HEALING THROUGH MEETING: MARTIN BUBER'S PHILOSOPHY OF DIALOGUE AND ITS RELEVANCE FOR THE THEORY AND PRACTICE OF PSYCHOTHERAPY

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ABSTRACT

This dissertation explores the relevance of Martin Buber's philosophy of dialogue for the theory and practice of psychotherapy. In particular, Buber's distinction between I-Thou and I-It modes of relating, his understanding of sickness and healing as occurring in the "between" of relation, and his thoughts on psychotherapy are examined. It is argued that his work in these areas can make a contribution to the field of psychotherapy by providing a broad, coherent relational philosophy in which to place many of the insights of different schools of psychotherapy, while also helping to provide an understanding of the source of some of the current debates and tensions within the field. The contribution that Buber's work can make to key theoretical questions in psychotherapy, such as the unit of study in therapy, the goal and direction of therapy, and the agent of change and healing are explored. The challenges that Buber's concept of "healing through meeting" presents to orthodox psychoanalytic theory is examined, together with the correspondence between his work and recent trends within psychoanalytic theory towards a more relational approach. Further, some guidelines for the practice of psychotherapy are examined. Buber's concept of the therapist's need for "existential trust" and his/her ability to see the patient as a whole unique person are explored, together with the blocks to dialogue and meeting in the therapy relationship that are created by both the therapist and psychoanalytic theory. The thesis ends with a critique of Buber and an examination of the relevance of his philosophy for both psychotherapy and wider social issues in the South African context.

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CHAPTER ONE

INTRODUCTION

Martin Buber was, as Friedman (1976) argues, a seminal thinker. His thoughts have left us a rich legacy upon which to build in many different disciplines. In the field of psychotherapy, Buber's work has influenced some of the field's founding figures and most innovative thinkers, such as Carl Jung, Erich Fromm, Carl Rogers, Fritz Perls, Harry Guntrip, RD Laing, Leslie Farber, and Irving Yalom (see Friedman, 1985, 1992a). Yet despite the pioneering work of Maurice Friedman (1976, 1985, 1988, 1992a, 1992b, 1996), the world's most foremost authority on Buber, and other psychotherapists such as Farber (1956, 1966) and Trub (1964), there have not been many systematic studies of how Buber's ideas can contribute to the theory and practice of psychotherapy. However, in recent times this appears to be changing and a school of psychotherapy strongly influenced by Buber's work, termed the "dialogical psychotherapists" by Friedman (1992a), has slowly emerged and has begun to apply his philosophy to the practice of psychotherapy [Hycner (1991, 1996), Gunzburg (1985), Heard (1993), DeLeo (1996), Friedman (1992), Boszormenyi-Nagy (1986, 1996), Kron (1996)].

This thesis attempts to provide a further contribution to this growing literature on the application of Buber's philosophy of dialogue to the field of psychotherapy. Indeed, Buber was, as the thesis will show, greatly interested in psychotherapy and he was the first to examine the implications of his philosophy for the field. This thesis argues that Buber's philosophy and ideas on psychotherapy can make a contribution to the field of psychotherapy by providing a broad, coherent relational philosophy in which to place many of the insights of different schools of psychotherapy, while also helping to provide an understanding of the source of some of the current debates and tensions within the field. In this respect it is Buber's distinction between "I-It" and "I-Thou" relationships, his notion of the "between" of relation as the primary category of human reality, and his understanding of healing as emerging from "meeting" that provide the center from which to investigate how his philosophy can contribute to our understanding of psychotherapy.

Therefore the thesis aims to do three things: 1) To explain Buber's philosophy of dialogue and his distinction between "I-Thou and "I-It" relations. 2) To explore his thoughts on psychotherapy. 3) To explore the implications of his work for the theory and practice of psychotherapy. In terms of theory, the implications of Buber's philosophy for key theoretical questions in the field of psychotherapy, such as the question of what constitutes human health and illness, the goal and direction of psychotherapy, and the agent of change and healing in therapy are explored, together with the challenges that Buber's work brings to some of the traditional notions within therapy. Areas of correspondence between Buber's ideas and recent theoretical trends that have emerged in the field have also been highlighted. In terms of the implications of Buber's philosophy for the *practice* of psychotherapy, the thesis explores Buber's understanding of the personal qualities needed by the therapist to allow for the unfolding of dialogue and meeting in the therapeutic situation, together with some of the blocks to dialogue and meeting that may occur in the therapist. The thesis ends with an analysis of possible critiques of Buber, together with some ideas on the relevance of his work for both psychotherapy and wider social issues in the South African context.

For Buber, a theory meant nothing if it could not be applied to everyday life and the "lived concrete" which was so precious to him. Therefore, wherever possible, the author has attempted to illustrate the points made in this thesis with both clinical material and lived experience. While Buber's theories do not lend themselves towards a systematic analysis of a single case, small vignettes of moments and "happenings" in therapy and in personal life are used, some of these come from clinical material and descriptions of life experience provided by other writers, while some are taken from the author's clinical work and personal experience.

1.1 TERMINOLOGY

1) Most of Buber's writing took place in the early and middle 1900's, before the increased sensitivity to issues of gender equality. He thus employs the male pronoun "he" and the male generic term "man" in his writing. When quoting directly from Buber, for purposes of accuracy I have employed these terms. However, all other writing in the text of the thesis employs the gender sensitive s/he and his/her.

2) The term psychotherapy can apply to a wide range of different therapeutic methods. When employed here it refers primarily to psychodynamic based psychotherapy, which is the primary training of the author.

3) I have used the term "patient" rather than "client" out of a personal preference. I feel it captures more accurately the therapeutic exercise, which is one of healing. This term is in no way meant to be derogatory or belittling, as it is my belief that within each of us there is both a "therapist" and a "patient".

CHAPTER TWO

MARTIN BUBER'S PHILOSOPHY OF DIALOGUE

2.1 EARLY BEGINNINGS AND THE BREAKTHROUGH TO DIALOGUE

Before one can begin to examine Buber's understanding of the dialogue between persons, one needs to have an understanding of his philosophy of dialogue as a whole, of which the dialogue between persons is just a part. For Buber, dialogue represented a way of relating to the world, indeed a way of life, and his discovery of the way of dialogue was, as we shall see, deeply influenced by his own life experiences. In his early writings, Buber was primarily concerned with Zionism, a Nietzchean type philosophy of realisation and a religious mysticism that saw the dissolving of the individual personality within the godhead as the ultimate experience. His development towards his dialogical philosophy took place in the period just before and during the First World War (Friedman 1988, 1991).

Firstly, Buber began to discover Hasidism, a popular Jewish mystical movement that began in Eastern Europe in the 18th century. The Hasidic conception that humans were partners with God in the task of making the world a dwelling place for the Divine, and that one could discover the Divine in the world through a particular type of relationship to it, made a massive impact on Buber. Redemption came not through union but through the establishment of *contact* or *meeting*, which overcame the "abyss" that separated one thing from another and helped to lift the Divine Sparks (Friedman, 1976, 1988). Life was perceived as a calling, and the person was called by the Divine towards a particular path through the events that happened to him/her. For Buber this was "the dialogical relationship … exemplified in its highest peak" (as cited by Friedman, 1991, p. 46). Thus through Hasidism, which understood life as essentially a dialogue between human beings and God in which the redemption of the world depended upon a particular type of relation, Buber began to move towards his philosophy of dialogue.

Buber's breakthrough to dialogue took place during the First World War, and was based on a number of experiences, the most significant of which he refers to in his *Autobiographical Fragments* (1967a, p. 25) as a "conversion" that convinced him of the importance of the idea of dialogue. One afternoon, after an experience of mystical ecstasy, Buber had a visit from a young man named Mehe. However, due to his absorption in his previous ecstasy, Buber was not present in spirit. Buber writes that while he "certainly did not fail to let the meeting be friendly" and "conversed attentively and openly" with Mehe, he was not present and thus "omitted to guess the questions which he did not put" (1967a, p. 25-26). Later, Buber learned from one of Mehe's friends the content of those questions, and that Mehe, who was no longer alive "had come to me not casually, but borne by destiny, not for a chat but for a decision" (1967a, p. 26). The decision was one of life and death for a young man who had begun to lose hope and meaning in the world and had come to Buber to try find it. This had not happened and Mehe had died in the First World War "out of that kind of despair that may be partially defined as no longer opposing one's death" (1967a, p. 26).

As Friedman (1988) writes, Buber experienced this event as a judgement and he responded to it in a way that changed his life. However, Buber's feelings of guilt were not based on narcissistic illusions of omnipotence, as if he had the power of life and death, but rather out of a feeling that he had not truly listened and heard the other. Buber felt he had failed this young man by withholding himself and not responding as a whole person to the claim of the situation. As a result the potential dialogue that could have saved Mehe had not come alive. It was through this difficult and painful experience that Buber grasped the importance of immediacy, presence, truly seeing the other, and responding to the claim of the moment, which were to form the basis of his ideas of dialogue. More powerful and more holy than all writing was the presence of a human being who was simply and immediately there (Friedman, 1988). This led Buber to renounce the otherworldly mysticism that had previously laid claim to him, and to begin to envision the importance of living life as a dialogue:

> "Since then I have given up the religious… I know no fullness but *each mortal hour's fullness of claim and responsibility*. Though far from being equal to it, yet

> I know that in the claim I am claimed and may respond in responsibility… If that is religion then it is just everything, simply *all that is lived in the possibility of dialogue*" (1967a, p. 26).

In this statement lies the beginnings of Buber's conception of life as a dialogue, and the notion that what happens to a person is but a summons to him or her. For Buber, in our life and experience we are addressed and the aim of the dialogical life is to be able to respond, but to what? Buber answers, "To what happens to one, to what is to be seen and heard and felt… each concrete hour is speech to the person who is attentive" (1963a, p. 34). Thus every moment of life can be a dialogue, but one needs to be truly present to hear the address of the moment, while also having the courage to respond to what one hears. In his interaction with Mehe that fateful day Buber had failed in this. He had failed to be open to and hear the claim of the moment. He had failed the dialogue. It was this experience, together with the horrors of the First World War, which Buber believed was the result of the failure of dialogue, that led Buber closer to his philosophy of dialogue and to the belief that dialogue was "the central question for mankind" (Buber, 1957, p. 222).

2.2 I AND THOU: THE FOUNDATION OF BUBER'S PHILOSOPHY OF DIALOGUE

In *I and Thou* (1923) Buber's philosophy of dialogue finds its first systematic expression. Buber (1970, p. 1.) begins with the declaration "To man the world is twofold, in accordance with his twofold attitude". The term attitude here means a primary way of relating to the world, "a way of setting the self towards the world and any of the beings one meets within it" (Diamond, 1960, p. 22). The two primary modes of relating are referred to as "I-Thou" and "I-It". Both attitudes can be directed at all beings in the world and they are modes of relating that appear alternately in every human being. Most importantly, by placing the words I-It and I-Thou together as word pairs, Buber implies that the *basic and primary reality of human life is relation*, and that the I and the world with which it comes into contact do not exist in isolation, but rather in relation. Thus, to use a Winnicottian phrase, there is no such thing as an individual apart from his/her

relation to the world, and there is no such thing as a world apart from its relation to the individual. Furthermore, both the I and the thing or being which it comes into contact with are determined by the type of relation that is taken. Therefore the relation is primary and for Buber the sphere in which relation takes place, which he referred to as "the between" is that which is ontologically real (Friedman, 1988).

As the person's I is determined by the mode of relating, the I of I-It is different from the I of I-Thou. In the I-It mode of relationship, the I holds back from real engagement and is a detached observer; categorising, measuring, using and manipulating the object of its attention. It is the typical subject-object relationship, and is always mediated by categories, assumptions, and theories (Friedman, 1976). I-It relations are impersonal and the thing or being with which the I is in relationship is reduced to an "It", that is to the level of object and category, and can never, as in the I-Thou relationship, be known in its uniqueness or particularity (Diamond, 1960, p. 22). Furthermore while the individual may add to his/her knowledge and information, the personal core is in no way touched or changed by the relation. It is the mode of analysing and using and takes place *within* the person rather than *between* the person and the world (Friedman, 1976). It is thus the movement of "monologue" and its primary attraction is that it provides the individual with a sense of orientation and security, as everything in the world is reduced to the known, to the categories of one's own thought.

In contrast, the I of the I-Thou relationship does not hold a part of itself back, but rather enters with the *whole being* into full engagement with the other. It is direct and personal relation and is not mediated by any preconceived ideas or theories. I-Thou is the mode of meeting and engagement, and thus takes place *between* the self and the other rather than purely within the self. It is the movement of dialogue and is intersubjective relation rather than subject-object relation. It is only in this form of relation that the unique and personal of the other, the "Thou", is met. Yet in order for this to happen one needs openness, presence, immediacy, and a willingness to respond with one's whole being that has been outlined above (Friedman, 1976). One also has to be able to bear what Buber refers to as the "holy insecurity" that comes with remaining open to the world and the moment

without imposing oneself on it. This type of relationship cannot be forced or planned; one can only patiently open one's self to being addressed.

