

THE CONTEMPORARY CHALLENGE OF THERAPY: REMOLECULARIZING CONSCIOUSNESS

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INTRODUCTION

Therapy to be called a distinct science would be a misnomer at this time in history due to its challenge to advert to the proper data. Therapy should presuppose that the therapist knows how the human integral subjectivity of a person functions. Such an achievement can only be reached by a turn to oneself, a reflection on one's own inner dynamics. The development and evolution of psychology as a science is at that stage in which what is real is thought to be the 'already out there now', what we might call naïve realism. As long as that dominates scientific procedure the proper data of therapy and psychology will remain out of the picture.

...such human sciences as psychology and sociology... may be modeled on the procedures of the natural sciences. In so far as this approach is carried out rigorously, meaning in human speech and action is ignored, and the science regards only the unconscious side of human process. ...there is much psychology and sociology that does not recognize meaning as a constitutive and normally controlling element in human action.¹

PROBLEMS & ISSUES

Therapy at present is a professional field of practice and research divided into various sub professions. There are psychiatrists, psychologists, counselors, therapists, and sociologists, all which train to assist persons experiencing some form of mental or emotional disturbance. The psychiatrist, for the most, is trained as a Medical Clinician and becomes quite skilled at providing medication for various ills by balancing the chemistry of the patient. The remaining professions focus on dialogue or various therapeutic methods to assist the patient in overcoming emotional disturbances. These methods¹ take many forms and have evolved since Freud first initiated the process that he

¹ Bernard Lonergan, *Method in Theology*, Darton, Longman & Todd, 1973, p. 180.

named psychoanalysis. One can trace the history of psychoanalysis from Freud, to Jung, Horney, Adler, Rogers, even to the TV popularizer, Dr. Phil, the many theorists who turn out endless books on just how to cure the human psyche, and finally the thousands of self-help books that find an eager and hungry public thirsting for an answer to the ills of their life.² What is common in all of these theories and texts is the absence of the author's, or theorist's, own explanation of his or her inner life, the data of consciousness, and how it functions. This is not to say that progress is completely blocked in therapy.

Much of therapy is bringing a patient to emotive release and for others changing the way a person thinks about him or herself and life.³ There is success in many of these methods. I have been counseling for over fifteen years and the majority of people who come to me have been or still are on various medications for anxiety or depression. Some of these people have been on these medications for up to twenty years and they come to me out of frustration. They are not getting well and their own chemistry continually is fighting the medication so that the psychiatrist has to adjust medications and /or dosages from time to time. I often ask the person to ask if their psychiatrist will wean them off of the medication so that therapy can begin.⁴ Because medication keeps the chemical imbalance "out of consciousness" the emotional problem cannot be integrated into consciousness. It creates an unconscious 'dualism' in the person; the feeling of all is well until one's chemistry begins to attempt to integrate the chemical basis of a thought or feeling.

² There is a danger in many of these self-help texts as they outline a method of healing that worked for the author. Unfortunately the author may not be equipped to properly explain what or how their healing occurred. The motivation is the joy of being healed and the belief they have the answer for others. Self-analysis is a very dangerous activity and can often lead the analysand deeper into their neurosis.

³ The procedure will vary according to the cause of the emotional disturbance. In issues of bereavement emotional release is paramount but it involves time and eventually one may find that irrational beliefs are in play preventing the person from healing. See Albert Ellis on Rational Emotional Therapy (RET). Ellis's contention is that emotions are the result of thoughts and some thoughts can be irrational!

⁴ I have had little success in these requests. I have often been told that the person cannot be cured and will suffer with anxiety for the rest of their life. The medication will provide some stability. In cases of schizophrenia the issue is much more complex. The person's mental instability is often the result of early trauma combined with irrational thought. Dissociative Personality disorders usually result from similar experiences. Genetic disorders again fall into a different category. The Nova Scotia Counselling Association has applied more than once for recognition to have their fees covered by Medical Insurance Plans. This has been consistently blocked by the Psychiatric profession. There is an economic factor involved in regards to the multi billion dollar industry of pharmaceutical sales as well as the protection of the psychiatrist's own profession. Patients have told me that their psychiatrist seldom initiates any therapeutic dialogue and merely writes a new prescription or adjusts the dosage. The notion of the psychiatric 'professional' could be understood as a misnomer.

