

CHAPTER 1

Questioning Words—Reviving Time

“There is another solution as well” means: there is something else that I am prepared to call a “solution.”

—Wittgenstein, *Philosophical Investigations*, p. 140

INTRODUCTION

In this chapter, I reconsider from a philosophical/spiritual perspective many elements of psychotherapy that, unfortunately, have become known among therapists, clinical instructors, supervisors, interns, and many clients as “the basics.” This includes:

1. Ubiquitous and privileged past referencing and transference interpretations and etiological explorations (and the kind of “time,” “lifestories,” and “identities” this creates, and the other times, lifestories, and identities it eclipses);
2. The “rule of abstinence” regarding client gratification and therapist self-disclosure and other verbal proscriptions (and the kind of clinical/human relationship this rule creates or models and others it aborts);
3. A singular reliance on empathy (and the emotional realm this reliance fosters and other realms that it withers);
4. A select (limited) vocabulary of emotion descriptors, pathologies, and therapeutic metaphors (and the Wittgensteinian “forms of life” created or avoided by this vocabulary).

I have said “unfortunately” in that such ensconcing terminology squelches innovation and scrutiny of these concepts and practices—mainly those of psychoanalysis, object relations, self-psychology, and their popularizations, including recovery psychology and self-help. Although “basic” only to these theories, they are often used as pseudo-proven criteria against which innovation is assessed or even allowed. “First learn ‘the basics,’ then you can branch out,” is the guidance given to trainees, as if these basics are any more than unverified psychoanalytic persuasions that will become tools of persuasion with their clients. As Bouveresse notes in *Wittgenstein Reads Freud*:

The mistake of psycho-analysis is . . . not necessarily to use persuasion the way it does, but rather to refuse to recognize that this is essentially what it is doing and to underestimate the considerable dangers this use involves. (Bouveresse 1995, p. 125)

And, as Wittgenstein noted after years of detailed, “disciple-like” study of psychoanalysis:

The enormous influence of psychoanalysis in Europe and America [is] harmful—[and] “it will take a long time before we lose our subservience to it.” To learn from Freud you have to be critical; and psychoanalysis generally prevents this. (Wittgenstein 1967, Rhees’s notes in *Wittgenstein Lectures and Conversations*, p. 41)

For example, how basic concepts of *individuation* or *client-centered inquiry* are widely understood dictates that therapists accept a client’s praise with “I wonder why you feel a need to praise me?” Thus unfolds “the therapeutic process” with the predictable self-pathologizing answers: “Why? It’s because I’ve always taken care of other people.” Or, “I’m afraid if I don’t, you won’t like me.” Or, “If I don’t you’ll abandon me.” It *sounds* centered on the client’s process (real inner world), but in myriad ways the characteristically intoned question already carries with it the therapist’s whole theory—now well known to many therapy consumers as pointing to certain “right” answers that must not be denied. And since there is obvious goodness in empathy, concern for the individual, and so forth, it takes perspicuity to grasp when unwitting iatrogenic side effects have devolved. Consider by contrast the unfolding of soteriological basic responses to deepen gratitude and appreciation, basics that conventional therapy might not at first appreciate.

CLIENT. “You’ve really helped me a lot.”

THERAPIST. “Thank you, and you deserve to know how nourishing your praise is to me and I believe to anyone you might give it to.

CLIENT. “Well, I didn’t know my appreciation could be nourishing to you, so that makes me feel that I must be, well, nourishing. But as soon as I say so, I feel embarrassed.

THERAPIST. You have become shy. There is a glow about you from taking my appreciation to heart.

CLIENT. I feel both good and uncomfortable.

THERAPIST. Receiving, as great as it is, is challenging. We can only feel appreciated as much as we let it in, and others get to know how nourishing they are mainly to the degree that we receive their appreciations. So, I want to receive your appreciation for your sake and mine, and as a model for all our relationships.

Supplementing analytic “thinking” with evermore skillful “thank-ing” (“meditative *danken*” is to replace “calculative *denken*” as foundational consciousness, as Heidegger mused regarding closure in the long reign of reason in Western cultures) in the therapeutic project is part of exactly what I am proposing. The results of permutations of this simple method taken to ever subtler and more precise levels, I am prepared to say, exceed what might be expected.

But read psychoanalytically, the therapist appears to be intellectualizing; and shouldn't he have explored his client's discomfort instead of giving a sermon? Must be his countertransference and narcissistic needs taking over. On the other hand, can we ever climb out of such suspicious analytic narratives onto more innocent ground? What would a therapeutics of giving and receiving look like?

Indeed, it is common for the therapized to make life imitate therapy such that “processing” (analyzing in ever-expanding contexts [dreams, original pain, family history, addictionological, and enneagram or other characterological analyses] *how* they go awry) displaces at home the same giving and receiving that it displaced in therapy. As Crews (1993) noted, psychoanalysis is “the method least likely to be ‘over when it’s over.’”

Individual clients analyze and reexperience their childhoods for years while being taught to see and describe their current problems as symptomatic of mere “repeating patterns” and “issues.” The analytic joy of identifying a pattern from childhood eclipses the tremulous joy of the unique and fleeting present, a joy whose first glimmer is so challenging to feel that without another sort of therapy to help us move into its flux, we back into far less satisfying past-tense narratives. And most times, the conventional therapist and her theories have helped us to do so, unknowingly missing the very present she so much seeks.

Paraphrasing John Lennon, “Life is something that happens when we're busy analyzing yesterday's conversation.” The transpersonalist's retrospective concern with in utero, neonatal and, of course, past-life experiences can preoccupy therapist and client even longer. And even granting the mystery of reincarnation, I have yet to hear of a transpersonal interest in the possibilities of future lives.

This overbearing augering into an etiologicial past presses so much upon some clients that the question of therapist-induced false memories has arisen and naggingly persists. Capping the matter, we learn from non-therapist historians that, in his zeal, Freud practiced such induction as his very method from the beginning. Thus, over the past one hundred years, wielding the basics has become an end in itself, a dogma and, at times, an iatrogen. As James Hillman's 1993 book title scoffed, *We've Had One Hundred Years of Psychotherapy and the World Is Worse Than Ever*.

Following its singular etiological trajectory, conventional therapy comes to overusing its own limited terminology leading its popularizers into diagnostic hypergeneralizations and bizarre etiological assessments. We see this in A. W. Shaef's wild claim that everyone is "codependent" and John Bradshaw's stunning assessment that the average American childhood is equivalent to the Nazi holocaust.

And further inspection reveals distorting overusages of more common words such as *anger*, *unmet needs*, *wound*, *grief*, *pain*, *caretaker*, and *abandonment*, encased all together into a head-nodding and rather maudlin jargon. Thus, to the onlooking media the term *therapeutic culture* does not connote a healthy culture but is instead a derisive jibe at those whose chief joy is in complaining.