When an I-Thou relation occurs and meeting takes place, there is mutuality in the relation and the knowing self is affected in an essential way. Buber writes, "Relation is reciprocity. My Thou acts on me as I act on it. Our students teach us, our works form us… Inscrutably involved, we live in the currents of universal reciprocity" (1970, p. 67). Indeed Buber argues that it is through the I-Thou relation that the self is formed and we find our own unique direction, "I require a Thou to become; becoming I, I say Thou" (1970, p. 54).

One of the common misunderstandings of Buber's philosophy is that the I-It relationship is the source of evil and that one should strive to always be in an I-Thou mode of relating (Friedman, 1996). However Buber was not arguing for such a simple dualism, rather he was arguing for a *holding of the tension between the I-Thou and I-It modes of relation so that neither becomes dominant* (Friedman, 1996). Buber (1970) argues that one cannot live constantly in a state of I-Thou relation as one would not be able to endure its intensity and lack of order, and every Thou must eventually become an It. Further, Buber argues that the I-It mode of relation is both important and necessary as it helps humanity orientate and sustain itself in life through the ordered and surveyable world it creates; "without It man cannot live" (1970, p. 34). *Thus life in its natural form involves a changing rhythm of I-Thou and I-It relations*, and the I-It mode of relation only becomes evil when it becomes so powerful that individuals can no longer meet the beings that they come into contact with in a spontaneous or genuine way. They can no longer "go out to the Other". This is an important point to keep in mind in order to understand Buber's philosophy as one that does not fall into an either/or dualism, but rather argues for a more balanced and integrated understanding of human relating[1].

[1] This ability to not choose between dualisms but rather hold their tension is the hallmark of Buber's philosophy, and was labeled by him as the "narrow ridge", as it moves between the peaks of absolute answers, rather than standing on one of them (see Friedman, 1996).

2.3 I-IT AND I-THOU MODES OF RELATING IN HUMAN RELATIONSHIPS

In terms of human relationships, which this thesis is primarily concerned with, I-It moments of relation occur when an individual relates to fellow persons as objects. This occurs when the other is objectified or categorized, or when the other is seen as an object of use and manipulation. In these moments others are never seen in their own right, but are related to from the point of view of one's own knowledge or the function they serve for the self. A good example of this mode of relating to others as an object rather than person was a 38-year-old patient seen by the author at an inpatient therapy ward. The patient, a very needy and dependant individual, could only relate to others as extensions of self. At home he refused to buy an alarm clock, preferring that his mother wake him in the morning and motivate him to get out of bed, a ritual that took much coaxing and effort. In essence he placed her in a regulatory function, she was to motivate him every day and give him a reason to get up, while also serving as an alarm clock for him. He failed to see how this could be difficult for her. A similar manner of relating emerged in the therapy relationship where he related to the therapist purely as a source of motivation, and could not understand why the therapist did not have time to constantly be available for this whenever he needed it. In effect his mother was, for him, an alarm clock, and his therapist, a motivational coach and provider of initiative; he did not see them as other people, separate from himself and not capable of constantly providing what he needed.

On the other hand an I-Thou moment of relationship would involve a moment of relation to the genuine otherness of the other person. It would mean that I in my totality am relating to another in his or her totality. Consciously one has the attitude of letting the other person live in his/her own right and not making an object of him/her for one's own purposes. Further, the relationship involves reciprocity, mutuality and changes both parties in a way that they become something that neither of them would have become

apart from the relationship. A good example of this type of *moment* of relating is provided by Bertrand Russell's description of his meeting with Joseph Conrad[2]:

> "At our very first meeting, we talked with continually increasing intimacy. We seemed to sink through layer after layer of what was superficial, till gradually both reached the central fire. It was an experience unlike any other I have ever known. We looked into each other's eyes, half appalled and half intoxicated to find ourselves in such a region. The emotion was intense… and at the same time all-embracing…" (as cited in Yalom, 1980, p. 396)

Though Russell spent a few hours with Conrad, he reports that he was forever transformed by it, that something of the moment of their meeting remained always with him and played a fundamental role in the shaping of his future attitudes and relationships with others. Thus the I-Thou relationship is one of intense emotion and encounter, a meeting of whole being to whole being in the immediacy of the moment, so that both are changed forever. Yet what is needed for an I-Thou relationship to take place between two persons, and what are the elements of such a relationship?

2.4 PRESUPPOSITIONS FOR DIALOGUE AND THE I-THOU RELATIONSHIP BETWEEN PERSONS

Buber's thoughts on dialogue and I-Thou relationship between persons are scattered throughout his works. This section will primarily focus on his most systematic and comprehensive account of this relationship, an essay titled "Elements of the Interhuman" (1965a). In this essay Buber identifies four presuppositions of dialogue: seeing the Thou of the other, confirming the other in his/her uniqueness, bringing oneself to the dialogue without reserve, and letting the other be without imposition.

[2] Of course for this to be an I-Thou moment of relating Conrad must have experienced a similar feeling. While this cannot be confirmed, let us assume for the purposes of this example that this encounter was mutual.

2.4.1 Seeing the Thou: Imagining the Real, Experiencing the Other Side and Inclusion

"The loving man's dream powerful and primally-awake heart beholds the non-common. This, the unique, is...the self of the thing that cannot be detained within the circle of comprehensibility" (Buber, 1966, p. 97).

For Buber, each thing and being in the world has a twofold nature: the abstracted general qualities which can be known by the person who has the ability "to draw out qualities common to all things and distribute them in ready made categories" - the "It", and the concrete irreducibly unique qualities which are particular only to that thing or being - the "Thou" (1966, p. 97). In terms of human beings, the person's Thou manifests in that which is unique and genuinely other in him/her. In order for an I-Thou relationship to take place between two persons, the first presupposition is that one must become aware of the Thou of the other. Buber (1965a) argues that this awareness can only take place if one *turns to the other in the spirit of partnership, rather than manipulation or using.* To establish a living mutual dialogue the other needs to be accepted the way s/he is without wanting to change him/her. Therefore the chief presupposition of dialogue is that there is a *genuine turning to the other*, an outgoing to the otherness of the partner where the other does not merely exist as a part of one's experience, and one is able to become "aware that he is different, essentially different from myself, in the definite unique way which is peculiar to him" (1965a, p. 79). Buber goes on to explain what he means by the word "aware":

> "To be aware of a thing or being means, in quite general terms, to experience it as a whole, and yet at the same time without abstraction or reduction, in all its concreteness… To be aware of a man, therefore, means in particular to perceive his wholeness as a person… to perceive the dynamic center which stamps his every utterance, action and attitude with the recognisable sign of uniqueness" (1965a, p. 80).

Such an awareness of the Thou of the other is not possible if the other becomes "a separated object of my contemplation or observation", but can only be achieved when one steps into an "elemental relation" with the other, so that the other "becomes present to me" (1965a, p. 80). Yet how does the other become present? Buber explains that this becomes possible through the use of an ability that is inherent in every human being, the ability to *"imagine the real"* of the other. Buber describes this as a " bold swinging – demanding the most intensive stirring of one's being – into the life of the other" through the use of the imagination, but here the imagining is limited to "the particular real person who confronts me" (1965a, p. 81). Thus this action involves imagining quite concretely what another person is wishing, feeling, perceiving and thinking, and not as a detached content but in the person's very reality, "as a living process in this man" (1965a, p. 80). Through imagining the real one is able to "make the other present as a whole and unique being, as the person that he is" (1965a, p. 81). Through this "making present" one is able to "*experience the other side",* that is experience something as the other is experiencing it. Buber provides a vivid example of this:

> "Experiencing the other side – a man belabours another, who remains quite still. Then let us assume that the striker suddenly receives in his own soul the blow which he strikes: the same blow; that he receives it as the other who remains still. For the space of the moment he experiences the situation from the other side. Reality imposes itself on him. What will he do? Either he will overwhelm the voice of the soul or his impulses will be reversed" (1963a, p. 123).

Buber's notions of imagining the real and experiencing the other side sound remarkably similar to the psychological concept of empathy, yet Buber is at pains to point out that he is not talking about empathy, which he identifies as a transposing of oneself into the dynamic structure of the object, thus leading to "the exclusion of one's own concreteness, the extinguishing of the actual situation of life", but rather an *inclusion*, where one is able to have direct contact with the experience of another "without forfeiting anything of the felt reality of his own activity", that is without losing one's own experiencing self (1963a, p. 124). This distinction is crucial to Buber, as his understanding of dialogue rests upon the premise that one is able to meet others *and hold one's ground* when meeting them.

2.4.2 Confirmation

"The basis of man's life with man is twofold, and it is one – the wish of every man to be confirmed as what he is, even as what he can become, by men; and the innate capacity in man to confirm his fellow-men in this way. That this capacity lies so immeasurably fallow constitutes the real weakness and questionableness of the human race: actual humanity exists only where this capacity unfolds" (Buber, 1965b, p. 68).

The true gift of imagining the real is that when the other becomes present there is an ability to *confirm* the other in his/her personal uniqueness, which occurs when the other knows that s/he has been made present and this knowledge induces the act of "inmost self-becoming" (1965b, p. 71). For Buber, this act of confirmation is both wished for and needed by every human being to fulfill the uniqueness one is called to become, as "the inmost growth of the self is not accomplished, as people like to suppose today, in man's relation to himself, but… between men… in the mutuality of acceptance, of affirmation, and confirmation" (1965b, p. 71). Buber writes:

> "The human person needs confirmation because man as man needs it. An animal does not need to be confirmed, for it is what it is unquestionably. It is different with man… secretly and bashfully he watches for a Yes which allows him to be and which can come to him only from one person to another. It is from one man to another that the heavenly bread of self-being is passed" (1965b, p. 71).

Thus Buber makes clear in this passage his belief that the growth of the self, of that which is unique and particular in a person, needs the presence of another who can confirm the person in his/her essence. For Buber, confirmation can only come about when one accepts the other as s/he is, yet it does not imply that one has to agree with the other, and *confirmation can also take place when one opposes the person.* Even a meeting in opposition can confirm the other as the one s/he is, as it takes the other's point of view and existence seriously enough to genuinely engage with it. Further, Buber's concept of confirmation is not a static one, it does not merely involve accepting a person

as they are, but in its *highest* form, it also involves confirming in the other what s/he is meant to *become*. Buber writes:

> "Confirming means first of all, accepting the whole potentiality of the other and making even a decisive difference in this potentiality… I can recognise in him, know in him, more or less, the person he has been (I can say this only in this word) *created* to become… And now I not only accept the other as he is, but I confirm in him, in myself, and then in him, in relation to this potentiality that is meant by him and it can now be developed, it can evolve…" (1965c, p. 182).

2.4.3 Being versus Seeming

"Where the dialogue is fulfilled in its being, between partners who have turned to one another in truth, who express themselves without reserve and are free of the desire for semblance, there is brought into being a memorable common fruitfulness which is to found nowhere else" (Buber, 1965a, p. 86).

Thus the act of imagining the real and perceiving the other as this particular unique being is essential for the establishment of dialogue and an I-Thou relationship between persons. However, for the establishment of an I-Thou relationship one does not only need to see and mean the other, one also needs to bring oneself to the relationship, and this leads to an area which Buber regarded as the essential problem for human relationships, that is "the duality of being and seeming" (1965a, p. 75). Buber writes that it is "a familiar fact that men are often troubled about the impression they make on others", and this fact leads to two types of human existence: being, which proceeds from "what one really is", and seeming, which proceeds from "what one wishes to seem" to the other (1965a, p. 75-78). For Buber, these two tendencies are found together in each human being and are often in conflict, but it is important to "distinguish between men in whose essential attitude the one or the other predominates" (1965a, p. 76).

The person for whom "being" predominates is both spontaneous and unreserved. While not uninfluenced by the need to be understood by the other, the person is not determined by a concern about the image of his/her self that can or should be awakened in the other.

On the other hand, the person for whom "seeming" predominates is primarily concerned with the image the other has of him/her, and thus will try to produce an image the other desires or is thought to be impressed by. The seeming mode creates mistrust between persons, as it leads to a conflict between what one means and what one says, and between what one says and what one does (Buber, 1963b). This conflict and mistrust threatens the development of dialogue between persons, as one withholds oneself or does not truly speak because of the concern about how this would appear to the other.

For Buber, the only way for genuine dialogue to take place was if truth reigned in the interpersonal sphere and for this to happen "it means that men have to communicate themselves to one another as they are" (1965a, p. 77). Therefore one needs to say what one really thinks without abbreviation or distortion, as this thought proceeds from one's being. Everything depends on the authenticity with which one speaks, and whether one proceeds from what one really is, rather than from what one wishes to look like to the other. Yet it is important to note that Buber is not arguing for Freudian free association, where one speaks everything that comes into one's mind and lets oneself go before another, but rather that one does not let "seeming creep in between himself and another" and communicates "a part of his being" (1965a, p. 86). To communicate part of one's being may involve both thought and deliberation, not merely self-expression[3].

[3] Buber (1965a) goes on to ask a key question. Why do human beings care so much about how we seem to others? For Buber this tendency towards living in the "seeming mode" did not stem from human nature, but rather from the human need and desire for confirmation. In the individual's search and need for this confirmation, the tendency towards seeming originates, as it "deceptively offers itself as a help in this". It is thus through the need for confirmation that seeming takes root in the individual.

