing," "getting along," "functioning," "succeeding," etc. He strives to be competitive, aggressive; individualistic, inventive; original and conforming; compliant, to "fit in," etc. He wants to be shrewd and honest. He wants to be smart, take advantage of situations and opportunities, but he also wants to be fair and just. He wants to "make a killing" in business, and he wants to be ethical as well. He wants to be an efficient machine, and he wants to be a spiritual, religious man. He wants to be a leader and a dependent follower; an exploiter and a philanthropist at the same time. Man strives, and striving, he errs. *Es irrt der Mensch, so lang' er strebt* (3).

Striving to present an appearance of mental health leads to a sickness which manifests itself in tensions, breathing disturbances, various rigidities of posture, attitudes of self-control, mannerisms, etc. With the advent of psychosomatic medicine, many find it embarrassing to be physically ill as well.

The culture requires man to "get along," to be "adjusted," to "function well." *Adjustment* is more often than not a striving to conceal and deny pain and conflict. Concealment and denial of inner truth block the possibility of self-understanding. *Functioning* is a striving to perform actions in disregard of one's authentic being. Such striving leads to self-estrangement. The quest for power, acceptance and recognition is the fountainhead of human despair. A patient once said:

I always believed that the important thing is to develop *useful patterns of behavior* in order to be accepted and gain social recognition. I have been very successful in this; I have a collection of medals, titles, and various honorary degrees. However, all this has no meaning for me because I am mostly depressed, lonely and dissatisfied. It looks like I will have to readjust, or maybe unadjust, or just forget about such considerations altogether.

To have ideals and hold personal values often means that one strives to convince oneself that one has already actually attained them. One is in a constant state of tension between what is and what should be. This preoccupation with what should be communicates itself to others as a person's private value system. One tends to delude oneself that the values one harbors actually correspond to what one really is. This is an illusion. What one has and what one is are not identical. For instance: Just because a man believes in nondemandingness as a desirable attitude, he does not actually thereby become nondemanding. More often than not, he may end up demanding recognition for being nondemanding.

Thus the man of ideals strives for the ideals as such rather than actualize them in his own Being. The man of ideals strives to *have* these ideals rather than *be*, that is, *live* these ideals. In other words, man tends to take the symbol for the actual reality and repress the awareness of lived actuality.

Understanding of what is, that is, awareness of the existential reality or lived actuality, in other words, realizing the "isness of the present moment" is the solution and safeguard to the problem inherent in man's tendency to confuse symbolic reality with actual reality. Rather than worrying about what he should be like, man needs to be aware of what he actually *is*.

THE "SILENT VOICE" OF EXISTENCE

To really know what one is like, one must understand the behavior of others as greatly stimulated by what one communicates nonverbally. Thus, whatever happens to us in the course of our contacts with people is to a great extent the inevitable result of our actual true mode of Being.

The world is a mirror which reflects our true self from every angle. To be reverently mindful of the insights available to us from looking into this mirror is the secret of enlightened self-understanding. To gaze into this mirror with unflinching eyes is an important aspect of the "courage to be" (10).

Striving blocks authentic self-being and fruition of the inherent resources. Where there is striving and craving, there is anxiousness, there is anxiety. Where there is anxiety, there is striving to control anxiety. This amounts to a striving not to strive. Needless to say, this leads to an aggravated situation resulting in a vicious cycle of neurotic struggle with oneself.

The following example may serve as an illustration of such dilemma: A young lady of college age, with strong domineering tendencies, broke out in a skin rash on both her hands, when her striving to drive the family automobile was frustrated by her equally controlling father. She described how, during a trip from her home town to New York, she was "itching to lay her hands" on the wheel and take over control of the car. After the skin rash appeared, she became very angry at her hands and proceeded to fight against the skin condition with a determination to "conquer" the illness as fast as possible. Needless to say that the harder she tried, the worse the skin condition became, until she broke down in sheer despair over herself and ceased to strive to conquer her own strivings.

Understanding the "silent messages" inherent in symptoms is a pre-condition of the possibility for healing to occur. From an ontological standpoint, pathology may be understood as a "silent voice," reminding man of the fact that he has separated himself from the authentic ground of existence and that he has usurped for himself the right to live in opposition to it. He misuses his thinking capacity in the direction of coercive domination of life rather than using his gift of consciousness to come into harmony with the fundamental order of things. The symptom reminds man that his mind is not mindful of the "power which posited it" (7) and by the grace of which it exists.

The task of the physician is to help the patient understand the language of existence whether it speaks from his body, his mind, or his destiny. Existence speaks from the body *via* the symptoms, from the mind *via* the mental condition; and from destiny *via* the unfolding of personal history. Authentic existence requires man to be in constant communion with and in mindfulness of the silent voice of his existential conscience. Such mindfulness and communion are the basis of enlightened self-understanding.

