

## **Working with Emotions in Daseinsanalytical Group Therapy**

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The omnipresent characteristic of so-called mentally ill people is their problems with emotions. These can take the form of all kinds of symptom, but expressed in the terms of daseinsanalysis their common denominator is that the ill person does not have a free relationship with them. This is manifest in two overall forms: on the one hand the feelings are inaccessible to their bearer, or on the other they control him to the detriment of his authentic existence. Feelings may be said to be the common theme of probably all schools of psychotherapy and the successful resolution of feelings is one of the observable signs of the effectiveness of the psychotherapeutic process in general. Long-term therapeutic work with the patient and its monitoring shows, however, that the question of feelings is far from simple.

According to daseinsanalysis, emotions fall into the sphere of existential "attunement" (see Daseinsanalyse, 2006). Feelings are considered in connection with tuning (die Stimmung). Daseinsanalysis rejects the long-standing Aristotelian-Cartesian idea that feelings are the mere ephemeral accompaniment of knowledge and action. The under-valuation and trivialisation of feelings has a long tradition in Western thought and essentially continues to this day, even though there have of course been a number of cultural reactions to the one-sided rationalist or scientific approach, for example Romanticism or the New Age movement today. Distrust for emotional experience arises from the deeply rooted notion of philosophy that man governs himself, or at least for his own good should govern himself by reason, in other words by purely objective information and their calculation. This attitude is, however, mere wishful thinking. One of Heidegger's greatest contributions can be considered his introduction into philosophy of the phenomenon of "tuning" (die Stimmung) (see Feher, 200-).

Yet from the point of view of psychotherapy there is a huge gulf between the experienced emotion and the phenomenon of "tuning", even though both contribute to how a person "finds himself" (die Befindlichkeit). The Czech phenomenological philosopher Jan Patočka emphasises in his *Socrates* that what is thought by philosophy is something universally valid without regard to individual opinion (Patočka, 1991). From this fundamental point of view psychotherapy is the complete opposite of philosophy in its approach: in psychotherapy the concern is precisely with the unique existence of the person in therapy.

When Heidegger defines the phenomenon of tuning (die Stimmung) in his essay "on Truth and Being", he explicitly insists that in this context one cannot take feelings as starting-point (Heidegger, 1971). In his exposition of tuning he starts directly from orientation towards Being itself, which remains un-experienced in terms of feeling. Tuning too remains un-experienced, even though in a certain complicated way it is the source of our feelings.

The same order applies in the case of the individual existence. On the other hand, we are less interested in specific fundamental forms of tuning than in the aggregate tuning of the individual existence of the ill person and the program of his being. This aggregate tuning of an existence is composed of a wide range of possibilities. In this context we need to start from Heidegger's idea of the inseparable connection between tuning and understanding (Heidegger, 1977). Tuning is always already directed towards understanding and understanding is always in some way already tuned. This indissoluble connection is also the basis of the kind of meanings that we perceive in what encounters us. This selective

understanding is also involved in determining how we respond to our environment. This tuned understanding can be discordant with the matter that makes its demands on the individual - a situation which also applies to the special case of mental illness. Treatment and possible cure then consists in a re-tuning of the overall existence of the mentally ill person. (Boss, 1975). In the context of healing, Condrau (1989) speaks about a change in the understanding of being. But this understanding of being is always already tuned and so cannot be changed without change in the overall tuning of the former patient. The inseparable connection between tuning and understanding, however, just as immediately includes existential co-being and individual history, i.e. the story of the human being. Corporeality has an indissoluble share in feelings.

In daseins-analytical therapeutic practice, of course, we work with immediately given, naturally unified expressions and matters. The natural and original unity of tuning and understanding is usually seriously impaired, however, to the advantage of so-called rational knowledge. This rational approach is likewise integrally connected with a certain type of tuning, which is distinctive for strongly restricting the experience of feelings, or in other words keeping them concealed. In today's world, when a large number of young people earn their livings by working with computers, this informational, or technical tuning presents us with a major therapeutic challenge. Unfortunately, however, psychotherapy itself in both its course and result is threatened by this "rationalism", or "intellectualism". What happens is that the patient already "knows everything" and intellectually understands himself and his illness, but nonetheless the therapeutic results are very meagre. For an important and permanent change in the structure of the individual existence it is not enough just to know; it is equally important to feel.

Let us first clarify what feeling is! Above all feeling is not a mere experiential accompaniment or expression of a certain kind of tuning. To suggest this would put us back under the influence of Aristotelian rationalist prejudice. If we have in mind the unending, mutable stream of experience, feelings are what tell a person how he is doing at the moment. But then we have to ask: how he is doing with what? The answer follows from the determination of human existence by the human person's concern with his possibility of being.

Because every existence is always uniquely proper (jemeinig) to someone, every living human being is concerned with the free possibility of being himself (von Herman, 2006). Feelings therefore tell us how we are doing with the fulfilment of the possibility of being ourselves.