2.4.4 Imposition versus Unfolding

"To interfere with the life of things means to harm both them and oneself... He who imposes himself has the small, manifest might; he who does not impose himself has the great, secret might..." (Buber, as cited by Rogers, 1980, p. 41-42).

Therefore the invasion of seeming and the inability to perceive the Thou of the other are two things that impede the growth of dialogue and a true I-Thou relation between persons. Yet there is a third danger to the I-Thou relationship, which Buber regarded as "more powerful and more dangerous than ever" (1965a, p. 82), and is of particular relevance to psychotherapy as it involves the question of how one person influences another. Buber describes two different ways by which one person can affect another's worldview and life, "imposition" and "unfolding" (1965a, p. 82-85). Imposition occurs when the person tries to influence and affect another by "imposing himself, his opinion, his attitude, on the other" so that eventually the other becomes like one, yet is "unaware of how he has been influenced" (1965a, p. 82). On the other hand, unfolding occurs when one discovers and nourishes in the soul of the other what one has discovered in oneself as right. As one has faith in its truth, it must also exist in the other as a potentiality that merely needs to be unlocked, not through conscious imposition and instruction, but rather through meeting and existential communication "between someone that is in actual being and someone that is in the process of becoming" (1965a, p. 82).

The person who uses imposition Buber terms "the propagandist", and he argues that this type of person "is not in the least concerned with the person whom he desires to influence as a person", but rather is only interested in the personal qualities of the individual "in so far as he can exploit them to win the other" (1965a, p. 82). The person who helps others unfold their potentialities Buber terms the "educator", and he argues that this person "lives in a world of individuals" and is able to see the unique and personal of the other, and attempts to help this unfold into being. Buber writes of the educator:

> "He sees each of these individuals as in a position to become a unique, single person, and thus the bearer of a special task of existence which can be fulfilled

through him and him alone. He sees every personal life as engaged in such a process of actualisation, and he knows from his own experience that the forces making for actualisation are all the time involved in a struggle with counterforces. He has come to see himself as the helper of the actualising forces… He cannot wish to impose himself, for he believes in the effect of the actualising forces, that is he believes that in every man what is right is established in a single and uniquely personal way" (1965a, p. 83).

2.5 CONCLUSION OF CHAPTER TWO

Therefore, Buber's philosophy of dialogue grew out of personal experiences and failures of his own. These led to Buber's understanding of the capacity for dialogue, that is to be immediately present for another in the moment and to be able to meet the other and respond with one's whole being, as the central question for human beings at the time of the First World War. The life of dialogue was characterised by a particular relationship to other beings - the I-Thou relationship. This is contrasted with the I-It relationship, which is, in Buber's terms, a monological relationship between subject and object that is mediated by categories and assumptions, and does not have the same impact on the parties as the dialogical meeting involved in the I-Thou relationship. For dialogue to develop Buber argues that one needs to see the unique in the other, be authentic in one's response, and allow the other to unfold rather than impose one's own perspective on the other. Yet how did Buber view the implications of his philosophy of dialogue for the practice of psychotherapy, and how did he view the psychotherapeutic exercise in general? The next chapter attempts to answer these questions.

CHAPTER THREE

BUBER ON PSYCHOLOGY AND PSYCHOTHERAPY[4]

3.1 INTRODUCTION

For most of his life, Buber had an active interest in psychiatry and psychotherapy, which began at the age of 20 when he took a 3-term course at various psychiatric clinics in Germany and Switzerland. However, while Buber began these studies because of a desire to become a psychotherapist, he found the psychiatric clinics of the time, where the patients were displayed before an audience, disturbing and thus chose a different vocational path (Friedman, 1991). Yet, despite this, over the years he maintained a dialogue and interest in this field, acquiring a number of deep insights into psychotherapy, some of which will be explored in this section. More specifically, the section will focus on four essential insights that Buber provides: his criticism of "psychologism" and the concept of a self-contained, isolated psyche; his notion of the "between" and his argument that both sickness and healing occur in this "between"; his understanding of healing as taking place through "meeting"; and his concept of confirmation in therapy and his distinguishing between this concept and Rogers' (1980) idea of "unconditional positive regard".

3.2 THE PSYCHOLOGICAL AND THE "BETWEEN"

Buber's primary critique of modern psychology and psychotherapy was its tendency towards what he referred to as "psychologism" and the "psychologising of the world"

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[5]The following discussion of Buber's ideas about psychotherapy come from four primary sources: the talks he gave at the Washington School of Psychiatry in 1957 for the Fourth Annual William Alanson White Memorial Lectures, where he specifically focused on issues to do with the world of psychology, psychiatry and psychotherapy; the dialogue he had with Carl Rogers at the University of Michigan during the same year; an essay he wrote as a Foreword for the book written by his friend and in many ways disciple, the former Jungian, Hans Trub, entitled "Healing Through Meeting", and an informal lecture he gave in 1923 "On the Psychologising of the World" for the Psychological Club of Zurich, the most eminent centre of Jungian therapy at the time [all of these can be found in a recent collection of his writings on this topic (Buber, 1999)] .

(1967b, p. 144). By the psychologising of the world Buber meant "the inclusion of the world in the soul" which goes so far that "the essential is thereby disturbed", and the basic relation from which life receives its meaning – "the facing of the I and the world" is injured (1967b, p. 144-145). Through the psychologising of the world, the world is moved into the sphere of one's feelings, one's thoughts, or one's analyses, so that the events that take place *between* the person and the world are reduced to intrapsychic happenings. As a result the essence of dialogue, the turning to the other, is damaged, as the other now exists only as a part of one's experience and one's self, and not in his/her own independent particularity.

Buber argued that this psychologism had led to a false understanding of the psyche as self-encapsulated, "something lifted out of the relationship to the world, isolated and abstracted", rather than psyche of which the person is immediately aware, which is a psyche always in *relationship,* whether it be to the world, things, or human beings (1967b, p. 147). This has led to a psychology "only concerned with the relation of the human person to himself, with the relation *within* this person between spirit and instincts" (Buber, 1963a, p. 240, italics mine). Buber (1963a, p. 244-245) argued against this individualism which he felt ignored the primary category of human reality, that of the "between". The psychological, Buber argued, was only a "hidden accompaniment of the dialogue", of the happenings of the "between", and if one regards psychic phenomena more deeply, one finds that they have arisen out of the relationship between the self and the other and are comprehensible only through this relationship. Thus for Buber the "between", rather than the psychological and the intrapsychic, is the "fundamental fact of existence" and "the real place and bearer of what happens between men" (1963a, p. 245). This understanding leads Buber to provide a different understanding of both sickness and healing, an understanding rooted in the "between"[5].

[5] The "between" can be defined as the third reality which emerges when two people meet. There is the reality each brings and then there is the reality created between them, which is the product of their meeting.

3.3 SICKNESS AND THE "BETWEEN"

"A soul is never sick alone, but there is always a between-ness also, a situation between it and another human being" (Buber, 1967c, p. 142)

For Buber, just as the psychological was the hidden accompaniment of dialogue, so to was "mental illness" a result of the sickness of the "between". While Buber did not go into this in great detail, he illustrates this point by providing an alternative view of the cause of repression, which is rooted in the "between". For Freud (1972) repression was understood as an internal and mechanistic psychic phenomenon that was used by the ego to prevent the psyche from being overrun by the demands of the id, which it achieved by keeping out of awareness instincts and thoughts that were threatening. It is not difficult to see how this view of the cause of repression stems from the assumption of an isolated and self-encapsulated psyche. Buber reinterprets repression and argues that, while repression as a concept has validity, it only becomes dominant when there is a sickness in relations *between* persons:

> "When confidence reigns man must often, indeed, adapt his wishes to the commands of his community; but he must not repress them to such an extent that the repression requires a dominant significance for his life… Only if the organic community disintegrates from within and mistrust becomes life's basic note does the repression acquire its dominating importance. The unaffectedness of wishing is stifled by mistrust, everything around is hostile or can become hostile, agreement between one's own and the other's desire ceases… and the dulled wishes creep hopelessly into the recesses of the soul… *The divorce between spirit and instincts is here, as often, the consequence of the divorce between man and man.*" (1963a, p. 237-238, italics mine)

Thus while repression is found even in small organic communities living in real togetherness, the individual does not have to repress his/her wishes to the extent that they acquire a "dominating significance". However, if mistrust between persons is dominant and the between is poisoned, "the dulled wishes creep hopelessly into the recesses of the

soul", where they now exert a powerful influence. Buber reinterprets repression as emerging from the sickness of the "between", the sickness in the relationship between human beings.

Thus Buber provides an understanding of psychological sickness as rooted in, and stemming from, the "between". Yet Buber, in his dialogue with Carl Rogers, goes further and argues that psychological sickness, in turn, also manifests in terms of an *inability to enter into dialogue with others*. This Buber makes clear in his discussion about seriously mentally ill persons, whom he sees as severely damaged in their capacity for dialogue, in their capacity for "betweeness":

> "I can talk to a schizophrenic, as far as he is willing to let me in to his particular world that is his own… But the moment he shuts himself in, I cannot go on. And the same, only in a terrible, terrifyingly powerful way, is the case with the paranoiac… He does not open himself and he does not shut himself. He is shut… And I feel this terrible fate very strongly because in the world of normal men there are analogous cases, when a sane man behaves, not to everyone, but to some people, just so, as if he had been shut in and the problem is if he can be opened, if he can open himself… this is a problem for human beings in general". (Buber, 1965c, p. 175)

3.4 HEALING THROUGH MEETING

"If the doctor possesses superhuman power he will try to heal the relationship itself, to heal in the 'between'" (Buber, 1967b, p. 150).

Therefore, Buber reinterprets psychological phenomena, including pathological phenomena, as being a product of the "between". This leads Buber to present a different model of healing, for if sicknesses are the result of the "between", it follows that true healing would take place in the "between" also, and lead to a healing of the "between". Buber writes:

> "The sicknesses of the soul are sicknesses of relationship. They can only be treated completely if I transcend the realm of patient and add to it the world as well. If the doctor possesses superhuman power he will try to heal the relationship itself, to heal in the 'between'" (1967b, p. 150).

Thus in psychotherapy Buber was aware of the need to go beyond psychologism, which refers all events and meaning back to the psyche, and to reach the ground of healing through meeting, a healing in and of the "between". When the soul is regarded in isolation, this sickness of the "between" is forgotten. What is crucial in therapy is the therapist's ability to heal in this "between".

In his essay *Healing Through Meeting*, Buber (1967c) argues that this way of healing can be achieved by the psychotherapist. In this essay he talks of the paradox of the psychotherapy. The therapist analyses the psychic material the patient brings according to the theory of his/her school, and in so doing creates a tranquilizing and to some extent orienting and integrating procedure that is pleasing to the patient. While this method of therapy can provide symptomatic relief and "help a soul which is diffused and poor in structure to collect and order itself to some extent", it does not provide healing of the "atrophied personal center" (1970, p. 132). However in some cases the therapist realises that something entirely different is demanded of him/her, something different from this role and threatening to its regulated procedures. What is demanded is that the therapist step out of the role of protected professional superiority into the elementary situation between two human beings. The human being in the patient calls to the real, unprotected self of the therapist and not to his or her confidently functioning security of action provided by methodology, technique and theory. If the therapist answers this call, meeting and dialogue take place, a meeting that can lead to the healing of the "atrophied personal center" of the patient. While the therapist may return to his/her objective method after this, it is as a changed person returning to a changed method, namely as one who has realised the necessity of an authentic human relationship between therapist and patient. In this new method the unexpected, that which demands *personal* participation, finds place and the therapist's task is nothing less than the courage to risk his or her very self in the quest for healing. Buber writes of this experience:

> "he has left in a decisive hour… the closed room of psychological treatment in which the analyst rules by means of his systematic and methodological superiority and has gone forth with his patient into the air of the world where selfhood is opposed to selfhood. There in the closed room, where one probed and treated the isolated psyche according to the inclination of the self-encapsulated patient, the patient was referred to ever deeper levels of his inwardness as to his proper world; here outside, in the immediacy of human standing over against one another, the encapsulation must and can be broken through, and a transformed, healed relationship must and can be opened to the sick person in his relation to otherness – to the world of the other which he cannot remove into his soul" (Buber, 1967c, p. 142).

3.4.1 Vignette One

This moment of stepping beyond role and into that of person so that meeting can occur is illustrated by Goldberg (2000) in his account of a moment of healing through meeting that occurred with a patient whom he had been having extreme difficulty in interviewing at a case conference due to her refusal to answer questions in anything other than one word answers. As Goldberg's anxiety, embarrassment and irritation rose, he discovered this insight of Buber's:

> "I recognized that to have communion with another person's suffering, I could no longer present myself as a professionally aloof being, but as a fellow sojourner… Accordingly, I needed to reveal my feelings candidly about my difficult impasse with Mrs Franz… I indicated to Mrs Franz that I had been asked to interview her because supposedly I had some expertise in a case like hers. I added that I had no idea where this absurd notion came from. I smiled and pointed to the audience, while saying to her that she must be aware, as were the others in the room, how poorly I was doing. For a moment Mrs Franz appeared not to know what to make of my statement. Then for the first time in the interview, a slow smile crept over her face. Her smile evolved for a while into a quiet laugh. The softening of her face conveyed a warm and approachable person… Curiously, as I spoke

> increasingly of my shameful feelings, she became more responsive to me. She told me, "Dr Goldberg, I am now willing to talk with you… my lack of cooperation, if you want to call it that, is simply because I don't want to be the only person in the room who is going to admit to having feelings. To speak of my troubles in a room of professionals, who are all acting inaccessibly, makes me feel… terribly alone" (p. 570-571).

