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The Implications of Emmanuel Levinas' Philosophy for Therapy: The Face-to-Face
Relationship as an Ethical Basis for Understanding Pathology

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Joe, a twenty five year old white male with wild, messy hair, sat in front of me in my office on our first appointment. Wearing a tye-dyed t-shirt with Yogi Bear and BooBoo dressed as Rastafarians smoking joints, he sat there giggling and talking to himself. Although he was right in front of me, he seemed to be at a great distance. His pre-occupation with himself seemed self-protective but it indicated to me that he was very confused, scared, and disturbed. Giggling continuously at cues I was not seeing, he seemed to think this was all so funny-- the staff, the paperwork, me. I wondered how to respond to his silliness. He was just discharged from a psychiatric hospitalization, which was a first for him. Temporarily staying at the crisis beds upstairs in our facility, I would be seeing him nearly every day in order to help him transition into his own apartment. But there was a more pressing concern—this was Joe's first experience in the mental health system, and he was just diagnosed for the first time with schizophrenia. Joe, giggling to himself, barely knew what to make of this experience—was this all a joke? Was it an absurd end to the strange trips he's been taking—literally, homeless and roaming from Montana to a hippy commune in Arlington; and figuratively, inside the depths of his inner world? Surely he was trying to understand why he was here. As his Case Manager, it was my responsibility to help him understand his illness, his schizophrenia. I knew I had a great responsibility on my hands—how I understood his illness would not only affect how he did, but I had to help him understand his illness in such a way that he could recover, and not become another one of the older men who frequented our drop-in center daily. Would Joe be doomed to experience his schizophrenia as a chronic brain disease? The way Joe understood his diagnosis would

affect the course of his life. In *Totality and Infinity* (1969), Emmanuel Levinas' philosophy of ethics, grounded in the face-to-face relationship, serves as a paradigm for the ethical basis in understanding pathology.

## **Understanding pathology: the therapist's perspective**

Rollo May (1983) writes that the fundamental goal of the therapist is understand the client; "the central task and responsibility of the therapist is to seek to understand the patient as a being and as being in his world" (p.151). In the current state of psychology, the popular approach to understanding pathology is based on the biomedical model. Biochemistry is increasingly being sought out as a cause and explanation for complex disturbances such as schizophrenia, which simplifies our understanding and approach to treatment. Therapy is increasingly being forced to meet the demands of cost-effectiveness, in which behavioristic approaches are favored for their ability to produce short-term, measurable results. As a clinician in the current field of mental health, I increasingly felt the pressure to work under this scientific and economic paradigm, yet somehow as Joe sat in front of me, I knew that the unique quality of his experience could not solely be explained by a DSM checklist or to deficient biochemistry, nor could he recover by simply following the goals on his treatment plan. Therapy begins with understanding the client. But how does a clinician approach this?

Emmanuel Levinas' philosophy of the ethical foundation in human relationships, grounded in the face-to-face provides the starting point in understanding pathology. In his distinction between "totality" and "infinity," Levinas shows how we have a natural bias to reduce people/things down to meet our own needs. However convenient and self-

serving this "totalizing" may be, it is what accounts for injustice, exploitation, and even violence. Any attempt as a therapist to reduce their client down to explaining the client's behavior solely through the label of their diagnosis, offers the illusion of convenience and fulfills a therapist's needs to comprehend, but this has the potential for injustice. Levinas explains the experience of "infinity" cuts through totalizing tendencies, and this experience is produced in the face of the other. The other overflows one's categories—they introduce things one doesn't know and demonstrates the inadequacy of one's categories. As the therapist, the Other, my client, will show me that they are more than their diagnosis. The presence of their face, automatically saying "don't do violence to me" will stop me from trying to understand them based on my own needs of comprehension, and show me that their experiences are more complex than I know, or that can be explained or treated simply through theories. The face-to-face relationship is the ethical foundation for understanding a client, and the starting point for any therapy to occur.

Now back to Joe, how does this philosophy apply to how to understand him? Levinas warns therapists set aside our tendencies to systematize, and in Husserlian terms, to bracket our theoretical knowledge. Putting aside his diagnosis, I can look at Joe from a fresh perspective, and although it is clearly evident he is disturbed, I start by letting him teach me about himself. Levinas refers to the Other as a "master" who teaches us the truth about themselves; we don't simply learn the truth about them through our own preconceived ideas. He writes: "Ideas instruct me from the master who presents them to me. ..the object is presented when we have welcomed the interlocutor. The master, the

coinciding of the teaching and the teacher, is not in turn a fact among others. The present of the manifestation of the master who teaches overcomes the anarchy of the facts" (p.69-70). I remember Joe telling me about being haunted by spirits, being homeless, and fighting with his dad. My attempt to write his experiences off as "delusions" would not allow me to hear what he was trying to say. I would not really be helping him if I didn't allow him to tell me what he needed. This is what Levinas refers to in his explanation of justice, that it is founded on the other as my master, for without this, a therapist's knowledge cannot be called into question.

