Dialogical Self, Dialogical Other: A Brief Overview of Dialogical Psychotherapy.

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Abstract

The philosophy of Martin Buber as a philosopher of dialogue is well known to philosophy, philosophy of religion, and philosophical anthropology. His thoughts and how they have been applied to human counseling and psychotherapy are however, less well known. This article presents an overview of some of the modern and postmodern therapists and analysts who have drawn from his philosophy important principles that guide their clinical practice. Drawing upon the distinction made by Maurice Friedman (2003) between ‘therapists of dialogue’ and ‘dialogical therapists’ the basic elements of a dialogical approach to counseling and psychotherapy are discussed. Some of the philosophical implications of the development of self and other in the therapeutic context are briefly discussed in the concluding remarks.

1. Introduction

In philosophical counseling, there have been a number of approaches based on dialogue with both children and adults. Some of these approaches have explored the possibilities of a Dialogical Self, have drawn from the work of Bakhtin (1986) and others from the Soviet school, or emphasised the work of Hermans (2002). (Some definitions of a Dialogical Self include constructs associated with multiple voices within an individual. The person must then make a narrative, guiding them through situations). Another approach from Finland is Dialogue Sequence Analysis which is being used in what some have called a Dialogical approach to counseling or psychotherapy that utilises the work of Mikael Leiman (In Press). (Others have termed this approach Cognitive Analytic Therapy or CAT.)

Instead of focusing on the schools of thought that emphasise a Dialogical Self, this paper draws upon the work of a philosopher who has not yet received widespread attention for his ideas applied to philosophical counseling or psychotherapy: Martin Buber and his notions of a philosophical anthropology, the importance of dialogue, and healing through meeting. These ideas and others have led to a ‘Dialogical Psychotherapy’ developed by Buber and his followers. This paper describes this Dialogical Psychotherapy as it has unfolded, discussing its implications for the practice of philosophical counseling and clinical practice.

My later discussion will show how the two views of the Dialogical Self and Dialogical Other differ as one approach appears to be more constructivist in terms of the individual’s thinking process and the other appears to focus more on the interhuman realm. Although, both approaches do address the constructs of self and other, Dialogical Psychotherapists from Buber’s perspective have not traditionally thought of intrapsychic thinking and processes as dialogue, but rather as instances of dialectic and monologue. To these practitioners, dialogue occurs in the between, or interhuman realm of meeting. Consequently, the two approaches may represent different operational meanings of the term ‘Dialogical’.

My discussion begins with some of the key concepts of Buber’s work that have influenced the development of Dialogical Psychotherapy. Although many of Buber’s works and lived out relationships with others formed the basis of Dialogical Psychotherapy, the major works I draw upon are I and Thou (Buber, 1958, originally published 1923); The Knowledge of Man (Buber, 1965a); and Between Man and Man (Buber, 1965b); as well as Buber’s Foreword to Hans Trub’s (1952) work, Healing Through Meeting (Reprinted in Buber, 1952). These works are indispensable to understanding the philosophy of the dialogical approach as part of Dialogical Psychotherapy.

After the rightful mention of Buber as foundational and conclusive of any solid Dialogical Psychotherapy, I shall turn to a discussion of the works of Friedman (1985, 2003), Hycner (1993), and Heard (1993), arguably the most important works on Dialogical Psychotherapy as a distinct approach to psychotherapy and counseling to date. Finally, I shall turn to a brief discussion of Hans Trub, who, predating many of the above therapists, led the way to a true Dialogical Psychotherapy.

Also, as Mouladoudis (2001) and Friedman (1985; 2003) have both stated, a number of therapists have drawn on the work of Martin Buber to inform their clinical practice. However, there is a large difference between therapists of dialogue and dialogical therapists (Friedman 2003, italics mine). Upon making this important distinction, Friedman (2003) points out that dialogical therapists have made healing through meeting central to their approach to the client, and draw directly upon Buber to guide their clinical practice. Friedman then mentions the following therapists as examples of dialogical therapists: Hans Trub, Leslie Farber, Richard Hycner, and William G. Heard (among others) (2003, pp. 69-70). After looking briefly at historical antecedents to a Dialogical Psychotherapy, including Friedman’s own work, I shall return to a discussion of several of these dialogical therapists in Section III of this paper.

Regarding the work of Maurice Friedman, it is in his work that we have some of the first organised efforts in the area of Dialogical Psychotherapy. As early as the third revised edition of his Martin Buber: The Life of Dialogue, Friedman (1976) includes a chapter on psychotherapy, where he mentions both the work of Hans Trub and Viktor Von Weizsacker as early examples of dialogically oriented therapists. Friedman (1975) also wrote an earlier article that spoke of a Dialogical Approach to Psychotherapy, and it is
his important book, *The Healing Dialogue in Psychotherapy* (1985) that was the first important text in the practice of Dialogical Psychotherapy. Mouloudis (2001) compares the Dialogical Psychotherapy approach with Rogers’ Person Centered Approach, mentions the same important connection between Maurice Friedman and Dialogical Psychotherapy, and it is Maurice Friedman, as a major interpreter of Buber’s work for decades now, that has proven foundational to the other thinkers and dialogical therapists just mentioned. This is not, however, to say that Dialogical Psychotherapy did not have other historical antecedents (most notably, the work of Hans Trub). Later, regarding usage of the exact terms, Hycner (1993) states that the actual name ‘Dialogical Psychotherapy’ as a distinct approach of therapy, was first used in 1983 or 1984 (at the Institute of Dialogical Psychotherapy - an institute that was co-founded by Hycner himself, James DeLeo, and Maurice Friedman).

Earlier antecedents are present in Buber’s own work. In 1957 Buber had been invited to the United States to give a series of lectures at an institute of psychiatry where he conducted seven seminars, three of which were on his understanding of the unconscious (Friedman 1965). Some of these were later published as essays in *The Knowledge of Man* (Buber, 1965a). Also in 1957, it should not be overlooked that there are aspects of Buber’s ideas applicable to Dialogical Psychotherapy that can be drawn from the interesting dialogue that he had with Carl Rogers on April 18, 1957 (Buber, 1965a). Buber’s Introduction to Trub’s reprinted book, *Healing Through Meeting* (Trub, 1952) that has also been reprinted in *Pointing the Way* (Buber, 1952) contains many comments about psychotherapy from a dialogical perspective. Finally, it is the work of Trub itself (Hycner, 1993) that describes important antecedents to Dialogical Psychotherapy.

