PSYCHOTERAPIA 1 (176) 2016
pages: 77-86

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PATIENT'S SITUATION AS A LIMIT SITUATION

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Jaspers
limit situation
suffering

Summary

Objectives. The aim of the article is to examine, if the 'limit situation' category, expressed by Karl Jaspers, aptly describes the situation of a patient, who seeks psychological help. According to Jaspers, suffering has two facets, it might be considered as a possible situation or as a limit situation. It is being avoided as far as it is possible, but eventually it is recognized as an unwanted but inevitable experience.

Methods. In the article, the patient's situation is considered in terms of suffering. There is an ambiguity of this experience which is discussed.

Results. Contrary to the conventional meaning, that emphasizes its aspect of being unwanted, suffering could be seen as an experience, which contributes to brighten the existence. Hence, a psychotherapist's role includes a kind of dualism, which depends on his or her attitude towards the patient's suffering. Indeed, a patient's suffering might be rejected or accepted.

Conclusions. Reflection on a patient's situation as a limit situation leads to the conclusion that the process of providing psychological help is defined by two dimensions: the therapist's role is to intervene and to attend. To attentively respond to the patient's suffering, a therapist 1 must engage both in action against suffering and in non-action, which means in accompanying someone who suffers.

In the practice of psychological assistance[1] it is customary to begin with the evaluation of the patient's condition. This approach is characteristic of generally any rational medical treatment. In the case of a "psychological" help it is especially important to differentiate between two terms: the patient's condition and their situation, as the former is actually an aspect of the latter. For the help to be useful, one must evaluate not only the patient's psychological condition, but also carefully analyze the context – that is the situation that the patient has found themselves which led them to seek help. This article proposes an approach in which the situation of a help-seeking patient is viewed as a limit situation [1]. The author's goal is to try to assess the usefulness of the category of a limit situation to describe the patient's situation and to look at the consequences of such an approach.

1 I use P. Szczukiewicz's [4] term "psychological assistance," as an umbrella term covering both psychological consults and psychotherapy. This strategy is a polemic solution to propositions by such authors as: Cz. Czabała, J. Aleksandrowicz, A. Kokoszka.

The concept of limit situations has been formulated by the psychiatrist and philosopher Karl Jaspers in his work titled *Psychologie der Weltanschauungen*, which came out in Germany in 1919 and was further developed in 1932 in one of the volumes of *Philosophie.* The concept of limit situations with its metaphysical meanings [see: 2] could not gain wide appreciation in psychology, a field dominated by Anglo-American values. Mirosław Żelazny, author of the monography *Filozofia i psychologia egzystencjalna* (*Philosophy and Psychology of Existentialism*) [3] points out that Karl Jasper's ideas are virtually unknown on the other side of the Atlantic. An exception is Irvin Yalom, the American, author, psychotherapist and psychotherapy supervisor, who writes about "existential psychotherapy" and uses in his approach the works of the German philosopher; he based the structure of his book, *Existential Psychotherapy* [5] on Jaspers' typology of limit situations. However, Yalom's reception of Jaspers' output is limited by the strictly pragmatic perspective that he explicitly embraces (according to him, European "analysts of existence" are merely scattered and mostly forgotten "cousins" of his own existential approach to psychotherapy [see: 5. p. 25]).

In Poland, however, in the recent years there has been an increased interest in Karl Jaspers' ideas. In 2008 the Polish Society of Karl Jaspers was formed in Krakow; new translations and commentaries on the philosopher [2, 3] have been published, as well as multi-authored monographies highlighting some particular themes of his philosophy [6, 7, 8]. In the context of psychological practice the concept of limit situations has been reinterpreted by Małgorzata Opoczyńska [9] and Maria Straś-Romanowska [10]. Alicja Kargulowa [11] also took the existential perspective into consideration in her work in the field of guidance studies.

