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Marta Gackowska
University of Gdańsk
ORCID: 0009-0008-0731-0614

The process of scientific cognition in the face of the everyday challenges of a young therapist

Proces naukowego poznania wobec wyzwań codzienności młodego terapeuty

Abstract

This article presents the process of scientific cognition based on the experiences of a therapist. The aim of the work is to demonstrate the formation and development of the therapist itself in the space of personal experiences, exploring humanity in confrontation with the concept of an objective specialist.

The assumption of the research process was to conduct qualitative research according to Anna Wyka's empirical research model – research through shared experience, also named by Teresa Bauman as participant observation. By identifying the individual phases of research – experiencing and acting, reflection, and integration – in the process of engaging with *otherness*, the young therapist embarked on a path of self-discovery and self-development.

Creating the possibility of a perspective look on the integration of theoretical knowledge with practical experience becomes an encouragement to take up challenges and face problems encountered along the paths of the therapeutic process.

Keywords: shared experience research model, participant observation, therapy disability, empathy, Self-discovery

Streszczenie

Niniejszy artykuł prezentuje proces poznania naukowego w oparciu o doświadczenia terapeuty. Jego celem jest zaprezentowanie kształtowania się i rozwoju terapeuty w przestrzeni doświadczeń osobistych, odkrywanie człowieczeństwa w konfrontacji z pojęciem obiektywnego specjalisty.

Założeniem procesu naukowego było przeprowadzenie badań jakościowych według modelu badań empirycznych Anny Wyki – model badań poprzez wspólne doświadczenie, określany również przez Teresę Bauman jako obserwacja uczestnicząca. Wyłaniając w procesie obcowania z innością poszczególne fazy badań: doświadczania i działania, refleksji oraz integrowania młody terapeuta wszedł na ścieżkę samopoznania oraz samorozwoju.

Stworzenie możliwości perspektywistycznego spojrzenia na integrowanie wiedzy teoretycznej z doświadczeniem praktycznym staje się zachętą do podejmowania wyzwań i stawiania czoła problemom napotykanym na ścieżkach procesu terapeutycznego.

Słowa kluczowe: model badań poprzez wspólne doświadczenie, obserwacja uczestnicząca, terapia, niepełnosprawność, empatia, samopoznanie

Introduction

The primary focus of psychology researchers is inextricably related with human. The subject of study is an action as targeted, purposeful and organized behaviour, the subject of which is a human being. Therefore, the art of conducting scientific psychological research takes man and his behaviour as its subject of study.[1]

The subject of the research upon which this work is based is the experience of *otherness* as experienced by a young therapist, in personal contact between the therapist and *the Other*. Many factors influenced the choice of this research topic. The most important was my interest in, curiosity about, and desire to explore, understand, and engage with *the Other*. The real opportunity to encounter, be with, and learn about *the Other* also played a significant role. The goal of my research is to explore my feelings and thoughts as a young therapist, as well as the actions I undertake in my daily contact with *the Other*.[2]

Scientific knowledge

Scientific research, which forms the foundation of the cognitive process in the social sphere, aims to expand and enrich knowledge about the individuals, objects, or phenomena that become the subject of study. The aim of research is to scientifically understand and describe reality, existing phenomena, real situations, institutions, and people as individuals. This goal supports the cognitive function and the practical and useful function of scientific research.[3]

To be classified as a scientific process, research methodology must achieve specific goals. Psychological sciences have two primary goals:

a) external – integrating science into the social sphere by learning and understanding the environment, surroundings and their specificity, as well as explaining the phenomena that occur in it, striving for the most effective possible action;
b) internal – purely cognitive goals, set individually by an individual, learning the truth; internal goals become a tool for achieving external goals based on their practical nature.

The correlation between internal and external goals is seen as a process of describing reality, explaining it, and then enabling the possibility of predicting new phenomena, rationally understanding them, and transforming them in practice. Therefore, the foundation of a properly formulated research goal in

[1] J. Brzeziński, *Metodologia badań psychologicznych*, Warszawa 2003, pp. 29–30.

[2] M. Gackowska, *Pozwól się oswoić. Moje doświadczanie inności*, Łódź 2022, p. 31.