II. Martin Buber’s Philosophical Anthropology: Foundations of a Dialogical Psychotherapy

Martin Buber, the German Jewish philosopher, thinker, and philosophical anthropologist is perhaps best known for his work on the spheres of relation termed the I-Thou and the I-It. As Friedman (1965) and many others have pointed out, a philosophical anthropology begins with the problem of the human, what makes the human, how does one stand in relation over against one another, and to what extent do we have to do with one another. In psychotherapy, as in other realms of human living there is no I without the Thou, but in therapy it is the address of the world that the client must address in his response to the authentic dialogue between him and that of the therapist.

*I-Thou and I-It*

These two types of relation were first mentioned and described in Buber’s 1923 original work, *I and Thou* (Buber, 1958). Friedman (1986) describes both as modes of human existence that oppose and complement one another. We would not exist without them. In the world of I-It, we have the subject-object relation, the relation of persons to things as objects, and to other persons as objects. In the world of I-Thou we have the graceful appearing of a person one over against another, encountering one another in a special manifestation of meeting in the interhuman (also known as ‘the between’). In I-Thou we have the encounter between a person and person, but not every encounter is an instance of I-Thou. It is expected that both I-Thou and I-It will be aspects of human experience, with there being many more occasions of I-It than purely I-Thou.

*The Interhuman, also Known as ‘The Between’*

The interhuman, or between, is an ontological domain of relating that is more than the additive aspects of two persons that happen to one another, or even their joint totality; it is the essence of what happens between them.

Buber (1965a) described aspects of the interhuman, among which are that humans agree to be authentic to one another in their communications. Buber says when this becomes mutual then we have genuine dialogue. This dialogue is a ground for being instead of seeming in our approach to another, when we turn to an other in all truth. Finally, Buber describes another element that represents a choice point that humans must make in their encounters with others in the between, and that is the question of imposition or unfolding. Are we going to help the other person unfold or impose a view upon them? The preferred answer is obvious in a Dialogical Psychotherapy. Although both imposition and unfolding point to the ontological significance of the between, according to Buber (1965a), it is the process of unfolding that uncovers potential.

It is here between person and person that we have the cardinal manifestation of any proposed Dialogical Psychotherapy, that is, the meeting of a person with another person in the between. Where other therapies may speak more of an intrapsychic connection, with the client doing the work inside themselves, perhaps guided by a therapist or counsellor, in Dialogical Psychotherapy the world of individual psychology (termed psychologism) is merely the accompaniment of the dialogue that must occur for meeting to take place. In a sense then, there is no such thing as a truly Dialogical Self from the Buberian perspective; instead, it is the relationship itself and the dialogue that goes with it that underscores change in the client or patient. (Friedman and other dialogical therapists such as Hycner have defined intrapsychic moments of self-knowledge as moments of monologue or dialectic, something that Trub also commented on). In a dialogical therapy then, the person happens to the other person and reality unfolds in the interhuman realm between them, and it is there in that relationship, that healing through meeting occurs.

This is not to say that the between is as simple as moving from the realm of the intrapsychic to the realm of the interpersonal, rather it is something qualitatively different from both aspects. Unmistakably, the realm of the interhuman is not synonymous with the realm of the interpersonal, rather, it is the particularised concreteness made manifest by an appearing at a unique time when I encounter a client; a time that if our dialogue is based on authenticity we may encounter an I-Thou moment between us. Yes, in Dialogical Psychotherapy as a philosophical counseling approach, it is a time to respect the client’s story, but it may equally be a time to oppose them in a tension to help them become who they were called to become.
This realm of the ‘interhuman’ does not make Dialogical Psychotherapy indefinable, it merely points to the dialogical dynamics inherent in it. One takes the approach of genuine dialogue, and the deliberate stance of those who go out to meet another, keeping one foot in their own worlds and one foot in the client’s while never losing sight of their own. This uniqueness, this encounter, that you have in a historical moment with your client is in the moment that presents the between to you and them and grants to you both the opportunity of an appearance of I and Thou. The true dialogical therapist is informed and merely guided by Buber’s ideas, but their application is what happens in the lived out encounter between the therapist and the client. It is not the techniques that get lived out, because there are no techniques per se, it is the dialogue and the meeting, because all real living is meeting (Buber, 1958). This leads us to the true domain of a Dialogical Psychotherapy as a consideration of the living experience of what happens in the between. The dialogue and the relation is what is important. In every sense of the word, in a dialogical moment one happens to an other. Despite this presentness, that is, making the other present, there is a dialogical stance that can be taken by the therapist, and it is this stance that is informed by what others have already discovered in the dialogical approach.

Approaching a client in terms of Dialogical Psychotherapy means that there must be a willingness to approach the other (in this case a client), to accept them, to confirm them for who they are and, ultimately, who they are called to become. (As Buber, 1965a, told Carl Rogers there is a difference between acceptance and confirmation, as confirmation implies endorsing their potential). One approaches within genuine dialogue, but one cannot expect a full mutuality in this type of dialogical relating, but through the act of inclusion (which is not the same as empathy) there is a bold swinging of the therapist into the life of the other to relate to her, to have genuine dialogue with her, and it is only then that those who suffer the most from the most grievous of psychological maladies can be aided in their existential state of affairs that has been arrived upon from an atrophied personal center. (This is a limited mutual act of inclusion because the client cannot be expected to have the same mutuality for the therapist, and as such it represents the second of three types of dialogical relating which has to do with inclusion that Buber has described (1965b)).