This article is especially inspired by Opoczyńska's essay *Dyskurs cierpienia — dialog świadków?* (*Discourse of suffering — a dialogue of witnesses?)* [9] and what Alicja Kargulowa mentions in *O teorii i praktyce poradnictwa* (*The Theory and Practice of Consults*) [11], i.e., the phenomenology of a fissure in the everyday reality of a person seeking the help of a specialist, connected to Anthony Giddens' primal fear. It seems that the therapist's sensitivity to the "limitness" of the patient's experience influences the quality of their relationship which — as studies show [12] — is one of the key factors of the therapeutic change. The perspective proposed in this article can be used as means of building groundwork to a good patient-therapist relationship — especially as it explains the particular atmosphere of the first meeting and the uncertainty, doubts and a readiness to withdraw that it entails.

The dynamic approach to limit situation — that is as events — in this article is a somewhat concluding interpretation of Jaspers' ambiguous concept, of which many "static" interpretations can be found in literature, presenting the limit situations as psychological conflicts [5, 13], unconscious sources of an existential fear.

The patient's situation as a limit situation

Alicja Kruglowa observes that the moment of turning to a specialist for help is preceded by "a fissure in everyday reality" [11, p. 133]. Keeping closely the terms of Anthony Giddens [14] whose works inspired Kruglowa, one might say that the fissure is not so much in the everyday reality as such, but rather in the everyday "sense of unreality" — a certain protective cocoon that helps "parenthesize" potential sources of fear (for example the constant risk of hurting one's body or even death). This cocoon — a basic feeling of safety which accompanies every moderately healthy person in day-to-day life (here Giddens accords with attachment theory) — is formed in early childhood during interactions with the main caretaker. Ignoring the basic elements of human life that otherwise would have to result in paralyzing anxiety is possible as a result of engaging in absorbing routines and habits. "From early days of life, habit and routine play a fundamental role in forging of relations in the potential space between infant and caretakers. Core connections are established between routine, the reproduction of coordinating conventions, and feelings of ontological security" [14, p. 55]. Those who lose this protective cocoon see the world disenchanted; the unwritten agreements of cooperation and communications cease to come naturally for them. They are confronted with the bare truth of facts without the bounds of constructive omissions.

In this light chaos is the starting point and dread — "the prospect of being overwhelmed by anxieties that reach the very roots of our coherent sense of 'being in the world'" [14, p. 53] — becomes an adequate answer, and the sense of security becomes an added value (fortunately available to the majority). This sense of security is then just a figure within the backdrop of basic anxiety and not the other way round. The figure may or may not enter the scene of a particular biography, covering the background or leaving it exposed. The fear is congenital, the sense of security — acquired.

The vaccine against existential dread is not perfect. As a result of certain life events, the protective cocoon, formed in infancy and carefully preserved in adulthood which helps to ignore[2] the "existential questions" that disorganize day-to-day life may be fractured. This is equal to the destruction of a habitual, routine course of action and of communication rituals. "If for some reason the routine breaks, […] the individual comes face to face with the abjured existential questions" [14.p. 229].

Is this the exact situation of each patient seeking psychological help? Does their fear always reach the "same basic elements of a consistent 'being' in the world"? Do certain particular

2 "Existential questions concern basic parameters of human life and are 'answered' by everyone who 'goes on' in the context of social activity" (Giddens, 2007, s. 78). We answer them — by ignoring, pushing into the unconscious, focusing on different things. Giddens mentions four areas that those questions are concerned with: the finitude of human life, the experience of others (the problem of the lack of a direct availability of others' mental state), the continuity of self-identity, and existence and being.

biographical complications really confront them with the conflicts related to the finitude of life, the experience of others, the continuity of self-identity?" Naturally, this description cannot match each and every case of seeking help. Routine is not always broken; sometimes the break does not have to be violent. Existential values don't always enter the therapeutic dialogue. Suffering, however, is a common experience of a break of "day-to-day dealing" with reality, through which we can see glimpses of existential conflicts.

The core of Giddens' work — in which he interprets the daily rituals in the categories of shielding mechanisms against basic dread — has its roots in existential philosophy. It seems that the author accurately describes limit situations as they are experienced, but he limits himself to those phenomenological attempts. He does not follow into the footsteps of hermeneutics of the limit situation as an experience in which personal growth takes place, he does not use "courage to be" (a term coined by P. Tillich [15]) as an answer to the existential dread. From this silence stems the seemingly excessive criticism of psychotherapy – which the author presents in caricature, as a practice that enforces the shields against "the basic parameter of human existence."

