Psychotherapy Guidebook

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DEFINITION

Dialogue Psychotherapy is that form of "meeting psychotherapy" in which genuine dialogue — meaningful speech, experiencing the other side of the relationship, confirmation of the other in his uniqueness and otherness — is particularly stressed.

HISTORY

The most important historical base of Dialogue Psychotherapy is the philosophy of dialogue expounded by Martin Buber, but it has been developed further both theoretically and practically by: Swiss psychoanalyst Hans Trüb, American psychologist Carl R. Rogers, German psychiatrist Viktor von Weizsäcker, English family psychiatrist Ronald D. Laing, American psychoanalyst Leslie H. Farber, Hungarian-American family psychiatrist Ivan Boszormenyi-Nagy, and American philosopher Maurice Friedman — all of whom, to one extent or another, were influenced by Buber.

Paradigmatic for the history of Dialogue Psychotherapy is Hans Trub,

who went through a decade-long crisis in which he broke away from his personal and doctrinal dependence on Jung in favor of the insights that arose from his face-to-face meeting with Buber. In such unreserved interchange Trüb found it impossible to bring any concealed motive into the dialogue and let it affect it. In his work with his patients, Trüb became aware that his consciousness invariably tended to become monological so that he allowed his patient to be there for him only as a content of his own experience. But he also found that he was forced out of this closed circle into genuine dialogue with the patient when, despite his own will, he found himself confronting his patient as human being to human being. These experiences taught him the true role of the analyst as one who becomes responsible for those things that have been lost to the consciousness of the patient and helps bring these forgotten things into the light of relationship. It was not consciousness, as Freud thought, but the outgoing to the other which revealed the secret meaning of these "repressed contents of the unconscious."

Viktor von Weizsäcker's "medical anthropology" points the way toward a dialogue of question-and-answer between doctor and patient, without which all information about function, drives, properties, and capacities is falsified. This comradeship takes place through, not despite, technique and rationalization just as long as there is a self-understood relation between doctor and patient — an "inclusive," or "comprehensive," therapy in which the therapist allows himself to be changed by the patient. Even the physical

and psychic needs that cut the patient off are facts of relationship that can be used to attain another level. The self-deification and self-degradation of the psychotic arise from the fact that he has no Thou for his I; it is this that produces cleavage of the self and the inner double.

TECHNIQUE

Guilt means a rupture of the dialogical relationship, an injury of the common existential order, and as such must be repaired by again entering into dialogue with that person or with the world. It is in the real guilt of the person who has not responded to the legitimate claim and address of the world that the possibility of transformation and healing lies; for the repression of guilt and the neuroses that result from this repression are not merely psychological phenomena but real events between men. The therapist helps the patient become aware of himself in general, and of his responsibility in particular, through playing the part both of confidant and big brother. He gives the neurotic the understanding that the world has denied him and makes it more and more possible for him to step out of his self-imprisonment into a genuine relation with the analyst. To do this he must avoid both the temptation of dealing with the patient as an object and the intimacy of a private I-Thou relationship with him. The roots of the neurosis lie both in the society's rejection and nonconfirmation of the patient and in the patient's closing himself off from the world.

Consequently, the analyst must change at some point from the consoler to the person who puts before the patient the claim of the world. He must help him resume that real dialogue with the community that can only take place in the community itself. The patient becomes whole in order that he may concern himself with the world and be at once responsible for himself and in responsible relationship with his community. The therapist embodies for the patient a loving inclination of the world that seeks to restore the latter's dispirited and mistrustful self to a new dialogical meeting with the forces of nature and history. Equality of respect is attained not by the insistence on a complete mutuality of situation, as Rogers maintains, but by the recognition of the betweenness itself as the common concern that each of them share and on which each of them work. Only this attitude enables the therapist to answer both for the patient and for the world, to risk personal commitment, even to the neurotic self-entanglement of the patient, and to face with the patient the cure's often unexpected completion.