**Dialogue in Distance and Relation**

In distance and relation, we have another aspect of Buber’s philosophy of dialogue. If, according to Friedman, (1965) understanding the elements of the interhuman (or the between) is more of an application of Buber’s philosophy of dialogue and distance and relation is more developmental - then we have a philosophy that originates relation, establishes initial relation, and causes it to blossom if general conditions and particulars are met. In distance and relation, we have two movements, the first Buber called ‘the primal setting at a distance,’ the second movement Buber termed ‘entering into relation’ (Friedman, 1965, p. 21). If one is not able to set another at a distance then one is not able to enter into a relation with them, as distance is the presupposition, it is the only way we can approach and ultimately enter relation. Entering relation is the only way by which we become more whole, that is, we become an I only with a Thou, (and this is the opposite of any self psychology). Finally, ‘the goal is completing distance by relation, and relation here means mutual confirmation, co-operation, and genuine dialogue,’ (Friedman, 1965, p. 21). In Dialogical Psychotherapy one understands these two movements; that both are necessary, but we often don’t understand them when the client displays them in the therapy!

**Meeting and Mismeeting**

Although it is impossible in such a brief paper to list all the aspects of Buber’s philosophy of dialogue that could be applicable to psychotherapy, I cannot leave out the general principle of meeting and mismeeting. For it is in the realm of meeting where healing takes place. Everything about Buber’s philosophy prepares one to adopt the deliberate stance of preparation for meeting. When you encounter a client it becomes your responsibility to do all that you can to arrange an opportunity for a true meeting to take place between you both.

As Buber (1958), has said: ‘all real living is meeting,’ (p. 11). A meeting is a special event that happens when two persons meet together in dialogue. (A mismeeting occurs when they fail despite attempts to do so, and have an actual proximal encounter without really connecting, or have a deep and shocking misunderstanding.) A meeting is not necessarily a willed event; it is the type of dialogue that one leaves sensing that something significant has just happened. At other times it may simply be that no opportunity for dialogue occurred despite the wish from someone that it would have. We will have these throughout our lifetimes at key points, and just as significantly we will have the hurts of ‘mismeetings’ also. Buber used special words to describe what these are like. The concept of meeting was born out of his own painful encounter with ‘mismatching’ as a child. It is recounted by biographers (Friedman, 1981), representing a key moment when Buber realised that his mother had abandoned him at his grandparents, and would never return.

Not only will these types of human experience and events take place throughout a person’s lifetime, but they can also occur in therapy. Obviously, the idea is to try to avoid a mismeeting with a client, but sometimes unforeseen events occur if a client feels they have been misunderstood by the therapist, the therapist has not approached them in accordance with dialogical principles, or there is some injury in the between perpetuated, even accidentally, inadvertently or, worse yet, on purpose by the therapist. If possible, mismeetings should be remedied by the act of reparation through further dialogue, as that is the recommended and the responsible course of action.

**III. Basic Elements of a Dialogical Psychotherapy**

As stated above, a Dialogical Psychotherapy has as its core the philosophy of Martin Buber, an understanding his philosophical anthropology, and the life of dialogue. If dialogue and meeting take place in the sphere of the ‘between’ or interhuman, then a Dialogical Psychotherapy takes place there also. In short, in Dialogical Psychotherapy...
we have a philosophical counseling approach that is all about the relationship in the between and what happens in it. As Maurice Friedman has defined it: ‘By dialogical psychotherapy we mean a therapy that is centered on the meeting between the therapist and his or her client or family as the central healing mode, whatever analysis, role playing, or other therapeutic techniques or activities may also enter in,’ (1992, p. 52, italics his; 2003, p. 55).

According to Rich Hycner (1993) a Dialogical Psychotherapy means that its overall approach, process, and goal is grounded in the dialogical. Hycner defines the term ‘dialogical’ as not referring to speech, as such, ‘...but rather to the fact that at its most fundamental level human existence is inherently relational,’ (p. 4). Hycner goes on to state that it is there in a relational realm where dialogue takes place, a place where the self and the systems approach appear both jointly and in transcendence of one another at the same time, it is there where one enters the realm of the ‘interhuman’ (1993, pp. 4-5). It is there where Dialogical Psychotherapy takes place.

In my overview of Dialogical Psychotherapy, I shall examine the works of several of these dialogical therapists and the elements they mentioned as constituting aspects of the therapy. Because this paper is an overview, interested readers are encouraged to explore the works of these therapists directly (as listed in the References), as well as the cogent and thorough paper on this subject drafted by Maurice Friedman (2003). I shall now turn to a few of the ideas presented by the following therapists: Maurice Friedman, Richard Hycner, William Heard, and Hans Trub.

**Maurice Friedman**

In his important work on Dialogical Psychotherapy, Friedman sets out the basic elements of the Dialogical Psychotherapy approach (Friedman, 1985) and shows how healing through meeting has informed much of psychology and psychotherapy already. He defines other core factors that work through confirmation and healing through dialogue. Such factors include the important work of confirmation, the unconscious, dreams, inclusion, and Friedman’s own contribution to Dialogical Psychotherapy, the ‘Dialogue of Touchstones’. Friedman has revisited these core factors, adding other elements of a Dialogical Psychotherapy in his most recent discussion already cited (Friedman, 2003). However, it was in the 2003 article that he more explicitly and more elaborately outlined these and other factors of a Dialogical Psychotherapy in discussing of the following ten elements: 1) The ‘Between’ or ‘Interhuman’; 2) Recognition of the Dialogical; 3) Underlying the Two Movements of I-Thou and I-It is a Twofold Element of Distance and Relation; 4) Healing through Meeting; 5) The Unconscious seen as Buber saw it; 6) Existential Guilt; 7) Inclusion, or ‘Imagining the Real’; 8) The Problematic of Mutuality; 9) Confirmation; and, 10) The Dialogue of Touchstones; (Friedman, 2003, pp. 56-65).

I shall now briefly look at these elements giving a simple definition of each. Some of these elements are also discussed in other sections of this paper, but in those cases my discussion is contextually different and aims to cover the element in such a way as to further the reader’s understanding of the element, as it would be applied to a Dialogical Psychotherapy).

**Element 1: The between or interhuman**

Already briefly discussed in Section II on the philosophy of Buber. This is a special dimension of ontological significance between person and person that is often overlooked because of the way we divide the world into inner and outer, subject and object (Friedman, 2003, pp. 56-57).

**Element 2: Recognition of the Dialogical**

This is the understanding that the psychological is only an accompaniment to dialogue, that meeting is the essential element of human existence, and that we relate to others not just from our own experience but from their uniqueness and otherness (Friedman, 2003, p. 57).