The tradition of existential philosophy shows that those moments of being unshielded by routine are of "personal growth" value — stumbling at them and recognizing them results in enlightening of the existence, that is the unfolding of new possibilities of being oneself (this theme was developed within the field of psychology by Kazimierz Dąbrowski [16]; there are its residues in the theory of crisis intervention, where crisis is described in the categories of danger and at the same time: an opportunity [17]). Those are the situations that Karl Jaspers calls limit situations. Their constructive feature is their inevitability — stumbling upon suffering, fight, fault, isolation and death is an ineluctable element of every biography. As a consequence of finding oneself in a limit situation one unfolds a truth about themselves, which could not be uncovered otherwise. In a limit situation you face yourself as a mortal being — fallible, easily harmed, defined by some congenital and acquired predispositions and circumstances. You see yourself within some definite limits. You find, that saying that it is untrue that you are omnipotent is not enough — another untruth is that you can avert from what you cannot face, escape the fate you to not wish. You cannot escape death, isolation, suffering, fighting and fault — you cannot change so many of the circumstances which define your life, regardless of how fervently you wish it. The gist of the limit situation is that what happens is something which you deeply do not want but cannot control.

The consequences of the limit character of suffering for the practice of psychotherapy

In Karl Jaspers' philosophy suffering is an example of a limit situation, but it also possesses a possible aspect. M. Żelazny explains this clearly: "Naturally, the fact of being in the world makes it

necessary to — as long as it is possible — consider suffering as a possible situation. We aim to make precautions against it and not succumb to it once it comes. Morality and the law make us search for those who caused it, if such exist. The existential attitude of unauthenticity, however, consists of a complete inability of apprehending suffering as a limit situation, both in the aspect of the individual and of the community" [3, p. 273]. Patients seek psychological help when experiencing infirmity, when they are unable to solve a problem or bear suffering; many consider psychotherapy as a last resort. We can assume that the patient works out through suffering as a limit situation before their first meeting with the therapist. The therapist can then take one of two approaches: 1) still deal with the patient's suffering as a possible situation — try to deal with it on the assumption of knowing more than the patient, or 2) may look at it as a limit situation, and — in solidarity with the patient — conclude that their "not dealing" with it is not a result of a faulty reasoning or not enough knowledge but the contrary: a fitting reaction to the situation, finally admitting their own hopelessness at their patients' suffering. The first approach seems to be consistent with the general view of psychotherapy as a profession, the efficiency of which is seen as resultant of the proficiency in specialist knowledge and ability. The latter results in the paradox of the practice of psychotherapy: can the therapist help, since in the face of suffering he or she is as helpless as the patient? In her essay *Discourse of suffering – a dialogue of witnesses?*, Małgorzata Opoczyńska raises a brave question which tests the bases of psychotherapeutic practice: "Is a dialogue between a sufferer and a non-sufferer possible?". In the course of her reasoning this uncertainty crystallizes into another question: "Is there room for a presence in a limit situation?" [9, p. 283]. The whole essay is almost a confessional, the author shares her experiences of a practicing psychotherapist; it is not so much a polemic as a reflection on the ethics of psychotherapy.

The therapist and the patient versus the suffering as a limit situation

Małgorzata Opoczyńska analyzes two phenomena of forming a relationship with a patient: the "wordlessness of suffering" and the "loneliness of the sufferer". Of course it is possible to talk about the experience of suffering, but language alone is futile, talking does not alleviate suffering, "in the face of suffering, language is hopeless" [9, p. 279][3].The loneliness of one who suffers is closely connected with the inability to communicate suffering using linguistic means. It cannot be described or explained with words; to distance oneself from it one must face it alone, as the sufferer is invisible to the community [9].

3 Perhaps this "wordlessness" is in fact an essence of suffering, Opoczyńska would claim it is one of its aspects "to suffer is to say nothing, as suffering means being unable to do anything; what follows is an inability to distance oneself from one's experience, even if the distance is merely words" [9, p. 279].