I hold with Carl Jung's statement that one should not do therapy until one has experienced therapy. But, there is a further step and that is discovering the data of psychiatry or psychology. It is the psychologist's own subjectivity. The problem for contemporary researchers in the field is the premise that objectivity resides in the notion that sense experience is reality. One cannot 'measure' or 'see' inner experiences so objectivity is not attainable. If the researcher would notice that it is his or her own judgments that 'create' objectivity regardless of whether one is reflecting on inner or outer experience, the notion of objectivity then is acknowledged as the result of objectified subjectivity.

*The neglected subject does not know him (her) self. The truncated subject not only does not know him (her) self but also is unaware of his (her) ignorance and so, in one way or another, concludes that what he (she) does not know does not exist.*⁵

Therapy is about reinitiating the integral activity of the subject. When this activity is functioning properly the chemical base to feelings and thoughts is integrating into the higher levels of activity that function within the human subject. There is first the chemical activity of the organism, the psychic performance of the person, and finally the intellectual activity of the person. A healthy person is integrating from 'below', the chemical activity. This activity integrates first into the psyche and then one decides on the final level how one will express that feeling. This integrative activity can be blocked by trauma due to abuse or death, relational conflicts, emotional disturbances such as loss or expectations not met. This list could be much more extensive. Reinitiating the integral activity of the person cannot be done by medications. Medications often repress the chemical base of a feeling or thought so that consciousness does not experience the anxiety or emotional pain that results from chemistry's attempt to integrate. Unfortunately the pain remains. Should the person ever withdraw from the medication the trauma returns as the chemistry again attempts to integrate into consciousness. Only with full integration will the emotional disturbance end. Such integration, as I said before, will quite often involve a rethinking on the person's behalf of irrational beliefs or thoughts that they may have held all their life.

⁵ Bernard Lonergan, *The Subject*, The Aquinas Lecture 1968, Marquette University Press, 1968, p. 8.

This comment brings us to a further aspect of contemporary culture. Much of what and who we are is bred into us as children within the context of the relationships, family, and culture within which we have grown. The absence of the data of psychology in this particular science is not restricted to merely that field. It is an absence that is culturally widespread. Our parenting, our education systems, the various religions, our theories and practice of economics and politics all exercise their role within the context of this absence. That absence is the ignorance of the inner subject, you and I. This is not a neglect. We cannot advert to that which we are not aware. It is the present stage of the evolution of scientific procedure. What is real is considered to be what you can see, touch, smell, hear, the data of the outer senses. But, what is it that does the adverting to these experiences? Is it you? And if it is, how do you do this 'adverting'? And what could it possible have to do with reaching objectivity?

The child, if not overly disturbed in its formation of the central nervous system during fetal development, functions quite spontaneously in terms of integration. The child will, very soon after birth, show signs of curiosity about outer experience.⁶ This curiosity keeps the integral activity occurring. Later at different stages and ages the child begins to get insights and eventually makes judgments and decisions. The integral activity fulfills itself finally in doing something. The initiation of that activity is the curiosity, a whatness that resides in human consciousness that is supported by the integral subjectivity of the levels of chemistry and psychic performance.

Study of an organism begins with the thing-for-us, from the organism as exhibited to our senses. A first step is a descriptive differentiation of different parts, and since most of the parts are inside, this descriptive preliminary necessitates dissection or anatomy. A second step consists in the accumulation of insights that relate the described parts to organic events, occurrences, and operations. By these insights, the parts become known as organs, and the further knowledge constituted by the insights is a grasp of intelligibilities that (1) are immanent in the several parts, (2) refer each part to what it

⁶ Robert Henman, *The Child as Quest*, University Press of America, 1984, chapter 2.