Via metaphors that characterize reviewing the client's childhood as a "reaching down," a "going deeper," and an "uncovering of the 'real' truth," the basics give itself further appearances of being "truly foundational work." Yet, these metaphors overburden the (psychoanalytic) past, and skew our gaze on the present and into the future in often barely detected ways.

For example, therapists of various schools of thought are trained to suggest to their clients, "You seem to have another *deeply buried emotion* "X" *beneath* your expression of "Y" (where X is typically "anger," "sadness," or a "sexual" sentiment and Y a smile or off-hand remark). Following the basics, therapist and client then proceed not only as if on firm ground, but as if moving onto more firm ground ("deeper," i.e., bedrocklike) than was being initially presented by the fleeting immediacy of the client's smile or quiet warmth of the casual remark where, now, the "real work" will take place.

The possibility of distortion or iatrogenic side effects of such metaphors and the suspicious searches they engender becomes hardly worth considering. Beginning with Freud, the model of the therapist as courageously digging into the past and avoiding the "superficialities" of the present and, often, anything that does not fit his psychoanalytic theory, still prevails. As Freud instructs:

[A]s a rule, the [forehead] pressure procedure fails on the first or second occasion. The patient then declares: "I expected something would occur to me, but all I thought was how tensely I was expecting it. Nothing came." . . . We can say in reply: "It's precisely because you were curious; it will work next time." And in fact it does work [*sic*]. . . . The work keeps on coming to a stop and they keep maintaining that this time nothing has occurred to them. We must not believe what they say, we must always assume, and tell them too, that they have kept something back they thought unimportant or found it distressing. We must insist on this, we must repeat the pressure and

represent ourselves as infallible, till at last we are really told something. . . .

There are cases, too, in which the patient tries to disown [a thought] even after it returns. “Something has occurred to me now, but you obviously put it into my head.” Or, “I know what you expect me to answer . . . it seems to me as if I’d put it in deliberately.” In all such cases, I remain unshakeably firm. (Freud & Breuer 1955, pp. 278–80)

Pressure (now merely suggestive), suspicion (often hidden subtly in “empathic inquiry”), unshakeable conviction in one’s theory as if it were a proven fact, discrediting of the patient’s doubts (and any Experimenter’s Effect), “till at last we are really told something.” This is the spell-casting, traditional way into analytic depths.

Indeed, the *metaphoric sense* of equating “depth” with analyzing the past is typically lost to the *seeming* literality of the image it has conjured. The significance of the fleeting immediacy of the client’s smile, the evanescent pleasure of the shared pleasantry, coup d’oeil, are eschewed (with a chidingly authoritative raised eyebrow for the “naive” therapist who would be “distracted” or “seduced” by such “superficialities” and miss what they “hide”) as trivial coverings.

There is scant room for the mystery of life unfolding with its alluring/daunting uncertainties and ever-emerging novelties. The image of “reaching upward,” for example, is rarely to be found, as if only Freud’s “future of an illusion” or predictably pathologized “idealizations” lived in the metaphors of heights. Even his inmost soul, no longer the profoundly resourceful mystery of immortality it has been for centuries, is merely another differentially diagnosable stratum of psychiatric vulnerability or, at most, a taste for umbral art and melancholic poetry.

Yet, perhaps those nervously hopeful smiles and impermanent pleasantries have a far more useful and profound clinical purport. Perhaps within other, haikulike depths—those of the mercurial present—is much of the very health we seek. As those inspired by Wittgenstein’s acute linguistic studies have noted, “Attention to surface detail can, if done rigorously, be radically transformative” (Scheman, liner notes in Genova’s *Wittgenstein: A Way of Seeing*, 1995).

Furthermore, what about the engendering of any anxious or even gleeful suspiciousness regarding unsuspected things insidiously—that is, with “unconscious” prater-intentionality—hidden and “buried within” by us, by time passage itself or by *something*? In what ways might this backward/downward suspicious mood, sustained (via the regularly deployed metaphors) week after week for years on end, effect (iatrogenically?) the client’s habitual regard for his contemporary world? No wonder he comes to agreeing with his therapist and sees past patterns throughout his current life! No wonder he looks more to his inner child

(or, rather, is attracted to such metaphoric devices) for resources than to his contemporary adult life. His therapeutic narrative has come to constraining his descriptions of the present-future. Having given up on the possibility of untapped adult potentials, psychology pins disproportionately all its hope on the infant and child, literally and linguistic-metaphorically.

The chronic pose of self-suspicion and the temporal domains of a bloated “past,” an attenuated “present,” and a minimalist “future” into which the client’s life is shaped is the playing field for this so alluring truth game. Here is the fashioning of the generic psychotherapeutic lifestory: the erstwhile schizophrenigenic mothers and primal scenes; the abuse histories and the singular past trauma therein which now shapes nearly every aspect of the present; the adult-children syndromes, issues, patterns, baggage. Thus, transpersonalist Ken Wilber (1996) has critiqued conventional psychotherapeutics as a “hermeneutics of suspicion.”

But what if as stated in Taoist and tantric metaphysics, Buddhist *anicca* (impermanence) doctrine and in existentialism, the temporal foundation of existence is itself shakier, more fluid, and emptier of precedent “explanations” and “causal agents” than therapist and client have come to believe? And how does the phenomenology of temporal impermanence itself—nostalgia, expectancy, uncertainty, indeterminacy, evanescence, aging—permeate all psychological events and hermeneutics? As philosopher David Wood notes in *The Deconstruction of Time*:

[“Eternal recurrence” time] can be treated as a description not of repeated *content* of experience, but of the dynamic structure of experience—the rhythm, the pulse of excitement and fatigue, of arousal and consummation, of exhilaration and passivity, of the rising and setting of the passions. . . . It is this *movement*, the movement of becoming, that is repeated eternally. Or, with Deleuze, one can say that it is *the returning that returns*. (Wood 1991, pp. 29–30)

Yet, if the temporal ground of relationship, emotionality, and the “real psychological meaning” of time and its “developmental” events are shakey *ontologically*, the conventional therapist might never know. For his method of inquiry sways and merges exactly with the nostalgic pathos his very queries engender in his client: “What, I *wonder*, is *beneath* that ‘smile?’” inquires the therapist; “It must be *something!*” synchopatedly shudders every client so questioned.

That impermanence—with its fleeting and ever-aging body language of charming innocences and mortal vulnerabilities—underlies each moment is missed. And from this more mercurial ground, the bedrock of analytic “certainties” begins to shimmer disconcertingly. As Lyotard

admonished regarding trying to remember the indelible holocaust, “memory” at best must not be asked to bear too much in establishing an emotional truth, as if a final recovery will then ensue:

[T]o fight against forgetting means to fight to remember that one forgets as soon as one believes, draws conclusions, and holds for certain. It means to fight against forgetting the precariousness of what has been established, of the reestablished past: it is a fight for the sickness whose recovery is simulated. (Lyotard 1990, p. 10)

Where the present is precarious and mercurial, so does the past become a mutable ground for soteriological redemptions, and not merely etiological analyses. To learn the lessons of history so as not to repeat its worst nightmares is far more a matter of awakening to shared hopes buried beneath any tragedy and learning how to cultivate them. While reviewing the past may awaken insight and release pent-up emotions, the former awakens the soteriological powers of the soul, a difference that can open up another sort of past, present, and future time altogether.