The feeling of extreme loneliness, the isolation which accompanies suffering, and the conviction of the futility of even trying to communicate it to another human being result in the belief that seeking psychological help is absurd. Oftentimes it is the final feeling of "having nothing more to lose" prompts people to turn to this "absurd" option.

When the meeting between the therapist and the sufferer finally takes place, the therapist can either "try to negate the patient's suffering or accept it" [9. p. 283]. Often the therapist's first reaction is a very natural and human one: a desire to negate the loneliness of the sufferer: "And when being near I commence to speak, the contention of the irrefutable, of death, gets its voice; though at that particular moment I might not think about it. I try to people the loneliness of the sufferer with myself, bear it and abolish it with those means. But every time my words, not believing in suffering, negate the fact that it is actually a limit situation, they prove that it is just that: it cannot be avoided, it cannot be 'solved' in any way, neither by reflection nor by action (confr. Jaspers, 1999, p. 407–408)" [9, p. 283].

The acceptance of the patient's suffering is helpful for the process of therapy[4]. The aim of the therapist is to "bear the suffering" in key moments of the therapy, to withdraw from the attempts to actively fight it. Accepting suffering means the therapist must suffer along with the patient. "Help equals suffering with the patient" — the reader might protest or at least feel unease, as this is not the beaten track of seeing psychotherapy as a profession. However, within the scope of a wider reflection upon the problem of cognition within the process of psychotherapy [18] this postulate seems much less controversial.

Firstly, "co-suffering" [9] is not a technical term, but a metaphor, where suffering is not simply a condition of a person, but a point of view in which the meeting takes place. A point of view which, as it concerns the patient, must also be one of the therapist — it is a crucial step in breaking the loneliness of the former. If the therapist speaks from within their "protective cocoon," from within the barrier guiding the existence from suffering, they will not be heard, will not achieve the goal — it will only reaffirm the loneliness of the patient.

The idea of „co-suffering" may be seen as the readiness of the therapist to suspend judgement on the patient in the terms of the professional concept apparatus. Specialized vocabulary of symptoms, intrapsychic mechanisms, the elements of change, the card with the name of each big school of psychotherapy — all this constitutes the therapist's "cocoon," protecting them from the patient's emotions [see: 18]. Whether suspending the routine way of thinking about the patient, which also serves as the therapist's protection might facilitate therapeutic change is a topic worth discussing.

4 This approach, firmly rooted in Opoczyńska's practical experience, becomes available to the reader in the light of the phenomenological description which cannot be summarized without harming its sense.

It seems that the routine of being a professional psychotherapist facilitates helping partly by the fact that it desensitizes the therapist dealing with suffering. Apart from the routine, witnessing the suffering of others is unbearable. It is evidenced by the fact, that in everyday life people thoughtlessly get involved in giving incidental advice, "porch" counseling, random as to the time, form and place, taking the role of the counselor or the role of the advice-seeker [19, p. 274] — and yet there is still a need to establish institutions that provide professional psychological help. In everyday "communicative rituals" suffering is usually omitted with sympathetic inattention. It is hard to talk about; it is hard to listen about it. Suffering of others brings to mind one's own, unfolds what one does not care to look at and glimpses at only if absolutely necessary.

If taking on the patient's suffering is indeed the therapist's choice, and at that it is a choice somewhat against themselves (an ethical choice, where the therapist pays a certain personal price for the sake of the patient), then without a doubt this requirement cannot be codified in any other way. One cannot expect therapists to make this decision, they cannot be judged by their choice. Moreover, the claim that the most crucial moment in the therapy is when the therapist's "equipment" is laid back and the doctor is near needs to be further clarified. This doctor must exert a sense of calm, which is achieved in the first place through having this "equipment" and the knowledge how to use it and that the rules of his or her profession have evolved thanks to the community of specialists, their experience in various surroundings and occasions. In a nutshell: there must be space to make the decision; a possibility to either break the convention or to follow it. A physician who does not know the background, the traditional methods of treating the disease in question, the knowledge what has been said and written[5] about it cannot have this necessary sense of calm. Suspending judgement by a competent, experienced therapist can indeed be valuable, however, it is not the case when a beginner simply cannot form their own judgement. The truly vulnerable therapist — one for whom this vulnerability is not a choice — will, when faced with having to bear the suffering with the patient does not have a way out and will abandon the patient.