**Element 3: Underlying the two Movements of I-Thou and I-It is a Twofold Element of Distance and Relation**

As already discussed in Section II, Friedman has stated that Buber saw this as absolutely foundational to his philosophical anthropology (Friedman, 2003, p. 57). As a therapist one expects it, as a person, one lives it. One lives it as both. Distance and relation will be discussed further in Section IV.

**Element 4: Healing through Meeting**

When the therapist is doing more than general repair work, that is, the client is suffering from an atrophied personal center, then we are bound to approach the client from a relational stance, his or her relations with others, and a deep respect and understanding that the healing takes place from the between. Healing through meeting requires the relational stance, whether it is between the client and their therapist, or client and their family, community, or some mixture of those domains (Friedman, 2003, p. 57).

**Element 5: The Unconscious Seen as Buber Saw It**

In stark contrast to most of the views about the unconscious prevailing when Buber presented his ideas, the Dialogical Psychotherapist approaches working with the unconscious differently from the way traditional psychology dictates. The unconscious, as Buber viewed it, represents the actual wholeness of the person before the differentiation into psychic and physical, inner and outer, is considered. Freud and Jung made the error that the unconscious was purely psychic. Buber saw his view as a bursting of psychologism and the bursting of this dualism; that is, that such dualisms need not exist between psyche and physical and therefore must not apply to the unconscious. The interesting ramification of this is that it is possible that one unconscious might be in direct communication and meeting with another unconscious (Friedman, 2003, pp. 58-59).

**Element 6: Existential Guilt**

This is not a simple neurotic or inner guilt. It is a guilt that clients will know of deeply, a personal guilt that they have taken on as a person. It can be result from causing an injury of ‘the between’, you know that you have it, but you
might not know the whereabouts of the person to whom you have committed the offense. Existential guilt might also arise from a violation of shared values or social realities, when one does something in these realms they know they should not have done. There are three steps for fixing this: first, illuminating the guilt (basically admitting it even if you are a different person now); second, persevering even in the face of that illumination (not in self torture) and if the injury involved others allowing the light to lead us to a place where we are ready to make reparation; and third (if necessary), repairing the injured order of the world. If the person(s) we have injured is no longer available to us there are numerous places where we can restore the injured order of existence (Friedman, 2003, pp. 60-61).

Element 7: Inclusion or ‘imagining the real’

This is not the same as empathy (Buber, 1965b), advanced empathy, or identification; it is the full focus on the other, a bold swinging over to the client that makes him fully present to the therapist. At the same time, one does not and must not lose one’s own ground. As Friedman says: ‘If you have been the object of someone’s undivided attention, then you have experienced inclusion in genuine dialogue,’ (2003, p. 61). Buber (1965b) describes inclusion as being made up of three elements: first, a relation between two persons, second, an event experienced in common where one actively participates while not sacrificing his or her own reality of the activity, and third, while one, ‘…at the same time lives through the common event from the standpoint of the other,’ (p. 97).

Element 8: The Problematic of Mutuality

A dialogical psychotherapist (like many therapists) struggles with the degree of mutuality that is present in the therapy, and this mutuality rightfully changes at different stages in the therapy. Still, as Buber (1965a) went to great lengths in his public dialogue with Carl Rogers to point out, Buber’s view is that the therapist cannot allow the same demands to be placed upon the client as the client presents to the therapist. At the same time, one does not and must not lose one’s own ground. As Friedman puts it: ‘…it is necessary to recognise that in the healing partnership one person feels a need or lack that leads him or her to come to the other for help and the other is a therapist or counsellor who is ready to enter into a relationship to help,’ (2003, p. 63, italics his).

Element 9: Confirmation

In spite of other discussions of this concept in this paper, confirmation is not a mere act of will on the part of the therapist towards the client. It is based out of the relational stance where the therapist simultaneously experiences both her side of the encounter and the client’s. This is the only way we can confirm an other, that is, see them in their uniqueness. But this is just part of the process; the therapist must also be open to what the client brings to the dialogue and the client must also learn existential trust. As Friedman states: ‘Existential trust of one whole person to another is necessary if the healing of the very roots of the patient’s being is to take place,’ (2003, p. 63). Where confirming or accepting the person as they are is a part of this process, it is only the first step. We as therapists must also be concerned with the client’s potential, and sometimes we may be called upon by destiny to wrestle with the client to help them embrace it (Friedman 2003, p. 63).

Element 10: The Dialogue of Touchstones

Although this represents Friedman’s own addition to Dialogical Psychotherapy he describes it as being made up of both the elements of inclusion and confirmation. Because therapists have greater experience of these elements, they can help the client transcend dualisms and existential traumas like either/or while helping them to remain true to their unique ‘touchstones of reality,’ (2003, p. 64). Friedman speculates that if ‘mental illness’ is in part the lack of a shared reality with others, a dialogue of touchstones may help such persons regain a sense of their own personal touchstones of reality through dialogue with others. These persons may need the help of a therapist to do this; a therapist ‘who can imagine the real and practise inclusion in order to help them enter into a dialogue of touchstones,’ (2003, p. 65).

Richard Hycner

In Hycner’s major work on Dialogical Psychotherapy, he outlines his interpretations of a Dialogical Psychotherapy (Hycner, 1993) that are soundly based on the earlier ideas expounded upon by Buber, Trub, and Friedman (1985) as well as the Institute of Dialogical Psychotherapy. Therefore, Hycner’s interpretation of Dialogical Psychotherapy, includes all the prior notions of inclusion, confirmation, the interhuman, and the importance of dialogue, including Friedman’s discussion of these and other elements that Friedman includes as the Preface to Hycner’s (1993) own book. Hycner then expands upon these ideas, based on both clinical experience and his careful studies of Buber’s writings as well as implications drawn from Zen, Gestalt principles, and Transpersonal Psychology. The enduring result is that Hycner makes a valuable new contribution to the formulation of a working approach that enlarges upon Buber and Friedman’s earlier works. (Friedman, 1992, noted this regarding Hycner’s work.)