Here is the moment of human immediacy, of personal relationship between self and self, which breaks out of the traditional role of therapist-patient and through the self-encapsulated loneliness of the patient. A moment of meeting that restores the capacity of both the therapist and the patient for dialogue.

3.5 THE THERAPIST'S CAPACITY FOR OPENNESS

Thus Buber argues that for the therapist to heal in the "between" meeting needs to take place. Buber later argued that it was not only the patient, but also the therapist who created barriers to meeting. For meeting to take place it is not sufficient that the therapist is a "master of method", but s/he also needs a certain quality Buber refers to as "existential trust" (1967d, p. 170). This is the willingness of the therapist to stay open to the unfolding dialogue and bear the insecurity this involves. Yet for this to happen the therapist needs to have the capacity to move beyond a clinging to the theories of his/her school:

> "There are 2 kinds of therapists, one who knows more or less consciously the kind of interpretation he will get and the other, the psychologist who does not know. I am entirely on the side of the latter, who does not want something precise. He is ready to receive what he will receive. He cannot know what method he will use beforehand. He is, so to speak, in the hands of his patient… he must be ready to be surprised. From this new type of therapist may evolve – a person of greater responsibility and even greater gifts, since it is not so easy to master new attitudes without ready made categories" (1967d, p. 167).

Thus the therapist needs the capacity to remain open to the uniqueness of the patient, the capacity to be surprised. For Buber, this capacity was lacking in Freud, whom he saw as one of the great simplifiers, that is "one who places a general concept in place of the ever renewed investigation of reality" (1967d, p. 157). While Buber felt that much psychotherapeutic thought has been based on this dangerous manner of thinking he hoped in the early 1960's that this period was coming to an end. In place of the analytical, reductive perspective of Freud, that tries to "contract the manifold person… to some schematically surveyable and recurrent structures", thus assuming it can "grasp what a man has become, or even is becoming, in genetic formula" which can be "represented by a general concept" (Buber, 1965a, p. 80-81), Buber looked forward to a new, more musical type of therapist. This therapist would not simply follow the theories of his or her school, but would practise "obedient listening" and discover the right method and right response for each particular person, just as one would not interpret a poem by Keats in the same manner one would interpret a poem by Yeats. However, it is important to note that Buber was not against the therapist having a theory, and he clearly stated that that "without methods one is a dilettante" and that no therapist could do without a typology and method (1967d, p.164). However, he argued that the therapist must not *impose* this method on the patient, while also being aware of the *moment* in therapy when it needs to be given up and have the courage to do so. It is this "narrow ridge" that the therapist must walk, the ridge of "holy insecurity".

3.6 CONFIRMATION VERSUS UNCONDITIONAL POSITIVE REGARD

In 1957, on his second visit to America, Buber had a dialogue with Carl Rogers, who had been greatly influenced by Buber's work (see Rogers, 1980). Perhaps the most essential difference between Buber and Rogers that emerged was their different perspectives of confirmation, which in turn was rooted in their differing perceptions of the human image. For Rogers the individual was essentially good and the deepest part of him could be trusted, while for Buber the person was not this simple, and "what you say can be trusted stands in polar relation to what can least be trusted in man… When I grasp him more broadly and more deeply than before… I see how the worst in him and best in him are

dependant on one another… I may be able to help him just by helping him to change the relation between the poles" (1965c, p. 180).

This perspective of the human being as existing in polarity leads Buber to argue that, while all existential relationship begins with accepting the other as s/he is, there cannot just be an unconditional positive affirmation of everything s/he says, does and is. True confirming means "accepting the whole potentiality of the other and even making a decisive difference in this potentiality" (1965b, p. 180). Buber argued that in his relationships to others he often had to help others against themselves, in order to find their direction:

> "The first thing is that he trust me…What he wants is a being not only whom he can trust as one man trusts another, but a being that give him a certitude that… the world is not condemned to deprivation, degeneration, destruction. The world can be redeemed. I can be redeemed because there is trust. And if this can be reached, now I can help this man even in his struggle against himself. And I can do this only if I distinguish between accepting and confirming" (1965b, p. 180).

If this is so, confirming the person as he is now is only yet first step for the therapist. S/he must also take the person in their dynamic existence, their specific potentiality. In the present lies hidden what can become. Thus there are two stages to therapy. The first involves accepting the other as s/he is, and learning to understand the other through imagining the real. During this stage a relationship of trust is also developed. However there is also a second stage, in which the therapist must put before the patient the claim of the world, and enters into the struggle with the patient to bring out the potentialities that lie hidden. However, to do this the therapist must enter into a stage where certain traits or behaviors of the other must be challenged and confronted, in order that the deepest potential of the other may emerge. For Buber, this can only happen if the therapist is able to distinguish between accepting the other and confirming the other, a distinction he believes Rogers does not make firmly enough.

3.7 CONCLUSION OF CHAPTER THREE

Thus Buber offers some criticisms of psychotherapy's "psychologism" and argues for a greater awareness of the "between" and the dialogical. In doing so he argues that both sickness and healing occur in this "between", and that the task of the therapist is to restore the between through the act of meeting, which creates healing. To achieve this the therapist needs the existential courage to stay open to the unfolding dialogue, and respond to the patient's address with his/her whole being, as one person to another. Further, the therapist, in this response, has the great responsibility of helping to confirm the patient in both who s/he is and in whom s/he can become. This can only be done if the concept of the therapist's role in this confirmation goes beyond unthinking acceptance and approval, and also allows for the therapist to struggle with and against the patient in his/her search for selfhood. Yet while Buber began the process of drawing out the implications of his philosophy of dialogue for the psychotherapist, a full analysis of how his thought can contribute to the theory and practice of psychotherapy is still an ongoing process. The next section aims to contribute to this process.

CHAPTER FOUR

THE RELEVANCE OF BUBER'S THOUGHT FOR THE THEORY OF PSYCHOTHERAPY

4.1 INTRODUCTION

When examining the question of what contribution Buber's philosophy of dialogue and thought on psychotherapy can make to the field, one needs to question how Buber's ideas can provide a coherent map that can be used to give the psychotherapist some understanding of the content and process of psychotherapy, as any useful theory should do (Yalom, 1980), while also providing the therapist with some guidelines for practice. In doing this the thesis will draw not only on Buber's original ideas, but also on the ideas of other therapists and thinkers, who have extended some of his ideas into the realm of psychotherapy to form what Friedman (1992a) and others have called the school of "dialogical therapy". Further, an attempt will be made to examine points of correspondence that Buber's thought has with other schools of therapy, particularly recent trends in psychoanalytic theory towards a relational perspective.

It is argued here that Buber's philosophy of dialogue and thoughts on psychotherapy provides an understanding of therapy which includes: 1) An ontology of the "between" of relation as that which is essential and primary and needs to be the unit of study and focus amongst psychotherapists; and a corresponding image of the human being as essentially relational and requiring others to fully develop. 2) An image of the fully human and of pathology that is couched in relational terms. 3) A theory of the goal of therapy as the restoration of dialogue and the direction and work of therapy as helping the patient move from monologue to dialogue. 4) An understanding of the agent of change and healing in therapy as "meeting". Finally some of the difficulties that the therapist may encounter in dialogical therapy, together with some guidelines for practice, the most essential of which is the therapist's capacity for existential trust, will be examined.

4.2 THE "BETWEEN" AS PRIMARY

In his philosophy of dialogue, Buber argues that the idea of the "individual" as an isolated self-contained psyche was an abstraction that drew away from the essential reality of life, that of "man with man" (1963a, p. 244-245). For Buber the psychological is only the hidden accompaniment of the dialogical, which takes place in the sphere of the "between", and psychological phenomena such as repression are the product of it. Thus, despite its difficulties to express, it is this sphere of the "between" of relation that is primary and ontologically real, and thus it is this sphere that should be the unit of study and investigation among psychotherapists.

This idea of the "between" or the "interpersonal", as it is sometimes referred to in psychotherapy, as primary has been confirmed by the critical shift in psychoanalytic theory in the past 30 years, which has moved towards a relational perspective and away from a one-person psychology with its emphasis on the intrapsychic towards a two-person psychology with an emphasis on the interpersonal and intersubjective (Greenberg and Mitchell, 1983, Mitchell, 1988). This relational perspective has in common with Buber a criticism of "the myth of the isolated mind" (Storolow and Atwood, 1992) and an understanding of the mind as essentially interactive, dyadic and formed in relation to others. Through this "relational turn" the Freudian understanding of the mind as essentially monadic, inbuilt, prestructured, and his notion that human relationships were only secondary and derived from inbuilt drives has been reversed. It is currently argued that it is through relationships and the interpersonal space that the mind is shaped and formed, a theory remarkably similar to Buber's concept of the "between" as primary and determining the psychological. Further, in line with Buber's call for greater study of this sphere, this field has focused on theorising where "the basic unit of study is not the individual… but an interactional field within which the individual arises" (Mitchell, 1988, 3). Buber's insights in this area have also been confirmed by infant research into the nature of the mind and how it develops through a relational matrix (see Jaffe, 2001 for review of this literature).

The understanding of the "between" as primary and the self-encapsulated person as an abstraction leads to Buber's understanding of human beings as essentially requiring relation and motivated towards relation. In Buber's conception, human beings are not self-sufficient entities but rather need others to become fully human and realise their potential. More specifically, Buber argued that the essential thing we need from others and cannot do without is confirmation of our own uniqueness, which we cannot realise without the acceptance and confirmation of others. This "partnership of existence" suggests that *our very existence is only properly understood and can only come to fruition through partnership* (Friedman, 1972, p. 304). As Friedman writes, "we become selves with one another and live our lives with one another in the most real sense of the term" (1972, p. 304).

It is fascinating to note how this insight of Buber's has been confirmed by recent developments in the field of psychoanalysis that have been informed by developmental theory. Indeed, the two theorists most responsible for the study of the building up of the self, Winnicott and Kohut, argue that, in order to fully develop, the individual self needs a "facilitating environment" or "selfobject" that can only be provided by others. Further, their understanding of what the developing self needs is remarkably similar to Buber's understanding of confirmation that comes from imagining the real. For Winnicott it was the mother's capacity to respond to and take seriously, that is to confirm, the needs of the infant, that allowed the infant to have the experience of "going on being" through which the self is developed. This is achieved through "maternal preoccupation" which enables the mother to imagine the real of what the infant needs (Newman, 1995). For Kohut (1977, 1991), the developing self needs mirroring others to confirm it, to reflect back to the child his/her own appearance, his/her own being, in order for the self to grow and develop, a capacity achieved through "empathic attunement".

Further, Buber's understanding that persons have a need to relate to others and are primarily motivated by this need for connection, has also been put forward as an alternative to Freud's "pleasure principle" by psychoanalytic thinkers such as Fairbairn (1952), who argue that libido was essentially "object" seeking rather than pleasure seeking, and inverted Freud's theory of others as being objects for the expression of

drives, by claiming that the drives were pathways and means of connecting with others. These observations have been confirmed by the developmental observations of Bowlby, Stern and others, who postulate an inbuilt drive for connection and relation in the infant and young child (Mitchell, 1988).

4.3 DIALOGUE AND AN IMAGE OF THE FULLY HUMAN

An important contribution that Buber's work can make to the theory of psychotherapy is his image of what it means to be human and of the fully human person. This image of health is crucial to the therapeutic enterprise, as the concept of therapy invariably implies a model of health, maturity, and full human functioning as a goal to strive towards. However, as both Farber *et al* (1956) and Jung (1973) point out, most schools of therapy do not tackle this question directly and thus derive their conception of health from pathology rather than from any conception of what is fully human. They also derive their understanding of human health from an essentially reductive glance, leading to some rather technical and schizoid definitions of what it means to be a full functioning human being. Thus the image of health is perceived as, for example, Freud's "genital character with object relations" (as cited in Farber, 1956, p. 110), Sullivan's (1953) "syntaxic interperson" whose relationships are "consensually validated", Klein's (1985) "mature individual" who has managed to reach the "depressive position" by integrating the splitting of the "good object" and the "bad object", and so on. As Farber (1956) points out, therapists seriously need to question whether they themselves most aspire to these goals, or if perhaps they have built up system of thought that is not fit for human habitation and does not accurately capture the wholeness of life and the human being.

