### In-habiting Buber's Thought in Psychotherapy

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Although I am by no means an expert on the thought of Martin Buber, I have devoted considerable study to his text I and Thou as well as his other writings on matters pertaining to philosophical anthropology such as Between Man and Man (2002) and The Knowledge of Man (1988). My understanding of Buber has also profited from a close reading of essays connected to psychology and psychotherapy collected in Martin Buber on Psychology and Psychotherapy (Agassi, 1999). I must confess that my acquaintance with Buber's writings on Buber's Hasidism, theological topics, his translation work, and his writings on sociology are considerable more limited. I trust that my reading of Buber's I and Thou is not outside the bounds of a reasonable appropriation. My reading is itself a dialog in which a unique but hopefully recognizable set of meaning emerges. My appropriation of Buber's thought has been highly selective and for the most part focused on what I could learn from him that was relevant and useful to my interests in interpersonal relations and psychotherapy. My purpose for the last thirty some years has been to in-habit Buber's thought in my teaching and in my therapy practice.

I have taught psychology at Trinity Christian College, a small liberal arts college in the Calvinistic tradition since 1977. I began teaching while finishing my dissertation but eventually completed my Ph.D. in 1986. At that time Duquesne followed the European model and allowed extensive time for completion of the dissertation. I do not know if that is still the case. What attracted me to Duquesne was the counter-positivistic appreciation for the importance of philosophy in the discipline of psychology both in its research program and in training for clinical practice. The appreciation for Continental thought had been a part of my own college experience at a Dutch Reformed institution and therefore attending a graduate program founded by a man with the name "VanKaam" intrigued me. I did not studied Buber at Duquesne, but when asked to teach a course to undergraduates on "Interpersonal Relations" at Trinity the choice of a classic, foundational text on relationships made I and Thou a logical choice. Upon reading the text I was captured. Great texts take hold of one's mind, heart and soul and you are never the same. For some that text may be Heidegger's Being and Time, (1927) for others it may be Wittengstein's Philosophical Investigations (1953) or Gadamer's Truth and Method (1960), but for me I and Thou (1923) became my passion. I have begun my course on Interpersonal Relations with I and Thou ever since.

I have always had an interest in clinical practice in addition to my academic studies. This may account for some of what has drawn me to Buber's thought as well. While at Duquesne I took clinically oriented courses and trained under Chuck Maes, Frank Buckley, Tony Barton, Bill and Connie Fischer--all great mentors with an approach to clinical work rooted in existential-phenomenology. As was the case with many graduates of the Duquesne psychology program I remain keenly attuned to the philosophical foundations of psychotherapy practice. I have never wanted to simply acquire diagnostic skills and therapeutic techniques. For me the practice of psychotherapy has always been a healing vocation, a calling in Calvinistic terms, but beyond that, an encounter with the mystery of human being. Clinical psychology has offered a

career that integrates human compassion with philosophical reflection--for me the best of all possible lives.

In this paper I want to highlight some aspects of Buber's thought which have guided my clinical work and my whole approach to interpersonal relationships. I begin with a brief summary of key distinctions and concepts from Buber's thinking and then focus on four themes I have appropriated from I and Thou. My approach will be to draw examples from clinical experience and everyday lived experience to support these themes and demonstrate their relevance for clinical practice.

### **Basic Distinctions**

Buber claims that all of life is relation. To be human is to be in relationship. Relatedness is the primordial and ontological fact of human existence. To exist is to be in relation with that which is over against me. Yet according to Buber there are two basic ways of being-related, two basic words that can be spoken or two basic attitudes that determine two different ways of being in the world. The first is the basic word, I-You and the second is the basic word, I-It. Buber uses a variety of concepts to unpack the meaning of this basic distinction listed in the table below:

I-You I-It Wholeness Partialness Unbordered Bordered No-thing Some-thing Presence Subject-object Experience Relation Transcendent Goal-directed Use-less Useful Unmediated Mediated Immeasurable Measurable Immediate Abstract Particular Categorical Ends Means

These two ways of being are both relational but not ethically equivalent. The I-You modality is clearly privileged by Buber as more clearly and fully human. The I-It mode of existence although a universal and necessary condition for human survival is not a sufficient condition for individuals to be fully and truly human. Buber states: "And in all seriousness listen: without It a human being cannot live. But whoever lives only with that is not human." (Buber, 1970, p. 85). Put another way Buber asserts: "All actual life is encounter" (Buber, 1970, p.62). By that statement he suggests that what makes human life truly human and real are encounters with others marked by the I-Thou rather than the I-It. I often remark that what we never forget and most cherish in life as human beings are exactly those encounters with the "Thou" of others. I-It interactions have no staying power and disappear forgotten into the past.

The interconnectedness of the two basic attitudes in the course of everyday life is complex in Buber's account. To use a Heideggerian expression Buber seems to claim that "proximally and for the most part" human life plays out in the mode of the I-It. Buber seems to suggest the I-You breaks into or at times emerges from the predominantly I-It mode of existence. In speaking of the emergence of the I-You Buber asserts that "The You encounters me by grace—it cannot be found by seeking." (Buber, 1970, p. 62). The temporality of the I-It seems to be enduring and persistent, the I-You episodic, unpredictable, and fleeting. Yet the closure of

human life within the I-It is described as a kind of numbing, a deep alienation that leaves human being empty and meaningless. Buber seems to imply human existence is marked by the tendency to lose its way in the seductive world of the I-It with its promise of stability, security, comfort, and predictability. There is in Buber a strong sense of human finitude. Despite the ever-present possibility of authentic encounter in the mode of the I-You, human being is incapable of sustained engagement with the Other as You. Rather as Buber states: "This however is the sublime melancholy of our lot that every You must become an It in our world" (Buber, 1970, p.69). In contrast to this sense of doom is Buber's notion of the "return" which suggests that human life consists of repeated recovery of the I-You in relationships—a sort of repentance which temporarily restores the wholeness and depth to human existence with others.