Along with the above thinkers, Hycner’s unique comments are drawn from his personal journey, his clinical practice, and also his enlargement of Hans Trub’s ideas in the dialogical arena of psychotherapy that Buber, Trub, and Friedman have all termed healing through meeting. As such, Hycner’s ideas lay down important foundational additions to our understanding of Dialogical Psychotherapy. I shall return to a discussion of Trub’s ideas later in this section but here I wish to draw attention to the importance of Hycner’s mention of Trub in helping us understand notions that may often be misunderstood in psychotherapy and philosophical counseling. These are the notions of self and other in psychotherapy – or as some have termed it, Dialogical self and Dialogical other. From a Buberian perspective, this is the confusion of a dialectical aspect or phase of psychotherapy with a truly dialogical
one. This is not just a postmodern confusion, for as Friedman (1985) points out, Carl Jung repeatedly stressed that therapy was a process of dialectic that was represented by a dialogue or discussion between two persons.

As both Hycner (1993) and Friedman (1985) note, it was one of Jung’s followers who later abandoned Jung’s confusion around this notion, and thereby separated dialectic and dialogue into two aspects of a therapeutic approach, namely the psychological-dialectical procedure and the anthropological-dialogical procedure. This dialogue-therapist was Hans Trub.

Hycner (1993) elaborates upon this in his useful chapter titled ‘Dialogical Psychotherapy: Definitions and Overview’ where he talks at length about the importance of both aspects of dialectic and dialogue in a Dialogical Psychotherapy. He points out that he is in agreement with Trub when he writes that therapy must first be grounded in the dialogical and then move into the intrapsychic or dialectical.

Hycner (1993) also dedicates a portion of his work to the spiritual dimension of a Dialogical Psychotherapy. In fact, he goes so far to say that ‘a dialogical psychotherapy is grounded in a broadly-based spiritual perspective. By no means does it subscribe to any particular religious beliefs, but rather assumes that all human dialogue is grounded in, and is an outgrowth of, a dialogue with Being.’ (p. 78).

William Heard

William Heard is a dialogical therapist who also draws heavily upon the work of Martin Buber to guide his clinical practice. (This reliance upon Buber is one of Friedman’s (2003) definitions for being a dialogical psychotherapist.) Heard, Friedman, Hycner, and others, have all defined their practice in terms of who they are, their own unique attributes, and have brought new aspects to a Dialogical Psychotherapy.

Among Heard’s (1993) unique contributions to Dialogical Psychotherapy is what he termed ‘Personal Direction’, an addition that Friedman has welcomed as ‘an important part of Buber’s philosophy of dialogue’ (Friedman, 2003, p. 70). Heard (1993) in his own discussion of personal direction, reminds us that he is not referring to a universal direction for all clients, nor implying that direction comes from the therapist alone (although there is a Buberian notion of wrestling with potential this refers to the client’s potential). Instead personal direction is ‘only suitable...for the one for whom it is personal,’ (p. 51). Heard (1993) goes on to refer to this as the client’s uniqueness, which does not arise from within the client or by introspection but rather arises and unfolds between the client and the therapist. There are no predeterminations and preconceptions, ‘its course remains a mystery until it unfolds in the meeting,’ (p. 51).

Heard (1993) describes seven presuppositions about personal direction that need to be accepted if we are to understand how personal direction works in a Dialogical Psychotherapy. These seven are:

1. Each client possesses a unique multiplicity of possibilities for being.

2. The actualisation of these inner possibilities is called out in every encounter with each specific, concrete event in the world throughout the course of the client’s lifetime.

3. Such encounters may appear to be randomised givens in the client’s existence; however, to the extent that he responds to each concrete event with his unique, unified personal wholeness, there is meaning and purpose in his life.

4. The client cannot attain the unity of his wholeness within himself. It is found in his interaction with another Thou.

5. It is in ever-renewing dialogue that the client’s personal direction emerges, along with his empowerment to pursue it.

6. The client’s experience of his personal direction may present him with a knowing that is not always amenable to his rational analysis.

7. To the extent that there is an absence of unity in the client’s personal wholeness, there is fragmentation resulting in inner conflict and loss of direction. When this loss occurs, various defenses are brought into play by the disturbed client. At the very core of these defenses is a self-defeating attempt to effect healing without dialogue, (pp. 52-53).

Interestingly, Heard’s concept of personal direction may help to meet the criticism of Dialogical Psychotherapy that the therapist may inadvertently guide the client into a direction of the therapist’s own devising. While this could occur in any form of therapy if the therapist is not very careful, the concept of personal direction strongly emphasises that the direction should come from both client and therapist (with a strong accent on the client). In this respect Dialogical Psychotherapy is very similar to a Person Centered Approach and not as distinct from it in terms of collaboration as Mouladoudis (2001) seems to depict.

Hans Trub

Hans Trub, was a follower of Jung, whom Jung trusted and admired so strongly that he sent his own wife Emma to see the skilled analyst. Trub, however had a stirring encounter with Buber that shook his world and took him ten years to absorb fully. He later spoke of this encounter as one where he felt he was with another person who really confirmed him as a person, one who had no concern for the characteristics, the training, or the superficialities that Trub seemed to represent, but truly cared about him as a person. As both Friedman (1985) and Hycner (1993) have pointed out, the work of Trub has been highly important, with Friedman referring to him as ‘the fountainhead of dialogical psychotherapy’ (Friedman, 1992, p. 52).

So, what did Buber (1952) have to say about Trub and the approach of the dialogical psychotherapist? A great deal.
In his foreword to the reprinted edition of Trub's *Healing Through Meeting*, Buber (1952) spoke fondly of Trub and wrote at length of the paradoxical profession of psychotherapy and the work of the therapist. Similar to things he would later state in his dialogue with Carl Rogers in 1957, this chapter is very useful in understanding Dialogical Psychotherapy in its own right, and deserves careful study. About Trub’s contributions, Buber (1952) said this:

This way of frightened pause, of unflinched reflection, of personal involvement, of rejection of security, of unreserved stepping into relationship, of the bursting of psychology, this way of vision is that which Hans Trub trod, and, ‘His foot can no longer push on, but the path is broken. Surely there will not be wanting men like him—awake and daring, hazarding the economics of the vocation, not sparing and not withholding themselves, risking themselves—men who will find his path and extend it further, (both p. 97).