Thus psychotherapeutic theory is in need of an image of the fully human that is not reductive or deduced from pathology, a theory that is able to answer Winnicott's (1986) famous question that he felt psychoanalysis has not faced: "What is life about, apart from illness?" While there have been some attempts in recent times towards answering this question, such as Maslow's (1954) conception of self-actualisation, Jung's (1973) concept of individuation and Winnicott's (1986) understanding of the creative individual who is able to fulfill the true self and make a contribution to his/her culture, most of these

conceptions are defined in terms of the individual. This is where Buber's philosophy of dialogue can make a contribution to the field, as it provides an image of what life is about and of the fully human *in relational terms* through his vision of the "life of dialogue"[6].

As we have already seen, for Buber life is about living a dialogue with the world and the people we meet. Life is about being open to the other, hearing the call of each moment and responding to it with one's whole self. In the dialogical life, characterised by the I-Thou relationship, each moment is precious and has, "like a new born baby, a new face, that has never been before and will never be again" (Buber, 1963a, p. 143). It must therefore be lived in the present. "It demands of you a reaction that cannot be prepared beforehand. It demands nothing of which is past. It demands presence, responsibility; it demands you" (1963a, p. 143). Thus for Buber the fully human person is one who is able to live a life of dialogue, to be present and hear the call of each moment, and respond to it with one's whole being[7]. This is the person who has "existential trust" (Buber, 1967d), the individual who has the courage to be open to the address of the moment, hear its call and respond. It is the person capable of spontaneity and surprise, and able to bear the anxiety created by the "holy insecurity" of living without a definite answer to life, a person open to new learning, to new understanding, and to change. It is the person who has the courage to be authentic and say what s/he feels in his/her dealings with others, yet at the same time to be open to others as they are.

Thus Buber's ideas provide an overarching philosophy and image of health and meaning, and an image of the fully human person as one living a life of dialogue. They also provide an image of the highest form of relationship that can exist between human

[6] This is not to ignore the important contribution that intersubjectivity theory in psychoanalysis has made to the area of dialogue. However, Buber's understanding of dialogue as a way of life involving "existential trust" has a slightly different emphasis.

[7] This notion of life as a series of dialogical situations is both important and alien to our increasingly impersonalised world, where the individual has lost significance and the sphere of I-It relation is dominant. Buber argued against this impersonal understanding of the world, and for an understanding of life as personal and significant for each individual, if we pay enough attention to the dialogue the world conducts with us.

beings, that of the I-Thou relationship, where two people truly meet each other without losing their own authenticity and sense of identity, a relationship without pretence or seeming, characterised by unreservedness, authenticity and spontaneity, where both parties are mutually affected and changed, where both parties grow and as a result of the relationship, become something they were not before it. This is a relationship characterised by an attitude of partnership between subjects rather than using or manipulating the other as an object.

This vision of Buber's corresponds with recent attempts in the field of intersubjective psychoanalysis to correct early relational theory in the field of psychoanalysis, which suffered from the criticism that "it is objects and not others that are talked about" (Laing, as cited by Guntrip, 1980, p. 387). Buber's work shows that the preoccupation with others as objects in early relational theorising belongs to a specific type of relation – the I-It relation (Brice, 1984). However, as Guntrip (1980) argues, while early relational psychoanalysis studied this type of pathological relationship, where "one uses the other rather than relates personally to the other" in depth, it failed to provide an understanding of healthy mature relationships where one can know and be known by the other, or in Benjamin's terms, where one can "recognise" the other and "be recognised" (1992, p. 45). Current intersubjectivity theory has attempted to correct this balance so that "where objects where, subjects must be" (Benjamin, 1992, p. 44), and in doing so has increasingly begun to explore what Buber would refer to as I-Thou mode of relating. Thus Buber's philosophy provides a means of understanding this tension in current relational psychoanalysis as developing from the two essential modes of relating that are available to human beings.

4.4 SICKNESS AS MONOLOGUE

"In every human being there is probably to some extent, a lonely person at heart, but in the very ill, it is an utterly isolated being, too denuded of experience to feel like a person, unable to communicate with others and never reached by others" (Guntrip, as cited by Friedman, 1985, p. 67).

"I am isolated. I sit in a glass ball, I see people through a glass wall. I scream, but they do not hear me" (Ellen West, as cited by Rogers, 1980).

Buber, because he was more interested in health than sickness, did not elaborate much on the implications of his theory of dialogue for pathology, yet his philosophy of dialogue implies an understanding of what pathology is, which one can derive from his image of health. If health lies in the life of dialogue, then it follows that pathology involves an *inability to enter into dialogue with the things and beings one comes into contact with in life.* Thus pathology can be defined as a *life of monologue*, where dialogical living is cut off and becomes impaired. The individual begins to live in a shut-in, closed world, sealed off from seeing in the way others see. The more extreme the pathology is, the more difficult it becomes for one to meet and connect with others. Yet let us explore this a little further, and draw out its implications for a *dialogical* understanding of both neurosis and psychosis.

4.4.1 Understanding of Neurosis

Hans Trub, a Jungian therapist very much influenced by Buber's philosophy and who worked primarily with neurotic patients in long-term depth therapy, was the first to develop Buber's ideas in order to understand neurosis. For Trub (1964), the neurotic person *reacts* to reality, but is no longer *open* to it. The result of this *flight from reality* is a profound and inexplicable anxiety out of which the patient constructs a system of powerful protections and defences that can barely be penetrated by others. These defences serve to protect the patient, yet also lead to the living of a shut-in or narrowed down existence, a life of "monologue" where the meeting with others and with new experiences becomes increasingly unlikely. The patient like all other beings has a need for dialogue; yet entering into dialogue involves a risk and creates anxiety, thus leading to incapacity for it. For Trub neurosis is precisely this inability to go out and meet the world, to engage in a dialogue with others, in order to protect the self, and the patient's symptoms are the defenses employed to prevent the meeting or dialogue. Therefore the basic situation in neurosis becomes the state of "being narrowed in" and "working one's

course within narrow confines, not daring to move out into the wider areas that could be encompassed by personal life" (Angyal, 1965, p. 76).

4.4.2 Vignette Two

This understanding of neurosis as emerging from a powerful system of defenses that leads to a narrowed existence and the withdrawal of the self from the meeting with the world is well-illustrated by a patient I saw weekly in my second year of training. The patient, a 40-year-old housewife, had come to therapy because of feelings of resentment, depression and obsessional anxiety about her children' safety. She felt her life had no meaning and purpose other than to, as she put it, "serve" her family. She described a life where her every activity was related to looking after her children and husband. There was no activity outside of this narrow existence. She blamed her family for this, and would fall into regular ruminations that were resentful in content.

When it was pointed out that she needed to re-engage with the world outside of her family she readily agreed. However, this proved more difficult that she thought, and her anxiety about moving out of the narrow confines of her existence quickly emerged. She displaced this anxiety onto her children, stating that she could not have others look after them, even other family members that she claimed to trust. In essence she was using her family as a rationalisation for her avoidance of contact with the outside world. Slowly, by pointing this out, the therapy began to progress, and she gradually began to re-engage with the world beyond her family. She did this by resuming a dialogue with her great passion in life, her photography. She was encouraged to begin by taking pictures of her children, which she did. However, she refused to show these pictures to anyone. The therapeutic relationship helped bridge her isolation, and eventually enough trust was developed for her to show me the pictures. This was a major step for her, and represented the beginnings of a dialogue with the outside world. Gradually, she began to show her pictures to others and to take photographs of people and things outside of her family. By the time of our last session, her anxiety about her children, while still present, had been reduced greatly, and she had taken her first professional photography job in 15 years.

4.4.3 Understanding of Psychosis

Thus the neurotic is one who has sacrificed his/her capacity for dialogue in withdrawing his/her self from the meeting with the world and constructing a large array of defenses in order to avoid the meeting or dialogue with the world and with others. When this defense is carried to its extreme there is intense isolation and inner phantasy begins to take over, so that the distinction between inside and outside, between self and other, between I and Thou is lost, and psychosis develops. Psychosis is thus the sickness that develops from extreme self-isolation and total loss of capacity for meeting others, an insight confirmed by both therapists working with psychotics, such as Fromm-Reichmann (1959), and research which describes a prodromal stage of schizophrenia that contains these very features of withdrawal and isolation. This results in an inner fantasy world subsuming reality, which leads to a fixed monological system of delusions that cannot be penetrated and are not open to feedback from the outside world, finding its most extreme form in the paranoid type schizophrenic (Buber, 1965c).

Thus in Buber's terms, psychosis develops from "I-solitude" and the loss of the Thou. Many manifestations of psychoses can be understood as the person's attempts to avoid this unbearable loneliness by creating a fictitious Thou (Buber, 1970), so that a person begins to conduct an imaginary dialogue with the world where others are given intentions and thoughts that are really those of the self, or voices are created that conduct an inner dialogue of fantasy to replace the lost dialogue of reality. Psychotic symptoms are therefore an expression of both the individual's loss of capacity to relate to another Thou, and his/her desperate attempts to make up for this loss through the creation of a fictitious Thou.

4.5 THE THERAPUETIC DIRECTION AND GOAL

Thus Buber's philosophy of dialogue provides an understanding of fully human functioning, of healthy mature relationships, and of pathology. This understanding of health and illness in turn gives an understanding of the **direction** and **goal** of therapy, which is *the restoration of the individual person's capacity for dialogue and the*

unlocking of the locked up person for meeting with the world[8]. In therapy the patient moves gradually from a situation of monologue and from an I-it pole of relating to others, to a situation of dialogue and an I-Thou pole of relating. The therapist's means of assessing this is through the therapeutic relationship, and progress is indicated by increasing moments of authentic meeting. When the patient is finally able to relate to the therapist as a Thou and the relationship reaches a level of full mutuality, the therapy, as Buber (1965c) argues, is complete and the patient has been "cured". Yet how is this goal achieved and what is the agent of change in therapy?

4.6 MEETING AS THE AGENT OF CHANGE AND HEALING:

"We live on the hope that authentic human meeting between human beings can occur" (RD Laing, as cited by Guntrip, 1980, p. 352).

For Buber and for those who have extended his ideas further in the field of psychotherapy, healing and growth is achieved through the *therapeutic relationship*, which aims to develop into a dialogue by the process of *increasing moments of contact and meeting (I-Thou moments) between therapist and patient.* It is in the "immediacy of human standing over against one another" (Buber, 1967c, p. 142) that the patient's isolation and self-encapsulation can be broken through, and a transformed, healed relationship can be achieved. While every therapist needs methodology, technique and theory, which provide a sense of orientation and integration to the patient and therapist that both cannot do without[9], it is not through this I-It mode of relating that real healing takes place. Rather, healing takes place in the "between", and is achieved through moments of I-Thou meeting between patient and therapist that take place in the therapeutic relationship. Such moments cannot be planned or willed, they occur spontaneously and the therapist can only remain open to them so that when they do come they can be seized. It is only in such moments of personal and authentic encounter

[8] As illustrated by vignette two.

[9] Theory, method and technique refer to the I-It mode of therapeutic relation, and, as stated earlier, Buber argued that such a mode of relation is both necessary and unavoidable in any relationship, as one cannot sustain I-Thou modes of relating due to their intensity and lack of order/boundaries. Thus therapy can be conceived as an interaction of I-It and I-Thou modes of relating. The question really is which is given priority. Buber implies that the latter should be prioritized and technique should be subordinated to meeting.

between therapist and patient that real healing, that of the "atrophied personal center", can take place.

As Friedman (1985) points out, while all therapy to a greater or lesser extent relies on the meeting between therapist and patient, only a few have singled out the meeting as central and have recognized the importance of meeting as the agent of change and transformation in therapy. Yet these have included some very experienced and effective therapists, as the following quotes indicate:

> "In those rare moments when a deep realness in one meets a deep realness in the other, it is a memorable I-Thou relationship… such a deep and mutual personal encounter is experienced by me as very growth enhancing" (Rogers, 1980, p. 9).

> "Only when the therapist finds the person behind the patient's defences, and perhaps the patient finds the person behind the therapist's defences, does true psychotherapy happen. What is therapeutic, when it is achieved, is the moment of 'real meeting' of two persons…This I regard also as ideally the goal of psychotherapy" (Guntrip, 1980, p. 352 -354).

> "One can aptly speak of human meeting as the actual agent… in psychoanalytic treatment…*Within the framework of psychotherapy, the methodology and technique applied at any given time is least effective of all; rather it is the human relationship between physician and patient that is determining*" (Victor Frankl, as cited by Friedman, 1985, p. 2).

> "The very heart of psychotherapy is a caring, deeply human meeting between two people" Yalom (1989, p.13).

> "Of particular importance is the moment of "meeting" in which participants interact in a way that creates a new, implicit intersubjective understanding of their relationship and permits a new-way-of-being-with-the-other. We view moments of meeting as the key element in bringing about change" (Stern, 1998, p. 300).

Yet why has the healing that takes place through moments of authentic, personal, and genuine human contact between therapist and patient not been regarded as central in much of psychotherapy? This may be due to the fact that such a notion of healing challenges many of the orthodoxies, traditions, and assumptions of psychotherapy.

Firstly it challenges psychotherapy's "psychologism" and concept of the isolated mind, by arguing that healing occurs in the "between" rather than within, which traditional psychotherapy has favoured, whether it be through "self-analysis", "self-exploration", "self-insight", or "cognitive restructuring".