In The Knowledge of Man (1965), Martin Buber sees the overcoming of existential guilt as taking place through the three stages of illuminating that guilt, persevering in that illumination, and repairing the injured order of being by reentering the dialogue with the world. In exact parallel, Ivan Nagy sees knowledge of the self and increased assertiveness as finding their places in the context of the accounts of fairness and justice in close relationships. One of the great opportunities of Nagy's three-generational approach lies in

the possibility of rehabilitating the member's painful and shameful image of his parents through helping the member understand the burdens laid on his parents by their families of origin.

Nagy's three-generational family therapy culminates in that reciprocal justicing that rebalances the "merit ledger" between the generations. This can be done only through listening to each member's subjective construction of his accountability to the rest of the family. Nagy's touchstone of reality is not functional efficiency but the intrinsic balances between hidden loyalty ties and exploitations. This leads, in turn, to that "dialogue of touchstones" (Friedman) in which each person's point of view is confirmed precisely through coming into dialogue with the opposing views of others. The goal of Nagy's family therapy is not the community of affinity, or like-mindedness, but the "community of otherness" (Friedman).

In Touchstones of Reality (1972), I set forth the beginnings of a psychotherapy based on a "dialogue of touchstones." When two people really touch each other as persons, this touching is not merely a sum of impacts: it is a mutual revelation of lifestances. The real "dialogue of touchstones" means that the therapist responds from where he is, including opposing the client, if necessary, in order that the latter may experience the confirmation of coming up against a person with a touchstone of his own. At the same time the therapist can help the client escape the hopeless either/or of choosing

between suppressing his own touchstones in favor of the language of others or attempting a communication that will lead only to rejection and nonconfirmation.

APPLICATIONS

The concept of reality-testing in Freudian psychology is a comparatively mono-logical one in which the patient is either reality-bound or subject to distortion. This means, as Ronald Laing has pointed out, that the psychiatrist determines what is "normal" and invalidates the experience of the patient. Buber's and Nagy's concept of the "just order of the human world," in contrast, is a dialogical one. However pathological it may be, the unique experience of each of the persons in the family is itself of value: it enters into the balance of merit and into that dialogical reality-testing that I call the "dialogue of touchstones." The scapegoater in the family can be looked upon as needing help and the scapegoat as a potential helper; for the former is taking an ever-heavier load of guilt on himself and the latter is accumulating merit through being loaded on by others.

Leslie H. Farber has made an important application of Dialogue Psychotherapy to the psychopathology of the will. Farber sees the origin of willfulness as the desperate need for wholeness. When dialogue, which is the proper setting for wholeness, eludes us, "we turn wildly to will, ready to grasp

at any illusion of wholeness the will conjures up for our reassurance." The more dependent a person becomes on the illusion of wholeness, the less he is able to experience true wholeness in dialogue. Willfulness is that addiction to will in which the person attempts to make up for the absence of dialogue by handling both sides of the no longer mutual situation.

Nagy's dialogical intergenerational family therapy also has wide-ranging applications. If the partners in marriage do not intuitively perceive that two quite different family systems of merit are joined, each mate will struggle to coerce the other to be accountable for those of one's felt injustices and accrued merit that come from his or her family of origin. By improving their reciprocal loyalty with their families of origin, Nagy's family therapy helps the married couple relate to each other and their children. Only constructive repayment of indebtedness to the parents' family of origin can redress the injustice of the parentification of children. Only when the adults' unmet dependency needs and unresolved negative loyalty ties are recognized and worked through — wherever possible with the families of origin themselves — can the family therapist help the children give up their assumed adultlike roles.

In my concept of a "dialogue of touchstones," I point to the real possibility of a "community of otherness," arising out of the context of Dialogue Psychotherapy. Through the therapist's genuine respect for the

value of the client's touchstones of reality, through his own greater experience in struggling through to genuine dialogue, and through sharing his own confusions and complexities, the therapist can help the client find his way out of his isolation into that dialogue in which he can share what is uniquely his own and bring it into a common reality.