Thus, from this other temporal ground, one that is self-admittedly shakey, uncertain, and endlessly fleeting, existential psychiatrist Medard Boss discerned the pervasive iatrogenics of what he only somewhat facetiously called “psychoanalytisis,” a chronic and global mood of self-analyzing suspicion which can impair personal action.

Instead of staying close to the immediately observable appearances of the world, [those with psychoanalytisis] disregard them and speculate about what is “behind” them. . . . Instead of dwelling in openness toward the things and people they encounter, they “interpret” these same phenomena . . . [and are unable] to penetrate beyond the concepts and interpretations of psychoanalysis . . . [while] genuine freedom and openness is always experienced as a threat. (Boss 1963, p. 236)

The client barely learns to walk and create on the grounds of existential uncertainty, temporal impermanence, and soteriological possibility. How can he, when so many contemporary happenings receive the therapist’s backward spin and “the past” he discovers has little bearing on the powers of his soul and their worldly maturation? Must therapy always aim low?

FROM AN OVER-DETERMINING “PAST” TO THE FLEETING IMMEDIACIES OF A “DEEP PRESENT”

Yes, there most certainly are side effects to this psychoarcheologist’s metaphor. Without any check or balance or self-critique, “going deeper”

into “the real work” comes to mean always a going into the etiological past—thus it is always a malevolent, subterranean past. Like the superficial smile of the present, reported positive, inspirational events from the past are often pathologized as a denial of something else, a covering over or evading of the “real” matter. Or, at most, anything good is to be known only tragically as what was lost or taken away so that even this goodness is made into a mournful pain. That the sheer novelty and wonder of the present should have any inherent (nontransferential) “depth” often becomes unthinkable. In the psychoanalyzing narrative, anything redeemable from the past and life in the haiku-present typically slip into oblivion.

The health that lives as the aesthetic-affective movements of present-ing itself is missed. For its hermeneutic of mercurial immediacies, shy blushings, trepid hopeful smiles, and sheer impermanence does not exist for the conventional basics. But what if Freud had not been an amateur archeologist but had instead been a rockclimber, a white-water canoeist, or an improvisational jazz musician whose attention is constantly drawn forward into the uncanny depths of the never happened before NOW? What basic metaphors and practices of therapy might have been crafted then?

Another economy of time would now prevail in psychotherapy where “the past” is overlit by and consumed in the ever-fleeting opportunities and ideal possibilities of the emergent present-future. In such present-focused activities, one looks for possibilities in every newly emergent crevice or hears opportunities in every warbling tone and quivering smile. Imagine a therapeutic commitment unswervingly threading its way from one glimmer of hope to the next, amid even the most threatening turbulence.

Here the clinical hermeneutic is one of unfolding mystery, transmutable crises, and uncertain possibilities. The conventional aesthetic of “wounds,” “boundaries,” and “patterns” is replaced by one of “difficulties,” “respect” and “novelty.” Focus is on the subtlest increments of progress and what the client could learn to say or do or think in order to sustain that subtlest increment of progress and, with the therapist’s help, to build from it—again and again and again. Perhaps it is only in the poignantly elusive eye-to-eye present that past tragedies can be redeemed, that vengeance bows ashamed and quells its echoings. So uplifted and free, we would have to begin to wonder: How far can love, hope, and forgiveness go?¹

Lines of therapist dialog that begin, “I really admire you,” or “Thank you for trusting me,” and move through the layers of disbelief, fears of obligation, resisted blushes of shyness, pride, nourishing-then-clinging-then-releasing appreciativeness, and further into a matured awakening into evanescent, shared presence, renewed optimism and the regeneration

of the life-web of aspirations, involvements, and relationships. Beyond the conventional horizon, beyond the habitual retrospective gaze, another therapeutic ground can emerge: the moving ground of YHWH, continuously emergent Is—a naming that, strangely, embarrasses us as if to call time “God” were grandiose or mere new-age fluff! As Dionysius the Areopagite wrote in the late fifth century: “For He Himself is the Eternity of the ages and subsists before the ages” (Rolt 1966, p. 135).²

In a soteriological therapy, the skills of observing for and engaging with even flickering or ambiguous innuendos of hopefulness overarch all empathic listening and replace much mirroring, uncovering, and etiological interpreting. These innuendos are often found in the intricate folds of irony (not mere repetition) or hairsplit compromises between one degree of progress and the next.

TOM. It’s been going on poorly for ten years. I feel all this hostility from you and yes, although I’d like it to get better, I don’t need it to anymore. It’s okay if it doesn’t, it’s really okay! Maybe it should end, that’s another possibility, while we’re still in our thirties. I don’t know.

THERAPIST. I’d like to ask you to do something, but it’s okay if you don’t, if one of you doesn’t want to, but would you each be willing to reach across and touch finger tips to each other.

TOM. No, I don’t want to. No. (Pulls away)

JIM. (simultaneously): Yes, okay.

THERAPIST. Then Jim, can you reach out and just allow Tom to look at your out-stretched hand and just keep it there? And Tom, you can just see his hand there.

JIM. Okay. (Reaches out, two [long] seconds go by)

TOM. (Suddenly reaches and clasps Jim’s outstretched hand)

THERAPIST. See, this is acting now, in real time, outside of all the generalizations of those ten years and what they tell you how you should act. Consider the last fifty minutes of this session as building to this moment. This is the gold, yet it will slip away. Jim, thanks for reaching out alone and Tom thanks for bearing watching without reaching out as you had said you would do, until something else happened and you reached out.

Within these more convoluted “yes, no, yes, no, yes” narrative forms hopefulness dimly glimmers its futuristic ideal possibilities, now, outside the oft-nightmarish history from which clients are trying to awaken. Treatment consists in naming these observations and cultivating their further emergence to the point of breakthrough.

Sessions continue escatologically, that is, drawn forward by an alluring/daunting sense of the uncertain yet hopeful present-future, rather than backward, as an archeological dig. But equally daunting and enough to send us scurrying into past-tense narratives for some shelter is how

moving forward (soteriological progress) makes evermore vivid the relentlessness of our mortal impermanence. (Those ten horrid years! Dare I reinvest yet again? And then what?) Apology and forgiveness can open doors long shut, but then what? Just the rest of one's life. Divorce papers get filed and then unfiled. Incendiary child custody transfers no longer occur at police stations but unsupervised at park playgrounds. (How far can this go: [Remarriage? Never! But why not? I'll forgive and cooperate, but not *that* much!]) And then what again and again? Who wants to sense the reversability of problems, to go forward week after week after week when a vengeful or hopeless "stuckness" can preoccupy and bitterly, enjoyably justify how impossible one's wife, husband, parents, past was/is? They're why my life is so hard now. Therapy told me so.