Secondly, as moments of meeting occur spontaneously and cannot be planned, it challenges the notion that technique and correct methodology are sufficient for healing, which psychotherapy, in its attempts to be a hard "science" and to allay the anxiety of therapists that have to encounter the mystery of the human being, has emphasised.

Thirdly, for therapists that have been trained in the schools of psychoanalysis, it challenges the understanding of the therapeutic relationship as purely based on transference dynamics. This focus on the relationship as a vehicle for the transference, which can be used as a means of gaining insight into the patient's dynamics, precludes an entire sphere of relationship, the "real relationship". This overemphasis on the issue of transference and the problems it creates is well summarized by Anna Freud:

> "With due respect for the necessary strictest handling and interpretation of the transference, I still feel we should leave room somewhere for the realisation that analyst and patient are also two real people of equal adult status, in a real personal relationship to one another. I wonder whether, our - at times complete - neglect of this side of the matter is not responsible for some of the hostile reactions we get from our patients and which we are apt to ascribe to true transference only" (1954, p. 611).

This overemphasis on the transference has led to the therapeutic relationship being treated as an "as if" phenomenon, one that analysed properly will facilitate other relationships, rather than one that is personally engaged in a direct and immediate fashion

by the therapist, and having value in itself as a forms of healing. Such a notion prioritises the I-It sphere over the I-Thou, and meeting is seen as a means to greater insight and theoretical knowledge of the individual. However, the idea of healing through meeting reverses this order, arguing that method and theory should be used to serve the facilitation of meeting in the therapeutic relationship, which is primary. Therefore it challenges the notion of the therapeutic relationship as a means to a greater end by seeing the relationship as an end in itself.

Fourthly, the concept that healing takes place through meeting argues for a more mutual and humane relationship that challenges the traditional notion of professional superiority and the authority and power of the therapeutic relationship. This is clear through Buber's comments that for such healing to take place, it is necessary that the therapist step out of the "closed room of psychological treatment" where s/he rules "by means of his systematic and methodological superiority" and go forth with the patient "into the air of the world where selfhood is opposed to selfhood" (1967c, p. 142).

Fifthly, healing through meeting challenges the traditional notion of the optimal therapeutic stance as that of the "blank screen", that is of the therapist as a detached, neutral and wholly objective figure, who maintains a certain personal distance from the relationship. This position was taken on the basis of two arguments. Firstly, it was argued that direct spontaneous therapeutic involvement and engagement will interfere with the natural unfolding of the transference that requires a blank screen upon which the patient can transfer feelings[10]. Secondly it was argued that if the therapist took a personal stance in relation to the patient and abandoned the professional, detached role s/he would lose objectivity and be swept away by the patient's needs and neuroses. In this respect Freud writes:

[10] The validity of this notion has been challenged in both self-psychology and the intersubjective school of psychoanalysis. Their counter-argument, well-summarised by Maroda (1991), is that there is increasing evidence that the unresponsive, detached, neutral, therapist, may actually *distort and inhibit the transference*, by making the patient more narcissistic or rageful than s/he really is by denying them the opportunity for a real human relationship. Thus the traditional role may bias the transference in the direction of stimulating the most negative transferences or reaction formations as a response to the patient's intense frustration.

> "The patient would achieve her aim but the doctor would never achieve his. What would happen to the doctor and patient would be what happened, according to the amusing anecdote, to the pastor and the insurance agent. The insurance agent, a free thinker, lay at the point of death and his relatives insisted on bringing in a man of God to convert him before he died. The interview lasted so long that those who waited outside began to have hopes. At last the door of the sick-chamber opened. The free thinker had not been converted; but the pastor went away insured[11]" (as cited in Yalom, 1980, p. 411).

These two arguments paved the way for generations of psychotherapeutic technique that argued against an authentic encounter between therapist and patient and insisted that the therapist's primary and sole function was that of interpretation. However, these arguments stem from the fundamental mistake of not realising the importance of the here and now relationship for healing and from placing the achievement of insight above that of interhuman connection, a mistake that comes from the traditional view's privileging of "healing within" over "healing between". In contrast the approach of healing through meeting argues that the optimal therapeutic stance is one of personal engagement, where the therapist directly engages with the patient in a personal and immediate manner, and the therapist's ability to heal lies in his/her ability to do this.

4.7 CONCLUSION OF CHAPTER FOUR:

Thus it is the therapist's task to relate deeply, fully and personally to the patient, to "meet" the patient, and this is what creates healing. While therapy involves a constant and necessary interplay of I-Thou and I-It modes of relating, it is the former that are given priority and theory and method are subordinated to the facilitation of the relationship rather than the other way around. Therefore the therapist's ability to form the I-Thou relation is crucial and perhaps the most important capacity for the therapist to

[11] This passage may reveal the real, unconscious reason for Freud's and other psychotherapists' argument against a personal engagement with the patient, that is the fear that this would involve an opening up to the patient in a way that the patient may personally affect the analyst and lead to him/her being overwhelmed by the patient's pathology. Thus the detached professional stance serves as a protective shield for the therapist (Maroda, 1991, 16). While such protection may be necessary at times, it is important to recognize this as the possible unconscious source of some of the traditional rules and regulations of psychoanalysis.

have (Jacoby, 1984). This in turn raises the question of how this can be achieved and what qualities are needed in the therapist for the I-Thou relationship and dialogue to be fostered. Further, what are possible blocks to dialogue that can manifest in the therapeutic relationship? The following chapter attempts to explore some of these questions.

CHAPTER FIVE

RELEVANCE OF BUBER'S THOUGHT FOR THE PRACTISE OF PSYCHOTHERAPY

5.1 THE PARADOX OF DIALOGUE

Thus in Buber's understanding of therapy, healing occurs in the "between" through the act of meeting and dialogue. This raises a number of interesting questions for practice, such as how such moments of meeting can be achieved in therapy, and what the blocks to such moments may be. Before this is explored it is important to point out the paradox and difficulty of the dialogical method of healing, which is that, as Buber (1970) points out, *true dialogue cannot be induced or willed, and it eludes the therapist who directly tries to achieve it.* This is a trap that therapists who seek to employ Buber's understanding of therapy may fall into, and it is well summarised by Heard (1993), who has clearly struggled with this issue:

> "When I have sought a dialogue by struggling both to be present to the client and to make the client present, I have always encountered a kind of frustration that is disheartening. As I have learned to relax and allow my experience of the client in all his mystery to come to my being without analysis or contemplation, something happens. The effect of this something is the work of the between…There has been a dialogue... It is in the fleeting moments, when therapist and client enter the between that the true work of healing is done" (p. 31).

Thus moments of meeting and dialogue are fleeting and not in control of the therapist. They cannot be planned or developed. This leads Friedman (1972), to argue that such moments come as an "act of grace" and that the therapist can only be open so that when the moment for such meeting occurs, the therapist is able to meet the patient in the moment. The therapist must be willing to accommodate the unpredictable and uncertain nature of the dialogical process. While recent therapeutic approaches attempt to reduce healing to the application of techniques that evolve from certain theoretical and empirical considerations, this approach does not and requires openness from the therapist.

Therefore there is no technique for healing through meeting, all that can be pointed to are some basic preconditions that are needed for the dialogue to unfold in therapy, and possible situations that prevent it from occurring.

5.2 EXISTENTIAL COURAGE: A WAY OF BEING

In his discussion of the qualities needed in the therapist, Buber (1967d) emphasises the quality of openness and receptivity, together with the therapist's readiness to respond to what the patient will bring to the therapy room. This Buber labels as the therapist's capacity for "existential trust", which he argues is the most essential thing a therapist should have. In essence, this existential trust can be divided into two parts, the courage to remain open to the moment and to each patient as unique, and the courage to respond with one's whole being to what one hears, sees and feels (Friedman, 1972).

5.2.1 The Courage to be Open to the Address of the Moment

> *"Discard your memory; discard the future tense of your desire; forget them both, both what you knew and what you want, to leave space for a new idea" (Bion, as cited in Casement, 1991, p. 222).*

Firstly, Buber argues that the therapist must be able to be open and "await the unexpected" (1967c, p. 167). He should leave the patient to his/her self, and "be ready to receive what he will receive" (1967c, p. 167). It is only in this way that the therapist will be able to treat each patient as unique and personal and allow space for the spontaneity of dialogue and I-Thou moments of meeting to occur. This is the therapist who "does not want something precise" and is "in the hands of his patient… ready to be surprised" (1967d, p. 167). The therapist needs to always be open to the *otherness* of the patient, realizing Yalom's dictum that *"the enabling relationship always assumes that the other is never fully knowable*" (1989, p. 185). This enables the therapist to treat each case on its own merits and allows for, in Jung's words, the "individual understanding" that is necessary for successful therapy and for moments of meeting (Jung, 1975, p. 12). Such openness also ensures that the therapist does not impose the general ideas of his/her

school on the patient, and allows for the space in which the patient can unfold in his/her unique way[12].

Yet in order to do this the therapist has to be able to bear the anxiety, referred to by Buber as "holy insecurity", that this involves. The major task of the therapist is to learn to tolerate uncertainty, to learn to tolerate "not knowing" (Casement, 1991). To do this the therapist has to be "capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (Keats, as cited by Casement, 1991, p. 223). Ideally, the therapist of holy insecurity would be elementally open in order to allow for the possibility of meeting the patient as s/he truly is, which can only occur, according to Buber, as a moment of *surprise* and *spontaneity*. This is the first part of existential courage.

One of the common misunderstandings of this approach is that it implies that a theory and methodology is not necessary in psychotherapy. It is therefore important to point out that Buber (1967d) argued that therapeutic methods, techniques and theories were necessary, as "no doctor could do without them". For Buber the problem emerges when the therapist unconsciously imposes his/her theories and methods on the patient, thus not allowing them to unfold naturally, or when the therapist in his/her quest for certainty, holds onto these theories and techniques so tightly that it interferes with the capacity to meet the other person and distorts listening by creating presuppositions and stereotypes that get in the way a personal understanding of the patient. The therapist is, of course, tempted to do this because it gives a sense of orientation and an illusion of knowing and mastery that alleviates the anxiety of the therapeutic situation, yet the cost of achieving this illusory sense of certainty is high, as "such beliefs may block the uncertain and spontaneous encounter necessary for effective therapy…" (Yalom, 1989, p.13)

[12] Winnicott (1958) explores this concept of allowing the patient to unfold in his understanding of analysis as a process, which in each patient has its own pace and which follows its own course, if the therapist is open to this and does not impose premature interpretations on the patient. For further analysis of the similarities between Buber and Winnicott see Ticho (1974).

5.2.2 The Courage to Respond

"For genuine dialogue to take place one must be willing on each occasion to say what is really in his mind about the subject of conversation...No-one... can know in advance what it is that he has to say..." (Buber, 1965a, 85-87).

Secondly, the therapist needs the courage to respond to that which swells up in him/her in response to the patient, which is referred to the "counter-transference" in analytic therapy. Yet for the therapist to do this s/he must have the courage to bring his/her whole self to the relationship, the *courage to respond* to the dialogue with the patient without reservation. The therapist thus has to avoid seeming and pretence, and must be able have the courage to address the other and respond to the other in an authentic fashion. Rogers argues that this authentic presence of the therapist in the relationship is the most important factor in therapy. Rogers writes:

> "Personal growth is facilitated when the counselor is what he is, when in the relationship with his client he is genuine and without "front" or façade, openly being the feelings and attitudes which at the moment are flowing in him... It means he comes into direct personal encounter with his client, meeting him on a person to person basis. It means that he is being himself, not denying himself" (1967, p. 90).

This description implies that a necessary quality for the therapist in the therapeutic relationship is that of open communication and self-disclosure. For a relationship characterised by immediacy and openness to develop it is essential that the therapist take the lead in this respect, by displaying these qualities and thus communicating existentially a way of being to the patient[13]. This way of being in the relationship is characterized by Jourard in his description of moments of meeting with the patient that occurred when he spontaneously responded in an authentic and personal way to the patient:

[13] In more technical terms, the therapist is "modelling".

> "Also there came to me recollections of instances where I had violated what I thought were technical rules, for example, holding a weeping patient's hand or bursting out laughing at something the patient had said, and of patients later telling me that when I had done these things, I somehow became human, a person, and that these were significant moments for the patients in the course of therapy… I find myself sometimes giving advice, lecturing, laughing, becoming angry, interpreting, telling my fantasies, asking questions, in short, doing whatever occurs to me during the therapeutic session *in response to the other person*…" (1971, p. 146-147).

