Life-directing attunements are assimilated over time and reinforced by cultural and relational influences. Though ill-structured and ill-defined, these attunements operate as sediments of orientation, serving to shape, enact and critique the “narrative sense” mediating our experience. As such, life-directing attunements play a key role in shaping our aspirations and personal esteem, and they also influence our general orientation to the struggles and opportunities we encounter in everyday life. These attunements can also play a pivotal role in shaping the sense that affirms or questions who and where we are in life. Yet we seldom subject these attunements to careful consideration or reflective clarification. If we sense a problem in the makeup of our experience, or someone confronts us with a challenge to our mode of existence, we are unlikely to address the underlying influence of our life-directing attunements. We are far more likely to respond from the standpoint of these attunements.

Now, as a philosopher, I am trained to ask questions and provide analysis within a context of inquiry. When I am asked, as a philosopher, to consider someone’s personal problem as the context of my inquiry, and to help guide an interrogation of the problem, for the purpose of helping this person understand and address the problem, I can only do so from the orientation of my personal and philosophical attunements. The nature of these attunements will clearly play a significant role in determining how the encounter unfolds.

In the spirit of Heidegger’s analysis of Dasein’s contribution to the disclosure and concealment of Being, we might suggest at this point that attunement is our primary initiation to experience and meaning, to sense and world, and to ourselves and others. But if this is the case, then philosophical counselors -- and counselors of any stripe -- can operate, as practitioners, only within the question concerning the influence and calibration of attunements within their professional practice. What sort of practice operates in recognition of the force of this fundamental, ontological question?

Whether recognized or not, calibration of attunement is a central, fundamental consideration for all counseling practices, and should apply with singular force to the full scope of interactions between practitioners and their clients. But how should we think about this process of calibration? Should we settle on a technique-driven process? Or do the complexities of counseling encounters demand a judgment-based approach? Why should it matter one way or the other?

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Taking our cue from Deleuze and Nancy,\(^2\) we might say that any encounter with inquiry presents a present moment pregnant with an open future harboring multiple possible resolutions for closing down the questions precipitating and fueling the inquiry. Once a point of entry is initiated, other possibilities disperse to the margins of inquiry or dissipate altogether. Each step, each response, each question we pose to clarify, redirect or open up lines of flight within the field of inquiry will actualize certain possibilities at the expense of others. If I interject an analytical question about the meaning of terms, this may preclude exploring the reasons for the ambiguous manner in which the problem has been posed. Or it might mean deferring these questions until the original orientation to the problem has been re-framed or otherwise altered through the intervention to establish precise meanings for the "key" terms.

On the other hand, I might work from a phenomenological attunement and take up the problem as initially posed to explore the ambiguities inherent in its formulation. With the emphasis on examining meanings inherent in the initial formulation of the problem, I might learn more about how the problem looks to my partner in dialogue. But in the process I might defer or close off opportunities to disclose conceptual confusions motivating the initial formulation of the problem. Adopting a hermeneutic attunement may allow us to embark on a path of inquiry that aims to situate the problem in a shared cultural heritage, perhaps helping to remove the sense of isolation inherent in the initial experience of the problem. But this in turn may preclude engaging the singular character of the experiences driving the problem to the surface in the first place. After all, we may wonder, why has this formulation of the problem come to the surface of this person’s life in this moment of engagement? Why this point-of-departure for setting in motion the unfolding of our context of inquiry?

If my attunement tells me we are taking up a moral or ethical problem, or an epistemic question concerning belief or judgment, we may miss the existential dimension of the problem altogether, or dislodge the problem from its singular point of reference in the life of my interlocutor. How can my beginning be anything but a philosophical intervention that appropriates the problem to my own philosophical attunements? Would this not effectively eclipse the original sensitivities from which the formulation of the problem emerged (and in the process serve to expropriate the subjectivity of my interlocutor in the service of my own philosophical agenda)?

Heidegger’s comments on attunement in his \textit{Zollikon Seminars}\(^3\) offer a clear sense of what is at stake for counseling practitioners. “Attunement and being related are one and the same,” he remarks. “Each new attunement is always only a re-attunement of the attunement always already unfolding in each comportment.” Thus, he notes, “even when I am neither in a joyful, nor in a sad mood, nor in some other dominant mood, even then an attunement is prevailing.” We might think this “indifference” amounts to a suspension of attunement,

\footnotesize{\(^2\) Cf. Gilles Deleuze and Felix Guattari, \textit{A Thousand Plateaus} (University of Minnesota, 1987) and Jean-Luc Nancy, “Concealed Thinking,” in \textit{A Finite Thinking} (Stanford, 2003), especially pp. 43-46.  
\(^3\) Martin Heidegger, \textit{Zollikon Seminars} (Northwestern University, 2001).}
especially so in the case of scientific “objectivity.” But this is a misleading presumption, as Heidegger is quick to point out:

A purely theoretical comportment, such as making observations during laboratory research, is also an attunement in a specific way. This attunement is then not indifference but a kind of [undisturbed] equanimity in which nothing else is able to address me but the matter being researched. *(Zollikon, p. 203)*

Relating this to the role of practitioners, Heidegger remarks that, “as a physician one must, as it were, stand back and let the other human being be.” He then contrasts two modes of comportment toward patients, which serve to distinguish the “existential difference” between a “family doctor” and a “specialist in a clinic.” Heidegger claims (in the mid-1960’s) that family doctors deal with their patients in the mode of “being-with” whereas clinical specialists deal with their patients as “objects” for technical manipulation. He emphasizes that these “are entirely different modes of comportment, which cannot be distinguished from the outside at all.” From this contrast, he then develops the following important insight about attunement:

Attunement is not only related to mood, to being able to be attuned in this or that way. Rather, this attunement, in the sense of moods, at the same time contains the relationship toward the way and manner of being able to be addressed and [toward the way and manner] of the claim of being. Each ontological disposition is an [existential] understanding, and each understanding is ontologically disposed. Thus, ontological disposition and understanding are equiprimordial. *(Zollikon, p. 211)*

How we “stand open” to one another determines the manner in which we are manifest to one another. Through our attunements, we find our way about in the world. When I find my way in relation to another human being, it makes all the difference whether I experience this human being in a present-at-hand mode of existence, that is, as an experiential correlate of consciousness which remains “open to me in such a way that it is in space for being grasped by my action,” or as another Da-sein (that is, as a radical openness “sojourning in the clearing”). 4

The challenge this poses for us is both subtle and profound:

The letting-be of this being (the human being) in light of Da-sein is extremely difficult, unfamiliar, and must always be examined anew by contemporary scientists, but also by the one who has already gained familiarity with the projection of Da-sein. This “letting be,” that is, accepting a being as it shows itself, becomes an appropriate letting-be only when this being, the Da-sein, stands constantly in view beforehand. [This can only happen] when the investigator has experienced and continues to experience himself as Da-sein, as ek-sisting, and when all human reality is determined from there. *(Zollikon, p. 223)*

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4 Ibid., pp. 223-224.
Attunement to the proper sense of human reality requires that we continually enact and reenact our “projection of being human in the sense of Da-sein.” But as Heidegger points out, this diligence is easily compromised by the ease with which being-in-the-world is miscast “as an [ontic] occurrence of the human being [projected as being “in this or that condition”] in the midst of . . . the ‘world’ [of ontical matters].” This slippage reflects a falling back into “technical-rational thought,” which clearly enforms “managed care” practices in general, and underwrites the dominant paradigm in human counseling practices, in particular.

Donald Polkinghorne has presented a compelling critique of the dominant influence of technical-rational methods of practice in the human sciences. In the process, he articulates the basis for a “judgment-based” practice of care, drawing from a broad range of practical attunements that can be applied to methodological considerations in philosophical practice. The dominant thread of his analysis lies embedded in his critique of “technically informed decision processes.” His concern addresses technical-rational methods that have been “developed for the control and management of human behavior” (5). These methods have been instituted in response to pressures from “managed care” systems to link insurance coverage for treatment of human disorders to empirically validated methods of intervention manifesting generalizable, predictable outcomes.

A key motivation for this model is that “manualized, empirically supported treatments” offer reliable, scripted techniques for “evidence-based” decision making (4). The underlying premise is that human behavior is inherently predictable, and that the care practices “should take advantage of this characteristic and do those things that have been shown to produce a predictable result” (190). The idea is to “know in advance which actions will produce the desired outcomes,” and to be in a position to determine in advance the timeframe and expense of delivering these interventions “so managers can anticipate and control their costs.” In the process, caregivers become “the strategic means for achieving institutional goals” (129).

The consequence of this approach is that health-care practitioners are forced to suspend their natural embodied reasoning aptitudes which otherwise incorporate our “background knowledge, emotional feeling, imaginative scenarios, and reflective cognition,” which are central to our capacity for “integrative, nonlinear processing” and personalized deliberation (130-31). In the process, systems of managed care “are losing the flexibility provided by phronetically guided personal judgment to determine the most effective way to care for an individual with certain characteristics in a certain place at a certain time (129).

“Background knowledge,” on the other hand, “configures itself according to specific contextual or situational needs; it does not bring to the fore the totality of all that it holds” but is instead “guided by the situation in which the person is acting” (157). As Aron Gurwitsch remarks (in a passage quoted by Polkinghorne), in situations where background thinking is operating,

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5 Ibid., p. 223.
6 Donald Polkinghorne, Practice and the Human Sciences: The Case for a Judgment-Based Practice of Care (SUNY, 2004).
what is imposed on us to do is not determined by us as someone standing outside the situation simply looking in at it; what occurs and is imposed are rather prescribed by the situation and its own [unique] structure; and we do more and greater justice to it the more we let ourselves be guided by it, i.e., the less reserved we are in immersing ourselves in it and subordinating ourselves to it. We find ourselves in a situation and are interwoven with it, encompassed by it, indeed just “absorbed” into it.  