*can do and, under determinable conditions, will do, and (3) relate the capacity-for-performance of each part to the capacities-for-performance of the other parts.*⁷

This quotation is the beginning of a five-page discussion on the stages of development of the human subject. The study of the organism as a thing-for-us moves through the initial experiencing to question, to insight, and to judgment integrally maintaining, at first, a potential harmony with increasing control of meaning and integration. Therapy is the process that should, or could, reinitiate that activity when it has been blocked. That is the challenge of therapy. The challenge of contemporary therapy is to begin to advert to this inner activity in order to develop a systematic science of the psychological and sociological side of the person. The process of proper therapy is a re-molecularizing of consciousness. In other words, once the integrative activity is re-established the person begins to 'feel' well-the normal state of the human subject. Obviously normal is a relative term. Much of human living is accepting and living with some past event. These 'events' can become burdensome in a culture that breeds neurosis rather than cultivates the integral subjectivity of the people that live within its confines. I have written more than a little on this topic in former articles and the influence of our cultural dis-ease cannot be underestimated as cause. Unfortunately, therapy is at a loss to keep up with the escalating dis-ease, the members of a culture become increasingly neurotic, and the lack of systematic understanding of the human subject keeps the therapeutic community attempting new methods of wellness. The culture has become a neurotic environment within which each of us grows.⁸

Is this a glum depiction of global living? Yes, of course it is.⁹ But we have, as I have mentioned above, one hopeful feature, our curiosity. Just as the child asks questions

⁷ Bernard Lonergan, *Insight: A Study of Human Understanding*, CWL 3, University of Toronto Press, 1992, p. 489. This reading need be followed through to page 504. Lonergan outlines the integrative and operator functional relationship that is you and I. Also see my "Resilience and Stress in Education" on this website for further discussion on the integral subjectivity of the person.

⁸ The toxicity of the external environment, air, water, soil, noise pollution, are just some of the components of the fragmentation of our global culture. There is the far more dangerous pollution and fragmentation of the human psyche. The increase in psychic disorder increases the inability to properly deal with the earlier components listed above. Solutions to problems become complex and the problem solvers become immersed in a world of high finance, political maneuvering, and their own personal disorder.

⁹ In an earlier article "How to Grow A Child: Before the Beginning, p. 5, I remarked that one might not enjoy my solution in regards to therapy. Finding a good therapist is often a problem and many of my clients have spoken of having been to 3 or 4 therapists and had no luck. In a time of cultural dis-ease and a lack of systematic understanding of the human subject luck becomes a very important factor in healing.

reaching for solutions to its problems or its fantasies, so can the adult community. Of course, the question is, will they? I refer, for the most, to the academic community of researchers and teachers of psychology. Do we have the courage to ask; 'What am I?' Or 'What is going on in me?' or 'What am I to do?' Is it not a systematic beginning to know we have begun with the correct question and the proper data? Why are we properly orientated by a question? In Piaget's dialogues with children he asks a young child of age 8 how the child knows. The child responds; "Because you ask me questions." That answer is on the mark but Piaget missed the extreme empiricism of the child. Even the great1 thinkers can avoid themselves. There is a power in the question that lifts you and I not only beyond the cultural refuse, but also integrates the lower levels of activity that cannot be finalized on their own, and then there is the possibility of insight that lifts the subject to even stronger heights of integration.¹⁰ In other words chemical disorientations cannot be resolved on the chemical level. A level of higher and more complex functioning is required to assimilate, integrate, and resolve the underlying problem. The drive of a quested consciousness can keep one 'outside', in some sense, of the cultural malaise. But if one is already disturbed before discovering this drive or before it is fully initiated a therapist may be needed to 'run' interference in helping to heal the emotional states or mistaken beliefs that are inhibiting the drive of one's curiosity.

This is a central feature of the problem in contemporary psychology and therapy: the non-advertence to our own inner functioning. The data of therapy is the meanings that are a derivative of the elemental dynamics that constitute the structure of consciousness. The structure of consciousness is intrinsically driven to a finality that integrates human activity on the chemical and psychic levels.¹¹ This ... *theoretic search is a slow molecular one, and to find and cultivate this is to step out of the axial period.*¹² This axial period that McShane speaks of is one of fragmentation. Human consciousness is not only

¹⁰ *Insight*; p. 227. See remarks on Harry Stack Sullivan and the role of insight in therapy. H.S. Sullivan, *The Interpersonal Theory of Psychiatry*, New York, W.W. Norton, 1953. "teaching individuals something about themselves is a significant component in psychotherapy..... successful teaching is a communication of insights." pp. 338-339.