In the above Jourard describes the courage to respond to the other with one's whole being. The advantages of this ability to respond to the address of the patient are many: it can help confirm a patient's sense of reality, it establishes the therapist's honesty and authenticity, it establishes the therapist's humanness and thus allows for a space where the patient can also bring his/her human qualities, and it can help clarify the way the patient impacts on people (Maroda, 1991). However, the most important factor from Buber's perspective is that it *helps create meeting in the therapeutic relationship, which in turn is what produces change and healing.*

A possible misunderstanding of this ability to *respond* to the patient is that it implies that the therapist can *irresponsibly react* to the patient and act out any thoughts that come into his/her mind. However, as Friedman (1972) points out, true response is not reaction, and in the situation of therapy the therapist must meet the patient in the context of a genuine concern and commitment to promote the growth and healing of the patient, and this is the essential responsibility of the therapist, which guides all other responses. Therefore it follows that therapists may have to keep some things to themselves, which, on the basis of their training, may be destructive to the patient, that they must respect the timing and attend to the pace of therapy, to what a patient is or is not ready to hear. The therapist constantly has to walk this "narrow ridge" between spontaneity and the genuine care and concern for the patients well being, and hold the tension between them. There is no other way, no easy either/or.

Therefore the essential factor needed in the therapist in order to allow for the possibility of dialogue and meeting to occur in therapy is "existential trust", which is divided into the courage to remain open to the address of the moment and the unique otherness of each patient, and the courage to respond to the address of the other with one's whole being, and without pretense or seeming. However, such an openness and courage are not easy, and there are many barriers to this way of being, which can stem from both the therapist and from psychoanalytic theory. Two of these will now be explored.

5.2.3 Two Barriers to Existential Trust in the Therapeutic Situation

*"I'm doubtful about this. Do you mean that the **patient** is the cause of the meeting's not taking place? There are certain difficulties on the side of the patient, and some, perhaps not less, on the side of the therapist" (Buber, 1967c, 170).*

5.2.3.1 The Therapist's Anxiety and Need for Control as a Barrier to Openness:

Buber argues the primary quality needed for openness to the address of the moment is the ability to bear the "holy insecurity" such openness creates (Friedman, 1991). It therefore follows that *at the root of the therapist's difficulty in being open to the patient and to each moment in therapy is the anxiety that such openness creates*. Openness to each patient and to allowing the patient to unfold requires the therapist to surrender control of the therapy to the patient (Casement, 1991). As is well known, control is a defense against anxiety, and thus the therapist who is *unable to contain anxiety will be unable to surrender this control*. The sources of the therapist's anxiety are numerous. The therapist may fear being incompetent, which results in is his/her need to be right at all times. Thus old ways of understanding the patient are rigidly held onto. Another anxiety may be related to a fear of failure and the need for the therapy to be a success, that is from a desire on the therapist's part which is essential to his/her sense of self and may be threatened by a patient who is not getting better. This may result in greater imposition of the therapist in the form of increasing interpretations or interventions that impose on the patient and do not allow for the natural unfolding of therapy. Thus the therapist's ability

to contain anxiety is crucial to the therapy and an inability to do this prevents the openness required for the dialogue to take place.

5.2.3.2 Orthodox and Contemporary Psychoanalytic Theory as a Barrier to Spontaneous Response:

Many of the barriers to spontaneous and whole-hearted responding in the therapist come from orthodox psychoanalytic theory, which tends to severely restrict the therapist in his/ her range of responses to the patient (Maroda, 1991). This has resulted in many therapists having to reduce or check natural and spontaneous responses that can help produce meeting and dialogue in the therapeutic relationship. The end result is that the therapist plays a passive role and maintains an 'incognito' that does not help the development of meeting and dialogue in therapy.

The first argument made by orthodox psychoanalytic theory that interferes with the therapist's capacity for spontaneous response is that such response will interfere with the unfolding of the transference. Yet, as we have explored, this notion is currently under attack and it is argued that a detached, non-responsive therapist interferes with the transference in a more destructive manner (Maroda, 1991). Another argument made by orthodox psychoanalytic theory that reduces the therapist's ability to respond spontaneously to the patient is that if therapists are open and authentic in their responses to patients they may burden the patient by "acting out" their own unconscious conflicts or needs, or they may fail the patient by being pressured into acting out previous traumas and relationships (Maroda, 1991). This has led to situations where the therapist contains and intellectualises all parts of the relationship, and withholds any kind of genuine, human response, often in the face of much anger, frustration and protest from the patient, for fear that it will be part of some type of acting out process.

However, if we are to employ the understanding that healing comes through meeting than, while the therapist may act out some of his/her own needs to the extent that s/he is human[14], this is far less damaging than the mistrust created in the relationship by the

[14] Gross or destructive acting out should be protected against by the therapist's own analysis and his/her

silencing and dehumanisation of the therapist that this part of psychoanalytic theory creates. This understanding is also being argued by many contemporary psychoanalysts, who claim that the therapist's open disclosure of responses invoked by the patient are in fact beneficial and can help "re-establish varying degrees of contact, further activity, and greater hopefulness" (Tauber, as cited in Maroda, 1991, 92), while also remaining loyal to the psychoanalytic dictum that the search for truth is the most essential quest in psychoanalysis.

Thus the traditional arguments against the therapist's spontaneous engagement in the therapeutic relationship have seriously reduced the therapist's capacity to create dialogue and meeting in the analytic relationship. A more recent component of theory that has threatened the therapist's ability to be human and directly engaged in the therapeutic relationship is the *increasing emphasis on the importance of the therapist as an object to the patient and serving as a function for the patient, whether it be holding, mirroring, or the provision of an "emotionally corrective experience"*. This immediately puts the therapist in the role of an "It", and precludes engagement with the patient as a genuine "Thou". It also closes down large avenues of communication for the therapist, who is confined to roles such as a "good enough mother" or "mirroring selfobject" and shuts down feelings and emotions that conflict with this role or function, such as anger, frustration, and other negative feelings. For the therapist who tries to fulfill the impossible role of having unconditional positive regard for the patient, such feelings induce guilt and are repressed and kept silent in the therapy. This creates what Winnicott (1949) refers to as the "sentimental environment", and sends out an unconscious message to the patient that such feelings are not allowed in the therapeutic relationship, thus creating barriers to authentic dialogue.

Yet if we are to employ the understanding that healing comes through meeting rather than through a corrective emotional experience or the provision of an object that the patient did not have as a child, *what is real about each person and what is happening between them is the highest priority,* and this is more important than the therapist's constant

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training in the discipline of psychotherapy, which should enable him/her to learn to respond to others in the context of care, concern and responsibility that transcends previous modes of relating.

positive regard for the patient. This is where Buber's distinction between acceptance and confirmation is useful. For Buber, to take one's partner seriously is confirmation, and one can still confirm another even by opposing and challenging them. Such a notion of the basic essence of what the patient needs frees the therapist from an overemphasis on function or role, which may close down his/her capacity to relate as a person. Thus Buber's concept of confirmation allows the therapist to be therapeutic as a person rather than as a function or object in the therapeutic relationship.

5.3 PATIENT AS THOU VERSUS PATIENT AS IT: A WAY OF SEEING

For Buber, as has been shown, each person has a twofold nature: the abstracted general qualities which can be known by the person who has the ability to categorise, label, and analyse -- the "It", and the concrete irreducibly unique qualities which are particular only to that person, his or her "Thou". For I-Thou meeting to take place, Buber argues that the therapist must be able to perceive the Thou of the other, and this means to be able to grasp the particular uniqueness of the other and avoid the temptation of turning the other into an It. Buber argues that for this to take place the therapist has to be turned to the patient in the spirit of partnership and not use the patient for his/her own needs, and s/he has to be able to practice the art of "imagining the real" of the other without reducing the other to some categorization or aspect of self. These are now examined in further detail, together with an exploration of some of the difficulties therapists may have with this particular presupposition for the establishment of an I-Thou relationship.

Firstly, to perceive the patient as a Thou rather than an It the therapist needs to turn to the patient with an attitude of respect and partnership, as one person to another, rather than as a subject acting on, using and manipulating an object of treatment. The therapist would ideally be entering the relationship fully turned to the patient, that is interested in the growth of the patient as the goal of the therapy, and actively concerned with this for its own sake, and not for the sake of serving the therapist. For the therapist to begin to truly

see the other s/he must relate in a way that his/her own needs do not become prominent in the relationship[15].

The second factor that is necessary to see the Thou of the patient is that the therapist needs to be able to see the patient as a whole person, "without abstraction or reduction", to be able to perceive the uniqueness of the other without trying to "contract the manifold person… to some schematically surveyable and recurrent structures" (Buber, 1965a, p. 81). The therapist has to be able to "imagine the real" and "experience the other side", that is enter the patient's world to understand what they are thinking, experiencing and feeling from within, so that the patient can become present in his/her wholeness as a "living process". Yet there are a number of factors on the therapist's part that can prevent this from occurring in the therapy, which will now be explored.

5.3.1 Three Barriers to Seeing the Thou of the Patient

5.3.1.1 Therapist use of Patient as Object:

The therapist may turn the patient into an object if s/he begins to use the patient for his/her own needs. The needs that the patient may fulfill are numerous: For the academically oriented therapist, the patient may be treated as an object of research. For the narcissistically vulnerable therapist, the patient may be used as an object for the regulation of the therapist's own self-esteem and sense of competence. For the voyeuristic therapist the patient may be used as an object for the therapist's own curiosity and as a means of living vicariously through the patient those sides of life that s/he cannot or does not live (Jacoby, 1984), and finally for the "messianic" therapist, patients may be

[15] This type of attitude towards the other is well-described by Fromm (1963), in his description of love characterised by "care", "respect" and "responsibility" that is achieved by the "productive character" and Maslow's (1968) understanding of the relations of the growth-motivated individual, who are less dependant and needful of other's praise and affection, and thus can truly turn to other, without using the other as an object for the satisfaction of one's own need.

used as a means of asserting one's own "saving" power. The ways and means by which the therapist can use the patient are many, but the crucial point is that when the therapy begins to take place as a means of serving the therapist's own needs, the patient begins to be treated as an It, and the Thou can no longer be seen. This is a danger that every therapist needs to be aware of and the therapist needs to be as conscious as possible about the ways in which s/he may use patients as objects in order to satisfy personal needs.

5.3.1.2 Diagnosis:

Another way in which a patient may be turned into an It is if the therapist holds to the reductive glance termed "diagnosis", and subsequently never lets go of this in the therapy. These diagnoses reduce the other to "a borderline personality", a " pre-oedipal injury", and so on. In short they reduce the person to an "abstract illness" rather than a whole, unique individual. Many individuals argue that such diagnoses and categorisation are necessary and serve a useful function in helping the therapist have some understanding of the patient s/he is dealing with. This is true to some extent, and diagnostic clusters can at times be useful in leading to an understanding of the patient. However, *the question is one of priority* and the difficulty emerges when the patient is fitted into the diagnostic cluster, rather than the diagnosis being used to have a greater understanding of the patient. When this occurs the therapist becomes selective or closed off to parts of the patient that do not confirm the diagnoses and begins to treat the diagnosis rather than the person. Yalom writes:

> "If we relate to people believing that we can categorise them, we will neither identify nor nurture the parts, the vital parts, of the other that transcend category" (Yalom, 1989, p. 185).

As Yalom points out, there is substantial evidence that diagnostic and therapeutic labels when held onto too rigidly can impede or distort listening by creating presuppositions and stereotypes that get in the way of meeting and the personal understanding of the other (Yalom, 1980); in short they reduce the other to an object and result in an I-It relation rather than an I-Thou relation. This results in the unique and the personal of the other

being damaged, and the dialogue cannot advance. The therapist needs to always, as Yalom (1980) states, be open to the *otherness* of the other, realizing that the other is never fully knowable. This allows for the true openness to one's partner that leads to meeting his/her Thou.

5.3.1.3 Overidentification and Losing One's Ground:

As Friedman (1985) points out, there are two dangers that the therapist may fall into in his/her attempt to imagine the real of the patient. Firstly, the therapist may overidentify with the patient in attempting to connect with the patient's experience, thus creating a situation whereby the therapist mixes up his/her own past experience of something with the patient's experience and thus misses the experience as the patient feels it. Secondly, in attempting to connect with the patient the therapist may lose track of his/her own reactions, thus leaving his/her ground rather than holding it. As Buber's (1965a) concept of "inclusion" implies, the therapist must be capable of an involved but detached presence, and must be able to be in two places at once – at his or her own side and the patient's side. This is described by Katz (1963) as the "the pendulum between empathy and objectivity", by Jacoby (1984) as the capacity to have "one foot in" (the ability to "imagine the real") and "one foot out" (the ability to remain aware of the situation from the perspective of the therapist). The dialogue cannot take place without both these factors, and the therapist has to walk a "narrow ridge" between them.

5.4 CONCLUSION OF CHAPTER FIVE

Therefore, while dialogue cannot be induced by the therapist, and there are no technical rules by which it can be created, the therapist can allow for the possibility of dialogue by having existential trust, that is the courage to be open to the address of the moment and the unique in the patient, and the courage to respond to what one hears and feels with one's whole being. This attitude of existential trust may be hampered by the therapist's inability to contain the anxiety induced by such a position, which leads to a need for certainty and imposition of theory upon the therapeutic process. It is also threatened by orthodox and contemporary psychoanalytic theories, which in various ways suppress the

therapist's capacity to respond in an open, authentic and personal way to what the patient evokes in him/her. The therapist also needs to be able to see the patient as a Thou, rather than an object, and to do this s/he needs to relate to the patient in a way that personal needs do not become dominant in the therapy, while also having the ability to imagine the real for the patient and experience the other side. Difficulties with this occur when the therapist turns the patient into an It, either by using the patient for the fulfillment of his/her own needs or by reducing the patient to a diagnostic category. A further danger is that, in the process of trying to imagine the real, the therapist over-identifies with the patient, or leaves his/her own ground in order to try meet the patient.

