

Sensation Refined



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I

Philosophy

1

Old and New

These are notes from a lecture and discussion during a seminar in Esalen, California in October 2005.

We start with a case, which will serve as an interesting example of the difference between the old and the new methods.

I first took the case about five years ago when the idea of sensation was not so clear to me.

Ms. B., aged thirty-eight years. She wanted to speak to me alone, with no other person in the room, because she couldn't "trust anyone to be there."

Her main symptoms were:

- ◆ Stomach, tightening of pylorus.
- ◆ Shooting pain in both hips.
- ◆ Pre-menstrual complaints.

In the emotional sphere, she mentioned the following:

"There is a longing for a deep connection, and a disappointment from the longing. No one really stays; no one is there. I am fiercely independent. I defend it. I would like to rely on myself."

She had a dream:

"I was in my mother's house in the basement. Under the floor there were a lot of wires in flames. I rushed to get a fire extinguisher but it was the wrong one. My brother freaked out. I had to save the kids and put out the fire. It all had to be done right now."

It's interesting. Her chief complaints are tightening of the pylorus and pain in the hips. Her emotions are: a longing for a deep connection and a desire to be independent. Her dreams are about fire and flames on the wires in the basement of her mother's house. What can we understand from these things?

There is a little information about her mother's story in pregnancy: in her ninth month there was fire in their home and they had to run out.

II

Exercises in Finding
The Story Behind the Story

1

Metaphors and Mandela

It is interesting to see how different people express their experience of a similar incident. When disappointed by another, one person may say he felt stabbed in the back, the other feels as if a rug were pulled from beneath his feet, the third feels let down, the fourth feels betrayed, the fifth feels shattered, the sixth heartbroken, the seventh is shocked, yet others are variously forsaken, neglected, shunned, isolated, attacked, hurt and so on.

Each one expresses his experience through metaphors, idioms, similes, gestures and images. They appear so casual, but they actually come from a deep and constant experience of the person. In a way, it is involuntary and unconscious, and this makes it even more significant. It is a very good starting point for further inquiry, and helps to quickly get into the experience, bypassing the context and the situation in which it was experienced. Then it will be seen to be an integral part of the person's core experience and one is amazed at the unfailing way in which these seemingly casual utterances are so pregnant with significance. It is almost as if it is a coded language where the real message is hidden in words spread out among "normal" sentences, which when read together give a totally different message.

I am tempted here to use as an example some utterances of a man for whom I have the highest respect: Nelson Mandela. Here are some passages from his inspiring autobiography *'A Long Walk to Freedom.'*

'At midnight, I was awake and staring at the ceiling – images from the trial were still rattling around in my head – when I heard steps coming down the hallway. I was locked in my own cell, away from the others. There was a knock at my door and I could see Colonel Aucamp's face at the bars. "Mandela," he said in a husky whisper, "are you awake?"

I told him I was. "You are a lucky man," he said. "We are taking you to a place where you will have your freedom. You will be able to move around; you'll see the ocean and the sky, not just gray walls."

III

Techniques of the Art

1

The Art

There is an art in case taking, a subtlety that I can demonstrate, but only try to convey.

The case taking process can start with anything. Anything that has the energy in the moment is a very good starting point.

A patient comes in, looking flustered, and starts with, "I am sorry I am late. I don't like to keep people waiting."

You can see that his energy is there in that moment. This can be a good opening.

"Tell me about this."

"You know, when someone has given me a time, I like to be there ten minutes beforehand."

"Tell me about that."

Now we understand that it is important for him to avoid a certain situation, namely to be late. What lies behind it, and further, behind that?

"If I get there five minutes late and he just looks at me, he doesn't have to say anything. I feel...ohhh!"

The plane is still on the runway. It is not taking off.

"Just looks...?"

"I can see it in his eyes. There is a certain anger in the eyes, you can make out that there is anger there."

"Tell about this anger."

"You know, when I once..."

"Only this anger, tell me the *feeling* in it."

"It is like he could just jump at me."

"Describe 'jump at me.'"

"I didn't mean literally, 'jump at me.' I just said it figuratively."

"Tell me literally, what is 'jump at me.'"

IV

Cases

Case 1

Completely Opposite and Remotely Similar

A twenty-three-year old woman with Lichen planus.

This interview is a retake. She had been treated earlier, with only partial success. Her problem was quite extensive; the lesions had spread over the lower limbs.

Words from previous case-takings: strikes, throws, neglected, jealous, unattractive, dirty, pursued, kill, guide, hit back, trapped, sarcastic, big, small, bugs, scorpions, caught, pulled, cannot move, include, exclude.

The earlier remedies were based on her mind state. She was a very emotionally affected person, her parents would complain about that. The focus would go on her behaviour and emotions. There was nothing very obvious in the lichen planus itself. But I decided to focus on the chief complaint. If you keep going into that in a minute way, the pattern can be seen there. It can be seen in everything. This is a case in point. I called her to the live seminar.

R: What is the problem? Start afresh as if you are telling me for the first time.

P: (Shows her ankles, where there are highly discoloured lesions). It is the spots.

R: Talk to me about these spots.

I have put my step into the spots. I am taking this particular path, and will take it to the center. Choose one path and then go with it.

P: They come after itching. But the spots in the inner thighs came on their own.

R: Tell more about these spots.

P: Whenever I worry about something, it increases.

Here there are two paths, the worry and the spots. I have already chosen the spots, so I am going to go with that path. All roads will go to the centre, but the spots are the chief complaint, and this route will be quicker. I found that when you ask about worry, the patient goes into a lot of stories. So by keeping the focus on the chief complaint, you cut down on your case-taking time.

R: Tell me more about the spots.

P: One spot has reduced a bit. Generally I get tense before exams, but after exams I am okay.