5 On the other hand, the recent rapid rise in the number of publications, conferences and seminars in psychotherapy has its backside that is the wavering of self-confidence and competence to give psychological help in beginner practitioners. The impression of a crushing amount of psychological and therapeutic knowledge may prompt to the conclusion that a reasonable solution would be to forsake going into practice. Nancy McWilliams writes that: "Although people vary a great deal in how they approach their first experiences in the role of therapist, anxiety is the norm. Many students describe a disturbing feeling of fraudulence, even the sense of being an impostor, an experience that has been described in empirical studies of subjective reactions of new professionals (e.g., Clance and Imes, 1978)" [20, p. 73]. In her review of works on the difficulties that beginner therapists face, Beata Zielińska points out, that according to sources, the fear stemming from a perceived lack of competence and insecurities as to one's clinical skills form a central problem for beginner professionals [21].

Conclusions

One of the consequences of understanding the situation of the patient in terms of limit situation is perceiving its ambiguity which stems from the ambiguity of the experience of suffering. Suffering is a lingering obstacle to the realization of our goals, roles, life tasks. As such we aim to conquer it, also in the process of providing professional psychological help. Somewhat in the background of our struggle with suffering we can internalize the process of suffering as a life truth. When dealing with suffering, the question "who am I?" meets the judgement that "it is not true that I can do anything," — "I am not God;" when the unwanted inevitable comes we experience the feeling that nothing can be done. This experience has the potential to lead to development. In psychological analyses of existential thought the theme of the developmental role of limit situations seems to be the most popular to explore [10, 22].

The assumption that suffering is a limit situation — that therefore suffering is an experience that shocks the day-to-day world of rituals and habits — is not a controversial one. The same goes for the idea that at a certain stage of life, somehow by the way of dealing with a particular source of suffering, every human faces the need to thoughtfully take a stance in the case of suffering as it is — that is as an experience that is both unwanted and inevitable (suffering as a limit situation), and also that developing one's own attitude with which to face such a situation is an important developmental aim. What is arguable is the method in which this knowledge should be applied to providing psychological help.

Irvin Yalom — who is open about his loose interpretation of Karl Jaspers' theories — claims that limit situations (though he does not use this term) are sources of unconscious conflicts, which might be worked through in the process of psychotherapy. Therefore he sees suffering, isolation, struggle, fault and death as distinctive topics, sources of complex working hypotheses which move the process of change forward. This way of thinking builds the basis of a yet separate school of psychotherapy and interests a relatively small group of professionals.

Reading the theory of limit situations in the context of the philosophy of the therapist-patient meeting [9] unfolds its more universal potential, helps to formulate a yet more poignant question: what kind of therapeutic presence does the sufferer need when they seek help? A professional approach to suffering is possible, providing that one acquires certain complex coping strategies. In order to be able to accompany sufferers a few hours a day, it takes years to learn how to interpret suffering using psychological terms, to be able to distance oneself from it and teach the patient how to do it. Considering the situation of the patient as a limit situation raises the question as to the therapeutic value of a reverse gesture: when the therapists takes upon themselves the patient's suffering, which entails the patient taking on his or her own suffering. It seems that for the suffering

of the therapist along with the patient not to endanger the therapeutic bond it is necessary for the therapist to have a real possibility of escape, that is the knowledge and skills how to distance themselves from the patient's suffering.

Considering the situation of the patient as a limit situation brings to light an aspect of psychological help which usually hides in the shadows, which is beyond the logic of the therapist's actions. Initially, before it becomes an action (intervening, analyzing, interpreting, reinforcing, reflecting, questioning, listening, talking), providing psychological help is a providing a presence, being company to the sufferer. It seems that this aspect is a certain minimum of psychological assistance. Who accompanied a sufferer in a way which may be called "providing company" — provided help.