Dare I raise my hopes yet again and again? Wasn't it easier before, when I was merely the struggling protagonist in my family history? Not merely another analysis or tearfully "reexperienced" childhood catharsis can show us the way to move forward. Why should it be able to do so?—there is no necessary connection between the two realms of experience. Even those who discover the root of their water phobia must still learn how to swim.

Like propeller aircraft facing a possible jet age, "the basics" and their psychoanalytic justifications are to be seen as mere first inventions of a rather young healing technology. Let us believe that they can be improved upon in ways unthinkable to their creators and even to many contemporary innovators. Even the time-honored "transference" is to be seen as a limited working concept and not as a discovered, all-explaining fact. Certainly, "family history" must face the same critique that "world history" faces in the postmodern age. For any rendered story is dependent on the type of soliciting questions that are (or can't be) asked and the type of trained, etiological ear that does the listening, interpreting, and probing.

In this questioning of clinical practices and theory, time itself becomes more alive than the basics of conventional psychotherapy grasp. The iatrogenia of its healing metaphors, grounded in its deadening *kind of* temporal hermeneutic, can also be raised. In a variety of ways, Crews (1993, 1994, 1995), Grunbaum (1984), Hillman and Ventura (1993), Kaminer (1992), MacMillan (1991), Rubin (1996), Spence (1982, 1986), Webster (1995), and others have already done so.

ANOTHER, MORE TREMBLING GROUND

Gratitude, (praise), forgiveness, apology, faith, hope, awe, humility (perservering nonomnipotence), reverence, ecstasy, hellish dread, com-

passionate love, and longing comprise the terminology of core sentiments common to numerous spiritual traditions. Consider these words as pointing toward flickering feeling-traces which might reliably guide our possible development as embodied souls toward some ultimate maturation. Consider the terms as pointing to sentiment-radiances that issue throughout the body as efflux from the soul: “And to imagine a language means to imagine a form of life” (Wittgenstein 1968, p. 8).

In *yogic* psychology, these spiritual sentiments are found in the *yamas* (regulations) of *ahimsa* (nonharming love), *satya* (honesty; idealistic truth), *asteya* (respectful nontaking), and the *niyamas* (cultivations) of *kshama* (forgiveness), *daya* (compassion), *santosha* (contented optimism), *astikya* (faithful optimism), *hri* (apologetic contrition) and in the Buddhist psychology of meditatively discerned *anicca* (poignant impermanence) and *yogic* emotionalities of *bhakti* (devotional longing.) These sentiments are also found in the Judeo-Christian tradition as *soteriology*: forgiveness, faith, and gratitude as a spiritual or redemptive path. Here, “redemption” is the moment-to-moment, ever-truing of development—as guided by these radiances, sentiments, or words—toward ultimate maturational possibilities: toward eternal impermanence lived as such.

Here powers of forbearance and compassion can heal the psychological effects of abuse or strife through forgiveness of self or the other with only fleeting vengeful angers, grievings, or victim identifications. By forgiving, we become forgiving. Our glands secrete *soteriological* chemistries into the poignant fires of compassion, forbearance, and forgiveness, and this emotional alchemy matures us. Little by little, embodied character—not mere ego—development is fostered. Thus, according to *kundalini* yoga, the embodied soul is the foundation of this path—this path of felt time passage, called “a lifetime.”

The greatest opportunity of a relationship is to share love and gratitude. To the degree that other sharings are not for the sake of this greatest opportunity something feels missing. This missing, however, can guide us to such opportunities, for missing, longing, or even despair is love or hope felt at greater and greater distances. If this distance is traversed, the greater sharings can happen and one awakens more to the sense that time is passing, that within the long penumbra of the infinite, his finite life is happening now. This difficult awakening to moods of awe, within which flicker awkward sentiments of shyness, arising hopes (within dashed hopes), and (the old) longings is the essence of clinical progress. The difficulty rests in the inherent impermanence (not mere resistance), the constant draw of time unfolding, and the unfamiliarity of new degrees of hopeful awe.

This awakening can be alluring/daunting both in its vividness and in its uncertainty (compared to the [pseudo]certainty and [pseudo]familiarity with [pseudo]patterns fashioned in past-referencing narratives)—the undetermined, awesome uncertainty and impermanence of the present moment and of all future moments. To foster new moments of progress, the therapist becomes a kind of poet, coach, or empathic guide in his client’s awakenings from reluctance, doubt, and cynicism.

WIFE. He says he loves me now and I feel encouraged, but then, but how long will it last?”

THERAPIST. The love and hope are awakening you to one another. and it is *sheer impermanence* that you are experiencing, and the real uncertainty and impermanence of each new moment that makes you ask your question, not the weakness of this just-achieved hopefulness. Leave it at that and share impermanence and uncertainty *with* each other, instead of converting your joyful wonder and awe *into* a mood of interrogative suspicion, and him (or fears from the past) into a (false) “explanation” for the just-awakened-to unsettling sense of impermanence. Share it by looking at each other now. The impermanence and uncertainty are here, now, equally, for us.

Converting joyful *wonder* into moods of interrogative suspicion and doubt via mere misnaming of the wonder throws you back into your own bad dreaming about things that have nothing to do with Now and its unhappened path into the future. In freeing yourselves, you can go into past memories, but not lost to the present sharing.

Instead, stay awake and perform the difficult task of persistent sharing of this innocently human condition of mortal impermanence, uncertainty, awe, and shyness—perhaps by just looking at each other in silence, feeling together the unstoppable flow of time and how this sharing erodes further and further any chronic sense of isolation or being stuck in the past. And thanks for trusting me with this guidance, for using these words as stepping stones into the open time of the present.

If you want this openness to last, speak it into words, again and again in dozens of ways, and wisdom, not cynicism and doubt, will grow. If you err, apologize, and forgive and go on. Now will you vow to be helpful to one another whenever one of you wavers, that you can count on one another to be a helper and not a mere blamer or ready victim? And will you vow that you can be counted on to receive and make use of your partner’s help?

WIFE. Yes, but I’m afraid this won’t work.

HUSBAND. Yeah, I’m afraid it will just revert.

THERAPIST. Okay, look at each other. Wonder if it is not the same fear that you feel that the other is also feeling. See that you are in it together. You’re not alone. It’s the same fear. In sharing it and the hope and the wonder, see that this sharing preserves you from seeming to be alone in the flow of your emotions. And next comes the sense of sharing in the flow of the time of your very lives. And doesn’t that lighten your burden a little more?

