

“Purpose” Briefs from *Chuck Kelley’s Radix Newsletters 1989-1992*

On the Relation of Feeling and Purpose

from *Newsletter #3, August 1989*

I now combine Education in Feeling and Purpose in almost every workshop, group, and individual session, although feeling work and purpose work remain conceptually distinct. For those unclear on the distinction, "feeling work" involves the breaking down of the armor, the muscular and character defenses, and the freeing of radix processes blocked by the armor. "Purpose work" involves the building up of new patterns of muscular and character structure that are, hopefully, more useful than the old. These contain, channel, and guide the student's radix processes. Together, the breakdown and rebuilding bring about personal growth, with Radix feeling work helping the student free old patterns and Radix purpose work helping to build new, more effective, ones. Feeling work is catabolic, purpose work anabolic, in the perpetual break-down/build-up process that forms the body, the character, the self.

A Purpose Exercise (Bar-Levav “lifeboat” in space)

from *Newsletter #9, Fall 1991*

At one of the summer workshops I employed this Kelley/Radix exercise. The participants, nearly all new to the work, were divided into groups of three. Each threesome was asked to accept the following scenario, adapted from Reuven Bar-Levav:

You are the three crew members of a spacecraft returning from a voyage into deep space. A meteorite hit has damaged your oxygen supply, and precise calculations show that there is insufficient oxygen to keep the three of you alive for the return journey. There may be enough to keep two of you alive, provided that life support is cut off from one of the three of you very soon. You have exactly 15 minutes to decide which one is to die. Accept that there is no way you can all live, that a decision as to who is to die that is agreed on by any two of you will be enforced, and that if two of you fail to agree by the 15-minute deadline, you all three will pass out and soon die. Watch the time. I'll give you a one-minute warning 14 minutes from now. Start.

After the 15 minutes, all groups assembled. Fifteen minutes or so was then spent with each threesome in turn, processing what happened with each space ship crew. Some of the crews were unable to reach a decision by the deadline. All members of these crews "died," when two out of three might have been saved. This is the bottom line in these groups. When the life-and-death decision is made, the way in which it is made, the criteria and interactions provide significant information about the participants. Seeing and facing a tough and painful situation, making the difficult decisions with eyes open, maintaining awareness of the consequences and keeping contact with those hurt by one's decisions are purpose skills that are exercised.

Is the spacecraft exercise an extreme situation, unlike what anyone is apt to encounter in their lifetime as some participants like to think? -- Not if one looks beyond superficialities. Most people give up their lives piece by piece and day by day. Not standing up for one's interests today, not facing consequences tomorrow, pulling back from a risk and an attendant opportunity here, avoiding a contact through embarrassment there --- the lives of those weak in purpose dribble away, like water floating downhill along the path of least resistance. "Don't rock the boat, don't buck the system, don't swim against the current, don't take a stand for yourself, your work, your values, your relationship, your future, your life!" -- These are the character attitudes so often expressed in life, and pushed to final conclusion in this exercise.

The Audacity of Education in Purpose

from *Newsletter #9, Fall 1991*

To teach individual purpose is an audacious endeavor. The group or collective stage of purpose, which the human race is still in, depends on subverting the individual impulse, to claim the loyalty and service of the individual for the group. The autonomous person is his/her own master, and serves a group only when it furthers the interests of the self. The collective person has colluded in the crippling of the self, and therefore seeks meaning in life through others, especially groups or organizations, substituting the group's purposes for his own.

This statement appears to contradict the enclosed article on Religion and Personal Growth, which I conclude by saying that religious fulfillment requires that the individual find a creative activity, a meaning or cause that goes beyond himself. This is the difference. To give up oneself to the group as I have just described, to substitute the group goals for one's own goals, is to lose one's individuality for the crowd, to make oneself less in order to be part of the group. To fulfill oneself through a creative activity, meaning, or cause going beyond oneself is to move in the opposite direction. The individual is a creative unit, a focus of the creative process of which we are all a part. Fulfillment comes through creating at the highest level we can. What we fulfill is our own creative potential. We do it "for" ourselves, to fulfill ourselves, but by expressing our creative potential we produce the most and best we can, and others do reap the benefit.

Purpose in Action

from *Newsletter #11, Spring 1992*

1. The Discovery of Competence

The emergency room last night fascinated me. I loved the busy energetic, efficient activity of the place, the advanced technology, but most of all the interested, capable, purposive team of people. Nobody bumbled, bogged down, retreated into bureaucratic cant, stalled or goofed off. In thirty minutes a good history of me was taken, supported by records brought from the rheumatology office; a stomach tube went into my nose; I was pumped and washed out; X-rays were taken; the gastroenterologist contacted by the rheumatologist arrived, and the history and symptoms elaborated for him. I was medicated and prepped. IV's were hooked up to me, and blood and other things pumped in. Every procedure was explained to me quickly and well enough so that I knew what to expect and could understand and cooperate as needed. There was no waste motion. Medicines took effect, X-rays were read, this heart monitor applied. A sedative solution, Zanex and Demerol I think, went through my veins. An endoscope tube with its video end went down my throat painlessly. The gastroenterologist found some ulceration where the esophagus enters the stomach, but the real culprit was discovered by him further down, in the duodenum, where a small deep ulcer had eaten into an artery. I was too woozy to follow it carefully on the TV monitor, but Erica watched the whole 30 or 40-minute show from my bedside. The doctor could pump in or pump out water and air. He sprayed both ulcers with epinephrine, after which he heat-cauterized them.