As an interesting backdrop it can be suggested that Buber's thought clearly resonates with Biblical narrative of the redemptive historical unfolding of the covenantal relationship between Yahweh and the people of Israel. The Hebrew Scriptures recount the unfolding of a centuries long love story in which for the most part Israel lives in unfaithfulness and wanton pursuit of idol worship, insisting on rejecting the steadfast love offered by Yahweh and going its own way, only to repent and live for brief episodes of Shalom in direct relationship with God. This narrative structure of genuine encounter, falling away, and return describes the arch of Buber's account of human relating as well. This ancient theological framework is "ontologized" into the dynamic of what defines the contours of human relatedness.

Buber's Vision in the Age of Industrialized Psychotherapy

Can Buber's thought be relevant for psychotherapy in the age of managed care and evidence-based practice? Buber's account of human relation would seem to offer an approach divergent from many respected authorities in the field of psychotherapy. The well-known proponent of professional psychology, Nicholas Cummings, in a recent book, Eleven Blunders that Cripple Psychotherapy in America (Cummings, 2008) castigates the community of psychotherapists for neglecting the "industrialization of psychotherapy" and the failure of psychotherapists to recognize the importance of market forces in the practice of psychotherapy. According to Cummings, psychotherapists have failed to respond to consumer demand with innovative products designed to maximize effectiveness and increase efficiency. His comments were echoed at the 2011 APA convention by Alan Kazdin, noted behavior analysis expert, and former president of APA, who made a similar plea for innovative ways of delivering psychotherapy based on evidence-based practices. In summary Kazdin indicated that psychotherapy research has clearly shown that clients benefit from therapeutic interaction via web-based psycho-education programs in which face to face interaction with a therapist was not needed. I was reminded listening to Kazdin of the prediction once made by B.F. Skinner that teaching machines would effectively replace face-to-face- instruction offered by classroom teacher. At least at my college teaching machines have not replaced live teachers, but it may be that at least part of Skinner and Kazdin's predictions may be near realization. Rather than replacing human beings with machines, contemporary models of human being seem intent on developing human beings who function like information processing machines As voices for manualized, mechanized, and mass-produced, industrialized therapies continue to grow it is important to advocate intellectually and practically for the persistence of approaches grounded in philosophically rigorous accounts of the value and meaning face-to-face encounters for human flourishing.

I believe that the thought of Martin Buber and Emmanuel Levinas offer the resources for claiming the necessity of direct face-to-face encounter for healing and flourishing the human

being. I concentrate on the contribution of Martin Buber within the limits of this paper and have only recently begin to study Levinas. At the end of my discussion I will comment on where I see interconnections between Buber and Levinas.

Since at this conference we presume to put Buber "in therapy" it is important to begin with the fact that Buber was not a psychologist or a psychotherapist although from his own account and that of others he was a person frequently consulted by students and colleagues for advice on both personal and professional matters. However, his writings directly address themselves to issues related to the practice of psychotherapy in various texts, including the Afterword to I and Thou. He wrote a powerful and insightful introduction to "Healing Through Meeting", a text on psychotherapy by Hans Trub (Trub, 1952). In 1957 Buber delivered lectures to the Washington School of Psychiatry and during his visit to the United States for those lectures, participated in a famous dialog with Carl Rogers, most recently published by Anderson and Cissna (Anderson & Cissna, 1997). His writings also address aspects of personality theory in the work of Carl Jung and Sigmund Freud. We know he cultivated a close friendship and correspondence with Ludwig Binswanger frequently exchanging ideas regarding each other's work (Buber, 1991).

What was the motive for Buber's interest in psychological matters and therapeutic practice? Aside from his personal interest, it seems that the very nature of Buber's thought connects at a profound level with the practice of psychotherapy. This seemed clear to Buber himself and to others although its precise connections remained open to exploration and interpretation as clearly evidenced in the Buber/Rogers dialog (Anderson and Cissna, 1997). In this paper I will share my own poetic encounter with Buber's thought from the standpoint of a practicing clinician. My clinical work has extended over the past thirty years solely in the context of group practice. In the first twenty years I practiced in a church-sponsored, multi-disciplinary counseling center outside of Chicago consisting of pastoral counselors, social workers, clinical psychologists and marriage and family therapists. For the past fourteen years I have been privileged to practice together with my wife, a marriage and family therapist, in an independent practice we began together called Olive Branch Counseling Associates located in Oak Forest, Illinois. My clients are largely middle class folks and covered by insurance. I have practiced both before and after the advent of managed care. I have a general practice in which I see individuals, couples, developmentally disabled adults, children, and elderly clients on Medicare. Their complaints and issues range from traumatic childhood sexual abuse to personality disorder and most everything in between. I resist specialization either in terms of diagnosis, demographics or technique. When asked to describe my approach I often refer to myself as an existential or humanistic psychologist. I avoid referring to myself as a dialogical psychotherapist because I have not received training at the Institute for Dialogical Psychotherapy although I do have much respect for the thinking and work of the "dialogical psychotherapists" and have read much of their work. (e.g., Friedman, 1985, Heard, 1993, and Hycner, 1993). In today's climate of "evidence based practice", I justify my approach on the basis of psychotherapy research pointing to the common factors in successful therapy relationships as found in the work of Duncan, et al. I highly recommend their APA publication The Heart and Soul of Change, 2<sup>nd</sup> Ed. (Duncan, et al., 2010).