WIFE. I never thought of you as being in this fear *with* me before. I always thought of you as abandoning me and causing me to be afraid and alone in my fear. Now I am seeing you afraid too, and that we are both as uncertain as the other. It makes me feel even closer to you in this moment.

HUSBAND. Well, I feel a great deal of relief as you say that, that I am with you, just as uncertain and hopeful and fearful, and not causing it. Instead I do feel what I never thought was possible—to have someone be accompanying me, with me in such moments. I always felt I had to be responsible, even if that meant coming up with a convincing explanation of how you were causing us problems. Instead, I feel sad that I used to do that, because that's how I would end up missing this sense of sharing the difficulty with you.

There is a great deal of hopefulness and hopelessness about the prospect of spending very many moments of life feeling love or gratitude. The hope seems to stir a sense of hopelessness, of the “yes, maybe” of moments that seem too good to be true, and so many other sentiments somehow emerge, that take up our lives, to say, think, enact. We end up rarely getting around to praising, thanking, apologizing, forgiving, or sharing the poignant impermanence.

As doubt and cynicism set in, a cognitive *conviction* shifts the ambiguous hopefulness of the “too good to be true” toward a pessimistic scoff: “anything *good* is *too good to be true*, and is therefore [*sic*] *false*.” The act of coming to a therapist is often a latter or last resort, a hopeful kind of hopeless hopefulness that things old (and less good) will end and things “new” (and too good to be, but, *possibly*, true) will begin to happen. “Ask yourself ‘For how long am I struck by a thing?—For how long do I find it *new*?’” (Wittgenstein 1968, p. 210).

Fundamental to the therapeutic project is the *sense* of any moment being a new moment, a change. Ironically, *every* moment *is* new. The tolerable *sensing* of this inherent quality of time is often called “hopefulness” and this name gives us confidence into the next new moments; almost intolerably it becomes “awe,” “grace,” or “infinity,” and these names can inspire or daunt us; intolerably, during sudden breakthroughs into a greater sense of impermanence via “crises”—for a crisis is merely anything that awakens us to the crux of the matter: the irreplaceability and true evanescence of each moment. At these times, it gets named “anxiety,” “horror,” “insecurity,” “abandonment fears,” “panic,” or “endless dread,” and these names swamp any subtler, tolerable tonalities of the new.

Once misnamed and put into a coherent, justifying narrative (“Don’t get your hopes up [again]! Remember what happened the last times.”), who

is there to correct our error? Once misnamed, we are off to the explanatory races, the wrong races. Who is to stop the comic tragedy of linguistic and emotional errors that, like in *The Sorcerer's Apprentice*, mushroom boundlessly.

You are cruel
to make me feel bad to think
I am cruel to make you feel cruel
by me feeling bad that you can be so cruel as to think
I don't love you, when you know I do.
If you don't know I do there must be something the
matter with you. (R. D. Laing 1970, *Knots*, p. 12)

From misnamings to convolutedly “logical” generalizations based upon the misnaming, misgeneralizations, and then harshly “true” diagnoses of who each other “really” is, and then dooming predictions (admixed with vengefulness) of how each other will act, based on these generalizations, and the escalation: *A*: “Yeah, you say you care, but you don’t!” *B*: “It’s useless to tell you anything nice, you just trash it!” *A*: “Well, I wouldn’t trash it if you really meant it. Which you don’t.” *A* and *B* fall into the acrid sadomasochistic pleasures of exchanged humiliations. Thus both alluring hope (health) and daunting fear (psychopathology?) flicker within the awe of time, at the whim of one word choice after another, and what that word calls our attention to in the next and the next moments.

SUBTLETY CAN BE PREEMINENT . . .

If “anxiety” is dominant and “awe” is subtle, we may need to name that which is subtle in favor of what is dramatic, if we are to get anywhere outside of anxiety. Therapists, however, are often trained *not* to do this favoring or to become aware of the subtler emotions—especially subtler “good” emotions—but instead to have clients stay with *the* anxiety (or the same few other troubling sentiments: anger, grief, or fear) and find out what it means (from the past), to create narratives about it (etiologies), and then to measure future anxiety against these narratives (the “patterns” and “issues”).

Focusing (frequently or occasionally) on subtle awe, shy hopefulness, and uncertainty, however, can yield present-future narratives of novelty and alluring hope. How much subtle awe does a therapist need? How potent is subtle awe in ameliorating hopelessness? How potent can impermanence be? Dreadfully potent, inspiringly potent but impermanently so. Eternally.

UNCERTAINTY AND ONTOLOGICAL HOPEFULNESS . . .

Our “being” and time passage are one. We can sense ourselves *as* this flickering-with-possibility time sense, awaiting and *being* “*what*” is next. *We* “become” hopeful; or *we* “become” anxious (concerning, ironically, being *adequate* to tolerating/abiding in our *own* larger-than-before nature: “*Can I/we really* do it?”). In each case, we are merely feeling time passage more fully. Marriage proposals, job promotions or terminations, child-custody mediation sessions, the forty-ninth minute of a fifty-minute hour, budgets and income, lovers’ separations, funerals, births, verdict waits, executions—all these shake/invigorate our current sense of adequacy and heighten the time-passage sense with flickers of wonder, allure, awe, terror, or dread.

It looked as if he had only five minutes to live. He told me those five minutes seemed an eternity stretching before him, a great abundance of time; he felt that in those five minutes he could live so many lifetimes that there was no need, yet, to think of the final moment. . . . Then when he had said good-bye to his comrades, came those two minutes he had set aside to think about *himself*; he knew beforehand what he was going to think about: he wanted to conceive, as fast and as vividly as he could, how it was that he was here and alive now and in three minutes he would be *something*—something or someone—but what? And where? And he thought he could resolve all this in two minutes! Not far away there was a church, and its gilt roof gleamed in the bright sun. He remembered that he gazed with terrible intensity at that roof and the rays of sun that sparkled from it; he could not take his eyes from those rays of light; it seemed to him that this light was his new nature and that in three minutes he would somehow melt into it. His uncertainty and revulsion against this new thing which was bound to happen at any moment were terrible; but he said that nothing was more awful than the incessant thought, “What if I was not to die! What if life was given back to me! What an eternity! I would turn each moment into a century. I would miss nothing!” He said that this thought finally filled him with such rage that he wanted to be shot as soon as possible. (Dostoyevsky 1969, pp. 80–81; based on the author’s experience of his own near execution)

Utter hopelessness is unreal, for there is always some degree of hope, even in horrendously worsening situations. Why? Because there is always the next moment and always there is an (at times, “unbearable,” or so we *name* “*it*”) uncertainty about it until it happens and, even then, an indeterminacy as it happens and then about what happens next, relentlessly next. This *uncertainty* or “not knowing yet,” called as well, “the future,” is the “basis” or temporally nuanced synonym for hope. *Particularly* regarding the “what happens” we call “death” and its mysterious next moment, we are most uncertain.