As Friedman (1985) observes, Trub’s approach to psychotherapy was not a mere synthesis of Jung’s and Buber’s; it was plain that he chose Buber’s over Jung’s. Friedman notes that if as Buber stated all real living is meeting, and if no healing can take place without meeting (as long as there has been society it has always required an other), then a Dialogical Psychotherapy begins with healing through meeting (the title of Trub’s original book; Friedman, 1992).

Identifying Trub as a dialogical therapist, Friedman (2003) places both Trub’s procedures (dialectical-psychological and dialectical-anthropological), as Trub practised them, soundly within the dialogical approach. And, as he reports, Friedman mentions the important conclusion drawn from Trub’s view, that ‘the dialectical procedure must be coordinated with and subordinated to the dialogical procedure,’ (1985, p. 30).

The implications of these procedures are, as Friedman (1985) and others have shown us, that the client cannot be understood in terms of mere individual psychology such as feelings, emotions, thoughts (the practice which Buber and others have referred to as psychologism), but the whole person must also be understood within the anthropological context from which he or she lives in the world, their culture, and so forth. As such, they must also be understood in terms of the dialogical, that which is between persons, and not just within their head (i.e., dialogue versus dialectic, Friedman, 2003).

As an element of Dialogical Psychotherapy already discussed but enlarged upon here, it should be noted that among Trub’s many contributions was his emphasis of the importance of confirmation in psychotherapy. As Friedman (1992; 2003) has stated, Trub described two therapy stages. In the first the client presents in a sickened state as a person who has not been confirmed or, worse yet, has been disconfirmed by the world. This has resulted in a withdrawal of the client from authentic dialogue. The client presents as one that needs a confidant, someone to listen to him describe what has happened (or not happened). During that time the therapist imagines the real, that is, she practises ‘inclusion’ while listening. At therapy’s second stage, it is the therapist’s task to help the client resume dialogue with the community of which they are a part. To do this, the therapist must sense in part what the demands of the community are. In doing this, Friedman says: ‘The therapist represents and bears the community values that he or she embodies. Without this second stage—not replacing, but combined with the first stage—there can be no real healing,’ (2003, p. 64).

This concludes Section III where I’ve discussed some of the basic principles drawn from the work and experience of dialogical psychotherapists that have formed a basic approach to Dialogical Psychotherapy. The interested reader is encouraged to explore these ideas further by consulting the works of these various authors including the works of Buber himself. Bear in mind that this is an approach and not a school of psychotherapy or a group of techniques as Friedman states in the Preface to Hycner’s book (1993). It should also be noted that the primary resources mentioned in the references section of this paper are the ultimate authorities in and of themselves concerning Dialogical Psychotherapy. The reader is invited to read them in full. My interpretations are not infallible!

If you think that certain skills are necessary and they seem beyond you, rest assured that they are not the crucial factor. Friedman (1992) states: ‘What is crucial is not the skill of the therapist, but rather what takes place between the therapist and the client and between the client and other people. The one between cannot totally make up for or take the place of the other,’ (p. 171, italics his). What is also important is that a climate of trust has been created and that a client’s otherness has been confirmed so that ‘healing through meeting can flourish on every level,’ (p. 171). My biggest question to you is: Are you ready to face your clients person to person, ‘from abyss to abyss’ and stand with them in the ‘between’?

**IV. Problems in the Client Therapist Context**

Having just finished Section III, where readers were encouraged not to worry unduly about their skill levels, one should understand this does not mean that a Dialogical Psychotherapy is to be taken lightly, or that no skills are necessary. If you are a trained therapist or philosophical counsellor then you have some of the skills necessary, but these skills are not what is needed for a Dialogical Psychotherapy to happen. To be open to the context of the unfolding of the between is more than a matter of those skills; it requires an openness to meeting itself, and the dialogue that takes place between you and your client.

In your willingness to approach clients in a Dialogical Psychotherapy, you may find like any practising therapist, counsellor, or helper, that surprises unfold in the between, that unexpected turns and nooks and crannies appear in your joint dialogue, and yes, that even mismeetings may occur in the healing relationship with a client. This begs the question if a mismeeting can be a part of a healing relationship? Certainly it can, if the mismeeting can be remedied, and if the healing balm is applied. It may take time for the healing balm to work in an injury of the
between, it may take considerable effort for existential trust to be re-established, but persistence may be rewarding to both client and therapist. Clients must learn that challenges and even the aftermath of mismetings can be worked through and learned from. Life itself is full of mismetings and sometimes, perhaps many times, it occurs unwittingly or accidentally at the hands of those we love, and yet we go on loving them, and work on restoration and healing. In Dialogical Psychotherapy too, the relationship can recover and the work can continue if the error is not grievous or an ethical violation by the therapist. However, sometimes the injury is too deep or there are other reasons that a therapist and client cannot work together.

So what are some of the common potential problems that occur in the dialogical approach to psychotherapy? Are there any contraindications or groups the therapy should not be applied to? What issues does Dialogical Psychotherapy raise in the relationship between client and therapist? As in any therapy, pitfalls can occur in the unfolding relationship between client and therapist, and since the dialogical approach is primarily one based on relationship, a number of things can be viewed as mishaps - as in other forms of relationships. However, there are some that have been particularly noted in terms of the dialogical.

Some of these have already been identified above as actual elements of a Dialogical Psychotherapy but deserve mention again in this context. From its beginning, Dialogical Psychotherapy has been very fair in stating its issues and limitations (for example around inclusion and mutuality). This is probably because its proponents, including Buber himself, were very outspoken and genuine about their experiences from the between. There are always in any approach to another human being some problems that occur more frequently than others, and with some persons that we come to know as clients, particular issues and themes recur because of their own unique histories, our history with them, or simply the unfolding of the between.