My relative independence as a practitioner has allowed me to shape an approach to therapy that draws on Buber's thought, but in terms of technique gives evidence of multiple influences including cognitive, object relations, self-psychology, and positive psychology. I would describe Buber's influence on my practice in terms of shaping an "ethos" or a kind of

ethical approach rather than as a technique. I prefer to think of Buber as a source of ethical heuristics or as offering a set of good habits akin to what McIntyre (1984) calls "virtues" rather than an identifiable theory of psychotherapy. MacIntyre's defines "virtue" in the following way:

A virtue is an acquired human quality the possession and exercise of which tends to enable us to achieve those goods which are internal to practices and the lack of which effectively prevents us from achieving any such goods. (MacIntyre, 1984, p.191)

It seems to me that in-habiting Buber's thought on a regular basis makes possible the virtuous practice of psychotherapy, enabling the therapist to realize the true goals of therapy, the healing of persons. While seeking to maintain a virtuous practice by shaping habits rooted in Buber's vision of the I-Thou I am very committed to the necessity of structure in therapy. In Buberian terms structure is the realm of the I-It. In MacIntyre's thought structure is rooted in social practices shaped by training in theory and technique, subject to standards of excellence, governed by a set of rules and traditions, and accountable to other practitioners. It is the combination of virtue and skillful technique which makes for excellent practice. My purpose in describing the virtues of a Buberian vision is not to downplay the role of skill and technique. They remain necessary but not sufficient components of effective practice. I seek to walk what Buber called the "narrow ridge" in my approach to therapy. I seek a path between a romanticizing of I-Thou moments that neglects structure and the reductionism of a purely technical view of psychotherapy.

### Four Ways to Inhabit Buber in Psychotherapy

If there are virtues to be cultivated for therapists who follow Buber' teaching then I offer some elements essential to their acquisition. The following are not techniques nor are they strictly speaking virtues in the traditional catalog of qualities such as courage, honesty, and integrity. They do offer some glimpses of an ethos for the practice of psychotherapy grounded in Buberian thought. The habits I seek to incorporate are:

# Openness to Surprise

Openness to surprise is an essential element in the dialogical work of the psychotherapist. Openness to the Other is the ground for surprise and wonder. Buber once wrote to Binswanger, "Dialog in my sense implies of necessity the unforeseen, and its basic element is surprise, the surprising mutuality" (Buber, 1962). In more explicitly phenomenological terms this openness to surprise can be described by the concept of bracketing or suspension of the natural attitude. I refer to the "natural attitude" in the Husserlian sense which has a different meaning from what Buber sometimes describes as the natural attitude. Openness is strongly related to presence or being fully present. This really being present is what enables the therapist to truly be surprised by the Other as Other. Entering the domain of the "between" with one's self as a whole person opens us to the surprising and unexpected difference the Other brings into the therapeutic dialog. Therapists engaged in monolog do not listen to the other and are not likely to be surprised. Surprise emerges when the therapist maintains the balance between distance and relation. This balance attitude is the opposite of what social psychologists call "confirmation bias" in which we selectively attend to information consistent with our pre-existing beliefs.

When and how does "surprise" occur? If we enter the between, present and open to ourselves and the Other, surprises appear frequently and in many forms. It is what makes therapeutic practice delightful and challenging each and every day. One of the ways surprise emerges is as a felt, bodily, intuitive sense of meaning that sparks interest and attention. In this sense openness to surprise is certainly akin to Freud's "evenly hovering attention". For me

surprise emerges in moments when I am closely "tracking" the client's expressions only to sense a "bump" that awakens my curiosity and leads me to take notice, requesting the client to focus with a comment such as "stay with this" or "tell me more" or suggest "let's look at this more closely". Openness to the unexpected is the basis for what Buber calls "inclusion", the ability to "experience the other side"--the world of the other, and yet remain firmly rooted in one's self. These moments are not manufactured by the therapist. They are experienced as a gift of access to the world of the Other that emerges as a given from the "between", from the dialog itself. I can relate three examples of surprise as illustrations of this reality.

A client named Annie, a 48 year old bartender, was describing her life-long struggle with depression. Without prompting she began to remember her childhood in which her father had abandoned her mother and children when she was 6. Mother remarried to a man who was demanding, an alcoholic, and abusive. She recalled her mother's motto was "nobody told you to think, just do." Annie related how she did what she was told and remained constantly afraid of her stepfather and emotionally unavailable mother. In Buber's terms Annie lived a life of perpetual "seeming".

As I listened to her story the image of this 48 year old woman in front of me was transformed into a six year old girl still trying to be a good girl and do the right thing while continuing to long for what Buber calls "confirmation" of her value as a human being. I was surprised at the shift in my perception of Annie. When I shared my perception with her she immediately recognized the little girl was still her identity. Her response was deeply thoughtful. She shared that all her life others had told of her great physical beauty and charm but that she had never felt confident enough to be herself or to really live out her beauty as a woman. She remained the little girl too frightened to express her herself, hoping to avoid rejection or criticism, afraid of living from her "personal center". I was surprised by this new and sudden image of my client. It came from what Buber would call the "Between" the place created by the proper balance of distance and relation.

Another example of surprise occurred in my work with Jan, a 38 year old pre-school teacher whose initial complaints included high levels of anxiety, and troublesome relationships with her mother and husband. Jan experienced herself as responsible for caring for her aged mother and placating a highly rigid and demanding husband. During one particular session we were discussing her husband's passive-aggressive strategy of withholding affection and sexual activity for long periods of time—in this case it had been nearly three years of highly intermittent sexual activity. Whenever the client would call attention to the lack of intimacy her husband would attribute his lack of interest to her inability to dress "sexy" or at other times, to her refusal to help him keep his rigid schedule of daily chores. I had been for some time wondering why the client was unable to confront the husband. She was paralyzed by her anxiety and sense of inadequacy. As I was listening to the client complaining about how regularly her husband ignored her she paused momentarily, looking for my response. I said "since your husband refuses to fuck you maybe you need to tell him to go fuck himself". I had not planned this response. The client was clearly as surprised by the comment as I was since I am not prone to use vulgar language. Jan smiled and said, "yes, that's just what I need to do." In a later session she commented that this remark not only empowered her to confront her husband and mother, but moved our relationship toward a deeper connection since from that point I seemed more human and less like the stuffy college professor she had perceived me to be.