Soon it was done. I was made comfortable, orders were given, and the gastroenterologist went on to the next patient on his busy schedule. In the hour or so he spent with me he struck me as highly skillful and informed. He turned out to also be a Mayo Clinic product.

In the 24 hours since (this is taking a while to write), there is no evidence of further serious bleeding. With the transfusions, my hemoglobin has climbed back from 8 to 10 and rising. The gastroenterologist and rheumatologist have discussed my treatment and medication with each other and with me. Tonight I go to an ordinary room -- they need this intermediate care room with its equipment and monitoring facilities for someone in more danger. I don't mind paying a few hundred less dollars per night for less luxuriously equipped accommodations.

Tomorrow, if all continues well, I go home.

I'm impressed and inspired by this place and its people. I'm hungry; I'm on the hospital "clear diet" -- broth, jello, clear juices, decaffeinated tea. (This is, I suppose, in case they need to do more work inside me.) I have fantasies of steaks. I feel good, well rested, ornery. Erica was just here. I think these tubes plugged into me make sex impractical as well as unromantic.

But really, what a remarkable experience this has been!

2. The Scarcity of Competence.

What is the meaning of my elated reaction to the discovery of such a simple virtue as competence in an emergency room? Of course, I was fortunate. Many people's emergency room experiences show the absence of the competence that I found. It gave me a greatly enhanced sense of safety as the one in need of the services. My internal estimate of the danger I was in was much reduced. But beyond that, my elation was related to my surprise; one doesn't expect competence without searching, often far and wide. To encounter it unexpectedly always brings gratitude for good fortune. In my situation, it is great good fortune, as if I won a lottery.

Competence such as I found in the emergency room has to do with more than the exercise of a highly developed skill, though the development and exercise of skill is a necessary part of it. But there is another dimension, a dimension of character involved in competence of this kind. It is the ability to make quickly and act on difficult decisions with important consequences. It is especially conspicuous, and its absence most disastrous, in certain aspects of the work of the medic, the police officer, the soldier. Lives obviously hang in the balance. This is why these professions are so often the subject of drama. But the same dimension of character -- and its opposite -- appear in subtler forms, to affect every aspect of life.

A significant part of my life has involved the endeavor to understand the nature of this function in human life, how it has evolved, how it works, and how it is learned. My ultimate goal has been to discover how it can be taught. I first wrote about this more than 20 years ago, calling it "education in purpose". I was clear and correct on the theory, but had lots to learn about the practice. It is not easily learned. There are strong forces in character that mobilize against it, that obscure or distort its nature, minimize its importance, and work in every conceivable way to evade its inexorable logic. Competence in an emergency room includes the courageous response to difficult real life situations, seizing the moment and acting. These are characteristic of purpose. Human relationships, continued long enough, contain purposive and non-purposive elements. My friend and colleague in this area, Reuven Bar-Levav, writes of THINKING IN THE SHADOW OF FEELING, the title of his recent book, and I have written of The Conflict of Feeling and Purpose. We deal with the same issues.

Consider the other side of the issue as it has just occurred in my relationship with the medical profession in the past days. I have not only experienced and benefited from the special competence of purposive medical personnel who may have saved my life, I have had to fight the incompetence and anti-purpose elements of others (and even some of the same persons) in the medical system that I depend on to protect that life by medical means should it become necessary.

What is an "anti-purpose" element of the medical system? It takes many forms. "Don't rock the boat," "go through channels," "go by the book," "don't challenge the system," "pass the buck," "don't take responsibility," and "don't bother the doctor" are some of its mottos. In my case the nurse didn't want to bother the doctor when I called in with symptoms of internal bleeding. The doctor on duty (not my regular rheumatologist) didn't want to schedule me for an immediate blood count. The test when finally made was made routinely, not on an immediate response basis, so that results weren't reported until the next day, and I continued to bleed

internally overnight. The next day the nurse insisted on delaying my talking to the doctor until the end of the second working day, though my symptoms grew ever worse. (Remember, this was the medical organization prescribing the medicines responsible for my internal bleeding!) It took me from early Tuesday afternoon, when I first phoned them that I was bleeding, until Wednesday evening, after nine contacts with the clinic, when I finally got the doctor's attention at the Rheumatology Department, and was brought to the Emergency Room in serious condition, having suffered a 40% blood loss. After I recovered I complained to the clinic about the delays. Instead of investigating, they covered up. The Nurse on duty lied about how often I had called and what I had said during the 28-hour delay they caused me. They avoided checking her story out.

An editor for the hospital newsletter decided to reprint the first part of this essay, The Discovery of Competence, which I had written and sent to the Emergency Room staff as a gesture of thanks. My clinic got wind of it and, I was told, killed the item, afraid that their role in creating my emergency would come out. Hospitals are very sensitive about doing anything that might offend those who send them patients.

These were some of the anti-purpose elements of my experience. Friends suggested that I sue the Clinic. I don't like such suits. They are one of the reasons so much craziness exists in our medical system. I was cared for by a good rheumatologist at that clinic for nearly a year, and lucked out with a fine Emergency Room staff in my local hospital when I needed it. I've found another excellent rheumatologist. I'm shooting par with the medical system. -- And who knows, maybe publishing this will even stir up something with the medical bureaucrats at my former clinic.