[3] W. Dutkiewicz, *Podstawy metodologii badań do pracy magisterskiej i licencjackiej z pedagogiki*, Kielce 2000, p. 50.

psychological research methodology should be a reliable description of reality in a given area.[4]

In my work I do not pose hypotheses because as the qualitative approach forces the researcher to give up research hypotheses and assumes a certain lack of assumptions about the nature of the phenomenon being studied, resulting not from the lack of any assumptions on the part of the researcher, but from the attitude he has programmatically adopted cognitively naïve. The use of qualitative methods allows for research on little-known problems that the researcher has a better feeling about than knowledge about. This situation naturally prevents the formulation of precise hypotheses, as hypotheses cannot be formulated if the issue being researched is little-known.[5]

In the case of my work, in addition to document analysis, I used Anna Wyka's proposal for an empirical research model – the model of research through shared experience, also defined by Teresa Bauman as participant observation.

The characteristics features of the shared experience research model are:

a) subjectivity of the research relationship – the term "research subject" or "research interaction partner" is adopted, and the term "research object" is rejected;
b) active participation of both the researcher (the cognizing subject) and the researched person (the research interaction partner, the research subject) in identifying the research problem (phenomenon, process, etc.);
c) the researcher's involvement in the situation being studied and its direct experience (the researcher becomes part of the phenomenon, becomes a participant in the situation being studied and not an observer).

It is also important that the research subject is informed about the research process and is considered an integral part of it.

In the shared experience research model, the researcher co-creates the research process with the research subject, revealing them himself as a human being, and thus risking losing their position as a scientist. During the research process, the researcher may experience previously unknown emotional experiences that can significantly impact them and their world of values. Cognitive categories such as knowledge through insight, intuitive knowledge, knowledge through emotions, and knowledge through the body play a significant role here. The possibility of non-intellectual knowledge and being a participant experiencing the reality being studied excludes the researcher's objectivity. The researcher matters to the entire study. A crucial element of this research is the researcher's reflection on both themselves as a participant in the phenomenon being studied and on the phenomenon itself. Initially, the researcher draws on their own experiences gained from participating

[4] J. Brzeziński, *Metodologia badań psychologicznych*, Warszawa 2003, pp. 30–34.

[5] T. Bauman, *O możliwości zastosowania metod jakościowych w badaniach pedagogicznych* [in:] T. Pilch, *Zasady badań pedagogicznych*, Warszawa 1995, p. 57.

in the study and ignores theoretical knowledge. Personal reflections are combined with theoretical knowledge by the researcher in the next stage.[6]

Wyka distinguishes the following phases of the research cycle in the research model through shared experience:

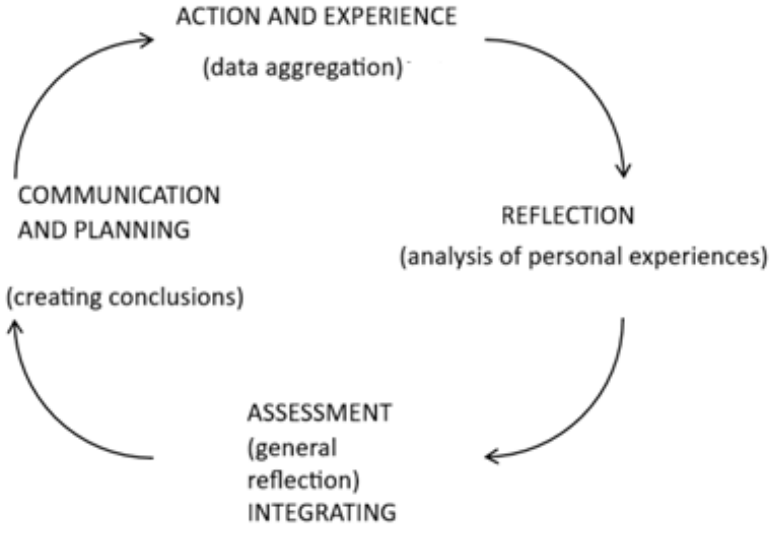

Figure 1. Combining experience with theoretical knowledge

Source: A. Wyka, *Model badań poprzez wspólne doświadczenie, czyli o pewnej empirii „jakościowej"*, "Kultura i Społeczeństwo" 1985, Vol. XXIX, No. 2, p. 103.

Presentation of the results of my own research process in this paper, will be based on above-presented shared experience model.