Finally, surprise can come through what has been described by dialogical therapists as an extreme case of "mismeeting". I normally expect to meet new clients when they arrive in the

office with pleasantries and polite inquiries about everyday trivialities in order to ease the transition into the therapeutic dialog. In the case of a 42 year old woman I had agreed to see upon referral from another therapist the surprise came suddenly when these social norms were not observed by the client. I was alone in my office that evening. Both secretarial staff and other therapists had left for the day. My office door was closed as I waited for the client to arrive in the waiting room. Upon hearing the outer door to the waiting room I paused for a moment and then opened my office door only to find a woman, my new client, standing at the doorway. Before I could utter a word she lunged toward me attempting to slap my face and yelling obscenities. I pushed her back out of the door, locked it and pondered my options. The client remained in the waiting room and we briefly conversed through the door. She apologized and stated she was angry at her previous therapist for sending her to me and essentially abandoning her. Would I please forgive her, open the door and meet her for the session? Reluctantly I agreed to do so. The session proceeded uneventfully much like any other initial interview. At the end of the hour I set up another appointment and then waited for the client to leave. She refused to do so even after I clearly indicated our time was up. At this point I became frightened and left the office myself. The client became angry again and moved toward me aggressively. This time I locked myself in another office and immediately called the police. When the police arrived the client was escorted out of the office. She refused to answer phone calls from me in the following days, but I did receive a letter from her six weeks later apologizing for her behavior. She had admitted herself to a psychiatric unit where she was receiving treatment. Fortunately this kind of extreme mismeeting is rare in my experience but does point to the reality that however open one may be, dialog with some clients is blocked and nearly impossible, leading to surprises both frightening, puzzling and counter-therapeutic.

## The Particulars of I and Thou

For me an essential element of therapeutic presence is to focus upon each client as a unique and special human being I seek to be open to what Buber call the "wholeness' of the Other as a particular being given in his or her particularity (Buber, 2002, p. 24). This means the therapist must remain continually engaged with the particularities of the client rather than moving toward abstraction, labeling, typification, or diagnostic classification. These more generalizing activities may be necessary and helpful in some contexts outside of the therapeutic encounter, but I rarely find them useful in deepening my effectiveness in the actual "between" of therapeutic dialog. By focusing upon particulars I mean staying with the concrete experience of my ongoing dialog with the client and our relationship as unique individuals moving back and forth across seeming and being, analysis and encounter, from I-It to I-You.

This focus upon the concrete and the particular has multiple dimensions. In one sense I continually direct the client toward concrete description of what is immediate, lived experience. A Buberian dialogical phenomenology teaches the client to put aside abstraction and to bracket propositional certainties in favor concrete experience as the fundamental starting point for all reflection prior to judgment or analysis. I seek to begin therapeutic work with concrete phenomenological description of the client's "perceived situation' to use Merleau-Ponty's formulation. Clients must learn to "return to the things themselves" if they are to become deeply present to both self and other in the context of therapy. I believe that if psychotherapy is about doing justice to the particular and unique qualities of the person it must begin with description of the client's particular being-in-the-world.

Another dimension of particularity involves the process of the therapeutic dialog. For me each session with a client is a unique episode in an unfolding dialog. I begin each therapy session

open to where the dialog will lead rather than as pre-formed treatment plan to be followed. The emphasis upon the uniqueness of each meeting does not mean I am a completely blank slate or that at times reflection upon patterns and themes is ignored. Each session is taken up as a new beginning in which the past is represented not for its own sake, but as a context for establishing new meanings and possibilities.

Finally, particularity is fostered through the process of self-disclosure. Achieving particularity through self-disclosure is expected of the client but is also something that emerges as important for the therapist. I always cringe when clients describe me as their "shrink". I prefer to be known not by the role I play but by the person I am and by the particular way I am present as a human being. I believe this movement toward transcendence of social roles and labels through self-disclosure is crucial for successful therapy if therapy is to be something more than simply impersonal "treatment" in the mode an instrumental, goal-directed, functionalized interaction. I find it amusing that when I contact by phone the offices of many a psychiatrist the nurse or receptionist will often greet you with "doctor's office" or will offer to see if "doctor is in" rather than to use the particular name of the physician.

Whereas the defined role of the client is to reveal his personal life and to avoid or refuse self-disclosure can be rightfully interpreted as resistance, the therapist's disclosure is strategic but far from optional it seems to me. The sharing of particular aspects of the therapist's life serves the therapeutic process despite not being the focus of the relationship. I want my clients to know just enough about me as a person that it is clear our work is a partnership between human beings who share much in common and that I can be trusted to walk with them through whatever suffering and struggles they may bring to therapy. That level of trust cannot be merely promised it must be lived and demonstrated through the particulars of self to self disclosure.