**Distance and Relation**

Already mentioned as underlying the basic going back and forth of the I-Thou and the I-It. The therapist must realise that there will be times in the therapy when he or she perceives a distance and times when the perception is one of nearness in relation. The client cannot stand the constant allness of relation nor can they stand the constant allness of distance. Authentic dialogue demands the going back and forth between the two partners in the healing relationship. There may be times when there is a sickness in relating, as when the client over relates, or wishes to become over-dependent upon the therapist, or perhaps does not seem to want to relate at all. In such cases, our duty is to respond directly so as to remedy this sickness. The remedies may involve turning towards the other to be available to them and in gentleness engaging them in the dialogical approach (if they decline to relate), and in cases of over dependence it may involve a thickening of the distance. Distance and relation are both essentials in human relations as well as in therapeutic relationships, for, 'distance provides the human situation; relation provides man's becoming in that situation,' (Buber 1965a, p. 64).

**The Problematic of Mutuality**

Already mentioned as an element of a Dialogical Psychotherapy, Friedman (1985) dedicates an entire chapter to the problem of how much mutuality is possible or desirable in therapeutic encounters. It is essential, Friedman (1985) comments, for the therapist to know when she must lay aside a sense of professional superiority and method to meet the client as a person, so that they are self to self. This is in contrast to knowing that inclusion, (experiencing the other side) is one-sided in psychotherapy (as opposed to friendship and love). As Friedman writes in this interesting chapter, where disasters have occurred when mutuality concerns are ignored, but the final outcome of such failures rests primarily with the between.

**Personal Making Present**

Although not necessarily a problem in and of itself but a desired state of attainment, it is one that is a problematic of omission. To work within a dialogical approach requires genuine dialogue. Such dialogue requires that we actually see (or regard) the client for who they really are. In doing so, I accept this person for who they are, affirm them for who they are, confirm them for who they are called to become, even if I must oppose them. For this to happen requires the mutuality of speech that now arises between us that in turn causes me to legitimise them as a person, one who cares to respond to me in turn. The problematic here is to not just to grasp the person but to see them truly in their dynamic centre (Buber 1965a).

**The Wisdom of Resistance**

In Hycner's (1993) book on Dialogical Psychotherapy, he describes a different view of resistance from what is commonly taught. He emphasises that there is a way to view a client's resistance *dialogically*; that is, there is a way to turn the resistance around so that the client sees that what he is trying to avoid can be creatively tapped into. Although resistance can be viewed as a monologue trying to break out into dialogue, Hycner states that progress can be made. Clients must acknowledge their resistance, appreciate the wisdom of it, and come to realise that there is something invaluable about it.

Other dialogical therapists have identified a number of potential problems in the healing relationship in general and Dialogical Psychotherapy in particular and have made suggestions to resolve them. For example, Heard (1993) describes a number of issues in a chapter on the treatment process of a Dialogical Psychotherapy. Among these, he includes case examples that include the 'Danger of Fragmentation,' 'Impairments from I-It Relationships,' and, 'Danger of Adopting Another's Touchstones' (pp. 148-150).

Finally, regarding contraindications, indications, and populations, it should be noted that in most of the literature, dialogical psychotherapists do not differentiate between the application of Dialogical Psychotherapy to different groups based on the severity of psychopathology. In fact, Friedman (1985) talks openly about how the dialogical approach may be helpful to schizophrenics.
through the benefits of confirmation, as it is the relationship between the client and therapist that they may respond to. Similarly, throughout this literature, references are also made to those that ‘suffer from an atrophied personal center’ as being assisted by Dialogical Psychotherapy. It bears repeating, how Friedman has defined this theory as a meeting between persons ‘regardless of whatever therapeutic activities are engaged in’ (1992, p. 52; 2003, p. 55). Consequently, all clients could benefit from the relationship inherent in a dialogical approach.

This is not to say that further research will not identify groups that are especially suited or more suited to a dialogical approach. For example, recalling Heard’s possibility of seeing Dialogical Psychotherapy as a developmental therapy and my speculations about dialectical thinking, it may be that the one procedure in a Dialogical Psychotherapy as Trub and others noted, (the intrapsychic dialectical procedure mentioned earlier) could be more suited for those who have reached the post-formal stage of development (Basseches 1984). Still, this is only one procedure in the general approach of Dialogical Psychotherapy. I think such distinctions within the dialogical approach are artificial, as one can relate with a client at whatever level they are. One is there for them and with them.

V. Conclusion

In this paper, I have introduced readers to a brief history, overview, and the common pitfalls of a Dialogical Psychotherapy based upon Martin’s Buber’s philosophy of the interhuman as it has been applied to the healing relationship. Basic elements have been identified and texts have been listed that can offer more information to interested readers and philosophical counselors.

Because of Buber’s experience as a mystic himself, and the seemingly mystical components of his dialogical approach (e.g., the term ‘inclusion’ originates from Hasidic roots, Friedman, 1992), some readers might misconstrue Dialogical Psychotherapy as overly religious or spiritual, and find this to be a roadblock for them. Others, because of its ontological claims, and the inability to adequately measure the interhuman realm (or the between), might criticise Dialogical Psychotherapy as ‘non-scientific’ or too steeped in experiential terms to be acceptable. Lest the previous sentence offend anyone (let alone dialogical therapists), let me point out that Hycner (1993) has reported that the distinction between nomothetic knowledge and idiographic knowledge has been bridged in his consciousness as someone practising as a dialogical therapist and is useful for anyone contemplating it. One must have enough scientific knowledge to approach a therapeutic relationship generally (that is the concept of training that I referred to earlier). Such is the nomothetic knowledge. And one must also allow the uniqueness of the situation to unfold in the therapy that is before one, and such is the idiographic distinction of knowledge.

In general, the dialogical theory of knowledge differs from other forms of knowledge that are based more upon I-It. As Friedman (1965) signifies, it is easy to criticise Buber’s philosophical anthropology for its apparent lack of objectivity concerning authenticity, but this is to come at it from the study of persons as objects, in short, it is to confuse the issue by not seeing Buber’s dialogical theory of knowledge. What should be understood clearly, is that Buber’s philosophical anthropology is not meant to do away with or replace the sciences or empirical disciplines that study human persons as objects, but rather to find another perspective within it; namely, how it is that the person becomes a Thou. Finally, Friedman points out that there is a difference between the approach of the psychologist and the anthropologist. The psychologist seeks to find out by observing and remaining outside of what is happening, but the anthropologist is considerably more like a participant observer, or one that looks at the essentials.