Experiencing *the Other…*

The unreal becomes the empirical through personal experience.
K. Hastrup

The description presented below is a record of my experiences and reflections related to experiencing *otherness*, to my entry into the world of *the Other*. By deciding to cross over to the other side, to the side of *the Other*, citing Barba's statement from Wyka's publication, I am taking a certain risk of lynching my own

[6] Cf. A. Wyka, *Model badań poprzez wspólne doświadczenie, czyli o pewnej empirii „jakościowej"*, "Kultura i Społeczeństwo" 1985, Vol. XXIX, No. 2; T. Bauman, *O możliwości zastosowania…*, pp. 72–73.

intelligence. Barba believes that such an attitude requires moral, physical, and especially intellectual courage from the researcher, in this case, me. This becomes an account of an extraordinary personal adventure of confronting the reality of *the Other*, of venturing into unknown lands.[7]

My adventure with *the Other* began in October 2008, born from a desire to act, to help, to do something for others. I took the opportunity and accepted an offer to care for a boy with autism, knowing little about the boy, his daily life, which I would be part of, or the autism spectrum disorder itself (I had acquired general information about autism during my studies, but it was very abstract and difficult for me to apply to reality).[8]

Phase I – experiencing and acting

The first phase of the research cycle is based on collecting data without thinking in theoretical terms.

I obtained my first data on October 21, 2008, during a meeting with the mother of *the Other* – Kuba, who was then fourteen. The meeting was brief. We arranged the meeting at Kuba and his mother's apartment, which would soon become my "research site," the place where I would spend most of my time with Kuba. Kuba's mother proved to be a very warm and welcoming person. She briefly told me about Kuba, his disorder, his daily life, and how she spent her free time with Kuba. She showed me the teaching aids needed for Kuba's ongoing educational, therapeutic, and upbringing process (by choosing to be with Kuba, I should also be involved in this process). I left that meeting with enormous enthusiasm and determination. I wanted to get to know Kuba as soon as possible and begin being with him – to begin the process of learning, experiencing, and familiarizing myself with him…

When the possibility of experiencing otherness became completely real to me, I had no preconceptions, no plan of action. For the first time in my life, I was about to meet in person someone with autism. I only assumed that Kuba and I would learn, get to know each other, and experience each other. I accepted Kuba as he was before I even met him, relying on his full acceptance, subjectivity, flexibility in my actions, and adapting to Kuba's individual needs and abilities.

Data collection was based on taking notes from each meeting with Kuba, which became a record of my initial experiences, feelings, thoughts, and actions. I decided to present the notes in their original form because I believe that written notes best reflect what I was experiencing at that time.

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[7] A. Wyka, *„Talbot", czyli badacz społeczny jako przedmiot i podmiot zarazem* [in:] *Kulturowy wymiar przemian społecznych*, eds. A. Jawłowska, M. Kempy, E. Tyrakowska, Warszawa 1993, pp. 202–203.

[8] M. Gackowska, *Pozwól się oswoić*…, p. 53.

24.10 My first meeting with Kuba

13.00

Observing classes at the center Kuba attends – the therapist told Kuba to say hello to me – he said "good morning" and shook my hand.

Conversation with Kuba's therapist.

Mom picked Kuba up from the centre, they were returning home on their usual route, I was following them like a shadow.

At home, his mom showed me what Kuba was doing, how he worked (binders, puzzles, a timer), what rewards he received (music, ham), and how he rested (lying on the couch, listening to stories). Kuba paid me absolutely no attention, as if he didn't even see me, as if I were air. He was calm, did everything Mom asked, cuddled up to her, and it was clear he was very attached to Mom. A child like an angel.

For 1.5 hours I was a shadow, observing everything, observing what Kuba's everyday life looks like.

Kuba's therapist, whom I spoke with that day, guided me in my interactions with Kuba. He warned me about Kuba's outbursts of aggression, instructed me how to handle such situations and advised me to always keep my hair tied back in Kuba vicinity, just in case.

I couldn't believe that Kuba, this slim, quiet boy, was capable of the aggressive outbursts I'd heard about from the therapist. I had the impression he was exaggerating the issue, but I couldn't see the purpose behind it. Did he want me to be afraid of Kuba?

Kuba's therapist also drew my attention to communication – Kuba speaks very quietly and indistinctly. He told me that I had to get used to his speech to understand him. This made me anxious. What if I can't understand him? What if he needs something and I'm helpless?

Throughout the observation, Kuba was "off." I had the impression that he was absent, completely uninterested in what was happening around him. All he said was "you don't want to" or "yes," and even then, his answers were often inadequate to the question.

I returned home full of fear and anxiety, with a constant question: Will I be able to cope? Am I taking this on too seriously? Various thoughts raced through my mind: that Kuba needed someone experienced, that I wouldn't be able to help him in any way, that I wouldn't be able to communicate with him. But deep down, I was full of hope that maybe it would work out, that it wouldn't be so bad. I was also encouraged by the assurances from my therapist and Kuba's mother that I could always turn to them if I needed anything, if I didn't know something.