I offer two examples of particularity, one from my professional practice and one from my personal life. I have worked in a managed care environment for many years. In working with managed care organizations the expectation is that care will be coordinated with other mental health professionals especially primary care providers and/or psychiatrists. Generally I attempt to work with psychiatrists in a collaborative way whenever possible. In one case I recall, an older patient, Jane, found me through her insurance company's website. Jane exhibited what clinically would be considered paranoid ideation, delusions of reference, emotional blunting, and social avoidance. Yet in our meetings I found her to be motivated and willing to engage in dialog about her struggles and challenges. Of course I took note of her "symptoms" but bracketed them for the most part in favor of meeting her as much as possible one human being to another. In contrast, a human relationship with her psychiatrist was a greater challenge. After several attempts, I did make phone contact only to be met with the sound of an irritated voices asking 'what do you want from me?" I explained the purpose of my call was to share observations and coordinate treatment. The psychiatrist responded with a curt reply more or less suggesting we had nothing to discuss. According to the psychiatrist the "patient" was "clearly schizophrenic" and suffering from a "brain disease" for which medication was the only viable treatment strategy. The psychiatrist said nothing about Jane beyond a listing of her symptoms, diagnosis and medication. I could not recognize the "Jane" I knew in his remarks. For me this kind of interaction is sadly all too frequent in the mental health professions and indicates a widespread neglect of the capacity for relation with the unique and particular realities of our clients. My work with Jane continued and despite the occasional evidence of residual symptoms our work progressed well. Her mood improved, her outlook on life became more hopeful and problem-focused, and her ability to trust became more robust in her social relationships. Not surprisingly her "symptoms" and need for

medication were not eliminated entirely but she was able to lower dosage. And I was able to persuade her to switch to a psychiatrist with a stronger humanistic orientation. For me this case recapitulates Laing's description in <a href="The Divided Self">The Divided Self</a> (Laing, 1960) of the mismeeting found frequently in the psychiatric model. Laing's book, despite its age, still offers rich phenomenological description of the lived experience of schizophrenic and schizoid persons.

My personal example of the meaning of particularity in relationships was brought to my attention as a memory during one of my early readings of the first paragraph of I and Thou. Buber states, "The basic words are not single words, but word pairs. One basic word is the word pair, I-You. The other basic word is the word pair I-It; but his basic word is not changed when He or She takes the place of It." (Buber, 1970, p. 53). What came to my mind was an event from my childhood. I was roughly seven years old and as sometimes happened, my mother took me to church without my father who remained at home. Being a frisky child then, perhaps diagnosed as ADHD today, I would not sit still in the pew during the 40 minute sermon on Calvinistic doctrine of predestination and sanctification, My mother, furious with my misbehavior and perhaps irritated by having to sit through the sermon herself while my father napped at home, gave me a good thrashing on the way to the car after the church service was over. Upon returning home I rushed to my father exclaiming through my tears "she spanked me" fully expecting him to admonish my mother on my behalf. I was shocked when my father simply replied, "never call your mother, "she". She is your mother, the only one you have and the only one you will ever have." At the time I was puzzled by the meaning of my father's response but upon reading Buber's comment about the equivalence of "He", "She" and "It" the philosophical depth of my father's statement finally came to me. My father was not about to let me get away with turning my mother into an abstraction, an impersonal "she" and thereby objectify her. I had to relate to her directly and in her particularity--not as a social role or set of motherly functions. I have often told this story to clients in the context of the role fathers play in shaping our perception of our mothers. In telling this story I invariably become a stronger presence in my client's world.

### Relational Exclusiveness

In the text of I and Thou Buber speaks of "exclusiveness" as an essential constituent of I-Thou attitude. He speaks of exclusiveness as a "power" that can "seize me" when I encounter a tree in the wholeness of its being rather than as a quantifiable object of use. Or in another passage he refers to the creative power involved in the realization of a work of art as demanding an exclusiveness through which what was possible becomes actual (Buber, 1970, p. 58-60). In describing human encounters Buber uses the term "exclusiveness" as a kind of incarnational event, a taking responsibility for the Other characteristic of human love as a "cosmic force". "Exclusiveness" is created through action. It requires a deed marked by "risk" and "sacrifice". For Buber the reality of genuine human relationships is a formative work not an inner state of feeling. Relationships have an ontological status apart from states of feeling or emotion. They call into existence a way of being that transcends feeling and persists in, through, and alongside the inner, psychological states of separate individuals. I understand Buber to mean that in fully human encounters I know the other first and foremost as one for which I am uniquely responsible and that whatever feelings I may have emerge from that ontological depth. The deeper the ontological connection, the deeper the sense of responsibility, regardless of one's feelings. In I-You relationships, that is, relationships which transcend simple functional transactions or superficial experiences, emotions cannot be determinative of action. It is the presence of the Other which draws me into the space of the "between" a space unique to the two of us. I can think of times in which meeting clients felt too risky, too overwhelming or too great a sacrifice

of my time, my emotional energy, my self-esteem, my soul. Yet the unique presence of the other that meets me as I open the office door to the waiting room takes hold of me and I find myself engaged and present. As I sit down with one client after another, hour after hour, day after day, I am energized and empowered by the living presence of the ones I am responsible for and responsive to. This readiness to respond to the other precedes feelings or deliberation as does a sick child's cries in the middle of the night.

Where does this power of "exclusiveness" confront us in therapeutic relationships? I find that Buber's reference to artistic creativity as a primary mode of "exclusiveness" significant. Human relationships are created, formed, incarnated through the ethos of "taking responsibility" for the other and "entering into relation". A relationship is a unique event, a miracle of creation in which "will and grace" are combined. Stepping into the "between" of therapeutic dialog is exclusive in the sense that its existence as a relationship is defined through the creative event of encounter between one person and another. A relationship is an original work of art and to create relationships, especially effective therapeutic encounters demands something of an artist's way of being in the world. This reality is especially challenging in therapy since many clients are not open to a dialog and simply expect to be objects of "treatment". If you have ever sat in a session with an adolescent forced by his parents to come to therapy you have faced this challenge. The power to create something special and unique through one's presence is not given equally to all who play the role of therapist.