If they allow themselves to be repelled by such features as the lack of science, or the fact that it seems ‘too spiritual’ or religious, potential dialogical psychotherapists prevent themselves from learning about a psychotherapy that is solidly based on the relationship and what happens between two persons engaged in a dialogue between one who is hurting and one who is called alongside to help. One must see the possibility that there can be a dialogical encounter between person and person, and that both persons can enter into a Dialogical Psychotherapy. If we can do so, then we can start to move into a very interesting framework around the old problems of subject and object and self and other that have plagued systems of thought for centuries. To grasp this we must be able to move eventually from non-Buberian notions of a ‘dialogical self’ to something else entirely, and we must view the concept of the unconscious differently (as Buber saw it) if we are to move ahead in new directions of understanding how a Dialogical Psychotherapy can become even more powerfully utilised in the healing relationship between person and person.

At the core of the issue of the ‘dialogical self’ and ‘dialogical other’ is the mistaken perception of a valid dualism that does the ontology of the between a disservice to its lived out reality. As already mentioned, it is more than a question of epistemology, it is a core misunderstanding revealed in overstating monologue as dialogue, and dialectic as dialogue. This is the crucial misunderstanding necessary to understand that a dialogical self is a truly mistaken view, at least if the self in that term is thought to somehow exist outside of the between in dialogue. As such, so-called ‘inner dialogue’ is actually monologue and an instance of dialectic and not genuine dialogue from the Buberian perspective.

Although both dialectic and dialogue are aspects of a Dialogical Psychotherapy, (already shown from the work of Trub (1952) and Hycner (1993)), one of the best hopes for understanding other important aspects is the notion of a bipolar relation of dialectic and dialogue as a developmental process. Interestingly, this may also help Dialogical Psychotherapy to begin to address something that Heard (1993) pointed out was still a frontier in the realm of the dialogical approach at the time he wrote his book, namely how the dialogical plays a role in human development, and how Dialogical Psychotherapy may be, in part, a developmental therapy. Indeed the spirit of Heard’s comments seem to give greater emphasis to
development than what has been typically given in terms of the dialogical; namely in remarking that there is no I without a Thou (a notion which goes back before Buber to Jacobi, Dilthey and Feuerbach) and in discussions about how Object Relations Theory is similar to the interplay of I-Thou and I-It.

It would seem from the works of Hycner (1993), Trub (1952), and in the mention of Trub by Friedman (1985) that dialectic is understood as a monological, intrapsychic event that sometimes attains genuine dialogue as it unfolds in the between of the healing relationship. As Trub (1952) has pointed, out both a dialectical-psychology procedure and a dialogical-anthropological procedure takes place in healing through meeting. Later, Hycner (1993) was to refer to these procedures as ‘the dialectical-intrapsychic,’ and, ‘the dialogical-interpersonal,’ respectively (p. 90, italics his).

As we know, at various times applications from psychology and psychotherapy can spread to other domains of knowledge. It might be occurring, for instance, where findings from the dialogical become features of developmental psychology in the sense that Heard (1993) has hinted at. Similarly, a broad research base has postulated that there is a level of development involving dialectical reasoning or dialectical thinking which represents a stage beyond formal reasoning in the Piagetian schemata of development (Basseches, 1984). Recently, Basseches has indicated that he is working on a therapy coding scale to help with the implementation of his ideas in therapy. The results of both of these movements is a fulfillment of Trub’s (1952) pioneering vision, with his notion of the two procedures, i.e., dialectic (internal) and dialogue (external) manifestations of mind. Is it possible that Dialogue will develop into a developmental model and that this form of Dialectic will develop into a therapeutic model? And why not see them both as one model? That is, why not see them as an overall dialectical-dialogical approach that emphasizes both the dialectical and the dialogical as is being proposed here? In that way, we can see that dialectical thinking drives us forward to and back from the dialogical as we relate to others in the world.

In his discussion of the history of the dialogical principle, Buber (1965b) discusses influences on the development of his philosophy. It is interesting that his ideas were emerging at the same time as the Freudian and Jungian schools, with their emphasis on the unconscious. These were not major influences, as Buber was primarily influenced by his teacher Dilthey and others. And, as noted above, he developed his own view on the unconscious, one which was quite different from anyone else’s at the time. It is a view that allows for inclusion, confirmation and other concepts inherent in a Dialogical Psychotherapy that work in the between. Buber’s view was so different in the way it viewed the unconscious as a whole, before it is split into psychic and physical; and did not see it as a merely psychic event. It has to do with the whole person and therefore makes it possible for the whole person to connect with others in ways that other models do not allow. It is a view of the unconscious that transcends dualism and the problem of other minds and their own unconscious. It is quite possible in a Buberian approach for one unconscious to communicate to another. Imagine how understanding this more fully might impact on the healing relationship!

In conclusion, Buber’s dialogical philosophy makes powerful contributions to a psychotherapy that makes contact with others in a special ontological sphere of relation called the between. During the process of such a therapy a genuine dialogue is achieved, followed by acceptance, confirmation, and perhaps unfolding of the client’s potential to become someone different. The person is affirmed in the meeting with the therapist who boldly swings into their very lives while keeping one foot solidly resting in their own world as well. Through such acts of inclusion, the therapist receives a special sense of the work necessary in the therapeutic relationship. During the therapy special problems may come up like the problematic of mutuality, existential guilt, and resistance; the dialogical therapist, who is sensitive to the issues unfolding in the between is able to respond to the client’s need. These responses are the dialogical therapy itself, that is, the relationship and the between, as there are no inherent techniques that can capture the between, they can only be used in the now and in the making present of the client in a true dialogical approach. In the dialogical approach as outlined here there are no rapidly acquired skills and techniques that can teach one to be a dialogical therapist. One builds upon one’s already existent skills and training as a therapist, or philosophical counsellor, approaching a client with the willingness to relate. Likewise, the approach of a Dialogical Therapy is best thought of as captured in a relational event, as it is not mere communication or speech acts but rather an experience of encounter. One simply lives the dialogical. Ultimately, if there were skills they would incorporate the skill and focus of a trained healer turning to another in full attention. In this relation and mindfulness of dialogical themes, one prepares for the hopeful relational event of the graceful appearing of an I-Thou. This is the approach between person and person that culminates in healing through meeting.

References


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