My time with Kuba was supposed to be while his mother was away. I was supposed to pick him up from the Centre and be alone with him, completely alone, until Kuba's mother returned from work…

27.10 My first time being alone with Kuba

15.00–17.30

I arrived at the Centre early and waited for Kuba. Kuba came with a therapist who helped him get dressed. I was worried whether Kuba would go with me, after all, I was a complete stranger to him. He grabbed my arm and we left. Kuba's mother called me and said that if it rained (it was bad rainy autumn weather), we should take the bus home. Fortunately, it didn't rain. We walked home in silence. I didn't know what to talk to Kuba about or how to talk. I was also very focused so I wouldn't lose my way. At home, I helped Kuba undress and told him to wait for dinner. He sat on the couch and waited patiently. After eating dinner, I prepared a schedule for him, which he followed perfectly and then he went to bed. He only got up when his mother arrived.

03.11

15.00–17.30

I think I'm starting to understand the need for consistency and routine in autistic people. Today's routine is exactly the same as last time. We sing songs on the way home, and then we get home and have dinner, make plans, and lie down. The only thing Kuba surprised me with today was a change of song – he wove "Hey Sokoły!" between "Pieski małe dwa!" which really surprised me, but it took me a while to recognize the song. While I was resting, I read a story to Kuba. I don't know if he was listening; he seemed absent…

That's how my experience with Kuba began. For those first three days, I didn't know what to do, how to behave, how to talk to him. I thought I was only an observer. I knew so little about Kuba that I couldn't even predict his simplest reactions. I didn't know how he would behave on the bus, during a walk, or at home waiting for dinner. I was afraid of every moment, every situation that deviated even a little from the established ritual. Kuba's therapist's warning about outbursts of aggression still lingered in my mind and perhaps deep down, I was waiting for such a moment to know what to expect from Kuba. Those first days were one big unknown for me. Kuba was a huge mystery. I was very surprised that he didn't treat me like a stranger, that he trusted me from the very first day, going with me without hesitation. Was he really that indifferent to his surroundings? He didn't make eye contact at all; in the apartment, he walked past me as if I weren't even there. He only turned to me when he wanted something, but he didn't look in my direction. After just three days, I began to understand his speech, understanding when he said "do you want a drink" or "do you want ham" (he referred to himself in the third person). I was fearing what might happen. I complied with all his requests. Until then, my only action had been to take Kuba home, serve him dinner, and create a plan. I had created the plan according to the recommendations of Kuba's therapist and his mother's instructions. I placed various binders with tasks (e.g., matching pictures, colours, object recognition) and puzzles (jigsaw puzzles, matching pieces, etc.) in

boxes marked with symbols. Kuba knew these tasks by heart and completed them very efficiently. The biggest challenge for him was the multi-piece puzzles, which I had to help him with. Kuba was accustomed to announcing, "I want music," and then lying down on the bed as soon as he finished the plan. I didn't yet have enough courage to motivate him to get up and take further action.[9]

07.11 That day I visited Kuba twice, it was necessary.

7.30–9.00

I came to Kuba's house in the morning to get him ready and take him to the center. When I arrived, he was already awake but still in his bed. Kuba's mother gave me quick instructions and went to work. I made him a breakfast, Kuba got up, ate, I helped him get dressed, he brushed his teeth, and we watched TV for a while. We left for the centre early (I was still afraid of the bus ride because it always involved waiting and a lot of people, to whom Kuba can react differently). The walk to the centre was exceptionally long; we walked in a circle because we had plenty of time. Kuba didn't protest; he walked calmly, agreeing to the route I had planned. We walked in silence.

15.00–19.00

Four hours with Kuba was a long time. I didn't know how to manage that time yet. It started as usual – a walk home, dinner, a plan. And then it began! Kuba attacked me! He grabbed my hair unexpectedly, very forcefully. I tried to free myself, but he wouldn't respond to any commands. He ripped out some of my hair, then grabbed my shirt. I struggled with him for a good dozen or so minutes until I managed to grab his hands and stand him facing the closed door. After a while, Kuba calmed down. I was all shaken and tired. He attacked me for no reason. I think he was testing me. After a moment, I took a breather, and we went for a walk. Kuba's mood improved dramatically, he started jumping and running, and at one point, he ran up to me, looked at me, and said, "I'm glad." I was shocked! We returned home, and after a while, Kuba's mother arrived.