Another way I consider "exclusiveness" in connection the power to create relationships draws upon with the quality of "specialness". Kohut (1984) in his description of "mirroring" captures this quality as a basic relational need infants receive from caring parents. I frequently think of how good therapy is marked by episodes of what might be called "specialness" achieved through mirroring. It is difficult to avoid using the term "special" without evoking trite and satirical meanings that have come to be connotations associated with it. And yet I must confess the term captures the effect that I-You episodes typically create. These moments are sacred, special in their transcendence of the ordinary I-It patterns of anonymous or merely functional interactions. Buber describes them "uncanny and lyrical moments", but there is a specialness to the intimacy of I-You encounters create.. Making a relationship "special" is what Buber seems to be getting at with the concept of "exclusiveness" since it is when we experience ourselves in a unique and direct connection, belonging exclusively to the two of us that our full humanness is realized in therapy and in everyday life. At its most basic level the exclusivity of relation appears when I direct myself to the Other by name. Having another call us by name is always special since it is the unique marker of our identity and immediately realizes the particular, concrete and exclusive presence to the Other. When as a child your parent calls you by name it is evident to you immediately that a genuine encounter is about to occur.

The exclusive character of a therapy relationship is the basis for the ethical rules that protect privacy, confidentiality, and privileged communication. These rules exist for the preservation of exclusivity, but they do not create it. A relationship becomes exclusive in Buber's sense of the term when I become present to the Other as both a living center of meaning unlike any other. Essential elements of that exclusiveness include both listening and memory. Listening is the mark of true presence and memory is the fruit of that listening. Clients often ask me how I can remember so many of the details of their lives. I typically answer that my memory comes from listening well. Exclusive listening involves clearing one's mind of all other distractions and focusing exclusively upon the client in front of you in that moment. The client must become the whole world for you in the time you are together. Good therapeutic listening

requires an intense concentration that "hangs on every word" of the client. All therapists at times find this difficult. I recall a day at my practice in which a mother showed up for her 21 year old son's appointment without her son. I had seen her son the previous week for the first time. The son was very depressed at the time, but had been to a psychiatrist and was taking medication and seemed open to therapy. The mother's face immediately was etched with suffering and I realized something was terribly wrong. The mother informed me the son had committed suicide over the weekend while she at work. My point here is not the specifics of the hour I spent with the mother attempting to console and support her in her grief, but what happened after she left. As you might guess I was deeply shaken by my conversation with the mother and simply could not listen to my next client fully and exclusively. I felt as if a soundtrack was running through my head as I attempted to listen and respond. I could be only partially present since I was both troubled and absorbed in trying to make sense of the mother's account of her son's suicide. This is an extreme example of how exclusiveness can be lost in therapeutic practice. More mundane examples range from thinking about the client's unpaid balance, to worrying over a personal situation in one's own life. In any case exclusiveness requires a complete and undivided turning toward the Other.

Exclusiveness can also be lost through a kind of therapeutic abstraction, an overly interpretive and intellectual kind of posture that continually seeks to conceptualize the client rather than relate to him or her. Early in my career as a therapist I often thought my task was to relate to clients not unlike a researcher interviews a subject in a research project and then sharing my findings with the client. I would often regale my clients with finely crafted explanations of why they were suffering or acting in a dysfunctional way expecting them to experience an "aha" moment upon the conclusion of my analysis. Much to my amazement clients would respond with a blank stare, sometimes with a request like "could you repeat that?" or with a simple "oh" and then resume their train of thought. Fortunately I do pay attention to client's responses and began to recognize my analysis was more about my attempts to fit what I was hearing into a set of schema that made some sense to me, but was completely removed from what was present for the client. Rather than my responses arising from the dialog itself I was taking the client's statements as information for creating a picture in my head and then describing that picture to my client. For the client my responses were not rooted in the exclusivity of my relationship with them, but from my relationship with Freud, Jung, Adler or whatever theoretical schema was at the forefront of my thought at the time.

### *The Vicissitudes of Mutuality*

Buber's emphasis upon mutuality as the true mark of genuine dialog is a cornerstone of his thought--a critical element of I-Thou moments in human relating. For Buber mutuality is established through the practice of "inclusion" that is through a turning toward the Other that embraces the other side and "imagines the real". Full mutuality seems to be the paradigm of the fully realized human capacity for relationship in Buber's thought. Yet this notion of mutuality or reciprocity has always been a troublesome idea especially as it applies to relationships in which mutuality although present is to some degree asymmetrical as in teaching or psychotherapy. This troublesome aspect is reflected in Freidman's characterization of dialogical psychotherapy. In referring to this element of dialogical psychotherapy he uses the phrase, the "problematic of mutuality" (Friedman, 1985). The "problem" with mutuality was already evident in Buber's Afterword to I and Thou in which he introduced the concept of "normative limits" to mutuality. The issue of limits also becomes a focus in much of the 1957 dialog between Buber and Rogers. Rogers maintained a strong sense of mutuality as equality between therapist and client whereas

Buber seemed more interested in emphasizing the limits of mutuality. In the interview Rogers seems eager to push the concept of mutuality in therapy almost to the point of eliminating the distinction between therapist and client. Buber actively emphasizes the unequal character of the therapy relationship grounded in the different roles given to therapist and client. What makes mutuality so troublesome when applied to psychotherapy?