THE FORWARD EXPANSE OF ENDLESS
IMPERMANENCE AND SOTERIOLOGICAL TIME

Imagine growing older and older, but not dying and still again, after ninety, then one hundred, twenty, thirty, fifty, two hundred years. Will there come a time when one would stop waiting for “it” (some ending) to happen? Stop waiting for the other shoe to hit the floor? If the “it,” or the “this” of: “When is *this* going to end, so that I can then start to live fully” and its spawned narratives of etiological retrospection and suspicion wither, is it not an endless impermanence that thrives unencumbered as Real Time?

In kundalini yoga, we encounter advanced stages of spiritual (as *spiritus*, or breath as living spirit) maturation where a breathless type of respiration emerges in the spellbound awe of the infinity of Universe-Time-consciousness. Thus, too, imagine living through minute after minute after minute of breathlessness, without panic, without anxious gasping, in a matured beatitude. Imagine the freedom therein, a taste of unending, literally *inspirational*, regenerativity (see p. 169).

What is the effect (danger?) of not naming this ongoing background of real time “Endless Impermanence” and it whirring on anyway? What other things or people do we blame for our vague feelings of uncertainty, indeterminacy, and slipping away? And even if we do name it, what dangers can still remain? What are we afraid of here? How safe do we expect (someone to make) it to be?

The bodily “I” that dies, does she not live in a finite episode of an eternal impermanence that extends before her birth and after her death? Here is the challenge: to feel one’s life as a finite “segment” of the *eternal*. As the original “psychologist of spirituality,” Ludwig Feuerbach noted in his formula that all predicates concerning God are predicates of the person. Human consciousness is itself infinite:

Consciousness, in the strict or proper sense, is identical with consciousness of the infinite; a limited consciousness is no consciousness; consciousness is essentially infinite in its nature. The consciousness of the infinite is nothing else than the consciousness of the infinity of the consciousness; or, in the consciousness of the infinite, the conscious subject has for his object the infinity of his own nature. (Feuerbach 1957 [1841], pp. 2–3)

Mature participation in eternal impermanence is not best characterized as *timelessness*, but as infinite time; as an immature escapism, the sense

of a vacuous timelessness without duration might be shallowly conceived. Yet, the daunting depth of the situation is better phrased as “the fullness of time.” There is no exit, no escape from time. Wanting one is hell, liking this is heaven. As Friedrich Schleiermacher noted two hundred years ago in what theologian Rudolph Otto called “one of the most famous books that history has ever recorded” (Schleiermacher 1958 [1799], p. x):

[T]he true nature of religion . . . is not the immortality that is outside of time, behind it, or rather after it, and which still is in time. It is the immortality which we can now have in this temporal life; it is the problem in the solution of which we are for ever to be engaged. In the midst of finitude to be one with the Infinite and in every moment to be eternal is the immortality of religion. (ibid., p. 101)

Thus Eternal Impermanence gives rise to both heaven-bliss and hell-dread as emergent from the same phenomenon of UNCERTAIN NEXT MOMENTS TAKEN ENDLESSLY. Thus, spiritual “emergence” has often been no continuous picnic, whether for the crying infant or the midlife adult, even with the best of childhood parentings.

Time is passing, relentlessly. What do we most want to say to husband, wife, child, parent, neighbor? Go ahead, break the flow of the paragraph, let’s tell someone we love them, we want their apology or we’re sorry, or how much we admire them. What is stopping us that the soteriological sentiments could not passionately dissolve? For all relationship is a loosely held impermanence. In the poignancy of impermanence is the freedom to create anew. What expressed sentiment would we want to be with at “the end” and for (what may feel like an) eternity thereafter?

To sense this temporal reality, an enlightenment in itself that is always available, seems at once uplifting and liberating, “What an eternity! I would miss nothing!”—and then, shuddering under the weight of our own gratitude and profundity, the moment swerves pathogenic—“. . . this thought [this inspiring, “too late” enlightenment] finally filled him with such rage that he wanted to be shot as soon as possible.”

Thus, it is not our problems that are the most difficult, it is how to handle the daunting press of our own enlightenments. With the right words to serve as stepping stones, we go onto these new grounds of endless impermanence.”What an eternity! I vow to never miss another moment! And those who would shoot me, forgive them, for they are caught in

their strange narratives and know not what they are doing. If I must die now so tragically, let me not miss my own death by being caught to the end in such narratives.”

The quickened impermanence sense can liberate us not only from certain limiting narratives (into newly chosen *actions*), but from the subtle “grammatical constraints” of verb tenses of past, present, future, conditional, subjunctive, and so on. The narrator’s pose as determined by the punctuation of the commanding “!” or the so-certain (.) and the ambiguous (?), also unwinds. But into what? No (?) is left, no (!) or even ([])

Thus, “resistance” in therapy or elsewhere, is to the daunting glimmers of this vast eternal impermanence, with its surrounding soteriological aesthetic of feeling-imports and their potentially redemptive-transformative effects on (ordinary?) history.

In accepting, pardoning, and feeling gratitude for our parental conceptive origin, regardless of personal history, to “honor mother and father,” is one way of opening the door to soteriological time. To break the “oedipal complex” means to grasp our own transpersonal origins, *procreative* (*pro*, on behalf of the Divine) origins that exist in a time sense that transcends ordinary historical time. Love of God is another door. What difference does it make?

We resist our own enlightenment and maturation into the actualized soul powers by clinging to historical time, and biographical-historical time is certainly a most convincing narrative history to become enamored with. Yet, these histories are rarely the whole truth. They often occlude the truth of the soul’s history-shattering love. “. . . they know not what they do” is an anguished utterance of compassion from the level of soul describing life on the dark side of this occlusion.

THE NARRATIVE, ITS TIME, AND ITS EGO NARRATOR
BEGIN WHERE WONDER OF THE ETERNAL IS
MISASSOCIATED WITH ORDINARY DOUBT

“But how long will it last?” We have come to thinking of the narrator of any such interrogative sentence as preexisting and then merely raising an honest question. But consider the reverse lineage: It is the grammatics of the interrogative that give rise to a precarious narrator who now must await his answer, his fate. It is the interrogative sentence that “sentences” us, but it will be certain innuendos therein that can free us.

A “kind of” future is construed that is mere doubt. The soul gets back-grounded by the ego intelligence of doubts and answers. There might be faith, but subtle Wonder evaporates. Indeed, wonder will seem naive to this growing sophisticated intelligence.

Misconstrued impermanence begs the question intoned too seriously. For it will be the enlightening *wonderment* and awe in the face of sheer uncertainty and the mysterious play of time—which allures us—that will transmute this so serious doubt and suspicion. Thus, when progress is granted, psychotherapists must be vigilant in protecting awe, wonder, and sensed impermanence from the subtle deteriorations, by innuendo, into suspicion and doubt, and the evermore solid-seeming narratives they construct.

CLIENT. Yeah, but this has happened before, I've said I would call my parents and it got all messed up.