A day full of excitement, a day that was, in a sense, a turning point. I experienced Kuba's first attack of aggression. It was terrifying! What strength he has! At first, I panicked a bit; I wasn't prepared, I didn't know what to do. I only knew I couldn't scream. I managed to control my panic and nerves, and thanks to that, I managed to control Kuba. I was completely shaken and couldn't calm down for a long time. Even during the walk, I still felt everything inside me shaking. I had mixed emotions: on the one hand, anxiety, fear, anger, and on the other, pity – I felt sorry for Kuba, but he wasn't aware of it, he wasn't doing it on purpose. If only I knew what caused this attack! It dawned on me that Kuba's therapist hadn't been exaggerating… I hope such an attack never happens again!

Next surprise was when he said "I'm happy." It was the first time he looked at me, the first time he noticed me, and on top of that, he spontaneously said he was

[9] *Ibidem*, p. 57.

happy. I think the aggression allowed him to release the tension, and that's why he felt so good later.

What happened today made me even more eager to get to know Kuba, to enter his world…

17.11

15.00–17.30

Kuba had a rough day today. When I came to pick him up at the centre, I learned he'd had attack of aggression and ended up in time-out (a place of isolation and quiet). When I helped him get dressed before leaving, he grabbed my hair. One of the therapists helped me, and Kuba directed all his aggression at her, which led to Kuba being taken back to time-out. Watching from the side as two people tried to hold Kuba, I was shocked at where he got all his strength from. After a few minutes, Kuba returned and we went home. At home, he ate dinner, made a plan, and started bouncing the balloon. At some point, Kuba started stimulating himself. I tried to interrupt him one by one, taking the program steps, but it didn't help. Kuba also started masturbating. He alternated between biting his hand and masturbating. After another attempt, I tried to interrupt him, and he grabbed my hair, tugged, and tried to bite me. I fought with him for about an hour. When I finally managed to get him under control, he lay down on the bed and I sat down exhausted next to him.

That was Kuba's second attack of aggression I'd experienced. Just like before, I was terrified and shaken, but also proud of myself for controlling my panic and nerves. I didn't let Kuba know I was afraid. With outward composure, I calmed Kuba down. The hardest part after an attack is getting back to "normal," treating Kuba as if nothing had happened…

19.03 Shopping mall

Today I was with Kuba as additional support. My friend (who goes to Kuba's in shifts with me) was taking care of him and asked me for help because she wanted to take Kuba to the mall and wasn't sure if she could handle it if something would happen. From the start, Kuba was "out of character," a bit irritable. Maybe it was because we were two of us. We're completely different, we have completely different lifestyles, and we treat Kuba completely in a different way. Perhaps Kuba was confused, unsure how to behave, even though I tried to be a shadow.

We did some shopping, and Kuba was a great runner in line. However, when we were getting ready to leave, Kuba attacked my friend – he grabbed her hair. She panicked and started screaming, so I "took over" Kuba. His aggression transferred to me. I don't know how many times he grabbed my hair. I tried to control him for about 10 minutes! Every time Kuba "came back," some distraction would appear (e.g., a voice from the loudspeakers), and Kuba was attacking again. I completely shut myself off from the world. It was just me and Kuba. From my later conversation with my friend, I learned that this lasted about 10 minutes, that a crowd of "gawkers" gathered around us, and even the security guards didn't offer help.

The situation seemed so strange because neither of us shouted – "Kuba doesn't scream, I can't." When I finally managed to control him, we walked him home. Only then did I feel how much my scalp hurt, which was a sign of how much hair I had lost in this "fight"…

Another three months have passed. A lot has happened in that time. My relationship with Kuba is getting better and better. I feel very connected to him. Our time together brings me a lot of joy and satisfaction. I feel like Kuba trusts me more and more, that he's become accustomed to me, knows how to behave around me, and what not to do (for example, masturbation –thing I wrote about in last note). I've gained a lot from Kuba. He's taught me patience and flexibility (it wasn't always the way I wanted), and he's shown me that *Others* also have needs and feelings, even though they sometimes struggle to express them. Throughout this time, I've been opening up to Kuba, and Kuba has bridged the distance I initially felt towards him. Hugging and stroking Kuba is no longer a problem for me. I've started showing him affection, being truly with him instead of just being there for him. Although Kuba's aggression and stimulation haven't stopped (but their intensity has clearly decreased), I no longer feel anxious, fearful, or angry. I've learned to recognize Kuba's behaviours, and thanks to this, I'm often able to anticipate them and prevent them from happening. I think Kuba benefits from this as well.