In Buber's account of the I-You relationship mutuality appears to imply an equality in which each person encounters the Other as similar to him or herself--a whole and fully human person. In pure mutuality each person is fully and completely present without seeming or use. Both persons relate to each other as whole persons--as ends rather than means, as more than mere functions that meet specific needs. The realization of this fully mutual relationship seems most evident between lovers or in deep friendship but less so in contexts where helping and caring for the other assumes an imbalance in the process of giving and receiving. The very goal of psychotherapy seems to require some asymmetry since as Buber points out the fulcrum of therapy is weighted toward the client and his or her need for help. The therapist can practice inclusion without restrictions whereas the reverse is not true. It is not the therapist's life; it is the client's life that demands the attention of both therapist and client. In this sense the client and therapist are not present in the same way in the therapeutic relationship. The functional role demanded by the nature of the therapeutic task is different and necessarily puts therapist and client in different positions. Clearly Buber sees in I-Thou relationships a reciprocal influence but it seems reasonable to assume the influence is not the same for the therapist as it is for the client.

In a careful analysis of Buber's concept of mutuality Donald Berry (Berry, 1987) develops the ideas of "gradations" and "normative limits". Helping relationships like teaching, psychotherapy and ministry allow for a degree of mutuality appropriate to the tasks and roles of human interaction in society. Berry suggests that the structural features of the therapeutic task defined by the profession can serve as a supportive "vehicle for mutuality rather than its obstacle" (Berry, 1987, p. 66). While the concept of gradation seems to resolve the theoretical tension between the ideal of full mutuality and the practical demands of professional role, the lived experience of the practicing psychotherapist is slightly more complicated. In the actuality of relationships with clients the appropriate gradations of mutuality are less clear. What level of mutuality is appropriate to particular clients and situations is not a fixed target or subject to algorithmic solution. Entering into relation rather than simply interacting according to normative limitations I find to be a shifting and often changeable Gestalt. Some reflections from clinical practice and a case example can illustrate the ambiguous features of mutuality that require a "hermeneutic therapeutic sensibility", a term employed by Orange (2010) that aptly describes the therapeutic equivalent of Aristotle's term "phronesis".

I recall in the early days my career as a therapist quite surprised to discover several senior therapists I knew were married or in a relationship with former clients. I certainly knew of professors and graduate students involved in passionate relationships, but somehow my reading of Freud's admonitions regarding the dangers of erotic transference led me to expect therapists would analyze the sexual feelings of clients and certainly not act out their own. Of course restrictions upon sexual relationships have grown much more stringent decades later. What normative limits we place upon mutuality in therapy and other social relationships seems to have changed with cultural and historical shifts in consciousness. We now have come to believe that certain levels of mutuality are simply impossible given the social context in which meetings take place and the way power-differentials affect relationships. In this sense mutuality based in erotic feelings and sexual attraction is largely regarded as violating the normative limits of the I-Thou

relation in the context of therapeutic relationships.

Aside from the issue of shifts in cultural normativity I want to suggest that the notion of gradations and normative limitations in mutuality always requires careful judgment and sensitivity, an astute awareness of "hermeneutic therapeutic sensibility". In a recent case I worked with a middle-aged man who exhibited mild depression and a significant degree of rigidity and compulsive features to his personality. Several family members had died in the last two years and my client had become increasingly socially withdrawn, moody, irritable and demanding in his relationship with his wife. I had encouraged him to consider what sort of thoughts might be keeping him depressed and to explore what things he might enjoy doing-perhaps beginning with a hobby. We briefly discussed his interest in brewing beer at home as a hobby and I shared with him my growing interest in locally brewed craft beer. Several weeks later the client arrived for his session carrying a brown bag which he proudly offered to me as a gift. Inside the bag was a bottle of beer he had brewed himself. He now had a hobby--brewing beer at home. Would I try the beer and let him know if I liked it? I was surprised and unprepared for this gesture. Accepting the beer seemed the appropriate thing to do since he was following my therapeutic suggestion. So I took the beer, thanked him and promised to give him a review. At the same time I felt uneasy about the situation, wondering what the implications of accepting the beer might be. I returned the empty bottle the following week and shared with him my enjoyment of the beer. At that point the client produced another bottle and offered to give me another sample. Was this simply a gesture of partnership, trust and relation or was the problematic of mutuality showing itself. Gestures of affection and trust naturally emerge in therapy relationships that value mutuality, openness, and human connection, but what about beer? Was the beer to be understood as an expression of our shared humanity or had it become an obstacle to the work of therapy, a kind of negative transitional object? Brief hugs and gestures of comfort to clients in deep emotional distress seem to be warranted as appropriate gradations of mutual concern, but what about beer? Friedman (1985) offers a heuristic indicating that mutuality in therapy is appropriate when it serves the task of therapy. On one hand the gift of beer suggests a level of trust that indicates a deeply human connection, but may also subvert the therapeutic task as a kind of transference-resistance. My accepting of the beer may indicate a countertransference reaction as well—a collusion with the client in avoiding the difficult work of therapy by becoming "beer buddies" much akin to Kohut's concept of "twinship transference". In the context of a case example Kohut describes this sort of transference pattern in the following passage of How Does Analysis Cure?:

Her self was sustained simply by the presence of someone she knew was sufficiently like her to understand her and to be understood by her. As long as the transference had been in balance, as it had been, more or less, until I told her I would be going away, her self had indeed been sustained by my simple presence, by my allowing her to experience me as, in essence, just like her self. (Kohut, 1984, p. 196).

By giving me his beer the client imagines us as sharing something in common. It would seem that the gestures constituting mutuality on one hand are an essential aspect of encountering the whole person, a mark of the interhuman, but on the other hand can become symptoms, a form of resistance that transgresses the "normative limitations" appropriate to the therapeutic task. In Berry's terms mentioned earlier, "vehicle becomes obstacle".