CHAPTER SIX

CONCLUSION

6.1 CHALLENGES TO TRADITIONAL NOTIONS

Buber's philosophy of dialogue and thoughts on psychotherapy present an interesting perspective on what psychotherapy is and how it works. In sum, Buber argues that while the traditional methods of analysis in psychotherapy *are necessary* and do provide some relief of symptoms and some orientation and integration for both therapist and patient, the healing of the "atrophied personal center" of the patient can only come about through the event of meeting that occurs in moments of I-Thou relation. Thus he argues that the therapeutic relationship should be seen as an end in itself and the meeting between therapist and patient should be seen as the goal of therapy to which all theory and technique should be subordinated. This, as we have seen, presents a strong challenge to the orthodox notion of the therapy relationship as the means to a greater end, that is, as a means to insight into the patient's unconscious dynamics.

Further, Buber argued that for moments of meeting to happen the therapist has to, at some point, leave the role of therapist and the security of technique and method, to meet the patient in the immediacy of one human being to another. The therapist must have the existential trust needed to be open to such moments and to be able to respond to them with his/her whole being. In this respect Buber argues for a more mutual, immediate, and equal relationship between therapist and patient[16], seeing both as ultimately struggling on in the hope of finally meeting each other. By doing so he also challenges the traditional notion of the optimal therapeutic stance as being one of detached neutrality and objectivity, with little personal engagement.

[16] However Buber (1965c) argued that the relation could never be fully mutual, as the situation of therapy placed a limitation on the mutuality of the therapeutic relationship. The situation of therapy was that the patient had come to the therapist for help and not vice versa, and this immediately limited a fully mutual relationship. However, at the same time, he argued that an I-Thou relationship in therapy was possible, despite this limitation.

Finally, Buber argues that for healing to take place there must be an understanding of each patient as a unique, whole individual, and that to reduce the patient to theoretical structures or diagnostic categories are a barrier to this way of seeing. This understanding of the patient as unique and whole is achieved through the method of "imagining the real" and "experiencing the other side". In this sense his perspective opposes the traditional psychiatric literature and the traditional understanding of the patient in psychoanalytic theory, which are both, at times, guilty of employing a glance that reduces the individual to the category of an abstract illness or theoretical construct.

6.2 CRITIQUE OF BUBER

One criticism that can be made of Buber's approach is that it is a naïve and romantic view that lacks an empirical basis and has been put forward by an individual with little experience of therapy. However, recent movements in contemporary psychoanalytic theory have confirmed Buber's understanding. Increasingly, infant-based research confirms Buber's insights into the primacy of the "between" or intersubjective sphere and the fallacy of the isolated mind (see Tronick, 1998). Various voices in the relational perspective are also arguing against the detached, impersonal therapeutic stance and for greater personal engagement between therapist and patient *on the basis of clinical experience* (see Maroda, 1991). His insights into healing through meeting in therapy have also been confirmed by recent movements in developmentally based contemporary psychoanalytic psychotherapy which argues for a similar understanding of what creates change in therapy in their conception of change as occurring through "moments of meeting" that come from the therapist's capacity to respond to "now moments" in therapy (Stern, 1998). They argue that an ability to be open and receptive, to be surprised, is essential if the therapists is to become aware of "now" moments, which step out of the familiar method of "moving along" in therapy[17]. Further, for this moment to be turned into a moment of meeting, it requires an authentic and *personal* response from the

[17] In Buber's terminology "moments of meeting" correspond to the I-Thou mode of relation, while "moving along" corresponds to the I-It mode of relation. The key in both Stern and Buber's arguments is that the I-It mode of relating, while necessary and important, needs to be transcended for moments of meeting to occur.

therapist, which "cannot be an application of technique nor an habitual therapeutic move" (Stern, 1998, p. 305).

Thus Buber's insights continue to gain ground in recent changes in psychotherapeutic theory and practice. However, a further criticism against Buber, which perhaps has more validity, is that while he argues that every therapist needs a methodology and typology and that "without methods one is a dilettante", he does not explain how method can be used in conjunction with the spontaneity and surprise that moments of meeting require. There seems to be an inherent contradiction in Buber's thought. On the one hand he argues for spontaneity and surprise, on the other he argues that method and typology are required. This corresponds to the essence of Buber's philosophy, which is to *hold the tensions between opposites rather than choose one side over another*. Thus Buber argues for *both* method and spontaneity, *both* theory and surprise. Buber emphasised the I-Thou sphere of relation in his work on psychotherapy because he was concerned that there was a trend in orthodox theory, with its emphasis on method, technique and the reductive glance, towards an overvaluing of the I-It sphere that would lead to the loss of this tension. This may lead some to misunderstand him as being essentially anti-therapy and anti-method, which he was not.

However, the criticism remains that Buber did not discuss how the therapist should hold the tension between theory and openness, between method and spontaneity, between dialogue and technique. Some of his followers have tried to work out this unanswered question. For Friedman (1996), the answer lies in the fact that the therapist's method must grow out of his/her meeting with the person and that the meeting and dialogue should be the primary consideration. For Trub (1964), the analytic method of pointing out and confronting defenses was necessary to move the patient to a stage where dialogue and meeting were once again possible. However, once this stage had been reached the therapist needed to step out of this method in order to meet the patient and thus complete the last stage of the healing. For Jourard (1971) the therapist's spontaneity must grow out of training in the discipline and method of psychoanalysis, which is required so that the therapist does not merely react to the patient, but rather is able to respond spontaneously

in a therapeutic manner. Finally, for Hycner, while all psychotherapists need techniques, these should "arise out of the relationship" and not be "arbitrarily imposed on the situation" (1991, p. 45). The hidden unity of these approaches is an argument that all method and technique need to arise out of the dialogue of the therapeutic situation, rather than be imposed upon it. *Technique and method need to arise out of the "between".* Yet how would this work?

6.2.1 Vignette Three

Perhaps this can best be illustrated with a case example from my first year of training. I had been very eager to engage in psychodynamic therapy with my first "long term" individual patient, a 28-year-old student who had come to therapy due to feelings of depression and a drop in academic work. This individual was very rationally minded and seeking techniques to help him gain mastery over his emotions. Employing the dynamic method without letting our meetings decide what would work best, I immediately interpreted this as a controlling defense against unconscious anxiety. We met for a number of sessions and worked on understanding this anxiety, but he clearly was not engaged in the process. Finally, I allowed myself to listen to the dialogue he was trying to conduct with me. *He was asking for techniques*. Out of this evolved my *response*, which was to employ a cognitive analytic method of doing therapy that focused on techniques such as "cognitive restructuring" and "challenging core beliefs". To my surprise this moved the therapy along very quickly, *while also helping to facilitate our meeting*, which till now had not occurred due to my arbitrarily imposing a method on the therapeutic situation, rather than letting one grow out of it.

In this way method and meeting were brought together in the therapy situation, while also growing out of one another. Thus it is important to note that Buber's approach *does not imply that the therapist should not be taught method, theory and technique.* Nor does it imply that there has to be a choice between these and dialogue in the therapy. Rather, his approach requires that the therapist walk a "narrow ridge" between these two opposites, holding the tension between them and always aware that there are moments beyond method in therapy, moments that are essential to the success of the therapeutic exercise.

A further criticism of Buber may be that he places too great a demand on the therapist. To be elementally open, to be in two places at once in the therapeutic relationship, to be able to respond to each and every patient in unique way, to be able to respond with one's whole being to all patients, this is asking too much of a therapist who sees many patients each day and has the limitations of being human. This criticism can be answered by pointing out that Buber never imagined that it was possible to remain in this way of being at all times, as one cannot sustain an I-Thou manner of relating. Thus the therapist will naturally float in and out of this way of being, and slowly build up his/her capacity for this. Yalom summarises this floating in and out:

> "I listen to a woman patient. She rambles on and on… She is irritating. She has many off-putting gestures. She is not talking to me; she is talking in front of me. Yet how can she talk to me if I am not there? My thoughts wander. My head groans. What time is it? How much longer to go? I suddenly rebuke myself. I give my mind a shake. Whenever I think of how much time remains in the hour, I know I am failing my patient. I then try to touch her with my thoughts. I try to understand why I avoid her. What is her world like at this moment? How is she experiencing the hour? How is she experiencing me? I ask her these questions. I tell her that I have felt distant from her in the last several minutes. Has she felt the same way? We talk about that together and try to figure out why we lost contact with one another. Suddenly we are very close. She is no longer unattractive. I have much compassion for her as a person. For what she is, for what she might be. The clock races; the hour ends too soon" (1980, p. 415)

Finally, a fourth critique of Buber's understanding of psychotherapeutic theory and practice is that, essentially, his work provides nothing *new* in the field. His ideas about openness have already been discussed by Bion, his work on imposition versus unfolding have been covered by the work of Winnicott and Rogers, his understanding of the "between" is currently being worked on by the intersubjectivists and others in relational psychoanalysis, and so on. In respect to this argument, while Buber's understanding of

therapy has being confirmed by many sources, what is unique about his contribution is that his philosophy of dialogue and of I-Thou and I-It relations can help provide therapists with a broad coherent philosophy in which to place many of the insights provided by other therapists and schools. Further, it can also help provide an understanding of some of the essential tensions in the field: between "object" relations and "subject relations", between spontaneity and method, between abstract theory and individual understanding. It does this by placing these tensions within the context of the two essential spheres of human existence, the I-It and I-Thou sphere. It also argues that the therapist should walk a "narrow ridge" by holding the tensions between these opposites, rather than choose one side over the other.

6.3 THE RELEVANCE OF BUBER'S WORK FOR PSYCHOTHERAPY AND SOCIAL ISSUES IN THE SOUTH AFRICAN CONTEXT

As Buber argued, to conduct a dialogue with life one has to be aware of the concrete historical hour in which one is placed. It would thus be contrary to his spirit to end this thesis without some thought on the relevance of his work for both psychotherapy and wider social issues in the South African context. In this respect one has to ask oneself what is the context in which both the country and psychotherapy finds itself?

In terms of South Africa's present and past, the country has confirmed much of Buber's philosophy. The horror of apartheid, with its systems of categorisation, racism and divisions between peoples confirms his views of the evil that can occur when the other is dehumanised and related to as an It rather than as a Thou. Yet at the same time, the overcoming of these divisions, however briefly, through the dialogue that took place during the country's liberation from apartheid confirmed his view that dialogue wins its true greatness "precisely there where two men without a strong spiritual ground, even of different kinds of spirit…even in the severest conflict…can each hold present to himself the experience side of the other" (as cited by Friedman, 1991, p. 417).

Yet, while true dialogue was created out of the crises of apartheid, it has failed to continue in the country's early years, and the divisions between groups threaten to

become unbridgeable. These divisions still run deep and there is great mistrust between groups. While the Truth and Reconciliation process began bridging them, in the process of moving along since then the immediacy and directness of speech that is the hallmark of true dialogue has been lacking. The abyss grows deeper, and fear and resentment on both sides continually threaten dreams of a rainbow nation.

In terms of psychotherapy, it is a profession very much under attack in South Africa, and important questions have been asked about the relevance a profession, which is essentially western in its individualistic slant and for those with wealth due to its methodology, has for a country in which the majority of citizens are African and poor. What can psychotherapy provide to the country as a whole? Why should resources be placed in this area when there are other, greater concerns?

Buber's philosophy of dialogue may be able to point out some answers to the questions faced by both the country at large and psychotherapy in particular. Firstly, his understanding of dialogue, of direct immediate communication involving existential trust and an ability to imagine the real of the other and experience the other side, together with his understanding of healing through meeting, can perhaps provide some guidance towards the path South Africa needs to take to overcome the divisions of its past. Yet how would such divisions be overcome? Buber writes:

> "That people no longer carry on authentic dialogue with one another is not only the most acute symptom of the pathology of our time, it is also that which most urgently makes a demand of us. I believe despite all, that the peoples in this hour can enter into a genuine dialogue with one another… In a genuine dialogue each of the partners, even when he stands in opposition to the other, heeds, affirms and confirms his opponent as the existing other. Only so can conflict certainly not be eliminated from the world, but be humanely arbitrated and led towards its overcoming" (1957, p. 238).

In terms of the profession of psychotherapy Buber's understanding of therapy as *dialogical* may point to the way out of its current crisis, which is essentially a crisis of

meaning and *relevance*. In Buber's understanding, the psychotherapist is both a healer of the psyche *and of the "between"*. The psychotherapist is transformed into a dialogical therapist, one who studies the sickness of the between and tries to help heal this area. In a country desperately in need of understanding how to trust again, to heal the sicknesses of the between created by apartheid and bridge the divisions, such a therapist would have the utmost relevance. Thus Buber's work may help provide psychotherapists, currently struggling with the question of their own relevance, with both a calling and purpose. If it could help to provide that, in however small a measure, it will have, in my opinion, contributed a great deal.

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