After approximately seven months of data collection, it was time for a brief summary of Phase I of the research cycle. I considered the data collection phase was completed and could move on to reflection.

It was a time very rich in experiences, getting to know each other, learning from each other, and it was aimed at creating bonds – taming.

During this time, I learned many things about my *Other* – Kuba, his *otherness*, as well as about myself.

As I mentioned, autism was an abstract concept for me, learned in university. I also had a certain image of it from movies, which, as I later learned, had no connection to everyday reality. Initially, Kuba evoked ambivalent feelings in me: both concern and a desire to help, but also anxiety, fear of him and whether he would accept me or reject me. I approached Kuba more intuitively than with experience (Kuba was the first child with autism I'd ever met, so I had no experience). Although Kuba demonstrated many difficult feelings and behaviours (anxiety, tension, overstimulation, aggression, self-harm), my intuition told me there were layers of goodness within him that could be tapped into. This conviction gave me the strength to continue experiencing, even though it was sometimes difficult. I didn't give up and I didn't quit.

Experiencing *otherness* affects both the person being experienced and the one experiencing it. Time spent with Kuba was an important time for me to get to know myself, thinking that another person can become a mirror. During those seven months I spent in Kuba's world, I learned to understand him, his speech, his needs,

the signals his body sent (moments of tension, symptoms preceding an attack of aggression). I stopped being afraid of otherness, I stopped being afraid of Kuba. I no longer panicked during attacks, I was no longer afraid of changing plans, or of spending too much time with him (I stopped asking in terror, "What are we going to do?"). I learned to be more flexible and open to him, but I also recognized myself as a consistent, demanding, and decisive person (when a task needed to be done, I stood my ground and often interrupted Kuba's laziness, even though it could cause an attack of aggression). I learned the therapeutic and educational principles of working with people with autism not from books, but from experience. Over time, I gave up the binders and puzzles, and limited my tasks to household chores and speech therapy, placing a greater emphasis on being together and talking. I learned to treat Kuba not as *an Other*, but as a friend, someone important to me. I opened up to him, showing him a lot of love, warmth, and understanding (as evidenced by his consent to massages, playing with me, and cuddling). My fear and anxiety disappeared. I'm convinced Kuba also opened up to me, accepted me (although the time he tested me, the first outbursts of aggression, will forever remain fixed in my memory), began to make eye contact, listen when I read a story, and respond when we talked. Kuba began to notice me. I felt needed and important to him. Incredible feelings overwhelmed me when he woke up, grabbed my hand, and checked on me. He learned my name (when I asked for my name, he replied "Martusia"), which was a great joy for me.[10]

Phase II – reflection

The reflection phase assumes that the researcher withdraws from experiencing and focuses on the analysis of lived experiences based solely on their own experiences and experiences gained from participating in the research situation.[11]

The data collection period was a time of many reflections and considerations. Some of them were already included in the first phase of the research process. In fact, after each meeting with Kuba, I reflected on various things, and the reflection was constantly present in anticipation of the next meeting.

Initially, our meetings seemingly followed the same pattern, order, and routine, yet there were so many different details, crucial to building our relationship and creating bonds, that they required considerable flexibility on my part.

Going to Kuba's, I could never predict how our meeting would unfold, what we would do outside of our regular schedule. Each meeting was a mystery, a secret that unfolded through experience. During our time together, I tried to read Kuba's needs, desires, and moods. I wasn't always successful. Sometimes I felt as if Kuba

[10] *Ibidem*, p. 72.

[11] A. Wyka, *Model badań*…, p. 103.

sensed his own impotence, his inability to communicate, to express his desires and needs. In such moments, aggression and self-harm would emerge. I felt completely helpless. All I could do was control Kuba, calm him down, and I still didn't fully understand the reason for his outburst, although it certainly served partly to release the internal tension stemming from this very impotence. Kuba seemed locked in his own world, as if behind an invisible pane of glass, and despite my enormous willingness and effort, I couldn't penetrate it.

Kuba's speech was very formulaic, rehearsed. Initially, I couldn't read Kuba's emotions either from his speech or his behaviour (except for challenging behaviours). Kuba is taught to remain polite and to keep his hands calm. These are steps taken as part of therapy, which continue outside the centre, in his daily life. This is intended to prevent challenging behaviours, but I had the impression that this often inhibited Kuba from expressing emotions, including positive ones. As soon as Kuba started laughing, he had to control himself because laughter led to stimulation ("silly"). Over time, I learned to recognize Kuba's joy. When he was happy, his facial expression changed; he would jump, run, and get excited. However, all of these behaviours had to be constantly monitored.