In summary Friedman's characterization of mutuality as "problematic" addresses a

fundamental ambiguity inherent in therapeutic relationships, an ambiguity which traditional psychoanalysis sought to resolve through the principle of abstinence and the analysis of transference. Yet psychoanalysis itself has found this rule absurd in its rigid application. Only a dialogical approach can mediate this ambiguity. Therapy when it is dialogical permits a continual negotiation of meanings that reflect the intertwining of the human and the professional, between the mutuality of the I-Thou and the structure and social roles typical of the I-It. This ongoing integration is the creative and artful dimension of a therapeutic ethos inspired by Buber and inhabited by the virtuous and disciplined therapist.

### Conclusion: Buber and Levinas

In-habiting Buber has been my project for over three decades, but Levinas is a voice much newer to me. As I offered a disclaimer at the beginning of my paper regarding my limited expertise in the thought of Martin Buber, I claim to only having a rudimentary knowledge of Levinas. What I do know has intrigued me especially as I have become aware of the connections between Buber and Levinas in terms of content of their thought and the intellectual exchange between them. At this point I will conclude my paper a brief comment on where it is possible for me to invite Levinas into my ongoing conversation with Buber regarding the ethos of psychotherapy. These comments are drawn largely from the fascinating book, The Paradox of Power and Weakness by George Kunz (1998) in which he maps a new direction for psychology based in Levinasian thought.

According to Friedman (2002) both Buber and Levinas share a rootedness in Jewish tradition, a radical emphasis upon alterity or otherness, a deep concern for ethics, and an insistence upon linking human relationships with a relationship with God. I would add that both are committed to grounding thought in a primal lived experience, a return to the phenomena as the starting point for reflection. Despite having a number of critical objections to Buber's thought Levinas also acknowledged his indebtedness to Buber as the one who opened the field of the "dia-logical" and established its "phenomenological irreducibility". Levinas credits Buber with breaking through the exclusive and privileged position of the subject-object relation in philosophical thought. Strong praise for Buber and yet despite this indebtedness Levinas appears to offer new ways to think about these common themes--a new direction of thought sprouting from a common soil. I cannot begin to summarize this new direction or clarify how it may misunderstand or replace Buberian concepts. As a psychologist and psychotherapist I feel under no obligation to choose sides or place Buber over against Levinas as a philosophical inquiry. This project has merit in its own right (see Atterton et al. 2004). My interest is limited to sharing my impressions of how Levinas might disclose the lived experience of the psychotherapeutic process in new ways. Rather than following either Buber or Levinas exclusively I expect it is possible to learn from both.

What I find attractive in Levinas is the possibility to deepen further and to understand more fully what I find already at work in my sense of alterity and its meaning in therapy. Levinas places the other above the self at a height that commands me to respond. According to Levinas the Other calls me and obligates me with an infinite responsibility to forgo violence, to meet needs, to serve. For Kunz (1998) this starting point offers a radical shift from the egology of contemporary psychology to a psukhology. Psychology is transformed from a self-centered discipline to a focus upon the Other.

What are implications of this approach for psychotherapy? On one level, in the realm of what Levinas calls "the third party", therapy is a contract denoting the fair exchange of services for payment. The therapist contracts with the client or in managed care with an insurance

provider to diagnose the patient's symptoms and treat the patient/client until the symptoms disappear. In return the therapist receives a designated fee. Simple enough if all goes according to plan, and the therapist is sufficiently competent, employs evidence-based techniques and the client is sufficiently motivated to persist in treatment. However, as all practicing therapists know things are not that simple. Levinas and Kunz point to a reality that precedes the contract both ontologically and temporally. Before meeting the client the therapist is already under obligation to care and to help the other as one in need. At its deepest level Levinas reveals this obligation to be infinite and the heart of one's calling--it is the essence of professional vocation. The face of the Other as an infinite transcendence already has my concern available for and directed toward him or her.

How is that ontological calling manifest in the face of the Other lived out? I will point to an example typically found in clinical practice to illustrate how I experience the obligation to the Other breaking through the totalization implicit in the contractual exchange between therapist and client. The example is the universal phenomenon of missed appointments. My office contains forms signed by the client prior to the start of therapy that clearly spell the client's obligation to pay for appointments not canceled within 24 hours of the scheduled time. Yet I find myself unwilling to exercise the right to demand payment when clients miss sessions. I think the reason lies in what Levinas would disclose as my infinite responsibility to the client. My vocation as a psychotherapist is the gift of myself as an instrument of healing. What I offer as myself to the client is not driven by the payment I receive. When I am not able to give I do not feel entitled to receive--in this case payment. This sense of inadequacy prevents my pursuit of payment for missed sessions even before I might calculate the client's ability to pay. Regardless of whether the client is able to pay I find myself unable to demand payment. Thus refusing to pursue payment for missed sessions is not even an act of charity--it is non-discriminatory with regard to the financial resources of the client. Is this a version of Racker's (1968) concept of counter transference in the form of an "unconscious masochism"? Only a carefully honed therapeutic and hermeneutically based ethics seems appropriate here.

Interestingly I find I am able to accept payment for missed sessions if the client offers. Then the payment becomes a gift from the client and I feel gratitude--a different feeling than when I have received merely what was owed to me. I feel grateful because when the client offers to pay, their payment is a gift that constitutes and reveals our relationship to be what in Buber's terms would be described as mutuality. I recognize in the client's offer to pay an acknowledgement of what I have already given to the client--an unconditional gesture of grace. It is these little moments of grace which remind me that my life as a therapist is really about the Other. My clients teach me this Truth when they offer me the grace of overlooking my mistakes, forgiving my tardiness for appointments, accepting my limitations as healer and every so often offer to pay for missed sessions. I learn that what makes us truly human is when we mutually place each other as higher than ourselves and perhaps it is in that gesture Buber and Levinas come together and share a common Truth.

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