This is the sense of the observation that feelings are crucial for mental health and so also crucial for its renewal in psychotherapeutic practice. If a person does not experience how he is doing with the fulfilment of his possibility of being himself, he loses contact with himself and loses himself. Thus he is of course disabled from freely existing in his own proper unique way. This so-called authenticity is no ethical ideal or speculative norm, but a life necessity. Not even the formulation of the daseins-analytic therapeutic goal from the positions known as "ereignisdenken", which require that a healthy person rely on what the abyssal depth of Being itself gives him, cannot work without feelings, because without feelings a human being would not be able to recognise which "ereignis" truly belongs to him, nor would he be able to understand it correctly.

\*The absence of feelings in the case of mental illness has a range of degrees and forms. This range runs from practically complete emotional emptiness, when the patient claims that he has no clue as to what a feeling is like, to a state where a patient has feelings, but through a

rationalist assessment that has become automatic shifts them away into insignificance. This includes the case of a female patient who does not allow herself to release emotions and is instead assailed by physical feelings (numbness or burning). We have also treated a patient who showed all the visible and audible symptoms of tuning, but at the same time did not experience any feelings. Another example was a male patient who so suppressed his excessively strong emotions (including positive feelings) that all that all he was left with was a panic anxiety, which was telling him how massively he was narrowing, i.e. emptying his existence.

What kind of approach and technique do we apply for releasing feelings? In the first place we start from the discovery that the absence of feelings is in some way motivated and arises from certain motivating contexts. We ask what kind of sense it makes for the person concerned not to be experiencing feelings. We take his present as starting point but it is appropriate to consider his private history, i.e. his story as an individual. It was in this history that he was motivated to the conviction that having feelings is bad. It is not enough just to get the patient to practise experiencing emotion; the motivation for the hiding of feelings has to be removed.

The therapeutic technique leading to renewed experience of feelings draws on Heidegger's philosophical insight that "moods assail us" (fall on us?) (Heidegger, 1977). Naturally this goes for feelings as well. We have in any case confirmed its validity by questioning patients who cannot feel, and hearing their admission that "something flashes" in their consciousness, but it immediately vanishes again and they feel only emptiness. On the basis of this observation we can suppose that feelings also assail those who do not fully experience them, but these people are afraid of them and turn away from them. This becomes automatic and this "automatism" has to be stopped. This can be achieved if the feelings cease to be threatening to the patient.

How is the experience of feelings released in psychotherapeutic practice? In group therapy this is a complex process. In the first place it is made easier by the fact that patients can unwittingly serve as a natural example to others, because some people are in a better state than others. Another facilitating factor is the mutually accepting and respecting tuning of the group as a whole. Understanding of the meaning of feelings and their free experience is mediated to the patient at the same time.

The experience of feelings directly in the group "here and now" is crucial. It is precisely in immediate encounter that a chance arises to explore the experiencing of feelings entirely "live". Direct interaction in the group allows questioning about feelings. This turns the patient's attention to the possibility of experiencing them. Everything has to take place in an atmosphere tuned to full acceptance and without pressure: the feelings are not forced, merely helped to thematic presence. Selective suppression of some feelings is more common among patients than complete affective emptiness. Most often these are feelings of anger, superiority, self-love, strong sentiment etc. (This also conforms with the patient's illness)

Problems with admitting and defining feelings can be moderated on the basis of the unity of tuning and understanding (Heidegger, 1977), because every description involves a certain tuning and summons up some kind of feelings. This can be exploited in stimulating patients who do not experience emotions. For example, a patient might describe some episode from his life in an indifferent way. The other members of the group notice this and express how they would experience the specific situation or event. (This is not, of course, intended as something imposed, but as pure communication of their own feelings). The narrator of the

episode can then discuss with the others how he himself feels or does not feel. This cooperation in the group is made possible by an atmosphere of mutuality and communication. Pathological bodily feelings (e.g. burning, numbness, pain etc.) are a special case. The exploration and understanding of what they mean frees up the natural experience of emotional relations and so removes the purpose of their somatisation. (for example a patient who was reluctant to feel anger instead suffered a numbness in her arm that more or less paralysed it).

Daseins-analysis does not of course concern itself with the experience of emotions in order to get the patient into a state where he behaves purely on the basis of emotion. Nonetheless, no one can avoid the involvement of emotions in decision-making. This becomes striking particularly when there is a conflict between knowledge and tuning. For example, a patient may already know and know how to say "no" again, but a strange complicated feeling from the past ultimately prevents him from doing so in practise. Even a detailed analysis of this feeling will not necessarily help him to greater freedom. In the end we see the validity of the psychotherapeutic guideline that an emotion is needed to deal with an emotion. But how can it be summoned up? Nobody can order feelings around! This is true, but we can put the patient in the way of being assailed by the kind of feeling that is appropriate. It is a matter of turning the patient's attention from childish feelings from the past to a feeling that is current, that is really to the point. For example the therapist could ask the patient what feeling he has about what happens when he doesn't say "no". He can be relied up to be assailed by some feeling from the circle of active self-defence (for example anger, bitterness, disgust and suchlike). This turns against the hitherto automatic feelings leading to submissiveness and gradually replaces them.

Work with feelings in daseinsanalysis is not conceived as a technique. Problems with experiencing and recognising feelings are individually unique and every solution must be "tailormade" for the particular patient. All the same, it is essential to understand them in the context of the whole existence of which they are an inseparable part.