To illustrate: A middle-aged professional man of prominent social standing complained of severe cramps in his lower extremities, which occurred only at night and tended to disturb his sleep. In talking about it, the patient mentioned that the cramps were of the "Charley horse" type, which reminded him of the times he used to go mountain climbing. Further discussion led the patient to begin to discern in his symptom a silent message concerning the mode of his existence. This existence was characterized by a life-long devotion to "social climbing."

The elucidation of the meaning of a symptom, that is, the understanding of its message or silent language, can have three types of consequences: The symptom may disappear; or it may become aggravated; or it may remain unchanged. If the symptom remains unchanged, this may indicate that the true meaning has not been understood. If the symptom becomes aggravated, it may mean that the patient has a nonaccepting attitude towards his own symptom, that is, while he understands its meaning, he condemns himself for having a symptom. Only a reverent, that is, accepting or self-accept-

ing attitude toward the symptom as a manifestation of one's mis-directed existence can lead to that enlightenment where healing occurs.

THE REALM OF NONDUALITY

The phenomenon of healing is as mysterious and unfathomable in its essence as life itself. Science can explore the minutest observable phenomena of the regenerative process, but what the essence of healing is eludes the scientific modality of knowledge. Healing, creation and existence are mysteries of Being, accessible to human cognition only under special circumstances and in special ways.

There are significant epistemological, ethical and religious implications in the aforementioned point, concerning the different modes of understanding. Understanding means "standing under" the light of a certain knowledge. The etymology of the word understanding implies that the nature of knowledge depends upon the particular position or attitude man assumes in relation to the source of his enlightenment. Apparently it is of considerable import whether we know with an attitude of acceptance, or with an attitude of grasping. The former implies humility, receptivity, openness, reverence; the latter implies usurping, grasping, conquest, intrusion. The former expresses the phenomenological-empirical modality of knowledge, the latter belongs to the discursive-inductive form of knowledge. The former is a mode of cognition which leads to a holistic perception of reality, the latter leads into preoccupations with ever smaller details of a partial reality.

The former is the basis for a nondualistic view of life, the latter leads into endless preoccupations with dualisms. The former leads to harmonious existence, the latter to conflict of opposites. The former tends to unite, the latter to separate.

Man's mode of being-in-this-world depends very much on his epistemological point of view, that is, we can say that man's health and destiny are significantly determined by the nature of his knowledge, or better, by the attitude with which he seeks to know his world.

To illustrate this let us consider the phenomenon of love and its sexual expression. In biblical language, to know a woman means to have loved her in the sexual act. This refers to a mode of knowing which is synonymous with loving union and, conversely, to a mode of loving which is synonymous with and leads to knowing. To know is

to love, to love is to know. Knowledge which is love resolves the subject-object split into union. This is the realm of nonduality of which Sozan (9) speaks the following way:

In the realm of true Suchness
There is neither "self" nor "other."
When direct identification is sought,
We can only say "not two."

Nonduality then appears to be that form of reality which becomes accessible to man through a special type of cognition inherent in the loving mode of knowledge. This mode of cognition tends to resolve all opposites into a harmonious holistic view of the world.

This can very well be perceived in a glance at Marc Chagall's famous painting entitled "I and the Village." This picture, strikingly rich in color and form, when viewed from a close-up with the aim of exploring the details, elicits a feeling of revulsion and disquieting ugliness. However, when viewed as a whole with a receptive attitude, that is, when the picture as a whole is permitted to enter our "uncritical awareness," it touches us with its gay and kaleidoscopic beauty.

Therapeutic preoccupations with details pertaining to sex life, like for instance clitoral orgasm versus vaginal orgasm, forepleasure; the nature, quality, duration of erection; penis envy; minutiae of male or female attributes, etc.; in short, explorations moving strictly within the domain of the discursive-analytic modality of knowledge tend to introduce, guide, or confirm patients in an epistemological attitude which impairs or precludes the possibility of a genuine loving union to occur between them and their partners, because of the essentially separative outlook inherent in that epistemological position.

In this connection it is noteworthy that Heidegger (5) in his re-interpretation of the Oedipus myth points to man's passion for knowledge as the perennial source of the tragic character of human existence. The tragedy of Oedipus is not a sexual drama but a drama about man's self-righteous striving for knowledge.

Man's attitude toward knowledge is the perennial theme of human sin, guilt and tragedy throughout history.

Fixation or addiction to the discursive-inductive mode of knowledge, or the strictly scientific outlook on life, can mean a handicap to the psychotherapist as well. This is often noticeable in young resident psychiatrists who have considerable difficulty understanding their patients because of striving to study their psychopathology. One intelligent patient remarked: "Doctor, I have the impression that you are not listening to me, you are trying *to figure me out.*"

EPISTEMIC ISOLATION

The psychiatric staff of a large hospital was recently stymied by a patient who could not be diagnosed in spite of repeated hospitalizations, because as soon as she entered the hospital, she became symptom free, whereas in her home she allowed herself to become seriously disturbed. A consultant was called in, and in a single encounter with the patient it became clear that this individual of high intelligence was fighting for her freedom to be considered a person in her own right. In the hospital she was fighting against being labeled as a case. In her home she was fighting against being looked upon as a utilitarian object, or as an income-producing instrument.