Touch was a key element in our getting to know each other. Initially, it was limited to returning from the centre arm in arm. Over time, as we got to know each other, we gained trust. Kuba began to hold my hand, most often in new situations that evoked uncertainty and fear (e.g., on an overpass), which showed he felt safe with me. My presence gave him courage. Holding my hand during sleep, illness, and making sure I was there was another step in building a bond. We became important and needed to each other. This was very reassuring, because I noticed that when I held his hand, Kuba "forgot" about stimulation and difficult behaviours. The next step was Kuba agreeing to a back massage, which he really enjoyed; he started asking for it. It was so much fun! Once Kuba warmed up to me, we began cuddling, fooling around, frolicking, and tickling. It gave us both a lot of positive feelings, and I was happy that Kuba accepted me, that I was becoming someone important to him, and that a process of familiarization had taken place between us, which, according to Beata Chrzanowska, is a gradual reduction of the spatial distance, until we touched and shook hands, and then had a massage.[12]

Over time, Kuba became the decisive figure, deciding where we would go and what we would do. I began to notice the signals he gave me about his needs, which gradually diminished his frequent outbursts of aggression. We began to communicate better, and gradually I crossed the glass dividing us…

Being with Kuba, I had to demand from him. I couldn't just be kind and compassionate. Dietmar Zoller's words came to mind: "I can't do anything without demands. I'll never learn anything if you're only kind and compassionate,"

[12] B. Chrzanowska, *Wyzwolił mnie śmiech* [in:] *Drugie opowieści terapeutów*, eds. H. Olechnowicz, Warszawa 2000, p. 98.

which partially illustrate my attitude towards Kuba. I set demands tailored to his abilities. I wanted him to work, complete tasks, and behave appropriately. I often encountered rebellion on his part, but after a while, he accepted my conditions and began to adhere to them, pleasantly surprising me. In the final months of data collection, Kuba, at my request, would get up without any problems, follow through with his plan, and I was proud of him. I think this attitude also played a significant role in Kuba's masturbation. He learned that I didn't accept it, and after a while, I didn't have to "fight" him; a meaningful look or a word of warning to him to stop was enough. However, the demands I placed on him affected not only Kuba but also myself. I had to be consistent and composed. I started focusing on Kuba's successes, not his difficulties. I introduced social motivation – I praised him very often, almost at every moment, telling him he was a nice guy, that he was super polite, that I liked him when he did this or that. I noticed and appreciated Kuba's every effort. This clearly motivated Kuba to continue working on himself, to control his behaviour. This was a huge success in our journey of becoming more comfortable.

There were also many difficult moments for me that didn't directly concern Kuba. In public places, in various situations, shame crept up. The fear of "what will people say?" I wasn't ashamed of Kuba, but of what I had to do. At first glance, Kuba's disability was invisible. I encountered different looks and comments from people, for example, when I tied Kuba's shoe on the sidewalk, or on the bus, when I held both his hands. I worked hard to overcome negative emotions, to walk with Kuba on the promenade and out loud, to boldly sing children's songs, or to run hand in hand. So much is said about the rights of people with disabilities… yet the fear of public opinion paralyzed me. Thanks to Kuba and situations like these, I learned to distance myself from the world and people. My value system changed. I stopped worrying about what others would say, how they would look at me, what they would think. I saw what was truly important – not the opinions of "well-wishers," but other people!

When I think about Kuba now, I'm amazed at how much he's revealed to me over that time, how much closer we've become. I've never established such a connection with a person with a disability before. Kuba showed me that words aren't everything, and that it's not enough to just stand by. You have to enter the other person's world to get to know them, to enter and simply be with them, because "inside, where no one can see, there's a being with their own feelings and thoughts, their own world and their own language, which can be the language of God."[13]

I have also experienced that the best cure for all fears, anxieties, and worries is the closeness of another person, their acceptance, understanding, love, and the

[13] D. Terakowska, *Poczwarka*, Kraków 2007, pp. 128–129.

goodness that comes from closeness. Everyone, not just *the Other*, needs a friend. The absence of that other person, the absence of a friend, is a problem that creates a dividing wall and prevents the call for love from being heard. The need for love is enormous. "People must be loved, then they blossom," and a person is "like a plant, fertilized with love and tenderness."[14]

At the end of this phase of the research cycle, I will repeat after Barry Nail Kauffman that I received the wonderful gift of participating in the life of Kuba…[15]