A context to providing such psychological assistance, where — uniquely — this aspect plays a leading role is palliative care [23]. Here professionals must face the truly devouring feeling of approaching patients "empty-handed." The inability to provide change unfolds another — apart from taking an active part — meaning of such help, that is providing company. Particular contexts of giving psychological help vary as to the degrees to which the aspects of action and accompanying are needed, yet it seems that in each instance it is those two aspects that define the process. In the light of studies of the effectiveness of psychotherapy [12], where there is still 40% unclear variables, the discussion on the meaning of those two and other aspects must be seen as still open.

References

1. Jaspers K. Wiara filozoficzna wobec objawienia. Krakow: Znak Publishing House; 1999.
2. Piecuch Cz. Metafizyka egzystencjalna Karla Jaspersa. Krakow: Universitas; 2011.
3. Żelazny M. Filozofia i psychologia egzystencjalna. Torun: Nicolaus Copernicus University Press; 2011.
4. Szczukiewicz P. O pomaganiu i psychoterapeutach. Kształtowanie się postaw wobec profesjonalnej pomocy psychologicznej. Lublin: Maria Curie-Skłodowska University Press; 2005.
5. Yalom I. Psychoterapia egzystencjalna. Krakow: Institute of Health Psychology of the PPA; 2008.
6. Piecuch Cz, ed. Karl Jaspers: Myślenie zaangażowane. Krakow: Universitas; 2011.
7. Piecuch Cz, ed. Karl Jaspers: Człowiek w epoce przełomu. Krakow: Universitas; 2013.
8. Piecuch Cz. ed. Karl Jaspers: w kręgu wielkich myślicieli współczesności, Krakow: Universitas; 2015.
9. Opoczyńska M. Dyskurs cierpienia — dialog świadków? In: Straś-Romanowska M, Żurko M, Bartosz B, ed. Psychologia małych i wielkich narracji. Warsaw: Eneteia; 2010.
10. Straś-Romanowska M. Doświadczenie graniczne w rozwoju człowieka: wyzwanie dla poradnictwa. In: Kargulowa A, ed. Poradoznawstwo — kontynuacja dyskursu. Warsaw: Wydawnictwo Naukowe PWN; 2009.
11. Kargulowa A. O teorii i praktyce poradnictwa. Warszawa: Polish Scientific Publishers PWN; 2010.
12. Sass-Stańczak K, Czabała JCz. Relacja terapeutyczna — co na nią wpływa i jak ona wpływa na proces psychoterapii? Psychoter. 2015, 1(172): 5–17.
13. Czabała JCz. Lęk w ujęciu egzystencjalizmu. Post. Psychiatr. Neurol. 1994: 3, 29–35.
14. Giddens A. Nowoczesność i tożsamość. Warsaw: PWN; 2007.
15. Tillich P. Męstwo bycia. Warsaw: Rebis; 1994.

16. Dąbrowski K. Trud istnienia. Warsaw: Wiedza Powszechna; 1975.
17. Kubacka-Jasiecka D. Interwencja kryzysowa. Pomoc w kryzysach psychologicznych. Warsaw: Wydawnictwa Akademickie i Profesjonalne; 2010.
18. Opoczyńska M. Dialog Innych albo inne monologi. Krakow: Jagiellonian University Press; 2007.
19. Siarkiewicz E. O zastosowaniu dorobku etnometodologii w badaniach nad poradnictwem. In: Kargulowa A, ed. Poradoznawstwo — kontynuacja dyskursu. Warsaw: Polish Scientific Publishers PWN, 2009.
20. McWilliams N. Psychoterapia psychoanalityczna. Gdansk: Harmonia Publishing House; 2011.
21. Zielińska B. Trudności początkujących terapeutów — przegląd literatury. Psychoter. 2015; 1 (172): 85–94.
22. Popielski K. Psychologia egzystencji. Lublin: Catholic University of Lublin Publishing House; 2008.
23. Wójcik-Krzemień A. O relacyjnej gościnności u kresu życia. In: Opoczyńska M, ed. Poza zasadą powszechności. Krakow: Jagiellonian University Press; 2014.

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