A judgment-based practice operates with a blend of reflective attunement and “nonconscious operations,” allowing us to “draw on complexly organized, internal understandings about the world and about what to do to get things done” in support of a “dialogic engagement” with the situation in which the practice is being conducted (163). This blend of aptitudes “results in an increasing understanding of the unfolding situation,” and this in turn provides a space for recalibrating our attunement, e.g., by posing an iterative, dialectical series of questions. Drawing on Gadamer’s notion of “effective historical consciousness,” Polkinghorne remarks on the iterative process involved in this recalibration of attunement:

The formulation of questions progresses through stages of an unfocused ‘feeling’ that asks about the adequacy of the received interpretation to a more explicit questioning intended to solicit answers through a worldly response. As answers are received, questions are often modified and sharpened to produce [what Patrick Healy refers to as] a “new series of questions better attuned to the particularities of the subject matter.” Gadamer’s questioning process is an iterative and dialectic process whereby answers to initial questions produce further questions that require further testing.

Another central component of this approach is drawn from Schön’s notion of “reflection in action,” which relates to Dewey’s concept of knowledge in action. Polkinghorne offers as examples the “improvisations that make up a good conversation and practitioners’ sensible on-the-spot responses to unexpected questions or statements from students or clients.” Of course, the challenge for managed care systems lies in the fact that practitioners rarely have the capacity to articulate what is involved in their knowledge-in-action, which means that “outside observers cannot write it up so that it can be taught to others” or, more to the point, so it can be subjected to strategies of empirical validation. Knowledge-in-action “is a product of each practitioner’s unique history of personal experience” (169).

Because the people served by care practices often “fall outside the categories” that determine when to apply empirically validated theories and techniques, practitioners “need to reflect-in-action and adjust what they do on the move if they are to help clients achieve their goals” (170). The judgment-based approach

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offers this flexibility by requiring modes of thought that utilize reflective-understanding that draws on background knowledge and dialogic reflection. As Polkinghorne emphasizes,

Reflective understanding draws on the full human capacities for interacting with other persons. It involves an integration of previous personal and cultural learning, imagined scenarios of responses to an action, and emotional readings of possible actions in the situation. In reflective understanding the practitioner is attuned to salient features of a specific situation and responsive to the nuanced changes that are occurring during an interchange. It is a decision process that adapts to the particular complex situations in which practitioners of care serve. (176)

Of course, questions will always arise concerning whether this approach prepares a practitioner to do “the correct action or set of actions to produce the desired outcome.” Judgment-based practices have their own specific form of validation. Rather than gauging validity in terms of the empirical conformity of rules and techniques to practices of deductive logic and calculative thinking (which serve to determine the correct application of an intervention prior to its implementation), “in judgment practice, correct actions are determined in the situation,” and validity hinges on whether the chosen interventions help clients make progress in attaining their goals. In a judgment practice, Polkinghorne explains,

Actions in judgment practice, at the most basic level, are valid if they move the caring process forward. The validity of an action cannot be known in advance. Validity is determined by its effectiveness in a particular situation at a particular time. Whether or not a judgment about what to do was valid becomes known after the fact. Practitioners of care must monitor the effect of their judgments continuously. Determining the validity of judgments is an essential and ongoing part of the caring process. When actions prove ineffective or do not advance the process adequately, practitioners need to engage in reflective understanding to enlarge their perceptive understanding of the situation and consider other possible actions. (171-2)

Recalibrating attunement often requires practitioners to make adjustments that “flow directly out of their background understanding without passing through awareness.” This means “two different practitioners can make different judgments in similar situations and both be correct” (172). As Healy remarks, “trained judgment brings with it the ability to recognize the salient features of a situation, the relevant constellation of operative factors and patterns, their harmony or disharmony, and the weight that they should have in a particular context.”

Unfortunately, despite the obvious demand for judgment and openness in the “direct person-to-person interactions” of counseling practices, care practitioners are under increasing pressure “to conform to the dominant cultural themes of

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means-end rationality and ordered efficiency.” Indeed, “the institutions that control payment for these services . . . have demanded that practice become more technological, and the disciplines have responded by shifting their research and training to a technologically driven practice” as a means for responding to human problems (175). In the process of affirming these strategies of technical-rational practice, judgment-based practices have become increasingly marginalized in the care professions, and as a result, the human component of the practitioner-client interaction has been reduced to an abstract, mechanical representation conducive to manualized treatment.

The message for philosophical counseling is unambiguously clear. To the extent this movement succeeds in establishing a foothold in the managed care system and qualifies treatment plans for insurance coverage, the possibilities for preserving the rich textures of human engagement will diminish in proportion to the implementation of practices conforming to technical-rational schemes of validity. In the process, the opportunity to cultivate practices that proceed by way of an ongoing calibration of attunement and openness to the unique qualities of each encounter will surely diminish as well. The result can only be a commodification of the enterprise of philosophical engagement.