¹¹ Philip McShane, See his *Joistings* 3 & 4 on his website at <http://www.philipmcshane.ca/> McShane writes of the power of the question and the need for a molecularization of the human subject in its "vital orientation that ranges over the human conjugates of physics, chemistry, botany and zoology."

¹² *Ibid.*, *Joistings* 4, p. 9. Stepping outside the culture is not necessarily spatial. It is psychological and intellectual but it must also become molecular if the 'stepping out' is to involve the entire person and be an authentic leap and reach beyond the neurotic schemes of contemporary culture.

unknown, it is also disturbed by the neurotic functioning of its attempts to create life and make life more livable.

*What I want to communicate in this talk about art is the notion that art is relevant to concrete living, that it is an exploration of the potentialities of concrete living. That exploration is extremely important in our age, when philosophers for at least two centuries, through doctrines on politics, economics, education, and through ever further doctrines, have been trying to remake man (people) and have done not a little to make human life unlivable. The great task that is demanded if we are to make it livable again is the re-creation of the liberty of the subject, the recognition of the freedom of consciousness.*¹³

I am tossing out hints as to the context in which people are presently living and seeking therapeutic advice. There was a Third force in psychology represented by people such as Abraham Maslow¹⁴ in the 1960's. This work did take on the form of appreciating the interiority of the human subject. Karen Horney is another psychoanalyst who has also pushed for self-understanding. Over the past 4 decades research has been caught in a mire of statistical studies with no advertence to the actual data of therapy. At present research is bogged down in post modernist debate in an effort to contextualize and deconstruct culture and all its components. The problem there is that the postmodernist has not worked out what a context is in systematic terms appreciating genetic method, heuristics, statistical method, historical meaning, and all of this developed into a perspective grounded in the dynamics of human knowing.¹⁵

Many psychologists and counselors are doing far better work than most psychiatrists simply because they create dialogue with their patients. Cultural conversation has enshrined itself within a form of convention that allows for little or no

¹³ Bernard Lonergan, *Topics in Education*, CWL 10, University of Toronto Press, 1993. p. 232. Lonergan made these remarks originally in a series of lectures in 1959 in Cincinnati on the Philosophy of Education. I would think of his term 'again' within the context of tribal or compact consciousness. It has not been the experience of consciousness for some millennia.

¹⁴ One of Maslow's now somewhat common known remarks is that "less than 1% of adults grow". Which side of the stat are researchers and psychiatrists on? A question to reflect on perhaps?

¹⁵ Postmodernist thought is bringing to the forefront of academic work the issue of prejudice. It is doing so within the context of their own fragmentation rather than from inner self-discovery. This method does not contribute to the psychic healing of a people. The denial of a foundation in intelligence retains the common sense mode of thinking.

expression of the existential subject and one must pay at least a hundred dollars an hour to have a sincere conversation. Furthermore, you have to book an appointment to do so! 'Rich' times.

MOLECULARIZATION AND THERAPY

The data of therapy is the elements of one's own consciousness and the meanings that result from such activity.¹⁶ This also need be backed up by an understanding of the integral subjectivity of the person. That subjectivity is operating out of the physico-chemical, organic, zoological levels of activity ever unfolding towards more complex systems of functioning. The ignorance of this functioning can leave the therapist down misguided paths, not only by one's professor, but also by one's patient.

Let us see if we can get "at" this inner functioning.¹⁷ It requires an odd shift in presence. We can be present to others in searching out the meanings of their talk. We can also be present to ourselves in noticing what goes on in us. Our first effort hopefully begins with a question such as 'What am I?'. Think of oneself as gift. Our existence is not requested, it is given. We did not have to be but we are. This existence has the ability to care for itself. That caring is manifested in one's questions, insights, judgments, decisions and actions. In other words, we have the ability to 'care' for ourselves through these dynamics. If these dynamics are unknown to us our 'caring' for ourselves can become a dependency of others caring for us that is fostered in early childhood and cemented in the neurotic interplay of growing in a fragmented culture. This is your life and you have the elements to create your life intelligently, reasonably and responsibly.