Not only does the face-to-face encounter inhibit the therapists' totalizing tendencies to understand the client's problem, but inhibits tendencies to totalize the treatment outcome. First, therapists have the responsibility to view their clients as more than their diagnosis because without this, a therapist negates a client's growth and potential. For example, if I failed to see beyond Joe's schizophrenia, believing that he would be doomed to a chronic brain disease and incapable of working, going to school, or having intimate relationships, then recovery would not be possible. This is one of the primary reasons that our relationship was a healing experience. Secondly, and on the flip side, Edwin Gantt (2002), applying Levinasian thought, warns against totalizing an ideal treatment outcome of "utopia." Gantt writes "rather than pursuing a particular mode of therapy with a particular client-type in order to realize a particular outcome (utopia), one stands open to genuine otherness—a world of mystery which cannot be adequately appropriated by preconceived categories or totalizing systems" (p.81). In understanding my client, I must honor the mystery of their future, ridding myself from needs to control

or manipulate them in order that they can achieve a particular outcome. In the case of Joe, my approach in understanding him and what he was capable of achieving could not be based on my own ideals about his future, no matter how much I wished for him to be successful in work, school, or intimate relationships. Although I could support him in his pursuits to lead a fuller life, I could never expect him to achieve particular goals, no matter how much I wished these goals for him. In order for him to really understand himself and take responsibility for his life, I could not expect or demand a particular outcome.

## **Understanding pathology: the client's perspective**

How might the face-to-face relationship in therapy provide the grounds for a client to understand themself? Moreover, how might this relationship allow a client to see and move into new and healthier ways of living. First, the face of the Other, the therapist, offers a client an opportunity for dialogue to occur, an occasion to speak and therefore to share experience. In this sharing of experience, a client formulates their own thoughts and takes a stance on what they believe. The face of the therapist calls and the client responds by offering words. In finding the right words, in finding what to offer of oneself in conversation, the client finds out who they are. Secondly, the face of the other, the therapist, is a witness that challenges a client's perspective. Levinas explains this condition for reflection which "involves a calling into question of oneself, a critical attitude which is itself produced in the face of the other and under his authority" (p. 81). Not only does the face provide a perspective that challenges one's ideas of truth (perhaps even in Joe's circumstances, his delusions and hallucinations), but it can also be a judge,

questioning narcissism, addiction, and egoism. In this way, the face of the therapist provides an occasion to reflect on one's relationship to others and the world. The client experiences directly how they interact with the world through their relationship with the therapist.

Did Joe understand himself better as a result of our face-to-face relationship? Throughout the course of our relationship, in clinical terms, Joe "built insight into his illness." Joe increasingly felt comfortable telling me about his delusions and hallucinations, and gradually began to see how these were distortions as well as interferences in his interpersonal relationships. One day Joe apologized to the secretary at our agency after accusing her of harassing him, as she had become involved in his complex inner world of hallucinations. He told the secretary "I'm sorry, I think that it was part of my schizophrenia." Joe increasingly began to understand what aspects of his behavior were unhealthy. This was facilitated by our therapeutic relationship, especially since prior to this, Joe explained his problems solely as the product of "being harassed by spirits." Joe increasingly became able to understand himself and his relationship to others.

The face-to-face encounter also allows for understanding and healing because it is through this encounter that the client feels cared about. It is in Levinas' distinction between "need" versus "desire" that I believe is the underlying foundation for a client to be motivated to understand themselves and move into healthier ways of living. The face-to-face produces a situation that calls the therapist to act unselfishly and to respond to the needs of the client. If a client experiences that a therapist is helping them based on

"needs" other than from the client, the client will not cared for. On the other hand, if it is through "desire" that a therapist helps a client unselfishly, then healing can occur. This is the underlying way that a client begins to experience a desire to understand themselves and to move into healthier ways of living. One must feel loved, cared about, and worthy enough to improve. In the case of Joe, who was alienated from family, friends, and the general public, our therapeutic relationship provided the grounds for him to begin his recovery. There were times where I felt like dismissing his complaints as simply "delusions" in order to gain some explanation. There were also times when I wanted him to be successful in his job and in school, perhaps goals that were not attainable at that time. I know that these "totalizing" tendencies were not helpful. I do know that he experienced my strong underlying desire for his health and welfare, and I believe this was the basis for his healing. The healing relationship, felt by the client as the therapists' desire, is the necessary foundation for real understanding and therapy to occur.

Levinasian philosophy, grounded in the face-to-face relationship, is the ethical basis for understanding pathology. The biomedical paradigm for understanding and treating pathology has its merits, and it is not my goal to discredit them. For example, Joe's treatment would not have been successful without medications. Levinas' philosophy simply reminds therapists and clients that "totalizing" problems by simply explaining or treating them based on a diagnosis limits understanding and growth. The face-to-face encounter of the therapist and client cuts through totalizing tendencies. It provides an ethical basis for understanding because both persons are called out to challenge their biases, seek the truth, and look beyond limitations. The face-to-face calls

a therapist to help their client unselfishly and with genuine respect and care. The face-toface encounter is the foundation for genuine understanding and healing.

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