THERAPIST. The similarity you are noting is not the same as this being “the same as it was before.” And every time you become optimistic, you will feel something similar to this feeling, so please do not get discouraged at the similarity. This is unique. Now on May 10, 1996, at 2:12 P.M. And let us consider that there are myriad ways of speaking to your parents that you haven't yet tried and that your parents haven't tried. And, of course, I will, hopefully, be with you all in that meeting, guiding you all out, and into that which is most hoped for by all.

(There is something elusive and slippery about eternal impermanence making me feel I must repeat the same observations over and over again and again, that forgetting even for a moment this ongoing current of time passage seems to re- and re-require.)

Another name for happiness could be “impermanence.” The Greek, *ekstasis*, “out-of-stasis” or impermanence, suggests that the accurate experience of the flow of experience itself is felt as a kind of poignant or sublime ecstasy. This is another reason why perceived subtle, fleeting phenomena are so crucial to the therapeutic endeavor: they show the thawing into life of the perceptive powers, powers that reveal a world of uncertain possibility and poignancy. The warmth of the soteriological sentiments contributes to this thawing, this at-one-ment with time passage.

How ironic that, interpreted one way, time passage is named “depressing,” interpreted another it is named “ecstasy.” (A sense of irony is often a doorway to a psychological maturation, being more complexly nuanced than “paradox” or “causal explanation.”)

The fundamental problem has always been there—"Will it last?"—just as impermanence has always been there. At the moment of granted progress, the question surfaces in this ambiguously optimistic/pessimistic query. The innuendos of this interrogative range from ecstatic enthusiasm to cynical despair. Instead of asking this question, which is at the beginning of so many life-robbing narratives, just look and *see* how it is next and next. Be ready to see the most subtle blush of hope, even amid far more dramatic frowns and scoffs. Then responsibly think, say, or do something that will keep "it" lasting yet another moment. "I don't feel like it. I'm the one who *always* does it. It isn't real for me to do that. I am still enraged." And so it goes.

A therapist is someone who can help us see the phenomena of hope in real time, convincingly, encouragingly, and assist in its continuance. All else rises no higher than diagnostics. And diagnostics often poses as therapy: *Ther*: "You're in your pattern?" *Pt*: "Yes, damn it, I see that I am."

TEMPORALITY AND DEVELOPMENTAL TIME

Imagine a punctuation mark like τ created by temporal grammarians to remind us of the ever-passing "while" that it is taking to read (τ) and (τ) ponder (τ) any (τ) sentence ($\tau, \tau, \tau, \tau, \tau, \tau, \tau$).

All τ therapeutic τ "development" took, takes, and will take place at this "edge" where progress τ or hope was/is/will be granted, and wonderment τ emerged/emerges, quivering τ in the face of endless impermanence. $\tau, \tau, \tau, \tau, \tau, \tau, \tau . . . \tau$ —even "back then," it was in *this* kind of passing time.

SPIRITUAL DEVELOPMENT, THE GOOD DREAM, AND PROGRESS

"Progress" in therapy, *unfamiliar* degrees of progress, contain just this very uncertainty of τ and its most daunting problematic that calls for wonder and awe, not querulous interrogation or exploration and uncovering. And truly, any *real* progress always yields us an unfamiliarity, even if it (some image of it) has been long desired. These subtle "problematics of attained progress," not conventional psychopathology and its developmental past, is to be mapped out and worked with as the recurring focus of psychotherapy. For *development* is to be thought of as a verb that lives fleetingly in the present as an activity, and not a fait accompli, not merely a formed product of the past.

The constant ego sense (the dreamer) dissolves when narrative dreaming withers and eternal impermanence blooms. Thus the importance of having great and beautiful dreams: “We say we pronounced the word with *this* meaning. . . . Call it [the act of meaning something] a dream. It does not change anything” (Wittgenstein 1968, p. 216).

The client interrogatives, “Is this *for real*?”—that is, “Can this last?”—greet certain moments of progress. *Realness* (or our willingness to use the word) and *duration* get correlated, even equated: That which by lasting proves it is real. This linguistic equation—of matters so filled with uncertainty, the regressive lure to familiar cynical disbelief and scoffing, and the daunting awakening to eternal impermanence—deserves careful clinical involvement. Since all events pass, this definition of “reality” is precarious, while progress itself will only be as precarious as the degree of skillfulness needed to further further it in time *ttt*.

Whatever the previous chronic problem—drug abuse, criminal recidivism, hopeless depression, family strife—when some moments of some degree of progress is granted there will be a shift onto this primordial problematic: can I have faith that these two minutes of progress are more significant (and more *real*, since they are the moments happening now?) than the previous decades? Furthermore, perhaps their *greater* “spiritual reality” is *verified* by how much better life is just now beginning to feel. Here *the ideal* is to be granted as being more real than the tragically twisted Laingian-knot enacted bad-dream actualities of the past. What to do next and next and next? This looms in front, as always, but progress awakens us to the matter.

Where the Mystery is the deepest is the gate to all that is subtle [t,t,t,t,t] and wonderful. (Lao Tzu, *Tao Te Ching*, 1962, p. 47)

Before one goes through the gate
 one may not be aware there is a gate
 One may think there is a gate to go through
 and look a long time for it
 without finding it
 One may find it and
 it may not open
 If it opens one may be through it
 As one goes through it
 one sees that the gate one went through
 was the self that went through it
 no one went through a gate
 there was no gate to go through

no one ever found a gate
 no one ever realized there was never a gate
 (R. D. Laing 1970, p. 85)

There is no (singular) “accumulated past development,” there are only various ways now of looking at past events. Making connections of past to present creates *types of* pasts and presents. There are various ways of making connections. Each is *a way* of looking at events, with each shaping the archiving of the events, shaping the events. Seeing one’s developmental history comes from *looking for* one and crafting a coherent-enough narrative of this history. These histories trace the *criteria for coherency* being obeyed by the clinician, per psychoanalysis, self-psychology, self-help psychology, soteriological psychology, or whatever.

Sustained via ruminations, unreal hopelessness attains the status of a kind of semiwakeful bad dream, which blots out (misnames) or misconstrues (often as fear) the flickerings of impermanent newness. Its ever-new flickers of awe-wonder-hope-possibility are overshadowed by the past ruminations, via focusing on the familiar, and thus missing the blushing dance. The flickers of infinity-as-dread are misunderstood as related to the *fantasied* catastrophic-future *scenarios*, which makes these fantasies seem overwhelming and supports evermore catastrophic fantasizings (narratives).

Fearful fantasy to fearfulness to troubling events to unforgiving/unapologetic memories of troubling events to expectation of more such events to cynical certainty and diminished soteriological courage to angry-fearful fantasies to memories to more events: start anywhere and be in the picture-worded labyrinths of an illusory hell become ongoing and “real.”