We can say that this patient is representative of those human beings who find it most painful to endure the objectifying and dehumanizing experiences occurring in a society which abounds in the epistemological attitudes connected with the discursive-inductive modality of knowledge, that is, a culture where thinking is prevalently scientific, technological, positivistic.

Human relations in such cultures are characterized by conflicts over power, mastery, domination, conquest, submission, defeat, conformity, rebellion, etc. The reason for this lies in the inevitably judgmental attitudes inherent in the evaluative, interpretative approach to human behavior. The end result of all this is a prevalence of what can be called *epistemic loneliness with depression and despair*. *Loneliness* stems from the isolation inherent in the lack of interhuman understanding. *Depression* is the silent complaining and blaming of the world for its lack of understanding. *Despair* is the sense of hopelessness over the possibility of attaining understanding.

Striving for knowledge for the sake of mastery, power and conquest makes it impossible for man to commune with his fellow man, or with nature, and thus he lives either in conflict or in isolation. In connection with this, Binswanger (1) speaks of "la rage de conclure," that is, the *passion to interpret* rather than a willingness to understand by remaining open and receptive to reality as it presents itself in its totality.

If we ask ourselves what is the prevailing motivation of man in our culture, we must admit that the child seems to strive for acceptance and approval, the grown-up for recognition and power. We tend to take these strivings for granted and view them as "necessary and normal human needs." But the question arises: Could it be that these needs are artifacts resulting from our dualistic epistemology, where we tend to dissect, analyze, and "interpret," that is, judge human behavior in terms of good, bad, right, wrong, normal, abnormal, etc.?

The question further arises: Could it be that interpretative

psychiatry is creating and inducing its own brand of psychopathology which it then proceeds to diagnose and treat? Could it be that with our scientific judgments we throw our patients on the defensive and then proceed to treat their defenses?

We are here reminded of Ehrenwald's (2) term "doctrinal compliance," which refers to the patient's tendency to comply and mold his own pathology in accordance with the analyst's theoretical bias. What else is this than a manifestation of the patient's striving to gain acceptance?

Let us consider the experiential impact upon a patient when he is confronted with the "clinical look" in the eyes of the physician. How it feels to be evaluated, sized up, explored, examined, can become at once clear to us when we remember the occasional experiences of being exposed to the scrutinizing gaze of some headwaiters, hoteliers, or even colleagues of different schools of thought. It is a well-known fact that in the presence of psychiatrists people tend to feel uneasy, to be on guard lest they be subject to unsolicited "diagnostic evaluation."

But this clinical, explorative "let's-see-what's-wrong-with-you look" is not unique to psychiatrists. It is quite prevalent in Western culture in general. Binswanger (1) speaks of the tendency to seize our fellow human beings by their "weak points" (*beim schwachen Punkte fassen*). Such a mode of relating precludes the possibility for dialogue, and leads instead to a power struggle with all its concomitant anxieties and despair.

One psychoanalyst-in-training had the tendency to be proud of his knowledge. This communicated itself to his patient as an attitude of superiority. The patient found him irritating without being able to pinpoint the reason for his feelings. He therefore became hostile and irritated with his analyst. The analyst proceeded to "interpret" the patient's hostility and irritation. The result was a stalemate caused by a "double bind" (6) situation, where the analyst who was unaware of his own irritating mannerisms was condemning the patient for being irritated.

CHOICELESS AWARENESS

In view of all this, it seems desirable that we liberate our patients from the chains of our own epistemological attitudes. Ludwig Binswanger has shown the way. He introduced the phenomenological method of perception and the "hermeneutic," that is, clarifying, elucidating method of understanding the patient's world.

It seems however, that the possession of a new method is not enough. The new method requires the psychiatrist to revise and

alter his own mode of being-in-the-world by revising and altering his epistemological attitude.

Loneliness, depression and despair can be relieved through the psychiatrist's being-in-the-world as an integral part and not as a scientific observer in a detached and evaluating position.

"Choiceless awareness" (8) resolves epistemic loneliness. Choiceless awareness implies nonjudgmental, nonevaluative, nonselective receptivity of reality as a whole. Choiceless awareness is the epistemological attitude which opens up the realm of nonduality. It underlies Heidegger's "being-in-the-world as transcendence" (4). Choiceless awareness is a precondition for genuine creative response to existence.

The realization and understanding of the interdependence of mental disease and epistemic isolation can lead us to new insights and sensitivity concerning the psychotherapeutic process, communication, teaching, learning, imparting of knowledge, etc. *Cognition and consciousness become fundamental criteria of mental health and, along with authenticity of Being, the central issues in psychotherapy.*

In the last analysis, we may arrive at the momentous discovery that what we as psychotherapists say has little or no effect (unless at times detrimental), and what really matters is *what we are*. Thus we come back to a Taoist insight of over 2000 years ago pronounced by that Chinese sage Lao-tzu: "The way to do is to be."

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