Phase III – integration

After completing the activity and reflecting on the experience of *the Other* – Kuba, it was time for the next phase of research – integration, which involves combining the experiences gained and the knowledge resulting from them with theoretical and intellectual knowledge that goes beyond the personal experiences gained in the research process.[16]

In my case, this phase began much earlier, at the time of my first encounter with the concept of autism. I gained my first, very general understanding of autism from watching television films on the subject. My knowledge was partially reinforced during classes (lectures and special education exercises) I attended during my studies. The integration phase began to fully unfold with my first conversation with Kuba's therapist, who outlined the nature of autism and its specificity in the context of Kuba's functioning. I then had the opportunity to familiarize myself with Kuba's therapeutic and educational programs, psychological opinions, and the medical history of his condition. I also learned the main principles and assumptions of the behavioural therapy he receives. During the operational and data collection phase, I also had numerous consultations with specialists treating Kuba. I found the consultations with the speech therapist particularly valuable, along with her guidance and suggested exercises (hence the frequent mentions of speech therapy sessions with Kuba in my notes), which improved my communication with Kuba. Over the past seven months, I've also had the opportunity to participate in training in behavioural therapy and verbal and social behaviour training. I've continually expanded my knowledge by delving into the literature on autism and working with individuals with autism spectrum disorder. I've sought guidance and suggestions from all these sources on what I can do with Kuba, how to act, and how to plan each day to ensure our time together is productive and to contribute, as much as possible, to Kuba's improved functioning, which is consistent with his continued therapy.

[14] D. Zoller, *Gdybym mógł*…, pp. 63, 113.
[15] B.N. Kaufman, *Przebudzenie syna. Terapia dzieci autystycznych*, Warszawa 1990, p. 143.
[16] A. Wyka, *Model badań*…, p. 103.

In my work, I became Kuba's therapist, a term derived from the Greek word "therapon," which essentially means "helper," "fellow fighter,"[17] all to help Kuba understand the world and the world to understand him.

Concluding the integration phase, I would like to, citing Magdalena Grodzka and Katarzyna Marchewka, note that despite everything, love, acceptance, and understanding play the most important role in all forms of help and therapy, and only when combined with home therapy can they bring results. The foundation of every relationship with a person should be a belief in which we trust ethically, which we would like to be valid for us as well. Following Małgorzata Grodzka, I have tried to be guided in my actions by a simple, evangelical belief based on three pillars:

1. Love your neighbour as yourself.
2. Do not do to others what you would not want done to you.
3. Speak the truth.

This premise reveals that one simply must know how to love, which includes service, understanding, and compassion. Love combined with patience, time, laughter, and kindness is the best form of therapy.[18]

Conclusion

Understanding *otherness* can only come through personal experience, which is part of the scientific process of cognition. My exploration of *otherness* took place precisely through his personal experience. Experience begins with an encounter. It is entering the world of another person, it is experiencing their being, their way of being. I experienced *otherness* through encountering and interacting with *the Other*. I met with Kuba regularly, several times a week. I participated in his daily life, in his routine, and learned about his way of being, his favourite activities, and his needs. Experiencing Kuba's *otherness* required me to delve into his world through companionship, through ordinary, everyday being with him, which also became my daily routine…

Through the process of experiencing Kuba, I learned to understand others, to understand *the Other*, to develop an empathetic attitude, and I also began to try to understand myself. Thanks to Kuba, my perception of the world and other people changed, and my hierarchy of values was reorganized.[19]

The beginnings were not easy.

This work reveals my humanity in the face of an objective specialist. I open myself up – my soul, my emotions, my thoughts… I discover fears, uncertainties,

[17] B.N. Kaufman, *Przebudzenie syna*…, p. 55.

[18] Por. M. Grodzka, *Płacz bez łez. Listy rodziców dzieci autystycznych*, Gdańsk 1995, pp. 14–15; K. Marchewka, *Dzieci z Zespołem Aspergera*, "Światło i Cienie" 2002, No. 4(38), p. 44.

[19] M. Gackowska, *Pozwól się oswoić*…, p. 82.

moments of doubt, sometimes gaps in knowledge (despite initial qualifications), a lack of experience, and moments of helplessness in action.

After many years of continuing the process of experiencing, shaping myself as a therapist, a professional, a person… after numerous training and development processes, after years of deepening my knowledge, improving my qualifications, but above all, gaining professional and personal experience, I have a great desire for this publication to become a source of comfort and respite for those who are at the beginning of their therapeutic journey and are facing many professional and emotional difficulties.

Let this work fill you with optimism, hope and faith that it is worth it…

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