We can scare ourselves (and each other) with the pseudocertainty of imagined disasters, rather than live with the sheer uncertainty of “not happened yet.” Perhaps something of the mortal sense of one’s own finitude flickers there too and contributes to our unsettling awe, which becomes evermore unwieldy if (mis)interpreted “backwards” as some specific unresolved fear or childhood wound that has nothing to do with the living moment. Or does it? Do conventional therapists even have both alternatives before them?

At the end of the hour the client would always make some kind of discovery, or present some new problem. At first I named this a “manipulativeness.” But then I looked at him as if impermanence was suddenly awakening in him to some heightened degree. We talked about sharing those heightened moments *together*, and *equally*, which was news to

him: he imagined that I had no such similar feelings. Our ability to share impermanence strengthened and, for the client, the end of the hour lost its sense of isolated desperation. It was just the unstoppable flow of time against which he had been guarding himself, and our immanent missing of each other which he feared being unequal to, or alone in.

Hormonal secretions correlated with these *temporal* emotions, and various physio-cycles as “the bodily juices of time passage,” and as the basis of yogic hormonal alchemy: the body(-substances) as a material “path” to eternal time—the “nectars of forgiveness”; medication as allopathic neoalchemy. Emotions as the ripples and cross-ripples of temporality. Neurotransmitters, hormones, and their ionic/molecular precursors “alchemically” mutable elixir mood states.

Perhaps meditation can cultivate in therapists the skill to see/hear subtle phenomena of impermanence with their clients. But they must also have (nonretrospective) present-future clinical terms to name what, in this heightened perceptivity, they see. “What if what you call ‘fear’ is merely the real uncertainty about the next moment? We can’t even know whether or not that next moment is frightening. Perhaps it is sheer uncertainty and not fear that your confidence and progress has brought you to in this moment. Feel the spacious uncertainty, share it with me, and, in it, free of self-induced, misinterpreted ‘fear,’ feel time carrying us somewhere.”

As the martial arts proclaim, such an open perceptivity is even the most optimal of all to deal with any emergent dangers. Past-event conditioned fearfulness can be surmounted by a combination of compassionate patience and gently repeated guidances to “Keep looking. Use your perceptions by taking in the surroundings now. Am I telling you the truth? There is sufficient safety for you here and now. Keep looking. Do my words coincide with your perception? Is there something you want to know about that will help you to see any of this possible safety, now?”

If a “safe” situation is made into a sample or example of a dangerous situation, based on past-conditioned, emergent fear that is being agreed with (by the therapist) and followed as the “client’s process,” then more and more of the “safe world” can be lost to the client.

If there is no actual danger, then empathizing with a client’s wording, “I don’t feel safe,” in certain situations can approach a *folie a deux*. Yet, this is exactly what conventional therapists are trained to do, drawing chalk circles (boundaries) around clients to help them feel safe, guiding

them to cease communications with parents and others to “create safety.” Instead, with firm focus on the ideal outcome of moments of shared apology, forgiveness, gratitude, admiration, love, and future hopefulness, be allured by great possibilities in uncertain time t t t t t.

PATHOS, PSYCHOPATHOLOGY,
AND SPIRITUAL MATURATION

“But having fun [together] is a waste of time, because it doesn’t help to figure out why they’re *not* having fun” (Laing 1970, p. 2).

Consider this narrative: “This ‘temporal mystery’ t,t,t,t, is what quickens in the urgent emotionality of the infant just separated from her mother. Her outreaching cries stretch her forward into uncertain time, gestating the sentiments of longing, hope, and sheer *pranic* (life-force) intensity and undergo a reductionism when labeled as ‘pathogenic separation anxieties.’”

The exchange of “temporal mystery” for “separation anxiety” alters fundamentally the psychoanalytic healing/developmental narrative. The tears of the infant on being merely separated from her mother are more complex than “fear of abandonment” grasps: they include the beginning of a spiritual struggle toward an infinitely sublime zenith Rilke hauntingly described:

Who, if I cried, would hear me among the angelic
orders? And even if one of them suddenly
pressed me against his heart, I should fade in the
strength of his
stronger existence. For Beauty’s nothing
but beginning of Terror we’re still just able to
bear. (Rilke 1939, p. 21)

What is the infant who does not stop crying experiencing? If “it” is a spiritual terror regarding the chasm of infinite time, then the parental hug is one admixed with comfort, awe, and protective pride. If “it” is deemed/named “separation anxiety,” then the hug is a comforting apology, a salve on a wound, the termination of a trauma. The difference between these two hugs, is it not all the difference in the world?

Winnicott believes that in the gap of a crying baby’s “need” and the mother’s “failure to adapt to her baby’s needs” (Winnicott 1989, p. 156), the baby develops his ability to think, which “becomes a substitute for maternal care and adaption.” The mother can thereby “exploit

the baby's power to think" by continuing to fail to come to her crying baby. Thus thinking becomes a "defence against archaic anxiety and against chaos and against disintegrative tendencies or memories of disintegrative breakdown related to deprivation" (*ibid.*, p. 157).

The pathos of Winnicott's depiction feels impenetrable and utterly persuasive. Yet, if we believe in a spiritual profusion, thinkable but also beyond thinking, this scene becomes more complex and we must find a way into this complexity. Otherwise and in spite of the Winnicottian "good enough mother" (itself a sensing of the merciful), the spiritual-temporal potency of this gap where urgency reaches into the uncertain, into the endlessness of time, is missed.

Should we care if *something* is being missed in the overpathogenicizing of such cries? Faith, its possible growth, and the possibility that there *is* [S]omething being missed asks us to care.

There can most certainly be the temporally mounting terrors of abandonment, or worse, *much* worse. For much worse happens. Yet there is also the barely thinkable spiritual dimension into which only an ever-increasing sense of urgency is *able* to reach. If there is "archaic anxiety," "chaos" and "disintegrative breakdown," there is also the terrible and beautiful uncertainty and temporal endlessness which humbles infant or adult thinking, yet permeates us with wisdom of the infinite and can mature us into its vast security. Hug a crying baby, but with comfort *and* respectful admiration, and feel the difference.

Inklings of a wisdom *beyond* word-thoughts: an *auspicious* kind of chaos-breakdown-disintegration of inherently limited linguistic contrivances; an auspicious breakdown which reveals, not an unequivocal archaic terror, but the archaic-primordial All. The child must still be hugged by a "good enough mother," yet it is a different child—a frightened, vulnerable, yet also noble and spiritually initiated child—who is hugged, and thus a far more honoring, not just soothing hug that he receives. And it is a mother who receives an infant's blessing, not just his gaping need. And the child who is not then hugged? His possible cry calls us even now. Yet the hug that comes to him, as soon as possible, let it be such a soothing and reverential embrace.

And the adult whose "intelligence" seemed to Winnicott to be susceptible to such "breakdowns" ("breakthroughs?") must also be understood within this greater spiritual complexity.