This form of presence to our self is a self-awareness that can blossom forth into self-understanding and for the therapist a foundation upon which to assist others. These inner dynamics function within all of us. But one can use these dynamics to cultivate one's neurosis eventually into a psychosis. For the dynamic of a neurosis is survival and it will direct the elements of consciousness to its own survival. The source of that directing is usually a blind spot, a scotoma, within the person that requires the insight of the

¹⁶ See my "Judgment, Reality and Dissociative Consciousness" *Method: Journal of Lonergan Studies*, Vol. 18, No. 2, Autumn 2000. For a discussion of inner meanings and how a person operates solely out of their inner world. Also see Lonergan, *Insight*, pp. 215-223 for a discussion of Scotosis, Repression, Inhibition, and the role of insight and blocking of insight in the development, as well as the neurotic functioning, of the subject's inner world.

¹⁷ Philip McShane, *Joistings 5: "Genetic Systematics"* p. 2 and following on how to get 'it' across, where 'it' means the pattern of operations within you and I. See McShane's website <http://www.philipmcschane.ca/>

therapist to pinpoint and help the person become aware of the scotoma and overcome the hold it has on consciousness and personality development.

The challenge of contemporary therapy is to establish the foundations of the inner dynamics of the person. This can lead to a healthy chemical balance in the person, by re-molecularizing the human person and I mean not only a chemical balance but also an increased sensitivity to the world of outer and inner experience. One begins to feel the destruction of noise and it is not just a neat idea to cut down on it. That neat idea needs to be grounded in an abhorrence that is felt in the bones of a person before it can become a way of life. Contemporary culture thrives on its sensateness, its need for more invasive experiences, as if we would shock our minds out of thinking. For thinking in our times also manifests the cultural dis-ease and to put it bluntly-Who needs it? This drive for experience and avoidance has a further spin-off. It desensitizes us to the escalating dehumanization of ourselves. Tribal cultures were, you might say, one with the environment. Native people's conscious sensitivity reached out into their experience much as a good pianist reaches for the keys. The fingers just go there as if the keys and notes were waiting for their touch. It is an extension separated only by time and space, not by some naïve notion that the keys are 'already out there now', and then the harmonious feedback of sound that moves the performer forward. My image may not immediately appeal to you but perhaps you have some similar experience in your own living in which you move out of the fragmentation of your self into a world where your whole being is absorbed and it may only be when enjoying sexual pleasure. But are you a quested-lover? At least you have one experience from which you can extrapolate and appreciate the disorientation of contemporary living and the neurotic fragmentation of human consciousness bred by a culture unknown to itself.

CONCLUSION

I have been oscillating around the therapist and the patient in a small effort to outline a problem in the emerging science of psychology that has extreme results in therapy. There is the need for two levels of ongoing collaborative activity;¹⁸ 1) the need

¹⁸ Bernard Lonergan; *Method in Theology*, Lonergan outlines a method of functional specialization that divides up the various tasks associated with any science. Psychology is in need of such a division of labour but it need be grounded in the dynamics of the researcher's subjectivity. Functional specialization would

for psychology to become a proper science, and 2) the reorientation of culture. Both these activities are rooted in the activity of self-discovery. Such an emergence will take us well beyond the 21st century. But perhaps enough has been said to offer a curious mind a direction, a perspective on the problem, and the long-term solution to that problem. It begins with the individual who is willing to take up the task of discovering his or her own inner dynamics.¹⁹

over time provide a recycling of results leading to a higher probability of successful insights in the field of psychiatry.

¹⁹ I have referenced Bernard Lonergan and Philip McShane as focal sources for those interested in taking up the challenge. Both authors stand out in their commitment to self-discovery within an explanatory context. If these works appear at first complex and difficult then you are headed in the right direction. The common sense notion of science and of understanding would rather us find understanding easy. It is properly not so. Understanding our own dynamics and the relationships within those dynamics goes beyond the difficulties that many of us experience in working through theoretical physics. We expect that of physics but common sense mistakenly assumes the human dynamics to be easier. A bias to be overcome only by making the attempt.